HIPAA Issue and Response

Issue: Are the transactions performed in the Emergency Patient Care Information System (EPCIS) database regulated by HIPAA?

Emergency transport providers and EMS staff are requesting clarification regarding whether or not HIPAA regulations apply to the EPCIS database transactions.

No: 02-2003
From: JoAnn Borri, County of Sonoma Compliance/Privacy Officer
Date: March 2003
To: HIPAA County Task Force
CC: Bruce Lee, Kent Coxon, Bryan Cleaver

Response: The transactions performed in the EPCIS database are not transactions that are regulated by HIPAA. The purpose of the transactions performed in the EPCIS database do not meet any of the definitions of the transactions for which a standard has been identified by HIPAA regulations.

Emergency transport providers and receiving facilities input patient data into the Emergency Patient Care Information System. These data can be transmitted from the emergency transport providers to the receiving facilities and are eventually transmitted to the regional EMS database. The EPCIS database is used to report and maintain demographic, medical and billing information specific to each emergency transport that occurs in Napa, Mendocino and Sonoma Counties.

To determine whether or not a transaction must be conducted according to HIPAA regulations, the purpose of the transaction must be specifically defined and analyzed against the appropriate transaction definition in HIPAA. The tranactions and purpose of the EPCIS database does not meet any of the following definitions of the types of transactions that must be conducted according to HIPAA regulations.

- Health Care Claim or Encounter: The transmission of a request to obtain payment, and the necessary accompanying information from a health care provider to a health plan or the transmission of encounter information for the purposes of reporting health care to a health plan.

- Health Care Claim Payment/Remittance: The transmission of information regarding payments, transfer of funds, payment processing, explanation of benefits or remittance advices from a health plan to a health care provider's financial institution.

- Health Insurance Eligibility Request/Response: An inquiry from a health care provider to a health plan, for form one health plan to another health plan to obtain enrollee benefit plan information regarding eligibility, coverage and benefits provided by the health plan.

- Health Plan Enrollment/Disenrollment: The transmission of subscriber enrollment information to a health plan to establish or terminate insurance coverage.

HIPAA Issue and Response

- Health Care Claim Status: An inquiry from a health care provider to determine claim status and the associated response from the health plan.

- Health Care Services, to request authorizations and referrals: A request for the review of health care to obtain an authorization for the health care.

- Premium Payment, for enrolled health plan members: The transmission of payment, transfer of funds, payroll deductions, etc., from the entity that is arranging for the provision of health care or providing health care coverage to a health plan.

Please contact me if you would like a copy of the regulations reviewed for this response or if you have any additional questions.

References: 45 CFR Part 160 – General Administrative Requirements. Subparts I – Q.

For a complete copy of the document go to:
http://www.cms.hhs.gov/hipaa/hipaa2/regulations/transactions/