

TRANSACTIONS AND CODE SETS

Complaint Form Instructions

The Department of Health and Human Services (DHHS), specifically the Office of HIPAA Standards (OHS) is responsible for HIPAA transactions and code sets (TCS) enforcement. OHS is an office within the Centers for Medicare & Medicaid Services (CMS), but for purposes of HIPAA enforcement, OHS operates as a separate entity and is completely detached from CMS's Medicare and Medicaid related activities.



IMPORTANT: This form cannot be used for HIPAA Privacy complaints. Privacy complaints should be referred to the Office for Civil Rights at 1-866-627-7748 or visit their website:
www.hhs.gov/ocr/hipaa

This complaint form is provided by OHS to assist health care providers, health plans, clearinghouses and others to submit written complaints regarding the HIPAA transactions and code sets rule. If you have access to the Internet we strongly encourage you to use the ASET Compliance Tool – an electronic tool that can be accessed at <https://htct.hhs.gov>. This online system allows the user to register, upload files, and track the status of the complaint online. If you do not have Internet access, use this form to file your complaint with OHS. To ensure privacy of the information within the complaint, OHS will not accept complaints via fax or email.

Who can file a transaction and code set complaint?

Anyone can file a HIPAA transaction and code set complaint. However, if you have general questions or concerns, or would like clarification on other HIPAA related issues, you should contact CMS for help. You may call the CMS HIPAA Hotline at 1-866-282-0659 or submit your questions to CMS' HIPAA email address at askhipaa@cms.hhs.gov. Before filing a complaint with OHS, all covered entities should understand OHS' enforcement approach to compliance after October 16, 2003. The compliance document, as well as many other valuable resources, are available on the CMS HIPAA website at www.cms.hhs.gov/hipaa/hipaa2.

Filing a HIPAA transaction complaint with OHS should be a last resort effort to resolve your dispute after working with your trading partners and consulting various HIPAA resources. For technical assistance on specific transaction and code set issues, refer to the official HIPAA Implementation Guides available for download at the Washington Publishing Company website (www.wpc-edit.com). You may also seek answers to technical questions from the organizations responsible for developing the standards. For assistance with the ANSI X12 transactions, go to the X12 website (www.X12.org). For technical assistance with the National Drug Codes standards, go to the NCPDP website (<http://www.ncpdp.org>). If you are a patient please attempt to resolve the issue with the provider and payer prior to registering a complaint.

What is the complaint process?

To file a complaint, the complainant must provide his/her name and contact information for the organization they represent. They must also provide information about the entity that they are filing a complaint against, and the nature of the complaint. Once your complaint form is received by OHS, you will receive a letter acknowledging receipt of your complaint. OHS will analyze your complaint and send you a status letter within 14 days of receipt of the complaint. You will be contacted if OHS requires additional documentation or information to help resolve the dispute.



COMPLAINT FORM

1. Please read the instructions on the first page before filing a complaint.
2. Please type or print clearly in dark ink.
3. Complete as much information as possible.
4. You may enclose copies of any documents that may help OHS resolve your complaint.

COMPLAINANT			
YOUR NAME	ORGANIZATION NAME		
STREET ADDRESS	TELEPHONE NUMBER		
CITY/TOWN	COUNTY	STATE	ZIP
ENTITY THAT YOU ARE FILING A COMPLAINT AGAINST			
ORGANIZATION NAME	CONTACT NAME		
STREET ADDRESS	TELEPHONE NUMBER		
CITY/TOWN	COUNTY	STATE	ZIP
COMPLAINT TYPE			
<input type="checkbox"/> Non-Compliant Data Received - You have received a non-compliant HIPAA transaction from a covered entity.			
<input type="checkbox"/> Compliant Data Sent and Rejected - You have sent a compliant HIPAA transaction to a covered entity and it was rejected.			
<input type="checkbox"/> Invalid Companion Guide - A covered entity that you send or receive data from has specified a non-compliant companion guide. For example, a companion guide must not specify additional fields beyond those specified by HIPAA.			
<input type="checkbox"/> Privacy Violation - An entity that you do business with has violated the Privacy provisions of the HIPAA Act.			
<input type="checkbox"/> Other, HIPAA Administrative Simplification Act Violation - You have another type of complaint against a covered entity you send or receive HIPAA data from. The complaint is specifically related to the Administrative Simplification provisions of the HIPAA Act.			
<input type="checkbox"/> Other - You have another type of complaint against a covered entity you send or receive HIPAA data from. Your complaint does not fall under the provisions of the HIPAA Administrative Simplification Act.			
COMPLAINT SUBJECT: Make the complaint subject one sentence or less. For example: "Compliant claim rejected"			



COMPLAINT DESCRIPTION: Limit your complaint to one issue. For multiple issues, use more than one complaint form .
If you need additional space, please use the back of this form or add additional papers.

ADDITIONAL INFORMATION

1. Please describe yourself. Circle the appropriate description.

- Healthcare payer
- Healthcare provider – **Enter type** →
- Patient or representative of the patient
- Clearinghouse
- Other

2. Are you complaining about a covered entity? **YES** **NO**

If yes, circle which one:

- Healthcare payer
- Healthcare provider – **Enter type** →
- Clearinghouse

3. Are you a party to the transaction? **YES** **NO**

4. Is your complaint regarding a HIPAA Transaction? **YES** **NO**

5. What type of transaction(s) are you complaining about?
Circle the appropriate transactions. Note: If the transaction is not listed,
OHS is not the governing authority.

- 004010X092A1 - 270 Eligibility, Coverage or Benefit Inquiry
- 004010X092A1 - 271 Eligibility, Coverage or Benefit Information
- 004010X093A1 - 276 Health Care Claim Status Request
- 004010X093A1 - 277 Health Care Claim Status Notification
- 004010X094A1 - 278 Health Care Services Review - Request for Review
- 004010X094A1 - 278 Health Care Services Review - Response to Request for Review
- 004010X061A1 - 820 Payment Order/Remittance Advice
- 004010X095A1 - 834 Benefit Enrollment and Maintenance
- 004010X091A1 - 835 Health Care Claim Payment/Advice
- 004010X096A1 - 837 Health Care Claim: Institutional
- 004010X097A1 - 837 Health Care Claim: Dental
- 004010X098A1 - 837 Health Care Claim – Professional
- NCPDP
- Not available

6. Have you attempted to resolve the dispute? **YES** **NO**

Examples of Provider Types

- Ambulance
- Clinical Diagnosis Lab
- DME
- Employer Groups
- Health Plans / Third Party Administrators
- Home Health Hospice
- Hospital
- Mental Health
- Non-physician practitioners
- Pathology / Radiology / Anesthesiology
- Physical Therapy / OT / Rehab
- Physicians
- Rural Dialysis / ESRD Facilities
- Rural Health / FQHC
- SNF / LTC
- Vendors
- OTHER



READ THE FOLLOWING BEFORE SIGNING BELOW

Please enclose copies of any papers involved in your dispute (emails, contracts, transaction samples, correspondence, etc.). **DO NOT SEND ORIGINALS.**

PRIVACY POLICY:

The information that is collected is only required for individuals wishing to file a complaint regarding the Health Insurance Portability and Accountability Act (HIPAA) of 1996, specifically the transactions and code sets rule. If you choose to provide us with additional information about yourself through correspondence via mail, an e-mail message, or the online ASET tool, we will only maintain the information as long as needed to respond to your question or complaint. However, all communications addressed to the HHS Secretary, or the Webmaster, or the CMS Administrator are maintained, as required by law, for historical purposes. These communications are archived on a monthly basis, but are also protected by the Privacy Act that restricts our use of them, yet permits certain disclosures.

PHI POLICY:

This policy describes how OHS will use and disclose the information obtained through the written complaint process. OHS uses and discloses the relevant information contained in the written complaint form, and through correspondence by mail, only to resolve complaints that relate exclusively to violations of the HIPAA Transactions and Code Sets rule. The use of this complaint process is voluntary. Protected health information disclosed to OHS by a covered entity through the mail, or in the paper complaint form, is health information necessary for OHS to use to determine whether the particular transaction that is the subject of the complaint complies with program standards, and is, therefore, permitted to be disclosed under 45 CFR 160.512(d).

During the complaint resolution process, OHS may disclose information only to the parties to the particular transaction or to a person directly affected thereby. As information is received by OHS, it is automatically collected and stored. Information used in this process includes the complainant's name, address, complaint date, tax identification number, and relevant claim information. The OHS uses the information that is provided, including PHI, to resolve the specific complaint, and then notifies the parties to the complaint of the resolution. The information is also used to track the types of complaints, and for other aggregate enforcement research and/or statistical purposes. The information obtained is not released to third parties, except after resolution and as the Freedom of Information Act may require.

OTHER DISCLOSURES:

HHS/CMS/OHS does not disclose, give, sell or transfer any personal information, unless required for law enforcement or statute. Information supplied on this complaint form will be used to resolve complaints specific to OHS.

I have read and acknowledge the above disclosures:

PRINT NAME

SIGNATURE

DATE

Mail completed forms to:
Centers for Medicare & Medicaid Services
HIPAA TCS Enforcement Activities
P.O. Box 8030
Baltimore, Maryland 21244-8030