



**Phase V CAQH CORE Health Plan IT System Exemption  
Request Form v5.0.0**

*March 2019*



**A. Contact Information**

Organization: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

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

Any health plan seeking an IT System Exemption must meet the following criteria or gain approval for an exception:

**1. Percentage**

Percentage of a health plan's prior authorizations 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 Phase V transactions (prior authorization) 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 voluntary 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/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 Phase V transactions (prior authorization) are met.
- Approving exceptions/out of scope designations will be the responsibility of the CAQH CORE.

**D. Required Documents**

Please attach the following with this application:

1. CAQH CORE HIPAA Attestation (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-conformant 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 Phase V CAQH CORE Seal Application***

**Please contact CAQH at [CORE@caqh.org](mailto:CORE@caqh.org) with questions.**