

**New Jersey Department of Banking and Insurance  
HIPAA/HINT Electronic Transaction and Code Set Timetable  
Status Report Questionnaire**

**Name of Payer:** \_\_\_\_\_.  
**Completed by:** \_\_\_\_\_.  
**Date completed:** \_\_\_\_\_.

**Note: All data supplied is to be current as of August 1, 2004.**

1. Which electronic transactions does your organization CURRENTLY support in the HIPAA standard format for **Institutional** transaction partners? (Please check each transaction type that you are now able to receive or send to electronic trading partners)

- 837 Claim Submission
- 835 Remit
- 834 Enrollment and Benefits Maintenance
- 278 Referral & Authorization
- 270/271 Eligibility Inquiry
- 276/277 Claim Status Request
- 277 Unsolicited Claim Acknowledgement

2. If you do not currently offer a HIPAA transaction format for any or all transaction sets listed in number 1 above, when do you anticipate being able to offer the HIPAA format for **Institutional** transaction partners?

Date (MM/DD/YY)

- \_\_\_\_\_ 837 Claim Submission
- \_\_\_\_\_ 835 Remit
- \_\_\_\_\_ 834 Enrollment and Benefits Maintenance
- \_\_\_\_\_ 278 Referral & Authorization
- \_\_\_\_\_ 270/271 Eligibility Inquiry
- \_\_\_\_\_ 276/277 Claim Status Request
- \_\_\_\_\_ 277 Unsolicited Claim Acknowledgement (Required by NJ HINT Regulations)

3. Which electronic transactions does your organization CURRENTLY support in the HIPAA standard format for **Professional** transaction partners? (Please check each transaction that you are now able to receive or send to electronic trading partners)

- 837 Claim Submission
- 835 Remit
- 834 Enrollment and Benefits Maintenance
- 278 Referral & Authorization

- 270/271 Eligibility Inquiry
- 276/277 Claim Status Request
- 277 Unsolicited Claim Acknowledgement

4. If you do not currently offer a HIPAA transaction format for any or all transaction sets listed in number 3 above, when do you anticipate being able to offer the HIPAA format for **Professional** transaction partners?

Date (MM/DD/YY)

- 837 Claim Submission
- 835 Remit
- 834 Enrollment and Benefits Maintenance
- 278 Referral & Authorization
- 270/271 Eligibility Inquiry
- 276/277 Claim Status Request
- 277 Unsolicited Claim Acknowledgement (Required by NJ HINT Regulations)

5. If you accept claims in the standard 837 HIPAA format, do you accept the claims only through a clearinghouse?

- yes
- no

If yes, which clearinghouse: \_\_\_\_\_?

6. Do you have the capability to accept 837 claims submitted directly from a provider?

- yes
- no

If no, do you plan to accept 837 directly from providers in the future?  (Yes or No)

If you plan to accept 837 directly in the future, when? \_\_\_\_\_ (MM/DD/YY)

7. If you accept HIPAA standard transactions directly from a provider, must the provider obtain third-party certification first?

- yes
- no

8. In order that DOBI may contact you if necessary, please supply the names of two contact persons at your organization that are responsible for implementation of the HIPAA transaction formats.

Payer Contact (1)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Payer Contact (2)

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

9. If providers have questions or problems related to HIPAA Transactions whom should they contact at your organization?

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**CERTIFICATION**

The information provided herein on behalf of \_\_\_\_\_ is certified to be true and accurate as of July 27, 2004. I understand that I am subject to punishment for any intentional misrepresentation of this information.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
print name

\_\_\_\_\_  
official title