

**CAQH Committee on Operating Rules for Information Exchange  
Request for Review of Possible Non-Compliance Form**

**Prerequisites**

- 1) Entity filing complaint must be party to the transaction and with the exception of providers, CORE-certified. Any healthcare provider that is an end-user of a CORE-certified product/service may lodge a complaint against a CORE-certified entity.
- 2) Entities being filed against must be CORE-certified.
- 3) Filing this form assumes reasonable steps have already been taken by your company to try to resolve the issue privately with your trading partner, and such efforts were not successful.
- 4) At least five documented examples of the violation(s) over a 30-day period must be provided with this form.
- 5) Entity must file a complaint within 90 days of the most recent compliance violation(s) for which it is being filed.
- 6) The details of a specific complaint remain private. Names or other identifying information will not be publicly released. This information will only be used and disclosed by CAQH CORE for its non-compliance review. If an entity is found to be in actual violation of a CAQH CORE Operating Rule(s), its certification will be terminated and its name removed from the CAQH CORE website if the complaint is not remedied per the CAQH CORE Enforcement Policy timeline.
- 7) Entities are permitted to withdraw a complaint any time during the complaint process.

**If you have any questions about this form, contact CAQH at [CORE@caqh.org](mailto:CORE@caqh.org)**

<b>CAQH CORE: Request for Review of Possible Non-Compliance Form</b>			
<b>Please provide your contact information (All fields required.)</b>			
<b>Organization Name and Type (Health Plan, Provider, Clearinghouse, Vendor)</b>			
<b>Name (First and Last)</b>			
<b>Street Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number</b>	<b>Email Address</b>		
<b>Organization filing complaint against (All fields required.)</b>			
<b>Organization Name and Type (Health Plan, Provider, Clearinghouse, Vendor)</b>			
<b>Name (First and Last)</b>			
<b>Street Address</b>	<b>City/Town</b>	<b>State</b>	<b>Zip</b>
<b>Telephone Number</b>	<b>Email Address</b>		

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<p><b>When did this alleged violation occur? mm/dd/yyyy (Required field)</b></p> <div><div>1.</div><div>2.</div><div>3.</div><div>4.</div><div>5.</div></div>
<p><b>Have efforts been made to address the problem? Who at the company in question have you been working with to resolve the issue?</b></p>

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**Identify the rule complaint category. (Required field.) Select one category listed below per complaint submission. Complete this form again to file a complaint for another category.**

**Eligibility & Benefits**

- ☐ Response Time
- ☐ System Availability
- ☐ Patient Financial Responsibility
- ☐ Acknowledgements
- ☐ Connectivity
- ☐ Companion Guide
- ☐ Last Name Normalization
- ☐ Use of AAA Error Codes

**Claim Status**

- ☐ Acknowledgements
- ☐ Companion Guide
- ☐ Connectivity
- ☐ Response Time
- ☐ System availability

**Payment & Remittance**

- ☐ Uniform Use of CARCs and RARCs
- ☐ 835 Infrastructure
  - ☐ Connectivity
  - ☐ Acknowledgements
  - ☐ Companion Guide
  - ☐ Dual Delivery
- ☐ EFT/ERA Reassociation
- ☐ EFT Enrollment
- ☐ ERA Enrollment

**Health Care Claims**

- ☐ Acknowledgements
- ☐ Companion Guide
- ☐ Connectivity
- ☐ Response Time
- ☐ System availability

**Prior Authorization & Referrals**

- ☐ Acknowledgements
- ☐ Companion Guide
- ☐ Connectivity
- ☐ Response Time
- ☐ System availability
- ☐ Data Content
- ☐ Web Portal

**Benefit Enrollment & Maintenance**

- ☐ Acknowledgements
- ☐ Companion Guide
- ☐ Connectivity
- ☐ Response Time
- ☐ System availability

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<b>Premium Payment</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Acknowledgements</li><li><input type="checkbox"/> Companion Guide</li><li><input type="checkbox"/> Connectivity</li><li><input type="checkbox"/> Response Time</li><li><input type="checkbox"/> System availability</li></ul>
<b>Describe, in detail, the alleged violation.</b> (Required field.) You may attach/upload additional pages as needed. Please enclose at least five examples of your complaint.
<b>Please sign and date this complaint. (Required field)</b>
<div style="display: flex; justify-content: space-between;"><div><b>SIGNATURE:</b></div><div><b>DATE:</b></div></div>

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**Submission Process**

Filing a complaint with CAQH CORE is voluntary. However, without the information required on the Request for Review of Possible Non-Compliance Form, CAQH CORE may not be able to proceed with a complaint. Names or other identifying information will remain private unless an entity is found to be in actual violation of a CAQH CORE Rule(s), at which time their CORE Certification will be terminated and their name removed from the CAQH CORE website if the complaint is not remedied per the CAQH CORE Enforcement Policy timeline.

To submit a complaint electronically please:

- Send as an attachment by email to [CORE@caqh.org](mailto:CORE@caqh.org);
- Mail to:

CAQH re: CORE Compliance Review  
2020 K Street, NW  
Suite 900

Washington, DC 20006.