



Article Side

Enforcement of HIPAA Standard Compliance by [Mike Reyes](#)

Article published on February 3rd 2012 | [Health](#)

Enacted by the U.S. Congress and signed by President Bill Clinton in 1996 The Health Insurance Portability and Accountability Act of 1996 or HIPAA comprises of Title I and Title II. As a protection for health insurance coverage, Title I of HIPAA takes care of insurance claims for workers if they lose their jobs or change their profession. Known also as the Administrative Simplification or AS provisions, Title II demands the necessity for establishing of national identifiers for providers, health insurance plans and employers along with the requirement of establishment of national standards for electronic health care transactions. The AS or the Administrative Simplification provisions include privacy and security for health data so that there would be improvement in the nation's health care system with the use of electronic data interchange in the U.S. health care system.

Title II of HIPAA concerns itself with the offenses and misappropriation of healthcare by setting criminal and civil penalties. Title II of HIPAA has created programs to control abuse and fraudulent use of the healthcare system. Title II depends on the Department of Health and Human Services or HHS to form rules for healthcare system efficiency and for the spread of awareness of healthcare and related information. Designed to apply to the rules of the "covered entities"™ as stipulated by the HHS and HIPAA, these entities evolve over billing services, transmission of health care data by healthcare providers, health plans, community health information systems and healthcare clearinghouses. The HHS has added on or published five rules with regard to Title II or the Administrative Simplification that ranges over the Unique Identifiers Rule, the Transactions and Code Sets Rule, the Privacy Rule, the Enforcement Rule and the Security Rule.

Implementation of Efficiency

The latest version of the Health Insurance Portability and Accountability Act standard electronic claims and related transactions by January 1st, should be implemented by the covered health care providers that include covered dentists, but the enforcement grants time till March 31st. With the HIPAA 5010 transaction set of standards specifying an orderly organization of the electronic data interchange communications content deployed in healthcare, these data evolve over claim status inquiries, electronic claims, claim attachments, eligibility inquiry and response amongst other specifications. According to the announcement of delayed enforcement, the Centers for Medicare & Medicaid Services™ Office of E-Health Standards and Services said that covered entities and trading counterparts would be ready to comply by January 1st. The OESS is also aware that many of the covered entities are still waiting for the software upgrades that are necessary for compliance.

The ADA advises that all covered dentists should organize their practice management and electronic claims software vendors to be ready by 5010. If dental billing systems need to upgrade to be able support version 5010, the dentists should verify the same with the vendor. Dental offices that go through clearinghouses to transmit claims electronically will be required to upgrade systems and curtail claims that do not synchronize with the latest information. Version 5010 specifications are not part of the HIPAA Privacy and Security Rules but have their origins in the HIPAA Transactions and Code Sets regulations. Clearinghouses that dental offices might use to transmit their claims electronically are also required to upgrade their systems and should curtail claims that do not include the latest information. Covered dentists who change submission of claims or who introduce new technology should go through re-evaluation of HIPAA security procedures and policies and update them accordingly.

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Article Keywords:

Medical transcription services, outsourcing medical transcription, medical transcription companies, HIPAA Compliant

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