



**CAQH CORE HIPAA Attestation Form**  
**CAQH CORE Payment & Remittance Operating Rules**

**CAQH Committee on Operating Rules for Information Exchange (CORE)**  
**CAQH CORE HIPAA Attestation Form**  
**CAQH CORE Payment & Remittance Operating Rules**

[ \_\_\_\_\_ ] Entity”), in consideration of the Committee on Operating Rules for Information Exchange (“CORE”) deeming Entity eligible to apply to participate in the CORE Certification Program, hereby submits this attestation to compliance with applicable provisions of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) as amended by the Health Information Technology for Economic and Clinical Health Act (“HITECH”) (enacted as part of the American Recovery and Reinvestment Act of 2009) and the Affordable Care Act (“ACA”) (Public Law Nos. 111-148 and 111-152, enacted in March 2010) and the standards, operating rules, and related regulations and guidance promulgated thereunder (referred to collectively, hereinafter, as “the HIPAA requirements”), as may be amended from time to time.

Entity recognizes that CAQH CORE does not certify for all aspects of the HIPAA requirements or define “HIPAA Compliance.” Entity will not rely on CAQH CORE for these determinations but will look to the Federal government for its various requirements.

With this attestation, the Entity hereby represents and warrants the following:

- (a) it is, and shall remain, to the best of its knowledge, compliant with standards, operating rules, and related regulations promulgated by the Secretary of the U.S. Department of Health and Human Services (the “Secretary”) under HIPAA that govern health care electronic funds transfers (“EFT”) and remittance advice, including, as applicable, the standards, operating rules, and related regulations adopted under Parts 160 and 162 of Title 45 of the Code of Federal Regulations, as may be amended from time to time;
- (b) it can send and receive, as applicable, or, in the case of a software vendor, support the Accredited Standards Committee (“ASC”) X12 Standards for Electronic Data Interchange Technical Report Type 3— Health Care Claim Payment/Advice (835), April 2006, ASC X12N/005010X221, the National Automated Clearing House Association (“NACHA”) Corporate Credit or Deposit Entry with Addenda Record (“CCD+”) implementation specifications as contained in the 2011 NACHA Operating Rules & Guidelines, A Complete Guide to the Rules Governing the ACH Network, and the ASC X12 Standards for Electronic Data Interchange Technical Report Type 3—Health Care Claim Payment/Advice (835), April 2006: Section 2.4: 835 Segment Detail: “TRN Reassociation Trace Number,” Washington Publishing Company, 005010X221, that together are the Health Care EFT Standards or the current version of such standards, as may be updated or amended from time to time (the “Transactions”);
- (c) it is, and shall remain, to the best of its knowledge, compliant with applicable provisions of the HIPAA Privacy and Security requirements of Parts 160 and 164 of Title 45 of the Code of Federal Regulations, as may be amended from time to time.

Entity acknowledges that CAQH CORE will rely on this attestation and that any omissions, misrepresentations, or inaccuracies may be a basis for CAQH CORE to deny CORE Certification.

Entity agrees to notify CAQH CORE if it discovers that any of the representations and warranties were not true when made or if it fails to remain compliant with any of the applicable standards, operating rules, and related regulations and guidance set forth above. Entity understands that a loss of compliance with the standards set forth above, or in the case of a software vendor, the ability to support the transaction, may affect CORE Certification.

**[Continued on Next Page]**

**CAQH Committee on Operating Rules for Information Exchange (CORE)  
CAQH CORE HIPAA Attestation Form  
CAQH CORE Payment & Remittance Operating Rules**

The undersigned representative of Entity affirms that he or she is duly empowered to represent the Entity for purposes of this attestation and has knowledge confirming the accuracy of this attestation.

Signature \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Position \_\_\_\_\_  
Date \_\_\_\_\_

**Submit completed CAQH CORE HIPAA Attestation Form to [core@caqh.org](mailto:core@caqh.org)**