



Phase III CAQH CORE 303 Certification Exemption Policy
version 3.1.0 July 2013

Table of Contents

BACKGROUND	3
POLICY	3
Section 1: Required Criteria to be Granted a CORE Health Plan IT System Exemption:	3
Section 2: Deadlines for exemptions and requests for exceptions/out of scope designations	3
Section 3: Exemption Request and Review Process.....	3
Section 4: Communication Concerning Which CORE-certified Systems Have Exemptions	4

Phase III CAQH CORE 303 Certification Exemption Policy
version 3.1.0 July 2013

BACKGROUND

This policy addresses certification exemptions that health plans seeking CORE Certification may request when the health plan has a scheduled migration of an existing IT system(s) if the remainder of the health plan's IT systems are CORE compliant. This policy is complementary and does not replace the following CAQH CORE policies, which are already part of the Phase III CAQH CORE 302: Certification Policy version 3.0.0.

- *Entities may seek certification for their subsidiaries versus their corporate entity. The CORE Certification Seal will apply to the subsidiary or the corporation, whichever entity seeks CORE Certification.*
- *If a CORE-certified entity is acquired by an entity that is not CORE-certified, that company will only be allowed to be CORE-certified if the acquired company is the only business that is applicable to the CAQH CORE Operating Rules. If this is not the case, then the newly merged company will be required to seek certification.*

POLICY

Section 1: 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 for an exception/out of scope designation:

Subsection 1.1: 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.

Subsection 1.2: 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).

Section 2: Deadlines for 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.
- Reviewing and approving exceptions/out of scope designations will be the responsibility of the CAQH CORE Enforcement Committee.

Section 3: Exemption Request and Review Process

Subsection 3.1: Exemption Request

Any health plan seeking an exemption must follow the CORE Certification Policy, excluding the IT system(s) for which they are seeking the exemption.

- When providing CAQH CORE with the documentation to prove successful CORE Certification testing and attest to HIPAA compliance, the health plan must provide CAQH CORE with an executive-level attestation stating that the health plan meets the agreed-upon IT system exemption criteria and has the

Phase III CAQH CORE 303 Certification Exemption Policy
version 3.1.0 July 2013

ability to identify those transactions to which the exemption applies. As a result, CAQH CORE will be able to accurately respond to those Requests for Review of Possible Non-Compliance that are the result of IT system exemptions.

- If possible, the plan will communicate to CAQH CORE, in a way that is most meaningful to the market/providers, the systems/groups/products for which CAQH CORE compliant data will not be available until after the exemption time period expires.
- If the proper CORE Certification documentation is received, CAQH CORE will be responsible for granting exemptions just as it is responsible for granting CORE Certification Seals.
- The 12-month IT system exemption period will begin on the day that the health plan is granted CORE Certification (a CORE Certification Seal) by CAQH CORE.

Subsection 3.2: Review Process

On or before the last business day of the month in which exemption ends, the health plan must communicate to CAQH CORE that the migration is/is not complete.

- It is the goal of CAQH CORE to build momentum for CORE Certification and this goal will be taken into consideration when reviewing requests for *exceptions* to the exemption policy.
- If a certified health plan with an exemption communicates to CAQH CORE that the IT system migration was not completed in the agreed-upon timeframe, the CAQH CORE Board will determine how to address the issue.
- Decisions by CAQH CORE to remove the CORE Certification Seal or to provide an exception shall be conducted within 20 business days.
- If de-certified, the health plan will need to reapply for CORE Certification.
- The CORE Enforcement Policy outlines the steps to become re-certified after being de-certified. Health plans wanting to become re-certified due to non-compliance with an IT exemption rule will need to be re-certified for all transactions for which CORE Certification exists.

Section 4: Communication Concerning Which CORE-certified Systems Have Exemptions

- All CORE-certified entities will be listed on the CAQH CORE website (see Phase III CAQH CORE 302: Certification Policy version 3.0.0). In addition, Phase III CORE-certified vendors and clearinghouses will have the transaction(s) listed for which they have certified.
- There will be a footnote next to those certified health plans that have an IT system exemption. The footnote will indicate that a portion of the plan's IT systems are not CAQH CORE compliant; detailed information identifying those systems/groups/products specific to each plan will be provided, if available.
- The footnote will only be removed when the health plan communicates to CAQH CORE that its exempted system(s) are in compliance.