

**PRELIMINARY COVERAGE DETERMINATION QUESTIONNAIRE
IOWA STATEWIDE HIPAA IMPACT ASSESSMENT CRITERIA**



Introduction

Welcome to the state government HIPAA Impact Assessment. The objective of the assessment is to determine if the components (i.e., division, office or school) of Iowa governmental entities are covered by the HIPAA Regulations as stated in the Administrative Simplification section of the Act. The HIPAA requirements apply to entities considered to be a Health Plan, Healthcare Clearinghouse, Healthcare Provider, Business Associate or Trading Partner as defined by HIPAA. This document was developed to obtain information that will help determine if HIPAA Regulations apply to your component of this governmental entity.

There are nine sections to the document:

- Section 1 - governmental entity and Component Information
- Section 2 - Health Information
- Section 3 - Healthcare Provider
- Section 4 - Health Plan
- Section 5 - Healthcare Clearinghouse
- Section 6 - Business Associate or Trading Partner
- Section 7 - Conclusions and Determinations
- Section 8 - Non-Covered Entities – Use of Standardized Code Sets and Identifiers in Business Processes
- Section 9 - Definitions

Each section describes the objective of the question to assist you in providing the appropriate answers. These answers will be used to make the determination if your component is covered by the HIPAA Regulations. This assessment will be reviewed and validated by the State of Iowa Enterprise HIPAA Project Office.

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Section 1: GOVERNMENTAL ENTITY AND COMPONENT INFORMATION

Please provide the following information:

Today's Date: _____

State Agency Name: _____

Agency Director: _____ Title: _____

Agency HIPAA Coordinator: _____

Bureau or Division: _____

Head of Bureau or Division : _____ Title: _____

Location of Bureau or Division : _____

Name of Person
Answering Questionnaire: _____ Title: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____

Comments: _____

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Section 2. HEALTH INFORMATION

DEFINITION:

Health information is “any information, whether oral or recorded, in any form or medium that:

- 1) Is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university or healthcare clearinghouse in the normal course of business, and;
- 2) Relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of health care to an individual.”

Determine if your component of this governmental entity has access to, or maintains health information as defined by HIPAA Regulations. The information may reside in any medium (e.g., tape, paper, diskette, fax, e-mail, digital voice message). *Table 1* lists some types of documents that may contain health information.

| TABLE 1 – Examples of Documentation | | |
|---|---|--|
| Administrative: | Education: | Financial: |
| <ul style="list-style-type: none"> ▪ Cancer Registry ▪ Certificates (Birth, Death, Other) | <ul style="list-style-type: none"> ▪ Behavior Rating Scales ▪ Health Plan Records | <ul style="list-style-type: none"> ▪ Claims Information ▪ Insurance Billing and Payment Information |
| Employee/Staff: | Clinical: | |
| <ul style="list-style-type: none"> ▪ Disability Claims & Rpts. ▪ Employee Assistance Program Information ▪ Employee Health Records ▪ Health Plan Enrollment Information ▪ Worker’s Compensation Claims & Reports | <ul style="list-style-type: none"> ▪ Complete Medical or Dental Files ▪ Discharge Summary ▪ Diagnosis Records ▪ Doctor’s Statements ▪ Immunization Records ▪ Laboratory Data ▪ Medication Administration | <ul style="list-style-type: none"> ▪ Nursing Notes & Logs ▪ Radiology Reports ▪ Pathology Reports ▪ Physician Orders ▪ Psychological Records & Testing Reports ▪ Treatment Plan ▪ X-Ray Films |

QUESTION:

Does your component of this governmental entity create, receive, send, maintain or have access to health information as described in *Table 1* above as defined by HIPAA?

- Yes
 No

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Section 3. HEALTHCARE PROVIDER

- A. Determine if your component of this governmental entity meets the HIPAA definition of a Healthcare Provider.

DEFINITION:

A *Healthcare provider* is “a provider of medical services including: *Institutional providers* (such as hospitals, skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities); *facilities and practitioners* (including clinics and centers, physicians, clinical laboratories, pharmacies, nursing homes, licensed/certified health care practitioners and suppliers of durable medical equipment); and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business,” related to the health of an individual. *Table 2-A* below lists examples of the types of services a provider may furnish, bill, or be paid for.

| TABLE 2-A – Examples | | |
|---|---|---|
| <i>Furnishes Healthcare Services</i> | <i>Bills for Healthcare Services</i> | <i>Is Paid for Healthcare Services</i> |
| Preventive | Specific Healthcare | Procure Blood |
| Diagnostic | Sale/Dispense- Drug | Procure Organs |
| Therapeutic | Sale/Dispense- Device | Procure Other Tissue |
| Rehabilitative | Sale/Dispense- Equipment | Contractual Services |
| Maintenance | Other Prescription Item | Clinical Software |
| Palliative | | Ancillary Services |
| Counseling | | |
| Physical/Mental Condition | | |
| Functional Status | | |

QUESTION No. 1:

Does your component of this governmental entity meet the definition of a Healthcare Provider by doing any of the following:

Furnish healthcare services or bill for healthcare services or receive payment for healthcare services?

- YES NO

If the answer to Question No. 1 above was **NO** (your component is not a Healthcare provider), answer NO to the question in Section 3.B (next page) and go on to Section 4.

NOTE: Please be aware that a Healthcare Provider who is not currently a Covered Entity (does not send or receive electronic transactions involving health information) may become covered and subject to HIPAA compliance if another Covered Entity sends a standard electronic transaction to that provider.

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Section 3. HEALTHCARE PROVIDER (continued)

- B. Determine if your component transmits administrative or financial transactions, containing personally identifiable health information, electronically using the Internet, Intranet, private network system, magnetic tape or disk. *Table 2 -B* lists the different types of administrative and financial transactions.

| TABLE 2 – B Examples | |
|--|--|
| Administrative Transactions | Financial Transactions |
| <ul style="list-style-type: none"> • Enrollment / Disenrollment – Health Plan • Referral Authorization for Services • Eligibility for a Health Plan • First Report of Injury | <ul style="list-style-type: none"> • Coordination of Benefits • Health Claims • Health Claim Status • Healthcare Payment • Remittance Advice • Healthcare Premium Payment • Health Claims Attachments |

QUESTION No. 2:

Did you reply **YES** to Question No. 1 on Item A. above, **AND** does your component of this governmental entity receive or transmit Administrative or Financial Transactions as described in *Table 2-B* above?

- Yes No

DETERMINATION:

IF your component of this governmental entity is considered a Healthcare Provider (Yes to Question No. 1 on Item A above)

AND your component of this governmental entity transmits administrative or financial transactions containing Personally Identifiable Health Information (Yes to Question No. 2 on Item B above)

THEN your component is considered a Healthcare Provider and therefore a Covered Entity under HIPAA Regulations.

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Section 4. HEALTH PLAN

Determine if your component of this governmental entity meets the definitions of a Health Plan.

DEFINITION:

Health plan means an individual or group plan that provides, or pays the cost of, medical care. *Health plan* includes the following, singly or in combination:

- A group health plan,
- A health insurance issuer,
- An HMO,
- High risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible individuals,
- Any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care.

Health plan excludes:

- Small employee health plan (less than 50 participants that are self-administered)
- Worker's Compensation Carriers
- Government funded programs that incidentally provide or pay for the cost of health care, or the making of grants to fund health care
- Government funded programs that have as their principal purpose other than the provision of health care.

QUESTION:

Is your component of this governmental entity considered an Individual or Group Plan (e.g., HMO) that provides or pays for medical care according to the HIPAA definition above?

Yes No

DETERMINATION:

IF your component of this governmental entity provides or pays for medical care

THEN your component of this governmental entity is considered a Healthcare Plan and, under the HIPAA Regulations, is considered a Covered Entity.

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Section 5. HEALTHCARE CLEARINGHOUSE

Determine if your component of this governmental entity meets the definition of a Healthcare Clearinghouse.

DEFINITION:

A *Healthcare clearinghouse* is "a private or public entity that processes or facilitates the process of health information received from another entity," either to or from the standard format that is required for electronic transactions.

QUESTION:

Does your component of this governmental entity process health information received from a Covered Entity, either to or from the standard format that will be required for administrative or financial electronic transactions?

Yes

No

DETERMINATION:

IF your component of this governmental entity processes health information received from a Covered Entity

AND sends the information to another Covered Entity,

THEN your component of this governmental entity is considered a Healthcare Clearinghouse and, under the HIPAA Regulations, is considered a Covered Entity.

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Section 6. BUSINESS ASSOCIATE OR TRADING PARTNER

Determine if your component of this governmental entity meets the HIPAA definition of a Business Associate or Trading Partner.

- A. **DEFINITION:** *A Business Associate is a person or entity who performs a function or assists a Covered Entity with a function or activity involving the use or disclosure of Individually Identifiable Health Information (IIHI). Examples of functions include claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, proactive management, and repricing; legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services. A Covered Entity may be a Business Associate of another Covered Entity.*

QUESTION:

Does your component of this governmental entity perform a service or function on behalf of an entity that has been deemed to be a Covered Entity as defined by the HIPAA Regulations?

YES NO

DETERMINATION:

IF your component of this governmental entity performs a service/function on behalf of a Covered Entity

THEN your component of this governmental entity is considered a Business Associate under HIPAA Regulations.

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B. DEFINITION:

A *Trading Partner* is a person or organization that exchanges health information via electronic transmissions with a Covered Entity.

QUESTION:

Does your component of this governmental entity electronically exchange health information, as defined by HIPAA, with a Covered Entity?

YES NO

DETERMINATION:

IF your component of this governmental entity electronically exchanges health information with a Covered Entity via electronic transmissions

THEN your component of this governmental entity is considered a Trading Partner under HIPAA Regulations.

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Section 7. CONCLUSIONS AND DETERMINATIONS:

A. Refer to the answer in Section 2 – Health Information and enter that answer in one of the two choices below:

YES **NO**

B. Refer to the answers in Sections 3.B through 6 and select all that apply from the following choices:

| YES | NO | | YES | NO | |
|--------------------------|--------------------------|-----------------------------------|--------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Section 3.B - Healthcare Provider | <input type="checkbox"/> | <input type="checkbox"/> | Section 4 – Health Plan |
| <input type="checkbox"/> | <input type="checkbox"/> | Section 5 - Clearinghouse | <input type="checkbox"/> | <input type="checkbox"/> | Section 6.A-Business Associate |
| <input type="checkbox"/> | <input type="checkbox"/> | Section 6.B - Trading Partner | | | |

NOTE: If there is a **YES** answer in any of the boxes in Item B, then the answer to Item A should also be **YES**. If the answer is **NO**, please go back to Section 1 – Health Information, and determine if the **NO** answer still applies based on your other responses.

DETERMINATION:

Choose the statement below that best describes your component of this governmental entity:

- IF** the **YES** box in Item A above is marked;
AND **ANY** of the **YES** boxes in item B above are marked,
THEN your component of this governmental entity **MUST** comply with the appropriate HIPAA Regulations. (Note: If trading partner or business associate is checked, you will be required to enter into appropriate agreements with the respective covered entity and the covered entity will require language in the agreement that the trading partner/business associate comply with the relevant provisions of HIPAA. It is important that HIPAA has no independent authority over these entities. Any fines levied under HIPAA will be levied against covered entities.)
- IF** the **NO** box in item A above is marked;
AND **ALL** of the **NO** boxes in Item B above are marked,
THEN your component of this governmental entity is not subject to the HIPAA Regulations.
- IF** the **YES** box in Item A above is marked;
AND **ALL** of the **NO** boxes in Item B above are marked,
THEN your component of this governmental entity **DOES NOT** meet the definition of a HIPAA Covered Entity, Business Associate or Trading Partner. However, it will be noted in the assessment report that this component **DOES** have access to Health Information.

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All questions have been answered to the best of my knowledge:

Agency Director of Designee: _____

Title: _____

Agency, Division, or Bureau: _____

Date: _____

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Section 8. NON-COVERED ENTITIES - USE OF STANDARDIZED CODE SETS AND IDENTIFIERS IN BUSINESS PROCESSES:

The purpose of this section is to help determine whether your component of this governmental entity will be affected in its business processes by the standardized coding required by the HIPAA Regulations. If your component uses any codes or identifiers that will be changed by HIPAA, business impact could result even though your component is not a covered entity, trading partner, or business associate and may not have any individually identifiable or protected health information.

A. MEDICAL CODES

DEFINITION: *Code set is any set of codes used to encode data elements, such as tables of terms, medical concepts, medical diagnostic codes, or medical procedure codes. A code set includes the codes and the descriptors of the codes.*

1. Does your component use health care procedure codes (e.g., Appendectomy, Chest X-Ray, Urinalysis) for any of its business functions?
 YES NO

2. Does your component use diagnosis codes (e.g., Appendicitis, Congestive Heart Failure, Urinary Tract Infection) for any of its business functions?
 YES NO

3. Does your component use drug / pharmacy codes (e.g., Penicilin, Claritin) for any of its business functions?
 YES NO

4. Does your component use dental codes (e.g., Tooth Extraction) for any of its business functions?
 YES NO

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B. STANDARD IDENTIFIERS

DEFINITION:

IDENTIFIER, NATIONAL EMPLOYER: this identifier standardizes the way employers are identified in electronic transactions; a unique, formal, positive ID number for each employer.

IDENTIFIER, NATIONAL HEALTH PLAN: this identifiers standardizes the way that Health Plans are identified in electronic transactions; a unique, formal, positive ID number for each Health Plan. State Medicaid programs are health plans under the law and will be required to comply with HIPAA standards.

IDENTIFIER, NATIONAL PROVIDER: this identifier standardizes the way providers are identified in electronic transactions; a unique, formal, positive ID number for each provider.

Does your component use provider identifiers or employer identifiers (related to the provision of health insurance or health care) or (health insurance) payer identifiers for any of its business functions?

YES NO

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Section 9. DEFINITIONS

BUSINESS ASSOCIATE: “ a person or entity who performs a function or assists a *Covered Entity* with a function or activity involving the use or disclosure of *individually identifiable health information (IIHI)*. Examples of functions include claims processing or administration, data analysis, utilization review, quality assurance, billing, benefit management, proactive management, and repricing; legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services. A *Covered Entity* may be a business associate of another *Covered Entity*.

COMPONENT: division, bureau, office, or school of the governmental entity.

COVERED ENTITY: could be one or more of the following: a Health Plan, a Healthcare Clearinghouse, a Healthcare Provider who transmits any health information in electronic form in connection with a transaction covered by HIPAA.

GOVERNMENT ENTITY: (applies to the assessment project only) Agency, University, College, independent Board or Commission, within the State’s organizational structure.

HEALTH INFORMATION: “any information, whether oral or recorded, in any form or medium that:

- 3) Is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university or healthcare clearinghouse and;
- 4) Relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of health care to an individual.”

HEALTHCARE PROVIDER: “a provider of medical services including: *Institutional providers* (such as hospitals, skilled nursing facilities, home health agencies, comprehensive outpatient rehabilitation facilities); *facilities and practitioners* (including clinics and centers, physicians, clinical laboratories, pharmacies, nursing homes, licensed/certified health care practitioners and suppliers of durable medical equipment); and any other person or organization who furnishes, bills, or is paid for health care in the normal course of business,” related to the health of an individual.

HEALTH PLAN: *Health plan* means an individual or group plan that provides, or pays the cost of, medical care (1) *Health plan* includes the following, singly or in combination: A group health plan, a health insurance issuer, an HMO, a high risk pool that is a mechanism established under State law to provide health insurance coverage or comparable coverage to eligible individuals, any other individual or group plan, or combination of individual or group plans, that provides or pays for the cost of medical care. (2) *Health plan* excludes: small employee health plan (less

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| <p style="text-align: center;">COVERAGE DETERMINATION QUESTIONNAIRE IOWA STATEWIDE HIPAA IMPACT ASSESSMENT CRITERIA</p> |
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than 50 participants that are self-administered), Worker's Compensation Carriers, government funded programs that incidentally provide or pay for the cost of health care, or the making of grants to fund health care, government funded programs that have as their principal purpose other than the provision of health care.

HEALTHCARE CLEARINGHOUSE: "a private or public entity that processes or facilitates the process of health information received from another entity," either to or from the standard format that is required for electronic transactions.

IDENTIFIER, NATIONAL EMPLOYER: this identifier standardizes the way employers are identified in electronic transactions; a unique, formal, positive ID number for each employer.

IDENTIFIER, NATIONAL HEALTH PLAN: this identifier standardizes the way that Health Plans are identified in electronic transactions; a unique, formal, positive ID number for each Health Plan. State Medicaid programs are health plans under the law and will be required to comply with HIPAA standards.

IDENTIFIER, NATIONAL PROVIDER: this identifier standardizes the way providers are identified in electronic transactions; a unique, formal, positive ID number for each provider.

INDIVIDUALLY IDENTIFIABLE HEALTH INFORMATION: "is information that is a subset of health information, including demographic information collected from an individual and:

- 1) Is created or received by a healthcare provider, health plan, public health authority, employer, life insurer, school or university or healthcare clearinghouse and;
- 2) Relates to the past, present or future physical or mental health or condition of an individual; the provision of healthcare to an individual; or the past, present or future payment for the provision of health care to an individual.

and identifies the individual; or it is believed the information can be used to identify the individual."

PROTECTED HEALTH INFORMATION (PHI): "... individually identifiable health information ... that is transmitted by electronic media, maintained in any medium described as electronic media ... or transmitted or maintained in any other form or medium. PHI excludes individually identifiable health information in educational records covered by the Family Educational Right and Privacy Act."

TRADING PARTNER: a person or organization that exchanges health information via electronic transmissions with a Covered Entity.