

# Phase II CORE® Seal Application

version 2.1.2 January 2019



## A. Contact Information

Organization

Name of product being certified (if applicable)

Contact Name (individual responsible for your organization's CORE-certification process)

Mailing Address

Phone

Fax

Email

## B. Required Documents (Please attach the following with this application)

### Certifiers

1. Certification testing results documentation (as provided by the CORE-authorized certification testing vendor with which you worked).
2. HIPAA attestation form (requires executive-level signature).
3. Health Plan IT exemption request (if applicable; requires executive-level signature).
4. Signed Pledge (Unless previously submitted)

### Endorsers

1. Signed Pledge

## C. Phase II CORE Certification and Endorsement Terms and Conditions

1. An entity's Seal will be revoked as a result of a validated complaint of non-compliance (see Phase II CORE 205 Enforcement Policy for more information).
2. Certification is required for each Phase of CORE rules.
3. Re-certification and re-endorsement is required for each substantive change made to Phase II CORE and additional Phase rules. Substantive changes will occur no more than once per year.
4. To health plans granted an exemption, the 12-month IT system exemption period will begin on the day that the health plan is granted its CORE Seal.
5. After receiving a Phase II CORE Seal, the entity may market itself as a CORE Endorser or CORE-Certified.

## D. CAQH CORE Responsibilities

1. CORE will notify you of your "certification" queue status at the time CORE receives your application.
2. CORE will complete its assessment within 30 business days unless there are extenuating circumstances.
3. CORE will grant your stakeholder-specific CORE Seal following review and approval of its application.
4. Entities receiving the Phase II CORE Seal will be promoted in CORE marketing materials and on the CAQH Website.

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### E. Fees

Please review the fee structure and notes below to determine your CORE Seal fee.  
Then check the appropriate box under the stakeholder type for the Seal you are requesting.

#### Health Plans

- Below \$75 million in net annual revenue \$6,000 fee
- \$75 million and above in net annual revenue \$9,000 fee

#### Clearinghouses

- Below \$75 million in net annual revenue \$6,000 fee
  - EHNAC HNAP-EHN accredited - apply 10% (\$600) discount
- \$75 million and above in net annual revenue \$6,000 fee
  - EHNAC HNAP-EHN accredited - apply 10% (\$900) discount

#### Vendors

- Below \$75 million in net annual revenue \$6,000 fee
- \$75 million and above in net annual revenue \$9,000 fee

#### Providers

- Up to \$1 billion in net annual revenue \$750 fee
- \$1 billion and above in net annual revenue \$2,250 fee

- Endorser**

(Only for entities that do not create, transmit or use eligibility data.) No fee

#### Fee Notes:

1. Organizations pursuing more than one Phase at a time are eligible for a 20% discount.
2. There is no charge to Federal or State government entities and [CAQH member plans](#) to receive the CORE Seal.
3. Per the Phase I CORE 102 Eligibility and Benefits Certification Policy, vendor products, and not entire vendor organizations, receive the Certification Seal.
4. The CORE Certification Seal fee does not include the fee for CORE certification testing. See <http://www.caqh.org> for a list of CORE-authorized testing companies and their associated testing fees.
5. Any Clearinghouse/EHN entity actively seeking CORE certification as of June 1, 2009 or later that has already achieved EHNAC HNAP-EHN accreditation can take advantage of the partnership program discount. The Clearinghouse/EHN will indicate that it holds a current EHNAC HNAP-EHN accreditation when submitting a CORE Seal application. (CAQH will confirm EHNAC-EHN accreditation status independently.)

***Please review these materials to ensure you have all the required documentation.***

Payment Options (please check one):

TO PAY BY ACH, contact CAQH CORE for an invoice. Send your CORE Seal Application form and HIPAA Attestation form to the address below.

TO PAY BY PAPER CHECK, make your check payable to CAQH and send your check with CORE Seal Application form and HIPAA Attestation form to:

CAQH CORE  
2020 K Street, NW  
Suite 900 Washington,  
DC 20006