



CORE Standards, Version 3.0

Required as part of Health Network Accreditation Guide, Version 7.0

Organizational Structure

CORE 1 - Organizational Structure
CORE 2 - Organization Documents

Policies and Procedures

CORE 3 - Policy and Procedure Maintenance, Review and Approval

Regulatory Compliance

CORE 4 - Regulatory Compliance

Inter-Departmental Coordination

CORE 5 - Inter-Departmental Coordination

Oversight of Delegated Functions

CORE 6 - Delegation Review Criteria
CORE 7 - Delegation Review
CORE 8 - Delegation Contracts
CORE 9 - Delegation Oversight

Marketing and Sales Communications

CORE 10 - Review of Marketing and Sales Materials

Business Relationships

CORE 11 - Written Business Agreements
CORE 12 - Client Satisfaction

Information Management

CORE 13 - Information Management
CORE 14 - Business Continuity
CORE 15 - Information Confidentiality and Security
CORE 16 - Confidentiality of Individually-Identifiable Health Information

Quality Management

CORE 17 - Quality Management Program
CORE 18 - Quality Management Program Resources
CORE 19 - Quality Management Program Requirements
CORE 20 - Quality Management Committee
CORE 21 - Quality Management Documentation
CORE 22 - Quality Improvement Projects
CORE 23 - Quality Improvement Project Requirements
CORE 24 - Quality Improvement Projects: Consumer

Staff Qualifications

CORE 25 - Job Descriptions
CORE 26 - Staff Qualifications

Staff Management

CORE 27 - Staff Training Program
CORE 28 - Staff Operational Tools and Support
CORE 29 - Staff Assessment Program

Clinical Staff Credentialing and Oversight Role

CORE 30 - Clinical Staff Credentialing
CORE 31 - Senior Clinical Staff Requirements
CORE 32 - Senior Clinical Staff Responsibilities
CORE 33 - Financial Incentive Policy
CORE 34 - Access to Services
CORE 35 - Consumer Complaint Process



CORE Standards, Version 3.0, continued

Health Care System Coordination

CORE 36 - Coordination with External Entities

Consumer Protection and Empowerment

CORE 37 - Consumer Rights and Responsibilities

CORE 38 - Consumer Safety Mechanism

CORE 39 - Consumer Satisfaction

CORE 40 - Health Literacy



Network Management

- N-NM 1 - Scope of Services
- N-NM 2 - Provider Network Access and Availability
- N-NM 3 - Provider Selection Criteria
- N-NM 4 - N/A
- N-NM 5 - Participating Provider Representation
- N-NM 6-Participating Provider Relations Program
- N-NM 7 - Participating Provider Written Agreements
- N-NM 8 - Participating Provider Written Agreement Exclusions
- N-NM 9 - Written Agreement Inclusions
- N-NM 10 - Written Agreement Subcontracting
- N-NM 11 - Other Participating Provider Agreement Documentation
- N-NM 12 - Provider Network Disclosures
- N-NM 13 - Participating Provider Violation Mechanism
- N-NM 14 - General Requirements for Provider Dispute Resolution Mechanisms
- N-NM 15 - Disputes Concerning Professional Competence or Conduct
- N-NM 16 - Disputes Involving Administrative Matters
- N-NM 17 - Participating Provider Suspension Mechanism for Consumer Safety

Credentialing

- N-CR 1 - Practitioner and Facility Credentialing
- N-CR 2 - Credentialing Program Oversight
- N-CR 3 - Credentialing Committee
- N-CR 4 - Credentialing Program Plan
- N-CR 5 - Credentialing Application
- N-CR 6 - Credentialing Confidentiality
- N-CR 7 - Review of Credentialing Information
- N-CR 8 - Credentialing Communication Mechanisms
- N-CR 9 - Primary Source Verification
- N-CR 10 - Consumer Safety Credentialing Investigation
- N-CR 11 - Credentialing Application Review
- N-CR 12 - Credentialing Time Frame
- N-CR 13 - Credentialing Determination Notification
- N-CR 14 - Participating Provider Credentials Monitoring
- N-CR 15 - Recredentialing
- N-CR 16 - Recredentialing and Participating Provider Quality Monitoring
- N-CR 17 - Credentialing Delegation
- N-CR 18 - Credentialing Phase-In