

CMS Compliance Plan Worksheet

Section A: Covered Entity and Contact Information

1. _____
Name of Covered Entity

2. _____
Tax Identification Number

3. _____
Medicare Identification Number(s)

4. Type of Covered Entity
 - Health Care Clearinghouse
 - Health Plan
 - Health Care Provider
 - Dentist
 - DME Supplier
 - Home Health Agency
 - Hospice
 - Hospital
 - Nursing Home
 - Pharmacy
 - Physician/Group Practice
 - Other _____

5. _____
Authorized Person

6. _____
Title

7. _____
Street

8. _____ _____ _____
City State Zip

9. _____
Telephone Number

Section B: Reason for Filing for This Extension

10. Please check the box next to the reason(s) that you do not expect to be compliant with the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162) by October 16, 2002. Multiple boxes may be checked.

- Need more money
- Need more staff
- Need to buy hardware
- Need more information about the standards
- Waiting for vendor(s) to provide software
- Need more time to complete implementation
- Waiting for clearinghouse/billing service to update my system
- Need more time for testing
- Problems implementing code set changes
- Problems completing additional data requirements
- Need additional clarification on standards
- Other _____

Section C: Implementation Budget

This question relates to the general financial impact of the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160,162) on your organization.

11. Select from the drop-down menu the range of your estimated cost of compliance with the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162):
- Less than \$10,000
 - \$10,000 - \$100,000
 - \$100,000 - \$500,000
 - \$500,000 - \$1 million
 - Over \$1 million
 - Don't know

Section D: Implementation Strategy

This Implementation Strategy section encompasses HIPAA Awareness, Operational Assessment, and Development and Testing. For more details on completing each of these subsections, refer to the model compliance plan instructions at www.cms.hhs.gov/hipaa.

Phase 1: HIPAA Awareness

These questions relate to your general understanding of the HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162).

12. Please indicate whether you have completed this Awareness phase of the Implementation Strategy.

- Yes. Skip to Question 14 and then to Phase Two – Operational Assessment.
- No. Please answer both questions 13 and 14.

13. / /200
Projected/Actual Start Date

14. / /200

Phase 2: Operational Assessment

These questions relate to HIPAA operational issues and your progress in this area.

15. Please indicate whether you have completed this Operational Assessment phase of the Implementation Strategy.
- Yes. Proceed to Question 20 and then Phase Three: Development and Testing.
 - No. Please answer questions 16 through 20.
16. Reviewed current processes against HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162) requirements?
- Yes
 - No
 - Initiated But Not Completed
17. Identified internal implementation issues and developed a workplan?
- Yes
 - No
 - Initiated But Not Completed
18. Do you plan to or might you use a contractor/vendor to help achieve compliance?
- Yes
 - No
 - Undecided
19. / /200
Projected/Actual Start Date
20. / /200
Projected/Actual Completion Date

Phase 3: Development and Testing

These questions relate to HIPAA development and testing issues. ASCA legislation requires that testing begin no later than April 16, 2003. For more details, refer to the model compliance plan instructions at www.cms.hhs.gov/hipaa.

21. Please indicate whether you have completed this Development and Testing phase of the Implementation Strategy.
- Yes. Proceed to Question 26.
 - No. Please answer questions 22 through 26.
22. Completed software development/installation?
- Yes
 - No
 - Initiated But Not Completed
23. Completed staff training?
- Yes
 - No
 - Initiated But Not Completed
24. / /200
Projected/Actual Development
Start Date
25. / /200
Projected/Actual Initial Internal
Software Testing Start Date
26. / /200
Projected/Actual Testing
Completion Date