

The following document contains Electronic Health Care Transactions and Code Sets data submitted by Aetna Inc. as part of its Model Compliance Plan ("Plan"). By filing this Plan, Aetna obtained for its health plans a one-year extension of the Transactions and Code Sets compliance date to October 16, 2003. Aetna submitted one compliance plan for each of its individual health plans.

NOTE: Aetna's filings do not secure a compliance date extension for health plans created by self-insured plan sponsors. These health plans will only qualify for an extension if their sponsors submit a compliance plan on their behalf.

We are providing this information to self-insured sponsors of health plans that are administered by Aetna in the hopes that it will be useful if the sponsors decide to seek an extension and need to submit their own compliance plan. Most of the responses to the Model Compliance Plan questions are unique to each health plan and can easily be provided by individual plan sponsors. The Aetna responses to questions 21 through 26 provide information about the readiness of the systems that Aetna uses in administering self-insured plans. Self-insured plan sponsors may refer to this information when preparing their own Model Compliance Plan submission.

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 Plan**
 5. Authorized Person
 6. Title
 - 7-9. Address / Telephone
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Section B: Reason for Filing for This Extension

10. **Other**
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Section C: Implementation Budget

This question relates to the general financial impact of the HIPAA Electronic Health Care Transaction 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): **Over \$1 million**
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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.

Implementation Strategy Phase One – HIPAA Awareness

These questions relate to the 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. **X Yes** No

If yes, skip to (14), and then to Phase Two – Operational Assessment. If no, please answer both (13) and (14). Have you determined a:

13. Projected/Actual Start Date:
(select month/year from this drop-down menu)
14. Projected/Actual Completion Date:
(select month/year from this drop-down menu)

Implementation Strategy Phase Two – 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 **X No**

If yes, proceed to (20) and then Phase Three – Development and Testing. If no, please answer all the following questions. Have you:

16. Reviewed current processes against HIPAA Electronic Health Care Transactions and Code Sets standards (45 C.F.R. Parts 160, 162) requirements?
X Yes No Initiated But Not Completed
17. Identified internal implementation issues and developed a workplan?
Yes No **X Initiated But Not Completed**
18. Do you plan to or might you use a contractor/vendor to help achieve compliance?
X Yes No Undecided

19. Projected/Actual Start Date:
(select month/year from this drop-down menu)
20. Projected/Actual Completion Date:
(select month/year from this drop-down menu)

Implementation Strategy Phase Three – 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 the Development and Testing phase of the Implementation Strategy.

Yes **X No**

If yes, proceed to (26). If no, please answer all the following questions. Have you:

22. Completed software development/installation?

Yes No **Initiated But Not Completed**

23. Completed staff training?

Yes No **Initiated But Not Completed**

24. Projected/Actual Development Start Date:
(select month/year from this drop-down menu)

November

2000

25. Projected/Actual Initial Internal Software
Testing Start Date:
(select month/year from this drop-down menu)

January

2001

26. Projected/Actual Testing Completion Date:
(select month/year from this drop-down menu)

July

2003
