

Draft CAQH CORE® HIPAA Credential – Attestation of Trading Partner Testing*

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

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

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

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

24
25 By submitting this form, the controlling health plan (CHP¹) attests that it has successfully tested² the applicable
26 operating rules for the: 1) health care eligibility benefit inquiry and response, 2) health care claim status request and
27 response, 3) electronic funds transfers (EFT), and 4) electronic remittance advice (ERA) transactions with trading
28 partners.³This includes transactions conducted by another entity on the CHP's behalf.

29 For each of the four transactions, the CHP must confirm that the number of transactions conducted with those
30 trading partners collectively accounts for at least 30 percent of the total number of transactions conducted with
31 providers.

32 For each of the four transactions, the CHP must confirm that it has successfully tested with at least three trading
33 partners. However, if the number of transactions conducted with three trading partners does not account for at

**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](#).*

¹Controlling 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.

² "Successful" testing definition to be added should it be defined by Final Rule, e.g. production level exchange.

³ 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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34 least 30 percent of the total number of transactions conducted with providers, the CHP can confirm that it has
35 successfully tested with up to 25 trading partners.

36 **CHP Applicant Information**

37 _____
38 _____
39 Name of CHP Organization

40 _____
41 Health Plan Identifier (HPID): CHP
42 _____

43

44

45

46 **CHP Contact Information**

47 _____
48 _____
49 Contact Name

50 _____
51 Position/Title

52 _____
53 Name of CHP Organization

54 _____
55 Mailing Address (Street Address)

56 _____
57 Mailing Address (City, State, Zip Code)

58 _____
59 Phone (XXX-XXX-XXXX ext. XXXX)

60 _____
61 Fax (XXX-XXX-XXXX)

62 _____
63 Email

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64 **Trading Partner and Tested Transaction Information**

65 **Directions:**

66 The Trading Partner and Tested Transaction Information is divided into four sections each of which addresses one
67 of the applicable transactions (*sections linked below*):

- 68 • [Section 1: Health Care Eligibility Benefit Inquiry and Response](#)
- 69 • [Section 2: Health Care Claim Status Request and Response](#)
- 70 • [Section 3: Electronic Funds Transfers \(EFT\)](#)
- 71 • [Section 4: Electronic Remittance Advice \(ERA\)](#)

72 The tables provided in each section enumerate items required by HHS to be included in the CHP's Attestation of
73 Trading Partner Testing. In the tables provided, CHPs must include a minimum of three, and a maximum of
74 twenty-five, trading partners with which the CHP has successfully tested the applicable operating rules. The
75 number of transactions conducted with the listed trading partners must account for **at least 30%** of the total
76 number of transactions conducted with providers. However, if the number of transactions conducted with three
77 trading partners does not account for at least 30 percent of the total number of transactions conducted with
78 providers, the CHP can confirm that it has successfully tested with up to 25 trading partners.

79
80 *Reporting requirements if CHP conducts transaction with less than three trading partners or has no trading*
81 *partners requesting transaction:*

82 For one or more of the applicable transactions a CHP may be unable to list three trading partners because: 1) The
83 CHP conducts the transaction with less than three trading partners **OR** 2) The CHP does not have any trading
84 partners requesting the transaction. In each transaction section, CHPs that are unable to list at least three trading
85 partners should select the appropriate checkbox indicating that either:

- 86 • The CHP conducts this transaction with less than three trading partners, all of whom are listed.
- 87 • The CHP does not have any trading partners requesting this transaction, however CHP is compliant with
88 the transaction standards and associated operating rules.

89 **NOTE:** All information will be kept confidential and not shared in any way with exception of the U.S.
90 Department of Health and Human Services (HHS), if such a request is made to CAQH CORE.

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Section 1: Health Care Eligibility Benefit Inquiry and Response

CHPs must include a minimum of three and a maximum of twenty-five trading partners with which the CHP has successfully tested the operating rules for the health care eligibility benefit inquiry and response transactions. The number of transactions conducted with the listed trading partners must account for **at least 30%** of the total number of transactions conducted with providers; however, if the number of transactions conducted with three trading partners does not account for at least 30% of the total number of transactions conducted with providers, the CHP can confirm that it has successfully tested with up to 25 trading partners.

For the information reported in Table 1, please select the applicable statement below. For purposes of the options below, the term “trading partners” includes providers with whom a health plan conducts direct transactions.

- My CHP organization conducts this transaction with **less than three trading partners accounting for 100%** of my volume of health care eligibility inquiry and response transactions conducted with providers. I have listed these trading partners in Table 1.
- My CHP organization has **three trading partners that account for at least 30%** of my volume of health care eligibility inquiry and response transactions conducted with providers. I have listed these trading partners in Table 1.
- My CHP organization **does not have three trading partners that account for at least 30%** of my volume of health care eligibility benefit inquiry and response transaction conducted with providers. I have listed trading partners in Table 1 that collectively account for 30% of my volume of these transactions conducted with providers. **If 25 of my trading partners *do not* account for 30%** of my volume, I have listed 25 trading partners with which I have successfully tested in Table 1.
- My CHP organization **does not have any trading partners** requesting this transaction; however, my CHP organization is compliant with the transaction standards and associated operating rules. I have not listed any trading partners in Table 1.

Table 1: Health Care Eligibility Benefit Inquiry and Response

#	Trading Partner Information	
1.	<hr/> Name of Trading Partner Organization <hr/> Contact Name <hr/> Email <hr/> Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX) <hr/> Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i>	

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Table 1: Health Care Eligibility Benefit Inquiry and Response	
#	Trading Partner Information
2.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
3.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
4.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>

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5.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
6.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
7.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>

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8.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
9.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
10.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>

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#	Trading Partner Information
11.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
12.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
13.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>

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#	Trading Partner Information
14.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
15.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
16.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>

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Table 1: Health Care Eligibility Benefit Inquiry and Response	
#	Trading Partner Information
17.	_____ Name of Trading Partner Organization
	_____ Contact Name
	_____ Email
	_____ Mailing Address (Street Address) <i>Optional</i>
	_____ Mailing Address (City, State, Zip Code) <i>Optional</i>
	_____ Phone (XXX-XXX-XXXX ext. XXXX)
	_____ Fax (XXX-XXX-XXXX) <i>Optional</i>
18.	_____ Name of Trading Partner Organization
	_____ Contact Name
	_____ Email
	_____ Mailing Address (Street Address) <i>Optional</i>
	_____ Mailing Address (City, State, Zip Code) <i>Optional</i>
	_____ Phone (XXX-XXX-XXXX ext. XXXX)
	_____ Fax (XXX-XXX-XXXX) <i>Optional</i>
19.	_____ Name of Trading Partner Organization
	_____ Contact Name
	_____ Email
	_____ Mailing Address (Street Address) <i>Optional</i>
	_____ Mailing Address (City, State, Zip Code) <i>Optional</i>
	_____ Phone (XXX-XXX-XXXX ext. XXXX)
	_____ Fax (XXX-XXX-XXXX) <i>Optional</i>

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Table 1: Health Care Eligibility Benefit Inquiry and Response	
#	Trading Partner Information
20.	<p>Name of Trading Partner Organization</p> <p>Contact Name</p> <p>Email</p> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
21.	<p>Name of Trading Partner Organization</p> <p>Contact Name</p> <p>Email</p> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
22.	<p>Name of Trading Partner Organization</p> <p>Contact Name</p> <p>Email</p> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>

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#	Trading Partner Information
23.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
24.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>
25.	<hr/> <p>Name of Trading Partner Organization</p> <hr/> <p>Contact Name</p> <hr/> <p>Email</p> <hr/> <p>Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX)</p> <hr/> <p>Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i></p>

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120

Section 2: Health Care Claim Status Request and Response

121 CHPs must include a minimum of three and a maximum of twenty-five trading partners with which the CHP has
 122 successfully tested the operating rules for the health care claim status request and response transactions. The
 123 number of transactions conducted with the listed trading partners must account for **at least 30%** of the total
 124 number of transactions conducted with providers; however, if the number of transactions conducted with three
 125 trading partners does not account for at least 30% of the total number of transactions conducted with providers,
 126 the CHP can confirm that it has successfully tested with up to 25 trading partners.

127
 128 For the information reported in Table 2, please select the applicable statement below. For purposes of the options
 129 below, the term “trading partners” includes providers with whom a health plan conducts direct transactions.

- 130 My CHP organization conducts this transaction with **less than three trading partners accounting for**
 131 **100%** of my volume of health care claim status request and response transactions conducted with
 132 providers. I have listed these trading partners in Table 2.
- 133
- 134 My CHP organization has **three trading partners that account for at least 30%** of my volume of health
 135 care claim status request and response transactions conducted with providers. I have listed these trading
 136 partners in Table 2.
- 137 My CHP organization **does not have three trading partners that account for at least 30%** of my
 138 volume of health care claim status request and response transaction conducted with providers. I have
 139 listed trading partners in Table 2 that collectively account for 30% of my volume of these transactions
 140 conducted with providers. **If 25 of my trading partners do not account for 30%** of my volume, I have
 141 listed 25 trading partners with which I have successfully tested in Table 2.
- 142 My CHP organization **does not have any trading partners** requesting this transaction; however, my
 143 CHP organization is compliant with the transaction standards and associated operating rules. I have not
 144 listed any trading partners in Table 2.
- 145

Table 2: Health Care Claim Status Request and Response

#	Trading Partner Information	
1.	Name of Trading Partner Organization	
	Contact Name	
	Email	
	Mailing Address (Street Address) <i>Optional</i>	Phone (XXX-XXX-XXXX ext. XXXX)
	Mailing Address (City, State, Zip Code) <i>Optional</i>	Fax (XXX-XXX-XXXX) <i>Optional</i>

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Table 2: Health Care Claim Status Request and Response

#	Trading Partner Information										
2.	<table border="0" style="width: 100%;"><tr><td colspan="2">Name of Trading Partner Organization</td></tr><tr><td colspan="2">Contact Name</td></tr><tr><td colspan="2">Email</td></tr><tr><td>Mailing Address (Street Address) <i>Optional</i></td><td>Phone (XXX-XXX-XXXX ext. XXXX)</td></tr><tr><td>Mailing Address (City, State, Zip Code) <i>Optional</i></td><td>Fax (XXX-XXX-XXXX) <i>Optional</i></td></tr></table>	Name of Trading Partner Organization		Contact Name		Email		Mailing Address (Street Address) <i>Optional</i>	Phone (XXX-XXX-XXXX ext. XXXX)	Mailing Address (City, State, Zip Code) <i>Optional</i>	Fax (XXX-XXX-XXXX) <i>Optional</i>
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Table 2: Health Care Claim Status Request and Response

#	Trading Partner Information										
5.	<table border="0" style="width: 100%;"><tr><td colspan="2">Name of Trading Partner Organization</td></tr><tr><td colspan="2">Contact Name</td></tr><tr><td colspan="2">Email</td></tr><tr><td>Mailing Address (Street Address) <i>Optional</i></td><td>Phone (XXX-XXX-XXXX ext. XXXX)</td></tr><tr><td>Mailing Address (City, State, Zip Code) <i>Optional</i></td><td>Fax (XXX-XXX-XXXX) <i>Optional</i></td></tr></table>	Name of Trading Partner Organization		Contact Name		Email		Mailing Address (Street Address) <i>Optional</i>	Phone (XXX-XXX-XXXX ext. XXXX)	Mailing Address (City, State, Zip Code) <i>Optional</i>	Fax (XXX-XXX-XXXX) <i>Optional</i>
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148 **Section 3: Electronic Funds Transfer (EFT)**

149 CHPs must include a minimum of three and a maximum of twenty-five trading partners with which the CHP has
 150 successfully tested the operating rules for the Electronic Funds Transfer (EFT) transactions. The number of
 151 transactions conducted with the listed trading partners must account for **at least 30%** of the total number of
 152 transactions conducted with providers; however, if the number of transactions conducted with three trading
 153 partners does not account for at least 30% of the total number of transactions conducted with providers, the CHP
 154 can confirm that it has successfully tested with up to 25 trading partners.
 155

156 For the information reported in Table 3, please select the applicable statement below. For purposes of the options
 157 below, the term “trading partners” includes providers with whom a health plan conducts direct transactions.

- 158 My CHP organization conducts this transaction with **less than three trading partners accounting for**
 159 **100%** of my volume of Electronic Funds Transfer (EFT) transactions conducted with providers. I have
 160 listed these trading partners in Table 3.
- 161 My CHP organization has **three trading partners that account for at least 30%** of my volume of
 162 Electronic Funds Transfer (EFT) transactions conducted with providers. I have listed these trading
 163 partners in Table 3.
- 164 My CHP organization **does not have three trading partners that account for at least 30%** of my
 165 volume of Electronic Funds Transfer (EFT) transactions conducted with providers. I have listed trading
 166 partners in Table 3 that collectively account for 30% of my volume of these transactions conducted with
 167 providers. **If 25 of my trading partners do not account for 30%** of my volume, I have listed 25 trading
 168 partners with which I have successfully tested in Table 3.
- 169 My CHP organization **does not have any trading partners** requesting this transaction; however, my CHP
 170 organization is compliant with the transaction standards and associated operating rules. I have not listed
 171 any trading partners in Table 3.

Table 3: Electronic Funds Transfer

#	Trading Partner Information	
1.	<hr/> Name of Trading Partner Organization <hr/> Contact Name <hr/> Email <hr/> Mailing Address (Street Address) <i>Optional</i> Phone (XXX-XXX-XXXX ext. XXXX) <hr/> Mailing Address (City, State, Zip Code) <i>Optional</i> Fax (XXX-XXX-XXXX) <i>Optional</i>	

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Table 3: Electronic Funds Transfer

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	Email		
	Mailing Address (Street Address) <i>Optional</i>		Phone (XXX-XXX-XXXX ext. XXXX)
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Section 4: Electronic Remittance Advice (ERA)

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CHPs must include a minimum of three and a maximum of twenty-five trading partners with which the CHP has successfully tested the operating rules for the Electronic Remittance Advice (ERA) transactions. The number of transactions conducted with the listed trading partners must account for **at least 30%** of the total number of transactions conducted with providers; however, if the number of transactions conducted with three trading partners does not account for at least 30% of the total number of transactions conducted with providers, the CHP can confirm that it has successfully tested with up to 25 trading partners.

For the information reported in Table 4, please select the applicable statement below. For purposes of the options below, the term “trading partners” includes providers with whom a health plan conducts direct transactions.

- My CHP organization conducts this transaction with **less than three trading partners accounting for 100%** of my volume of Electronic Remittance Advice (ERA) transactions conducted with providers. I have listed these trading partners in Table 4.
- My CHP organization has **three trading partners that account for at least 30%** of my volume of Electronic Remittance Advice (ERA) transactions conducted with providers. I have listed these trading partners in Table 4.
- My CHP organization **does not have three trading partners that account for at least 30%** of my volume of Electronic Remittance Advice (ERA) transaction conducted with providers. I have listed trading partners in Table 4 that collectively account for 30% of my volume of these transactions conducted with providers. **If 25 of my trading partners do not account for 30%** of my volume, I have listed 25 trading partners with which I have successfully tested in Table 4.
- My CHP organization **does not have any trading partners** requesting this transaction; however, my CHP organization is compliant with the transaction standards and associated operating rules. I have not listed any trading partners in Table 4.

Table 4: Electronic Remittance Advice

#	Trading Partner Information	
1.	Name of Trading Partner Organization	
	Contact Name	
	Email	
	Mailing Address (Street Address) <i>Optional</i>	Phone (XXX-XXX-XXXX ext. XXXX)
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200 **Authorized Representative Information**

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

205
206
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211
212
213
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215
216

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

Printed Name

Position/Title

Name of CHP Organization

Date

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

220 CAQH CORE
221 RE: HIPAA Credential
222 1900 K Street, NW
223 Suite 650
224 Washington, DC 20006
225 Email: CORE@caqh.org Fax: 202-517-0397

226
227 ***With final submission process, forms will be able to be completed on line, or forms can be uploaded to CAQH CORE*
228 *secure website or sent in via US Post.*

229