

CHP HPID: _____

Draft CAQH CORE® HIPAA Credential – Application*

Draft Version 3.0.1 September 2014

1 **These draft forms are for illustrative purposes only**, as the Department of Health and Human Services (HHS) has not
2 published a final rule on the Affordable Care Act (ACA)-mandated health plan certification. CAQH CORE's intent in
3 publishing these draft forms is to give the industry, especially health plans, a general sense of the type of documentation
4 that may be required to complete the HIPAA Credential application process, according to the [Notice of Proposed Rule](#)
5 [Making \(NPRM\), "Administrative Simplification: Certification of Compliance for Health Plans"](#) (CMS-0037-P), published
6 on January 2, 2014 in the Federal Register.

7
8 These forms are subject to change based on the release of the HHS final rule. These forms cannot be used to apply for the
9 HIPAA Credential.

10
11 As the proposed administrator of the HIPAA Credential, CAQH CORE initiated a transparent and collaborative industry-
12 wide effort to develop forms designed to meet the needs of the HIPAA Credential as described in the NPRM. In February
13 2014, CAQH CORE published the initial draft HIPAA Credential Forms on its website, developed based upon the
14 proposed requirements in the [NPRM](#). From May through June, 2014, CAQH CORE solicited industry input on the clarity
15 and content of the forms and received more than 250 comments from both CORE and non-CORE Participating
16 Organizations.

17
18 Over a 5-month period, the CAQH CORE Certification/Testing Subgroup, composed of a broad cross-section of industry
19 stakeholders, revised several draft versions based upon industry feedback, surveys, and market testing before approving
20 these Final Draft HIPAA Credential Forms. Once HHS issues a final rule on the ACA-mandated health plan certification,
21 the CAQH CORE Certification/Testing Subgroup will reconvene to make any necessary adjustments to the draft forms.

22 Comments are welcome at Certification.Credential@CAQH.org.
23

24 **A. Controlling Health Plan¹ (CHP) Applicant Information**

25
26 _____
27 Name of CHP Organization

28
29 _____
Health Plan Identifier (HPID): CHP

30 **B. CHP Contact Information**

31
32 _____
33 Contact Name

**This form is to be submitted by CHPs seeking the CAQH CORE HIPAA Credential to demonstrate compliance with the HIPAA Standards and Operating Rules per Option #1 under the [proposed first HHS Health Plan Certification of Compliance Requirements](#). If your CHP organization is seeking a CORE Certification Seal per Option #2 under the proposed first HHS Health Plan Certification of Compliance Requirements, please refer to [CORE Certification: A Step-By-Step Process for Phase I, Phase II and Phase III](#).*

¹ Controlling health plan (from HPID regulation 45 CFR 162.103) is defined as a health plan that controls its own business activities, or is controlled by an entity that is not a health plan; and if it has subhealth plans (SHPs) exercises sufficient control over the SHP to direct their business activities.

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34 _____
35 Position/Title

36 _____
37 Name of CHP Organization

38 _____
39 Mailing Address (Street Address)

40 _____
41 Mailing Address (City, State, Zip Code)

42 _____
43 Phone (XXX-XXX-XXXX ext. XXXX)

44 _____
45 Fax (XXX-XXX-XXXX)

46 _____
47 Email

48
49 **C. Required Documents to Apply for CAQH CORE HIPAA Credential** *(Please attach with this application).*

- 50 1. CAQH CORE HIPAA Credential Attestation of HIPAA Compliance
51 2. CAQH CORE HIPAA Credential Attestation of Trading Partner Testing
52 3. Payment of Fees (see Section E of this form)
53

54 **D. HIPAA Credential Terms and Conditions**
55

- 56 1. A one-time, revenue-based HIPAA Credential Application Fee is assessed per the fee schedule established in the
57 HHS Health Plan Certification NPRM (see Section E of this form).
58 2. Penalties may be assessed by the Secretary of the Department of Health and Human Services (HHS) for failure to
59 comply with submission requirements; and may double should it be determined that a controlling health plan
60 knowingly or deliberately submitted false information. For detailed information on penalties that may be assessed
61 for failure to comply see Part 160 General Administrative Requirements, pg. 322 -323, in the HHS Health Plan
62 Certification NPRM.
63 3. Once a CHP completes all required documentation for the HIPAA Credential, it will be listed on the public
64 CAQH CORE website as receiving the HIPAA Credential.
65

66 **E. Fees**

67 *Please use the following fee structure and notes below to determine and select your appropriate HIPAA Credential*
68 *fee.*

Category of Health Plan	Fee	Indicate Selection
CAQH Member Plans	No fee, covered by CAQH dues.	<input type="checkbox"/>

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Federal or State Government Health Plans	\$100	<input type="checkbox"/>
Non-Federal or State Government Health Plans		
• Below \$5 Million in Net Annual Revenue	\$100	<input type="checkbox"/>
• \$5 Million to Below \$25 Million Net Annual Revenue	\$1,000	<input type="checkbox"/>
• \$25 Million to Below \$50 Million Net Annual Revenue	\$2,000	<input type="checkbox"/>
• \$50 Million and Above Net Annual Revenue	\$4,000	<input type="checkbox"/>

Fee Notes

1. This fee is a one-time fee to obtain a HIPAA Credential demonstrating compliance with transactions and operating rules for the first HHS health plan certification of compliance.²
2. The HIPAA Credential Application fee does not include any or all costs the applicant CHP may incur in relation to reporting, recordkeeping, or third-party disclosure requirements.

F. Authorized Representative Information

The undersigned authorized representative of CHP affirms that he or she is duly empowered to represent the CHP for purposes of this application and has knowledge confirming the accuracy of this application. The undersigned representative also acknowledges that HHS may view the CAQH CORE HIPAA Credential Application and associated forms.

Signature of Authorized Representative
(Executive-level or otherwise authorized signature)

Printed Name

Position/Title

Name of CHP Organization

Date

² See HIPAA Credential – Attestation of HIPAA Compliance for a comprehensive list of the mandated transaction standards and operating rules to which the first certification of compliance applies.

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94 *After reviewing this document and ensuring you have all the required documentation, please submit your payment and*
95 *CAQH CORE HIPAA Credential Application, CAQH CORE Attestation of HIPAA Compliance, and CAQH CORE*
96 *Attestation of Trading Partner Testing to**:*

97 CAQH CORE

98 RE: HIPAA Credential

99 1900 K Street, NW

100 Suite 650

101 Washington, DC 20006

102 Email: CORE@caqh.org Fax: 202-517-0397

103 ***With final submission process, forms will be able to be completed on line, or forms can be uploaded to CAQH CORE secure website or sent in via US Post.*
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