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## Electronic Network Systems

### Health Insurance Portability and Accountability Act (HIPAA) Frequently Asked Questions (FAQ)

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#### **Will ENS make me HIPAA compliant?**

It is ENS' goal to assist all payer and provider clients in becoming compliant on all HIPAA defined administrative and financial transactions. ENS, as a clearinghouse, is considered a covered entity under HIPAA legislation. As a covered entity, ENS is allowed to accept and send non-standard transactions as long as data requirement content defined by the HIPAA legislation is met. Currently, many ENS customers utilize a HCFA 1500 print image for claims submission, which is considered a non-standard transaction. ENS is presently converting claims data received in all accepted formats and translating it to the professional claim transaction set (ANSI 837) for those payers currently in a position to receive claims in that format. Although the data we receive from providers today in a print image file can be put into the ANSI 837 format for claims, it does not meet all of the required data fields mandated by HIPAA.

Providers are considered covered entities under HIPAA legislation. As a covered entity, a provider, when choosing to submit claims electronically, must do so per the HIPAA defined professional claim transaction set (ANSI 837), unless a clearinghouse relationship exists. ENS will serve as your clearinghouse; however, in order to meet data content requirements as defined by HIPAA, we need your help. ENS can supplement non-standard transaction data with additional information to fulfill HIPAA's data requirements as long as that data content is supplied by the provider.

ENS is actively working to identify data gaps between HCFA 1500 paper claims and the professional claims ANSI standard transaction set. When the analysis is complete, ENS will supply information to all providers to identify the following:

- The gaps that exist between a HCFA 1500 paper claim and the professional ANSI claim transaction.
- Data supplement options available today through existing ENS software.
- Claims that may not be supported electronically today, which may or may not originate from a HCFA 1500 paper claim.
- For those unique claim types that cannot be supported electronically, ENS will continue to provide services that will enable you to easily submit all claims.

ENS will provide you with additional information in advance of this deadline to help you make informed decisions. ENS is advising clients not to purchase expensive software updates for "HIPAA compliance" until they understand what gaps may exist in the data being collected by your organization versus the additional data you will be required to collect in order to be HIPAA compliant.

#### **Will, or has, ENS filed for an extension?**

ENS is filing for an extension; however, ENS will be ready to exchange the HIPAA standard transaction sets on or before October 16, 2002. In fact, ENS is actively looking to partner with any covered entities willing to test standard transaction sets.



**How do I file for an extension?**

The Administrative Simplification Act, via the Hobson House Bill 3323, allows covered entities (with the exception of small health plans as defined within the rule) to file a one year extension for implementation of the transaction sets. Filing an extension allows covered entities to implement their transaction sets on or before October 16, 2003, as opposed to October 16, 2002. When filing an extension for HIPAA, providers can continue to submit claims to ENS without any changes until October 16, 2003. Otherwise, HIPAA 2000 Standard transactions sets will be required from October 15, 2002 through October 15, 2003. To obtain the form used to file for an extension, please go to <http://www.cms.gov/hipaa/hipaa2/ASCAForm.asp>.

**What transaction sets will ENS support?**

- ANSI ASC X12N 837: Healthcare Claim: Professional
- ANSI ASC X12N 837: Healthcare Claim: Institutional
- ANSI ASC X12N 270/271: Healthcare Eligibility/Benefit Inquiry and Information Response
- ANSI ASC X12N 276/277: Healthcare Claim Status Request and Response
- ANSI ASC X12N 278: Healthcare Services Review -- Request for Review and Response
- ANSI ASC X12N 835: Healthcare Claim Payment/Advice
- ANSI ASC X12N 834: Benefit Enrollment and Maintenance
- ANSI ASC X12N 820: Payroll Deducted and Other Group Premium Payment for Insurance Products

**Will ENS be certified for each transaction set?**

ENS was using EHNAC for format certification. Since EHNAC's decision to move their transaction services into a more comprehensive testing system certification program, ENS has been working with various vendors to identify and implement a certification program that best meets our needs, as well as those of our customers. ENS' focus is to test our transactions and those of our partners through the seven key testing phases, as outlined in the Testing and Certification White Paper developed by the SNIP Transactions subgroup. To read more about the seven testing phases, please go to <http://snip.wedi.org/public/articles>

**What date will ENS be ready to support each HIPAA transaction set?**

Transaction Set	Available for Beta Testing	Available for Production
837: Healthcare Claim: Professional	May 2002	June 2002
837: Healthcare Claim: Institutional	May 2002	June 2002
837: Healthcare Claim: Dental	May 2002	June 2002
270/271: Healthcare Eligibility/Benefit Inquiry and Information Response	May 2002	June 2002
276/277: Healthcare Claim Status Request and Response	May 2002	June 2002
278: Healthcare Services Review -- Request for Review and Response	May 2002	June 2002
835: Healthcare Claim Payment/Advice	June 2002	June 2002
997: ANSI File Acknowledgment. Although not part of the final rule requirements.	May 2002	June 2002
834: Benefit Enrollment and Payment	Pending	Pending
820: Payroll Deducted and Other Group Premium Payment for Insurance Products	Pending	Pending

**Is ENS prepared to meet requirements as mandated in the HIPAA Privacy Rule?**



ENS is taking appropriate measures to meet requirements mandated by HIPAA. ENS will make any changes and implement processes required for compliance under the HIPAA Privacy Rule in advance of the specified deadlines.

**Can ENS supply a list of all the transaction sets that are required per HIPAA?**

ANSI ASC X12N 837: Healthcare Claim: Professional  
ANSI ASC X12N 837: Healthcare Claim: Institutional  
ANSI ASC X12N 837: Healthcare Claim: Dental  
ANSI ASC X12N 270/271: Healthcare Eligibility/Benefit Inquiry and Information Response  
ANSI ASC X12N 276/277: Healthcare Claim Status Request and Response  
ANSI ASC X12N 278: Healthcare Services Review -- Request for Review and Response  
ANSI ASC X12N 835: Healthcare Claim Payment/Advice  
ANSI ASC X12N 834: Benefit Enrollment and Maintenance  
ANSI ASC X12N 820: Payroll Deducted and Other Group Premium Payment for Insurance Products

**What sources are available to learn more about HIPAA?**

U.S. Department of Health and Human Services: <http://aspe.hhs.gov/admnsimp>  
Washington Publishing Company (WPC): <http://www.wpc-edi.com/hipaa>  
Workgroup for Electronic Data Interchange (WEDI): <http://www.wedi.org>

**Who should I contact at ENS to begin the testing process?**

ENS, Inc.  
Attn: HIPAA Compliance Officer  
7899 Lexington Drive  
Suite 203  
Colorado Springs, CO 80920  
[hipaa@enshealth.com](mailto:hipaa@enshealth.com)

**Who should I contact at ENS if I need to obtain additional information as it pertains to HIPAA and ENS?**

First, visit our website at [www.ENShealth.com](http://www.ENShealth.com) for the latest information in the Download section. You may also contact ENS at the address and email address listed below:

**Payer and Provider:**

ENS, Inc.  
Attn: HIPAA Compliance Officer  
7899 Lexington Drive  
Suite 203  
Colorado Springs, CO 80920  
[hipaa@enshealth.com](mailto:hipaa@enshealth.com)