**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** |
| --- |
| 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. | | |
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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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| **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. | | |
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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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| **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. | | |
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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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| **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)?  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. | | |
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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 - 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. | | |
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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 - Dental** | | |
| 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. | | |
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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**  **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)?  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: |  | |

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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: |  | |