

## HHS Compliance Review Program Triage Questionnaire Health Plans

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

<u>Organization Information</u>					
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:	

<u>Point of Contact Information</u>					
<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 <sup>1</sup> <input type="checkbox"/> Business Associate
<input type="checkbox"/> Small Health Plan <sup>2</sup>

<sup>1</sup> Annual receipts > 5 million

<sup>2</sup> 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.

<b>Eligibility Inquiry for a Health Plan 5010, 271 Health Care Eligibility Benefit Information Response</b>	
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 <b>YES</b> : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If <b>NO</b> : 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
<b>If N/A</b> : 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 <b>Yes</b> : Please provide the company or entity name:	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>

<b>Health Care Claim Status</b>	
<b>5010, 277 Health Care Claim Status Response</b>	
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 <b>YES</b> : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
<p>If <b>NO</b>: 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><b>If N/A</b>: 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 <b>Yes</b> : Please provide the company or entity name:	

<b>Referral Certification and Authorization</b>	
<b>5010, 278 Health Care Services Review Response</b>	
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 <b>YES</b> : By what means?	<input type="checkbox"/> Real Time <input type="checkbox"/> Batch
If <b>NO</b> : 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 <b>N/A</b> : 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 <b>Yes</b> : Please provide the company or entity name:	

<b>Health Care Remittance Advice</b>	
<b>5010, 835 Health Care Claim Payment/Advice</b>	
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 <b>NO</b>: 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><b>If N/A</b>: 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 <b>Yes</b> : 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 <b>NO</b>: 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 <b>N/A</b>: 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 <b>Yes</b>: Please provide the company or entity name:</p>	

<b>Coordination of Benefit (COB) Claim or Encounter 5010, 837 Health Care Claim - Professional</b>	
<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 <b>NO</b>: 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><b>If N/A</b>: 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 <b>Yes</b>: 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 <b>NO</b>: 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 <b>N/A</b>: 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 <b>Yes</b>: 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>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>If <b>NO</b>: 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><b>If N/A:</b> 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 <b>Yes</b>: Please provide the company or entity name:</p>	

<b>Health Plan Premium Payment 5010, 820 Premium Payment</b>	
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 <b>NO</b>: 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><b>If N/A</b>: 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 <b>Yes</b> : 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 <b>NO</b>: 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 <b>N/A</b>: 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 <b>Yes</b> : Please provide the company or entity name:	