**HHS Compliance Review Program**

**Triage Questionnaire**

**Health Plans**

## **Section 1. Organization and Point of Contact Information**

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| **Organization Information** |
| Organization Name: |  | Doing Business As: |  |
| Is your organization currently going through liquidation? [ ]  **Yes** [ ]  **No**  |
| If yes, please describe the phase. |  |
| Contact Name: |  | Title:  |  |
| Telephone: |  | E-mail: |  |
| Business Address: |  | City: |  |
| State/Province: |  | Country: |  | Zip: |  |

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| --- |
| **Point of Contact Information** |
| [ ]  **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** |
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| [ ]  Large Health Plan1 [ ]  Business Associate  |
| [ ]  Small Health Plan2  |

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.

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| **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? | [ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| If **YES:** By what means?  | [ ]  **Real Time** [ ]  **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. | [ ]  **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: |  |

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| **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? | [ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| If **YES:** By what means?  | [ ]  **Real Time** [ ]  **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. | [ ]  **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: |  |

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| **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? | [ ]  **Yes** [ ]  **No** [ ]  **N/A** |
| If **YES:** By what means?  | [ ]  **Real Time** [ ]  **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. | [ ]  **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: |  |

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| **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? | [ ]  **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. |
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| 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: |  |

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| **Coordination of Benefit (COB) Claim or Encounter****5010, 837 Health Care Claim - Institutional** |
| Does your organization receive, process, and forward claims electronically to any trading partner (secondary or tertiary payers) for subsequent payment (COB)?OrDoes 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: |  |

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| **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)?OrDoes 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: |  |

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| **Coordination of Benefit (COB) Claim or Encounter****5010, 837 Health Care Claim - Dental** |
| Does your organization receive, process, and forward claims electronically to any trading partner (secondary or tertiary payers) for subsequent payment (COB)?OrDoes 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: |  |

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| **Coordination of Benefit (COB) Claim or Encounter****NCPDP D.0 Pharmacy Claim** |
| Does your organization receive, process, and forward claims electronically to any trading partner (secondary or tertiary payers) for subsequent payment (COB)?OrDoes 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: |  |

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| **Health Plan Premium Payment****5010, 820 Premium Payment** |
| Does your organization construct and/or transmit this transaction electronically to a trading partner?  | [ ]  **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: |  |

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| **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? | [ ]  **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: |  |