

HHS Compliance Review Program Triage Questionnaire Health Plans

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"/> Large Health Plan ¹ <input type="checkbox"/> Business Associate
<input type="checkbox"/> Small Health Plan ²

¹ Annual receipts > 5 million

² Annual receipts < \$5 million (per regulation 45 CFR 160.103)

Health Plans - 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, 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
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, 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? 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:	

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
<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:	



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
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:	

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>	<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>	

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