

Phase III CORE® Certification
Health Plan IT Exemption Request Form
version 3.0.1 May 2014



A. Contact Information

Organization: _____

Contact Name: _____

Mailing Address: _____

Phone: _____

Email: _____

B. Required Criteria to be Granted a CORE Health Plan IT System Certification Exemption:

Any health plan seeking an IT System Certification Exemption must meet the following criteria or gain approval for an exception:

1. Percentage

Percentage of a health plan's electronic remittance advice and electronic payment transactions that are processed by the IT system(s) for which the exemption is being requested:

- No more than 30 percent of a health plan's total of electronic remittance advice plus electronic payment transactions can be processed by the IT system(s) to be covered by the exemption.

2. Timing

Time period for which the IT system(s) in question must be scheduled for migration:

- Migration must be scheduled for completion no later than 12 months from the date of when the health plan is granted CORE Certification.
- If migration is not completed within the agreed-upon 12 months from the date of CORE Certification, the health plan could be de-certified (see below).

C. Exemptions and Requests for Exceptions/Out of Scope Designations

- IT system exemptions *and exceptions/out of scope designations* will be reviewed and granted on an individual health plan basis.
- Exemptions that are due to newly acquired entities will only be granted if the same above parameters on time periods and percentage of electronic remittance advice and electronic payment transactions are met.
- Approving exceptions/out of scope designations will be the responsibility of the CAQH CORE Enforcement Committee.

D. Required Documents

Please attach the following with this application:

1. HIPAA Attestation Form (signed by your organization's appropriate senior executive).
2. A list of the states, markets and systems for which the exemption applies. The list should provide enough detailed information for providers to easily determine when your health plan will begin providing CORE compliant transactions in their practice area.

By signing this form, your organization is stating that your health plan meets the agreed-upon IT system exemption criteria.

Signature: _____

Name: _____

Title: _____

Please submit this form with your [Phase III CORE Certification Seal Application](#).