



HHS Compliance Review Program Triage Questionnaire Providers

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 Provider ¹	<input type="checkbox"/> Business Associate
<input type="checkbox"/> Small Provider ²	

¹ Provider with more 25 or more full-time employees, or a physician, practitioner, facility, or supplier with 10 or more full-time equivalent employees

² Provider with less than 25 full time employees, or a physician, practitioner, facility, or supplier with less than 10 full time equivalent employees



Providers - 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.	
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, 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
<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>



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? 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 Claims or Equivalent Encounter Information	
5010, 837 Health Care Claim - Institutional	
<p>Does your organization construct and/or transmit claims electronically to any trading partner?</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></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></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>	<p></p>



Health Care Claims or Equivalent Encounter Information	
5010, 837 Health Care Claim - Professional	
<p>Does your organization construct and/or transmit claims electronically to any trading partner?</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 Care Claims or Equivalent Encounter Information	
5010, 837 Health Care Claim - Dental	
Does your organization construct and/or transmit claims electronically to any trading partner? Or Does your organization transfer encounter information electronically?	<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:	



Health Care Claims or Equivalent Encounter Information NCPDP D.0 Pharmacy Claim	
<p>Does your organization construct and/or transmit claims electronically to any trading partner?</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>	