



## HEALTH CALL CENTER, VERSION 4.1

### *URAC CORE Standards, Version 4.1*

#### **Organizational Structure**

CORE - 1 - Organizational Structure  
CORE - 2 - Organization Documents

#### **Policies and Procedures**

CORE - 3 - Policy and Procedure  
Maintenance, Review, and Approval

#### **Staff Qualifications**

CORE - 4 - Job Descriptions  
CORE - 5 - Staff Qualifications  
CORE - 6 - Credentialing

#### **Staff Management**

CORE - 7 - Staff Training Program  
CORE - 8 - Staff Operational Tools and  
Support  
CORE - 9 - Staff Assessment Program

#### **Clinical Oversight**

CORE - 10 - Senior Clinical Staff  
Requirements  
CORE - 11 - Senior Clinical Staff  
Responsibilities

#### **Inter-Departmental Coordination**

CORE - 12 - Inter-departmental  
Coordination

#### **Information Management**

CORE - 13 - Information Management

#### **Business Relationships**

CORE - 14 - Business Relationships

#### **Oversight of Delegated Functions**

CORE - 15 - Delegation Review Criteria  
CORE - 16 - Delegation Review  
CORE - 17 - Delegation Contracts  
CORE - 18 - Delegation Oversight

#### **Regulatory Compliance**

CORE - 19 - Regulatory Compliance

#### **Financial Incentives**

CORE - 20 - Financial Incentive Policy

#### **Communications**

CORE - 21 - Communication Practices

#### **Consumer Protection**

CORE - 22 - Consumer Safety Mechanism  
CORE - 23 - Confidentiality of Individually-  
Identifiable Health Information

#### **Consumer Satisfaction**

CORE - 24 - Consumer Satisfaction

#### **Access to Services**

CORE - 25 - Access to and Monitoring of  
Services

#### **Complaints and Appeals**

CORE - 26 - Complaint and Appeal  
System  
CORE - 27 - Appeal Process  
CORE - 28 - Complaint and Appeal  
Reporting

#### **Quality Improvement/Management**

CORE - 29 - Quality Management Program  
CORE - 30 - Quality Management Program  
Resources  
CORE - 31 - Quality Management Program  
Requirements  
CORE - 32 - Quality Management  
Committee  
CORE - 33 - Quality Management  
Documentation  
CORE - 34 - Quality Improvement Project  
Requirements  
CORE - 35 - Clinical, Error Reduction, and  
Consumer Safety Requirements



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#### **Confidentiality**

HCC - 1 - Provider Specific Confidentiality

#### **Staff Qualifications**

HCC - 2 - Clinical Director Consultation

HCC - 3 - Limitations in Use of Non-Clinical Staff

HCC - 4 - Training and Policies of Use of Non-Clinical Staff

HCC - 5 - Clinical Triage Staff Qualifications

#### **Clinical Decision Support Tools**

HCC - 6 - Clinical Decisions Support Tool Requirements

HCC - 7 - Clinical Decisions Support Tool Documentation

HCC - 8 - Clinical Decisions Support Tool Update

Requirements

#### **Communication Handling**

HCC - 9 - Clinical Triage Staff Disclosures

HCC - 10 - Telephone Performance Monitoring

HCC - 11 - Telephone Performance Thresholds

HCC - 12 - Non-Telephonic Communications

HCC - 13 - Clinical Staff Response Requirements

HCC - 14 - Handling of Triage Calls

HCC - 15 - Health Education Communications

HCC - 16 - Triage Dispositions

#### **Information Upon Which Clinical Activity is Conducted**

HCC - 17 - Information Sharing

HCC - 18 - Information Collection Limitations

#### **Communication Documentation**

HCC - 19 - Non-Automated Communication Documentation

HCC - 20 - Follow-up Communication Documentation

HCC - 21 - Feedback to Physician

#### **Health Education**

HCC - 22 - Health Education