Health plan inventory worksheet

Use the worksheet below to list each payer or health plan to whom you currently submit (or plan to submit) electronic claims. The worksheet will help you organize pertinent information and prepare you to speak with your vendors regarding their own HIPAA-readiness.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Health plan** | **Number of**  **claims sent** | **Dollar**  **amount** | **Percent sent electronically** | **Percent sent**  **on paper** | **Errors** |
| **Medicare** |  |  |  |  |  |
| **Medicaid**  **State:** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Other** |  |  |  |  |  |
| **Totals** |  |  |  |  |  |

Developed by David C. Kibbe, MD, MPH. Copyright © 2003 American Academy of Family Physicians. Physicians may photocopy or adapt for use in their own practices; all other rights reserved. “Help With the HIPAA Transactions and Code Sets Standards.” Kibbe DC. *Family Practice Management*. September 2003:57-62,www.aafp.org/fpm/20030900/57help.html.