

DRAFT

**HIPAA
Impact Determination Questionnaire
(Gap Analysis)**

INSTRUCTIONS

The Impact Determination Questionnaire (IDQ) must be completed to identify all areas that must be addressed in order to meet HIPAA Administrative Simplification requirements. Please follow the instructions below:

- Follow the detailed instructions that appear at the beginning of individual sections or are associated with specific questions.
- When filling out charts and informational sections, be as detailed and specific as possible (e.g., "Microsoft Access" rather than "PC database").
- HIPAA requirements are highlighted with shading in the questions or answer choices; be sure that your organization fully meets the specified requirements before answering YES to any question.
- Answer every question in every section of the Impact Determination Questionnaire, regardless of the your organization's Covered Entity type. Each individual question or set of questions refers to a HIPAA requirement. Based on answers to the questions presented, you will be asked to indicate whether a GAP exists.
- A GAP refers to the gap between your current business and technical environment and the HIPAA requirement(s). When a GAP is identified, mark the appropriate box and continue answering the remaining questions.

1. Entity Identification

Government Entity Name: _____

Component Name: _____ Component Head: _____

HIPAA Coordinator: _____ Date: _____

Type of Entity: *(check all that apply)*

Health Care Provider Health Plan (Small Health Plan - Receipts < \$5 mil.)

Health Care Clearinghouse Business Associate / Trading Partner

Section: _____

Head of Section: _____ Title: _____

Section Representatives	
Name:	Title:

3. Business Associate Inventory

A business association occurs when the right to use or disclose the protected health information belongs to the Covered Entity, and another person is using or disclosing the protected health information to perform a function or activity on behalf of the Covered Entity.

A Business Associate is a person (or organization), not a member of the workforce of the covered entity, who performs, or assists in the performance of, a function or activity involving the use or disclosure of individually identifiable health information. Examples are: performing claims processing or administration, data analysis, processing or administration, utilization review, quality assurance, billing, benefit management, practice management, and repricing functions (often called Trading Partners); or providing legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial services.

Your Section may either use the services of a Business Associate or be a Business Associate of a Covered Entity. It is possible to be both a Covered Entity and a Business Associate. Please list all Business Associate relationships below, indicating the organization's name, covered functions performed, whether the functions are performed manually or electronically, the systems used for functions performed electronically, and whether or not a contract is in place.

Organization Name	G/ P ¹	Covered Functions Performed	Manual/ Electronic (M or E)	Systems Used	Contract (Y or N)
Business Associates of Your Section					
Covered Entities for Whom Your Section is a Business Associate					

¹ G = Government, P = Private

4. Privacy Requirements

1. Business Associates		<input type="checkbox"/> YES	
1.a	Does your organization have any Business Associates?	<input type="checkbox"/> NO – go to Question 2	
1.b	Are contracts or memoranda of understanding (MOU) in place with all Business Associates that define their responsibilities for protecting PHI?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
1.c	If you did not check YES for 1.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
2. Individual PHI Access Requests		<input type="checkbox"/> YES	
2.a	Does your organization have policies and procedures to handle individuals' requests for access to PHI?	<input type="checkbox"/> NO – go to 2.c	
2.b	Do these policies and procedures include <u>all</u> the following features (check all that apply): <input type="checkbox"/> Requests for restriction <input type="checkbox"/> Requests for communication of PHI <input type="checkbox"/> Grant individual access to PHI <input type="checkbox"/> Right to amend individual PHI <input type="checkbox"/> Provide accounting of PHI disclosures?	<input type="checkbox"/> YES (all boxes for 2.b checked) <input type="checkbox"/> NO	
2.c	If you did not check YES for both 2.a and 2.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
3. Federal Reporting		<input type="checkbox"/> YES	
3.a	Does your organization have access to all appropriate data regarding privacy requirements to comply with future federal reporting requirements?	<input type="checkbox"/> NO	
3.b	Does your organization have access to updates on Rules and Regulations regarding privacy requirements to comply with future federal requirements?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3.c	If you did not check YES for both 3.a and 3.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
4. HIPAA Privacy Training		<input type="checkbox"/> YES	
4.a	Does your organization have a training program that instructs all employees in HIPAA privacy requirements?	<input type="checkbox"/> NO -- go to 4.c	
4.b	Does your organization have a plan to provide initial and periodic HIPAA privacy training to all appropriate employees?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4.c	If you did not check YES for both 4.a and 4.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
5. Privacy Violations		<input type="checkbox"/> YES	
5.a	Does your organization have policies and procedures developed and implemented for dealing with privacy violations?	<input type="checkbox"/> NO – go to 5.c	

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<p>5.b Do these policies and procedures include <u>all</u> the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Process for handling privacy infractions <input type="checkbox"/> Definition of sanctions <input type="checkbox"/> Mitigation strategies to counter potential harmful effects resulting from violations? 	<p><input type="checkbox"/> YES (all boxes for 5.b checked)</p> <p><input type="checkbox"/> NO</p>	
<p>5.c If you did not check YES for both 5.a and 5.b, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>6. Policies and Procedures</p>		
<p>6.a Does your organization have documented privacy policies and procedures?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to 6.c</p>	
<p>6.b Do these policies and procedures include <u>all</u> of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Formally documented in a manner that demonstrates compliance with privacy requirements <input type="checkbox"/> Updated and maintained according to a defined process <input type="checkbox"/> Retained for six (6) years? 	<p><input type="checkbox"/> YES (all boxes for 6.b checked)</p> <p><input type="checkbox"/> NO</p>	
<p>6.c If you did not check YES for both 6.a and 6.b, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>7. Notice of Privacy Practices</p>		
<p>7.a Is your organization a health care provider?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to Question 8</p>	
<p>7.b Does your organization have a Notice of Privacy Practices (Note: except for correctional facilities that treat only inmates)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to 7.e</p> <p><input type="checkbox"/> N/A – correctional institution, go to Question 8</p>	
<p>7.c Is this Notice posted and provided to all patients?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>7.d Does this Notice contain all of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written in plain language <input type="checkbox"/> Provides information regarding uses and disclosures of PHI <input type="checkbox"/> Clarifies an individual's privacy rights <input type="checkbox"/> Describes the organization's responsibilities under HIPAA <input type="checkbox"/> Explains how to file complaints with the organization or with the U.S. Secretary of HHS <input type="checkbox"/> Gives the name, title, and phone number of a contact person for more information <input type="checkbox"/> Contains the effective date of the Notice? 	<p><input type="checkbox"/> YES (all boxes for 7.d checked)</p> <p><input type="checkbox"/> NO</p>	

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7.e If you did not check YES for <u>all</u> items 7.b, 7.c and 7.d, please mark the GAP box at the right.		GAP <input type="checkbox"/>
8. Privacy Official/Complaint Contact		
8.a Does your organization have a designated Privacy Official who is responsible for the development and implementation of the organization's privacy policies and procedures?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
8.b Does your organization have a designated contact person or office to receive privacy complaints and provide further information about your organization's privacy practices?	<input type="checkbox"/> YES, <i>same person as Privacy Officer</i> <input type="checkbox"/> YES, <i>separate person/office</i> <input type="checkbox"/> NO	
8.c If you did not check YES for both 8.a and 8.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
9. Complaint/Resolution Process		
9.a Does your organization have a documented and implemented privacy complaint and resolution process?	<input type="checkbox"/> YES <input type="checkbox"/> NO – <i>go to 9.c</i>	
9.b Does this process contain all of the following features (<i>check all that apply</i>): <input type="checkbox"/> Defines the formal complaint process <input type="checkbox"/> Defines the resolution process?	<input type="checkbox"/> YES (<i>both boxes for 9.b checked</i>) <input type="checkbox"/> NO	
9.c If you did not check YES for both 9.a and 9.b, please mark the GAP box at the right.		GAP <input type="checkbox"/>
10. Use and Disclosure of PHI		
10.a Does your organization have a consent form that is used to gain consent from an individual to release PHI for treatment, payment, and business operations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
10.b Does your organization have an Authorization form that is used to obtain authorization from an individual to release PHI for purposes other than treatment, payment, and business operations?	<input type="checkbox"/> YES <input type="checkbox"/> NO – <i>go to 10.d</i>	
10.c Does your organization's Authorization form include all of the following features (<i>check all that apply</i>): <input type="checkbox"/> Describes the PHI to be released <input type="checkbox"/> Identifies the person making the request <input type="checkbox"/> Contains the expiration date of the authorization <input type="checkbox"/> Contains a statement of the individual's right to revoke the authorization <input type="checkbox"/> Describes the possibility of re-disclosure <input type="checkbox"/> Contains areas for signature and date <input type="checkbox"/> Permits a description of the signing-authority, if a representative?	<input type="checkbox"/> YES (<i>all boxes for 10.c checked</i>) <input type="checkbox"/> NO	

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10.d If you did not check YES for all items 10.a through 10.c, please mark the ***GAP*** box at the right.

GAP

5. Security and Electronic Signature Requirements

<p>Administrative Procedures -- to guard data integrity, confidentiality, and availability. Documented, formal practices to manage the selection and execution of security measures to protect data, and to manage the conduct of personnel in relation to the protection of data.</p>		
<p>1. Certification</p> <p>1.a Has your organization performed a technical evaluation to establish the extent to which systems and networks meet HIPAA security requirements?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>1.b If you did not check YES for 1.a, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>2. Trading Partners</p> <p>2.a Does your organization have Trading Partners?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 3</p>	
<p>2.b Have all Trading Partners been identified and inventoried?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>2.c Have Chain of Trust Agreements to protect the integrity and confidentiality of electronically exchanged data been developed and implemented for each Trading Partner?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>2.d If you did not check YES for 2.b and 2.c, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>3. Contingency Plan</p> <p>3.a Does your organization have a comprehensive Contingency Plan that meets HIPAA security and privacy requirements and contains the elements in items 3.a.1-3.a.5 below?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>3.a.1 Has your organization performed an applications and data criticality analysis that provides a formal assessment of the sensitivity, vulnerabilities, and security of its programs and the information received, manipulated, stored, and transmitted?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>3.a.2 Does your organization have a documented and routinely-updated data backup plan to create and maintain, for a specific period of time, retrievable exact copies of information?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>3.a.3 Does your organization have a comprehensive disaster recovery plan (DRP) that contains a process for enabling the organization to restore any loss of data in the event of fire, vandalism, natural disaster, or system failure?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>3.a.4 Does your organization have an emergency mode operation plan that contains a process enabling the organization to continue to operate in the event of fire, vandalism, natural disaster, or system failure?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

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<p>3.a.5 Does your organization have a documented process of periodic testing of written contingency plans to discover weaknesses and a subsequent process for revision of the documentation, if needed?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>3.b If you did not check YES for 3.a <u>and</u> 3.a.1 through 3.a.5, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>4. Administrative Security Policies</p> <p>4.a Does your organization have comprehensive administrative security policies and procedures that are documented and implemented to manage the selection and execution of security measures to protect data and manage the conduct of personnel?</p>		<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
<p>4.a.1 Does your organization have documented policies and procedures for the routine and non-routine receipt, manipulation, storage, dissemination, transmission and/or disposal of health information?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>4.a.2 Does your organization have formal, documented policies and procedures for granting different levels of access to health care information that include all of the following features (<i>check all that apply</i>):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access authorization – Information use policies and procedures that establish the rules for granting access (e.g., to a terminal, transaction, program, process, or some other user) <input type="checkbox"/> Access establishment – security policies and rules that determine an entity's initial right of access to a terminal, transaction, program, process, or some other user <input type="checkbox"/> Access modification – security policies and rules that determine the types of, and reasons for, modification to an entity's established right of access to a terminal, transaction, program, process, or some other user? 	<p><input type="checkbox"/> YES (<i>all boxes for 4.a.2 checked</i>) <input type="checkbox"/> NO</p>	
<p>4.a.3 Does your organization maintain an in-house review of the records of system activity (such as logins, file accesses, and security incidents)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

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<p>4.a.4 Does your organization have personnel security and management processes, ensuring that all personnel who have access to any sensitive information have the required authorities and all appropriate clearances, that include all of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Documented formal procedures and instructions for the oversight of maintenance personnel when they are near individuals' health information <input type="checkbox"/> Ongoing documentation and review of the levels of access granted to a user, program, or procedure accessing health information <input type="checkbox"/> Formal documented policies and procedures for determining the access level to be granted to individuals working on, or near, health information <input type="checkbox"/> Measures to determine that an individual's access to sensitive unclassified automated information is admissible <input type="checkbox"/> Formal, documentation of procedures to ensure that all personnel who have access to sensitive information have the required authority as well as appropriate clearances <input type="checkbox"/> Assurances that system users, including maintenance personnel, receive security awareness training? 	<p><input type="checkbox"/> YES (all boxes for 4.a.4 checked)</p> <p><input type="checkbox"/> NO</p>	
<p>4.a.5 Does your organization have security configuration management measures, practices, policies, and procedures for the security of information systems and are these elements coordinated/integrated with each other to create a coherent system of security which includes all of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Written security plans, rules, procedures, and instructions concerning all components' security <input type="checkbox"/> Formal, documented procedures for connecting and loading new equipment and programs, periodic review of the maintenance occurring on that equipment and programs, and periodic security testing of the security attributes of that hardware/software <input type="checkbox"/> Formal documented inventory of hardware and software assets <input type="checkbox"/> Security testing to determine that security features of the systems are implemented as designed and are adequate for a proposed applications environment, including hands-on functional testing, penetration testing, and verification <input type="checkbox"/> Virus checking to identify and disable a virus computer program, a code fragment that reproduces itself by attaching to another program, and an embedded code in a program that causes a copy of itself to be inserted in other programs? 	<p><input type="checkbox"/> YES (all boxes for 4.a.5 checked)</p> <p><input type="checkbox"/> NO</p>	
<p>4.a.6 Does your organization have formal documented instructions for reporting security breaches that include all of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> A documented formal mechanism to document incidents. <input type="checkbox"/> Documented formal rules or instructions for actions to be taken as a result of the receipt of a security incident report? 	<p><input type="checkbox"/> YES (both boxes for 4.a.6 checked)</p> <p><input type="checkbox"/> NO</p>	

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<p>4.a.7 Does your organization have a security management process for the creation, administration, and oversight of policies to ensure the prevention, detection, containment, and correction of security breaches involving risk analysis and risk management that includes all of the following features <i>(check all that apply)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Risk analysis -- a process whereby cost-effective security control measures may be selected by balancing the costs of various security/control measures against the losses that would be expected if these measures were not in place <input type="checkbox"/> Risk management -- the process of assessing risk, taking steps to reduce risk to an acceptable level, and maintaining that level of risk <input type="checkbox"/> Sanction policies and procedures – statements of disciplinary actions that are communicated to all employees, agents, and contractors that include notices of civil or criminal penalties for infractions and indicate that violations may result in notification of law enforcement officials and regulatory, accreditation, and licensure organizations <input type="checkbox"/> Security policy – statements of information values, protection responsibilities, and organization commitment for a security system? 	<p><input type="checkbox"/> YES <i>(all boxes for 4.a.7 checked)</i></p> <p><input type="checkbox"/> NO</p>	
<p>4.a.8 Does your organization have formal documented instructions for employee terminations that include appropriate security measures for ending an internal/external user's access that include formal documented procedures for all of the following features <i>(check all that apply)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Changing locks and combinations, both on a recurring basis and when personnel knowledgeable of combinations no longer have a need to know or require access to the protected facility or system. <input type="checkbox"/> Removal from access lists <input type="checkbox"/> Removal of user accounts and an individual's access privileges to information, services, and resources <input type="checkbox"/> Turning in of keys, tokens, or access cards? 	<p><input type="checkbox"/> YES <i>(all boxes for 4.a.8 checked)</i></p> <p><input type="checkbox"/> NO</p>	
<p>4.a.9 Does your organization have a security training program to educate employees regarding the vulnerabilities of health information and ways to ensure protection of that information, including all of the following features <i>(check all that apply)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Security awareness training for all personnel and management <input type="checkbox"/> Periodic security reminders <input type="checkbox"/> User education concerning virus protection <input type="checkbox"/> User education in importance of monitoring log-in success/failure, how to report discrepancies, and responsibility to ensure security of health care information <input type="checkbox"/> Password management? 	<p><input type="checkbox"/> YES <i>(all boxes for 4.a.9 checked)</i></p> <p><input type="checkbox"/> NO</p>	
<p>4.b If you did not check YES for <u>all</u> items 4.a.1 through 4.a.9, please mark the GAP box at the right.</p>	<p>GAP</p> <p><input type="checkbox"/></p>	

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<p>Physical Security Safeguards -- to guard data integrity, confidentiality, and availability. Protection of physical computer systems and related buildings and equipment from disasters and unauthorized access.</p>		
<p>5. Management of Security Measures</p>		
<p>5.a Does your organization have practices for management to manage and supervise the execution and use of security measures to protect data and manage and supervise the conduct of personnel in relation to the protection of data?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>5.b Does your organization have media controls in the form of formal, documented policies and procedures that govern the receipt and removal of hardware/software into and out of a facility that include all of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Access control <input type="checkbox"/> Accountability <input type="checkbox"/> Data backup <input type="checkbox"/> Data storage <input type="checkbox"/> Disposal? 	<p><input type="checkbox"/> YES (all boxes for 5.b checked) <input type="checkbox"/> NO</p>	
<p>5.c Does your organization have formal documented policies and procedures to limit physical access to an entity, while ensuring that properly-authorized access is allowed, that include all of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Disaster recovery <input type="checkbox"/> Emergency mode operation <input type="checkbox"/> Equipment control into and out of the site <input type="checkbox"/> Facility security plan to safeguard the premises and building from unauthorized physical access and to safeguard the equipment from unauthorized physical access, tampering and theft <input type="checkbox"/> Formal documented policies and instructions for validating the access privileges of an entity before granting those privileges <input type="checkbox"/> Maintenance records that document repairs and modifications to the physical components of a facility, such as hardware, software, walls, doors, and locks <input type="checkbox"/> A security principle stating that a user should have access only to the data needed to perform a particular function <input type="checkbox"/> Formal documented procedure governing the reception and hosting of visitors (e.g., sign-in and escort) <input type="checkbox"/> Restriction of program testing and revision to formally-authorized personnel? 	<p><input type="checkbox"/> YES (all boxes for 5.c checked) <input type="checkbox"/> NO</p>	
<p>5.d Does your organization have documented work station use instructions and procedures that delineate proper functions to be performed, manner of performance, and physical attributes of the surroundings of a specific computer terminal site or type of site, depending upon the sensitivity of the information accessed from that site?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>	

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5.e	Does your organization have physical safeguards to eliminate or minimize the possibility of unauthorized access to information (e.g., relocating terminals accessing sensitive information to an appropriately restricted area)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.f	Does your organization have information security awareness training programs that are mandatory for all employees, agents, and contractors, including customized education based on job responsibilities that focuses on issues regarding use of health information and responsibilities regarding confidentiality and security?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
5.g	If you did not check YES for all items 5.a through 5.f, please mark the GAP box at the right.		GAP <input type="checkbox"/>
Technical Security Services – to protect information and control individual access.			
6. Access Controls			
6.a	Does your organization have a system of access control that includes all of the following features (check all that apply): <input type="checkbox"/> (1) Procedure for emergency access <input type="checkbox"/> (2) At least one of the following: <input type="checkbox"/> Context-based access (access control procedure based on the context of a transaction as opposed to the attributes of the initiator or target) <input type="checkbox"/> Role-based access <input type="checkbox"/> User based access <input type="checkbox"/> (3) Optional use of encryption?	<input type="checkbox"/> YES – <i>(Items (1) and (2) checked and at least one subsidiary item under (2) checked)</i> <input type="checkbox"/> NO	
6.b	Does your organization have audit control mechanisms that record and examine system activity?	<input type="checkbox"/> YES <input type="checkbox"/> NO	
6.c	Does your organization have a mechanism of authorization control to obtain consent for the use and disclosure of health information that includes at least one of the following features (check all that apply): <input type="checkbox"/> Role-based access <input type="checkbox"/> User-based access?	<input type="checkbox"/> YES (at least one box for 6.c checked) <input type="checkbox"/> NO	
6.d	Does your organization have data authentication capabilities to corroborate that data has not been altered or destroyed in an unauthorized manner (e.g., use of check sum, double keying, message authentication code, digital signature)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	

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<p>6.e Does your organization have entity authentication capabilities to corroborate than an entity is the one claimed, including all of the following features <i>(check all that apply)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Automatic log-off <input type="checkbox"/> (2) Unique user identifier <input type="checkbox"/> (3) At least one of the following: <ul style="list-style-type: none"> <input type="checkbox"/> Biometric identification (e.g., hand geometry, retinal scan, iris scan, fingerprint, facial characteristics, DNA sequence characteristics, voice print, hand written signature) <input type="checkbox"/> Password <input type="checkbox"/> Personal identification number (PIN) <input type="checkbox"/> Telephone call back procedure <input type="checkbox"/> Token? 	<p><input type="checkbox"/> YES – <i>(Items (1), (2), and (3) checked and at least one subsidiary item under (3) checked)</i></p> <p><input type="checkbox"/> NO</p>	
<p>6.f If you did not check YES for <u>all</u> items 6.a through 6.e, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>Technical Security Mechanisms -- to protect and prevent unauthorized access to data transmitted over a communications network.</p>		
<p>7. Security Mechanism Standards</p>		
<p>7.a Does your organization use communications or network controls?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – <i>go to 7.d</i></p>	
<p>7.b Do your organization's security standards for technical security mechanisms include both <i>(check all that apply)</i>:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (1) Integrity controls to ensure the validity of the information being electronically transmitted/stored <input type="checkbox"/> (2) Message authentication to ensure (typically with a message authentication code) that a message received matches the message sent <p>AND one of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> (3) Access controls (protection of sensitive communication over open networks so that it cannot be easily intercepted and interpreted by parties other than intended recipient) <input type="checkbox"/> (4) Encryption? 	<p><input type="checkbox"/> YES – <i>(Items (1) and (2) checked AND item (3) or (4) checked)</i></p> <p><input type="checkbox"/> NO</p>	

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<p>7.c Do your organization's security mechanisms include all of the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Alarm (any device that can sense an abnormal condition within the system and provide a signal indicating the presence of the abnormality) <input type="checkbox"/> Audit trail (data collected and potentially used to facilitate a security audit) <input type="checkbox"/> Entity authentication (mechanism to irrefutably identify authorized users, programs, processes and to deny access to unauthorized users, programs, processes) <input type="checkbox"/> Event reporting (network message indicating operational irregularities in physical elements of a network or a response to the occurrence of a significant task, typically the completion of a request for information)? 	<p><input type="checkbox"/> YES (all boxes for 7.c checked)</p> <p><input type="checkbox"/> NO</p>	
<p>7.d If you did not check YES for <u>all</u> items 7.a through 7.c, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>Electronic Signature - using a set of rules and parameters to verify the identity of the signer and the integrity of the data.</p>		
<p>8. Electronic Signature</p> <p>8.a Does your organization currently use an electronic signature in any of the eight mandated electronic transactions?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to 8.d</p>	
<p>8.b Does your organization use a digital signature (an electronic signature based upon cryptographic methods of originator authentication, computed by using a set of rules and a set of parameters so that the identify of the signer and the integrity of the data can be verified)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>8.c Does your organization's digital signature capability have the following features (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Message integrity <input type="checkbox"/> Nonrepudiation <input type="checkbox"/> User authentication? 	<p><input type="checkbox"/> YES (all boxes for 8.c checked)</p> <p><input type="checkbox"/> NO</p>	
<p>8.d If you did not check YES for <u>all</u> items 8.a through 8.c, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>

6. Electronic Transaction, Identifier, and Code Set Requirements

Systems/Situational Summary by Transaction Type

Transaction	System(s)	I/V/C ¹	Maintainer	L/A/S ²
	<i>(Identify system(s) used)</i>		<i>In-house (Department or Contractor) or Vendor Name</i>	
Health Care Claims and Encounters				
Health Plan Eligibility				
Referral Certification & Authorization				
Health Care Claim Status				
Health Plan Enrollment & Disenrollment				
Health Care Payment/RA				
Health Plan Premium Payment				
Coordination of Benefits (COB)				

¹ I = In-house System, V = Vendor Licensed/Maintained System, C = Commercial Off-the-Shelf (COTS)

² L = Local (Section) System, A = Agency System, S = State System

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Please complete one set of answers to sections 6.A and 6.B **FOR EACH SYSTEM** identified in the *Systems/Situational Summary by Transaction Type* on the previous page. Provide answers to the questions below regarding your use of electronic health care transactions and identifiers with each system. The HIPAA-standard formats and requirements are highlighted with shading for easy identification. Be sure to mark the **GAP** box whenever appropriate, as indicated by the instructions. Each **GAP** marked indicates an area in which your organization must estimate the resources and cost of remediation activities necessary to achieve compliance with the standard. Duplicate this section as needed.

System: _____

6.A. Electronic Transaction Requirements

<p>1. Health Care Claim/Encounter 1.a Does the system create, send, receive, or store retail pharmacy drug claims (i.e., claims or encounter information submitted for the purchase or provision of prescription drugs)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 1.d</i></p>	
<p>1.b Indicate the format used for retail pharmacy drug claims/encounters, if known.</p>	<p><input type="checkbox"/> NCPDP Telecommunication Standard (Implementation Guide), Version 5, Release 1, dated Sept. 1999 <input type="checkbox"/> NCPDP Batch Standard (Implementation Guide), Version 1, Release 0, dated Feb. 1 1996 <input type="checkbox"/> Other NCPDP (<i>specify</i>) _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know</p>	
<p>1.c If you did not check the HIPAA-standard format (highlighted) for 1.b, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>1.d Does the system create, send, receive, or store dental health care claims (i.e., claims or encounter information submitted for the provision of dental health care services)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 1.g</i></p>	

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<p>1.e Indicate the format used for dental health care claims/encounters, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 837 004010X097</p> <p><input type="checkbox"/> ANSI ASC X12N 837, Version # _____</p> <p><input type="checkbox"/> National Standard Format – Version # _____</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> 3270 Dummy Terminal (direct data entry)</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>1.f If you did not check the HIPAA-standard format (highlighted) for 1.e, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>1.g Does the system create, send, receive, or store professional health care claims (i.e., claims or encounter information submitted for the provision of medical health care services by a doctor, therapist, chiropractor, etc.)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to <i>Question 1.j</i></p>	
<p>1.h Indicate the format used for professional health care claims/encounters, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 837 004010X098</p> <p><input type="checkbox"/> ANSI ASC X12N 837, Version # _____</p> <p><input type="checkbox"/> HCFA-1500</p> <p><input type="checkbox"/> National Standard Format – Version # _____</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> 3270 Dummy Terminal (direct data entry)</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>1.i If you did not check the HIPAA-standard format (highlighted) for 1.h, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>1.j Does the system create, send, receive, or store institutional health care claims (i.e., claims or encounter information submitted for the provision of inpatient health care services by a hospital, nursing facility, etc.)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to <i>Question 2</i></p>	

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<p>1.k Indicate the format used for institutional health care claims/encounters, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 837 004010X096</p> <p><input type="checkbox"/> ANSI ASC X12N 837, Version # _____</p> <p><input type="checkbox"/> UB-92/HCFA-1450</p> <p><input type="checkbox"/> National Standard Format – Version # _____</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> 3270 Dummy Terminal (direct data entry)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>1.l If you did not check the HIPAA-standard format (highlighted) for 1.k, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>2. Eligibility Response/Request 2.a Does the system create, send, receive, or store retail pharmacy drug eligibility responses or requests (i.e., requests from a provider or health plan to another health plan about a client's eligibility, coverage, or benefits for prescription drugs and the response to this inquiry)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to Question 2.d</p>	
<p>2.b Indicate the format used for retail pharmacy drug eligibility responses/requests, if known.</p>	<p><input type="checkbox"/> NCPDP Telecommunication Standard (Implementation Guide), Version 5, Release 1, dated Sept. 1999</p> <p><input type="checkbox"/> NCPDP Batch Standard (Implementation Guide), Version 1, Release 0, dated Feb. 1 1996</p> <p><input type="checkbox"/> Other NCPDP (specify) _____</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> 3270 Dummy Terminal (direct data entry)</p> <p><input type="checkbox"/> Other (specify) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>2.c If you did not check the HIPAA-standard format (highlighted) for 2.b, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>

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<p>2.d Does the system create, send, receive, or store dental, professional, or institutional eligibility responses or requests (i.e., requests from a provider or health plan to another health plan about a client's eligibility, coverage, or benefits for dental, medical, or hospital inpatient services and the responses to those inquiries)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 3</p>	
<p>2.e Indicate the format used for dental, professional, and institutional eligibility responses/requests, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 270/271 004010X092 <input type="checkbox"/> ANSI ASC X12N 270/271, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know</p>	
<p>2.f If you did not check the HIPAA-standard format (highlighted) for 2.e, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>3. Referral Certification and Authorization</p>		
<p>3.a Does the system create, send, receive, or store referral certification and authorization responses or requests (i.e., requests to obtain authorization to provide health care services or refer and individual to another provider, or responses to these requests)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 4</p>	
<p>3.b Indicate the format used for referral certification and authorization responses/requests, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 278 004010X094 <input type="checkbox"/> ANSI ASC X12N 278, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know</p>	
<p>3.c If you did not check the HIPAA-standard format (highlighted) for 3.b, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>

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<p>4. Health Care Claim Status 4.a Does the system create, send, receive, or store health care claim status responses or requests (i.e., inquiries regarding the status of a health care claim and responses to those inquiries)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 5</i></p>	
<p>4.b Indicate the format used for health care claim status responses/requests, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 276/277 004010X093 <input type="checkbox"/> ANSI ASC X12N 276/277, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know</p>	
<p>4.c If you did not check the HIPAA-standard format (highlighted) for 4.b, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>5. Health Plan Enrollment/Disenrollment 5.a Does the system create, send, receive, or store health plan enrollments and disenrollments (i.e., subscriber enrollment information to a health plan to establish or terminate coverage)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 6</i></p>	
<p>5.b Indicate the format used for health plan enrollments/disenrollments, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 834 004010X095 <input type="checkbox"/> ANSI ASC X12N 834, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know</p>	
<p>5.c If you did not check the HIPAA-standard format (highlighted) for 5.b, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>

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<p>6. Health Care Payment/Remittance Advice 6.a Does the system create, send, receive, or store payments or remittance advices (i.e., transactions that send payments, information about funds transfer or payment processing, to a provider's financial institution or send explanations of benefits or remittance advices from health plans to a health care provider for retail pharmacy, dental, professional, or institutional health care services?)</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 7</p>	
<p>6.b Indicate the format used for retail pharmacy, dental, professional, or institutional health care payment/remittance advice, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 835 004010X091 <input type="checkbox"/> ANSI ASC X12N 835, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know</p>	
<p>6.c If you did not check the HIPAA-standard format (highlighted) for 6.e, please mark the GAP box at the right.</p>	<p>GAP <input type="checkbox"/></p>	
<p>7. Health Plan Premium Payment 7.a Does the system create, send, receive, or store health plan premium payments (i.e., payment, funds transfer information, detailed premium remittance information, payroll deductions, group premium payments or payment information) to a health plan?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 8</p>	
<p>7.b Indicate the format used for health plan premium payments, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 820 004010X061 <input type="checkbox"/> ANSI ASC X12N 820, Version # _____ <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know</p>	
<p>7.c If you did not check the HIPAA-standard format (highlighted) for 7.b, please mark the GAP box at the right.</p>	<p>GAP <input type="checkbox"/></p>	

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<p>8. Coordination of Benefits</p> <p>8.a Does the system create, send, receive, or store retail pharmacy drug claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to <i>Question 8.d</i></p>	
<p>8.b Indicate the format used for retail pharmacy drug coordination of benefits, if known.</p>	<p><input type="checkbox"/> NCPDP Telecommunication Standard (Implementation Guide), Version 5, Release 1, dated Sept. 1999</p> <p><input type="checkbox"/> NCPDP Batch Standard (Implementation Guide), Version 1, Release 0, dated Feb. 1 1996</p> <p><input type="checkbox"/> Other NCPDP (<i>specify</i>) _____</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> 3270 Dummy Terminal (direct data entry)</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>8.c If you did not check the HIPAA-standard format (highlighted) for 8.b, please mark the GAP box at the right.</p>	<p>GAP</p> <p><input type="checkbox"/></p>	
<p>8.d Does the system create, send, receive, or store dental health care claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to <i>Question 8.g</i></p>	
<p>8.e Indicate the format used for dental health care coordination of benefits, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 837 004010X097</p> <p><input type="checkbox"/> ANSI ASC X12N 837, Version # _____</p> <p><input type="checkbox"/> National Standard Format – Version # _____</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> 3270 Dummy Terminal (direct data entry)</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>8.f If you did not check the HIPAA-standard format (highlighted) for 8.e, please mark the GAP box at the right.</p>	<p>GAP</p> <p><input type="checkbox"/></p>	

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<p>8.g Does the system create, send, receive, or store professional health care claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 8.j</p>	
<p>8.h Indicate the format used for professional health care coordination of benefits, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 837 004010X098 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> HCFA-1500 <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know</p>	
<p>8.i If you did not check the HIPAA-standard format (highlighted) for 8.h, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>8.j Does the system create, send, receive, or store institutional health care claims or payment information used by health plans to determine relative payment responsibilities (i.e., the portion of a claim that is payable by each insurer)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to 6.B, Identifier Requirements</p>	
<p>8.k Indicate the format used for institutional health care coordination of benefits, if known.</p>	<p><input type="checkbox"/> ANSI ASC X12N 837 004010X096 <input type="checkbox"/> ANSI ASC X12N 837, Version # _____ <input type="checkbox"/> UB-92/HCFA-1450 <input type="checkbox"/> National Standard Format – Version # _____ <input type="checkbox"/> Proprietary format <input type="checkbox"/> 3270 Dummy Terminal (direct data entry) <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know</p>	
<p>8.l If you did not check the HIPAA-standard format (highlighted) for 8.k, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>

6.B. Identifier Requirements

<p>1. Employer Identifier 1.a Does the system receive, store, process, or send an employer identifier?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 2</p>	
<p>1.b Indicate the types of employer identifiers used, if known (check all that apply).</p>	<p><input type="checkbox"/> Federal Employer Identification Number (EIN) <input type="checkbox"/> Proprietary format <input type="checkbox"/> Externally generated format <input type="checkbox"/> Received from (specify) _____ <input type="checkbox"/> Multiple formats <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know</p>	
<p>1.c If you did not check the HIPAA-standard format (highlighted) for 1.b, please mark the GAP box at the right.</p>		<p>GAP <input type="checkbox"/></p>
<p>2. Health Plan Identifier 2.a Does the system receive, store, process, or send a health plan identifier?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 3</p>	
<p>2.b Indicate the types of health plan identifiers used, if known (check all that apply).</p>	<p><input type="checkbox"/> Federal Tax ID <input type="checkbox"/> Proprietary format <input type="checkbox"/> Externally generated format, received from (specify) _____ <input type="checkbox"/> Multiple formats <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (specify) _____ <input type="checkbox"/> Don't know NOTE: The requirement for this identifier has not yet been published.</p>	
<p>2.c Please mark the NOTE box at the right to indicate that your organization uses health plan identifiers that may require remediation once the HIPAA standard is determined.</p>		<p>NOTE <input type="checkbox"/></p>
<p>3. Provider Identifier 3.a Does the system receive, store, process, or send a provider identifier?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to Question 4</p>	

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<p>3.b Indicate the types of provider identifiers used, if known (<i>check all that apply</i>).</p>	<p><input type="checkbox"/> National Provider Identifier (8-position alphanumeric, with eighth position a check digit)</p> <p><input type="checkbox"/> Federal Tax ID</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> Multiple formats</p> <p><input type="checkbox"/> Multiple numbers for each provider</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>3.c If you did not check the HIPAA-standard format (highlighted) for 3.b, please mark the GAP box at the right.</p>		<p>GAP</p> <p><input type="checkbox"/></p>
<p>4. Individual Identifier</p>		
<p>2.a Does the system receive, store, process, or send an individual identifier?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to 6.C, Code Set Requirements</p>	
<p>2.b Indicate the types of individual identifiers used, if known (<i>check all that apply</i>).</p>	<p><input type="checkbox"/> Social Security Number (SSN)</p> <p><input type="checkbox"/> Medicare (Health Insurance Number (HIC))</p> <p><input type="checkbox"/> Subscriber Number</p> <p><input type="checkbox"/> Proprietary format</p> <p><input type="checkbox"/> Externally generated format, received from (<i>specify</i>) _____</p> <p><input type="checkbox"/> Multiple formats</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p> <p>NOTE: The requirement for this identifier has not yet been published.</p>	
<p>2.c Please mark the NOTE box at the right to indicate that your organization uses individual identifiers that may require remediation once the HIPAA standard is determined.</p>		<p>NOTE</p> <p><input type="checkbox"/></p>

6.C Code Set Requirements

<p>1. Procedure Codes 1.a Does your organization create, send, receive, or store any procedure codes (i.e., codes that are used to specify the types of medical services and treatments that providers render to patients)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 2</i></p>	
<p>1.b Indicate the types of procedure codes used for professional services (i.e., physician, therapy, radiology, clinical laboratory, medical diagnostic, hearing, vision, transportation, medical supplies, durable medical equipment, prosthetics/orthotics), if known.</p>	<p><input type="checkbox"/> CPT-4 <input type="checkbox"/> HCPCS Level I and II <input type="checkbox"/> ICD-9-CM, volume 3 <input type="checkbox"/> HCPCS Level III (Local Codes) <input type="checkbox"/> ICD-10 <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know</p>	
<p>1.c Indicate the types of procedure codes used specifically for hospital inpatient services reported by hospitals, if known.</p>	<p><input type="checkbox"/> ICD-9-CM, volume 3 <input type="checkbox"/> CPT-4 <input type="checkbox"/> HCPCS Level I and II <input type="checkbox"/> HCPCS Level III (Local Codes) <input type="checkbox"/> ICD-10 <input type="checkbox"/> Revenue Codes <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know</p>	
<p>1.d If you did not check the HIPAA-standard formats (highlighted) for 1.b and 1.c, please mark the GAP box at the right.</p>	<p>GAP <input type="checkbox"/></p>	

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<p>2. Diagnosis Codes 2.a Does your organization create, send, receive, or store any diagnosis codes (i.e., codes that are used to specify diseases, injuries, impairments, and causes of diseases)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 3</i></p>	
<p>2.b Indicate the types of diagnosis codes used, if known.</p>	<p><input type="checkbox"/> ICD-9-CM, volumes 1 and 2 <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know</p>	
<p>2.c If you did not check the HIPAA-standard format (highlighted) for 2.b, please mark the GAP box at the right.</p>	<p>GAP <input type="checkbox"/></p>	
<p>3. Dental Codes 3.a Does your organization create, send, receive, or store any dental codes (i.e., codes that are used to specify dental procedures and services)?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO – go to <i>Question 4</i></p>	
<p>3.b Indicate the types of dental codes used, if known.</p>	<p><input type="checkbox"/> Current Dental Terminology (CDT), maintained by the American Dental Association <input type="checkbox"/> HCPCS Level II (D-Codes) <input type="checkbox"/> Proprietary <input type="checkbox"/> Other (<i>specify</i>) _____ <input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____ <input type="checkbox"/> Don't know</p>	
<p>3.c If you did not check the HIPAA-standard format (highlighted) for 3.b, please mark the GAP box at the right.</p>	<p>GAP <input type="checkbox"/></p>	

HIPAA Impact Determination Questionnaire

<p>4. Pharmacy (Drug) Codes</p> <p>4.a Does your organization create, send, receive, or store any pharmacy (drug) codes (i.e., codes that are used to specify drugs and biologics)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to <i>Question 5</i></p>	
<p>4.b Indicate the types of pharmacy (drug) codes used, if known.</p>	<p><input type="checkbox"/> National Drug Codes (NDC)</p> <p><input type="checkbox"/> HCPCS Level II (J-Codes)</p> <p><input type="checkbox"/> Proprietary</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p> <p>Note: Final rule may be changed to allow J-Codes on some institutional and professional claims.</p>	
<p>4.c If you did not check the HIPAA-standard formats (highlighted) for 4.b, please mark the GAP box at the right.</p>	<p>GAP</p> <p><input type="checkbox"/></p>	
<p>5. Non-medical (Administrative) Data Codes</p> <p>5.a Does your organization create, send, receive, or store any non-medical data codes (i.e., codes that are used to specify non-medical aspects related to the delivery of health care and payment, such as provider specialties, location of service, relationship of patient to subscriber, etc.)?</p>	<p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO – go to <i>Section IV</i></p>	
<p>5.b Indicate the types of non-medical codes used, if known.</p>	<p><input type="checkbox"/> Provider specialty (taxonomy)</p> <p><input type="checkbox"/> Adjustment reason</p> <p><input type="checkbox"/> Patient relationship</p> <p><input type="checkbox"/> Location of service</p> <p><input type="checkbox"/> Type of service</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Other (<i>specify</i>) _____</p> <p><input type="checkbox"/> Unsure, because not developed in-house, developed by (<i>specify</i>) _____</p> <p><input type="checkbox"/> Don't know</p>	
<p>5.c If your organization uses any non-medical codes, please mark the GAP box at the right.</p>	<p>GAP</p> <p><input type="checkbox"/></p>	