



HHS Compliance Review Program Triage Questionnaire Clearinghouses

Section 1. Organization and Point of Contact Information

Organization Information

Organization Name:		Doing Business As:	
Is your organization currently going through liquidation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please describe the phase.			
Contact Name:		Title:	
Telephone:		E-mail:	
Business Address:		City:	
State/Province:		Country:	
		Zip:	

Point of Contact Information

<input type="checkbox"/> Check if same as above			
Organization Name:			
Contact Name:		Title:	
Telephone:		E-mail:	
Business Address:		City:	
State/Province:		Country:	
		Zip:	

Section 2. Type of Covered Entity

Check All That Apply

<input type="checkbox"/> Clearinghouse	<input type="checkbox"/> Business Associate
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According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1390 from the year of 2024 through 2025. The objective of the HIPAA Administrative Simplification information collection program is to conduct assessments and identify whether a covered entity is compliant with the HIPAA - adopted standards, and administrative simplification. The time required to complete this information collection is estimated to average less than **10 hours** per response (4 forms x 60 minutes/form), including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory (under 45 CFR § 160.310) If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

Clearinghouses - Required HIPAA Covered Transactions:

For each transaction listed below, select the appropriate check box, and provide additional details as requested. A response is expected for each transaction type.

Eligibility Inquiry for a Health Plan 5010, 270 Health Care Eligibility Verification Request	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If NO : Has your organization ever been asked to provide this transaction electronically? In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If N/A : In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.	
<div></div>	
Does another company or entity construct and/or transmit this transaction on behalf of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : Please provide the company or entity name:	<div></div>

Eligibility Inquiry for a Health Plan 5010, 271 Health Care Eligibility Benefit Information Response	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If NO : Has your organization ever been asked to provide this transaction electronically? In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<div style="height: 40px;"></div>	
If N/A : In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.	
<div style="height: 40px;"></div>	
Does another company or entity construct and/or transmit this transaction on behalf of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : Please provide the company or entity name:	<div style="height: 20px;"></div>

Health Care Claim Status	
5010, 276 Health Care Claim Status Request	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If NO : Has your organization ever been asked to provide this transaction electronically? In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If N/A : In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.	
Does another company or entity construct and/or transmit this transaction on behalf of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : Please provide the company or entity name:	

Health Care Claim Status	
5010, 277 Health Care Claim Status Response	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If NO : Has your organization ever been asked to provide this transaction electronically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.	
If N/A : In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.	
Does another company or entity construct and/or transmit this transaction on behalf of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : Please provide the company or entity name:	
Referral Certification and Authorization	
5010, 278 Health Care Services Review Request	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If NO : Has your organization ever been asked to provide this transaction electronically?	<input type="checkbox"/> Yes <input type="checkbox"/> No
In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.	
If N/A : In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.	



Does another company or entity construct and/or transmit this transaction on behalf of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : Please provide the company or entity name:	

Referral Certification and Authorization 5010, 278 Health Care Services Review Response	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If YES : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If NO : Has your organization ever been asked to provide this transaction electronically? In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p></p>	
If N/A : In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.	
<p></p>	
Does another company or entity construct and/or transmit this transaction on behalf of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : Please provide the company or entity name:	

Health Care Remittance Advice	
5010, 835 Health Care Claim Payment/Advice	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>If NO: Has your organization ever been asked to provide this transaction electronically?</p> <p>In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If N/A: In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.</p>	
<p>Does another company or entity construct and/or transmit this transaction on behalf of your organization?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes : Please provide the company or entity name:	

Coordination of Benefit (COB) Claim or Encounter 5010, 837 Health Care Claim - Institutional	
<p>Does your organization receive, process, and forward claims electronically to any trading partner (secondary or tertiary payers) for subsequent payment (COB)?</p> <p>Or</p> <p>Does your organization transfer encounter information electronically?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>If NO: Has your organization ever been asked to provide this transaction electronically?</p> <p>In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If N/A: In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.</p>	
<p>Does another company or entity construct and/or transmit this transaction on behalf of your organization?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If Yes: Please provide the company or entity name:</p>	

Coordination of Benefit (COB) Claim or Encounter 5010, 837 Health Care Claim - Professional

Does your organization receive, process, and forward claims electronically to any trading partner (secondary or tertiary payers) for subsequent payment (COB)?

Or

Does your organization transfer encounter information electronically?

☐ Yes ☐ No ☐ N/A

If **NO**: Has your organization ever been asked to provide this transaction electronically?

In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.

☐ Yes ☐ No

If **N/A**: In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.

Does another company or entity construct and/or transmit this transaction on behalf of your organization?

☐ Yes ☐ No

If **Yes**: Please provide the company or entity name:

Coordination of Benefit (COB) Claim or Encounter 5010, 837 Health Care Claim - Dental	
<p>Does your organization receive, process, and forward claims electronically to any trading partner (secondary or tertiary payers) for subsequent payment (COB)?</p> <p>Or</p> <p>Does your organization transfer encounter information electronically?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>If NO: Has your organization ever been asked to provide this transaction electronically?</p> <p>In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If N/A: In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.</p>	
<p>Does another company or entity construct and/or transmit this transaction on behalf of your organization?</p>	
<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>If Yes: Please provide the company or entity name:</p>	

Coordination of Benefit Claim (COB) or Encounter NCPDP D.0 Pharmacy Claim	
<p>Does your organization receive, process, and forward claims electronically to any trading partner (secondary or tertiary payers) for subsequent payment (COB)?</p> <p>Or</p> <p>Does your organization transfer encounter information electronically?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>If NO: Has your organization ever been asked to provide this transaction electronically?</p> <p>In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If N/A: In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.</p>	
<p>Does another company or entity construct and/or transmit this transaction on behalf of your organization?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If Yes: Please provide the company or entity name:</p>	

Health Plan Premium Payment 5010, 820 Premium Payment	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>If NO: Has your organization ever been asked to provide this transaction electronically?</p> <p>In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If N/A: In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.</p>	
<p>Does another company or entity construct and/or transmit this transaction on behalf of your organization?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes : Please provide the company or entity name:	

Enrollment and Disenrollment in a Health Plan 5010, 834 Health Care Benefits Enrollment and Maintenance	
Does your organization construct and/or transmit this transaction electronically to a trading partner?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<p>If NO: Has your organization ever been asked to provide this transaction electronically?</p> <p>In the space below, please provide an explanation as to why your organization does not construct and/or transmit this transaction to a trading partner.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>If N/A: In the space below, please provide an explanation as to why your organization is not required to construct and or transmit this transaction to a trading partner.</p>	
Does another company or entity construct and/or transmit this transaction on behalf of your organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes : Please provide the company or entity name:	