

**Phase II CORE® Certification**  
**Health Plan IT Exemption Request Form**  
version 2.1.1 May 2014



**A. Contact Information**

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

**1. Membership Percentage**

Percentage of a health plan's full membership eligibility data that is processed by the IT system(s) in question:

- No more than 30 percent of a health plan's total membership 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**

- IT system exemptions and exceptions will be reviewed and granted on an individual health plan basis as decided by the CORE Steering Committee.
- Exemptions that are due to newly acquired entities will only be granted if the same above parameters on time periods and percentage of membership are met.
- Approving exceptions will be the responsibility of the CORE Steering 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 CORE Seal Application.*