



CORE Standards, Version 3.0

Required as part of Health Plan Accreditation Guide,
Version 7.3

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
Organizations

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

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

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

Credentialing

- P-CR 1 - Practitioner and Facility Credentialing
- P-CR 2 - Credentialing Program Oversight
- P-CR 3 - Credentialing Committee
- P-CR 4 - Credentialing Program Plan
- P-CR 5 - Credentialing Application
- P-CR 6 - Credentialing Confidentiality
- P-CR 7 - Review of Credentialing Information
- P-CR 8 - Credentialing Communication Mechanisms
- P-CR 9 - Primary Source Verification
- P-CR 10 - Consumer Safety Credentialing Investigation
- P-CR 11 - Credentialing Application Review
- P-CR 12 - Credentialing Time Frame

- P-CR 13 - Credentialing Determination Notification
- P-CR 14 - Participating Provider Credentials Monitoring
- P-CR 15 - Recredentialing
- P-CR 16 - Recredentialing and Participating Provider Quality Monitoring
- P-CR 17 - Credentialing Delegation

Member Relations

- P-MR 1 - Marketing Safeguards
- P-MR 2 - Consumer and Employer Purchaser Information Disclosure
- P-MR 3 - Consumer Input and Surveys
- P-MR 4 - Evaluation of Consumer Survey Data and Feedback
- P-MR 5 - Online Access
- P-MR 6 - Health Literacy Support for Consumers
- P-MR 7 - Consumer Communications Plan
- P-MR 8 - Covered Benefit Disclosure
- P-MR 9 - Health Risk Assessment Tool
- P-MR 10 - Targeted Consumer Outreach

Quality Management

- P-QM 1 - Quality Management Program
- P-QM 2 - Quality Management Program Resources
- P-QM 3 - Quality Management Program Requirements
- P-QM 4 - Quality Management Committee
- P-QM 5 - Quality Improvement Process
- P-QM 6 - Selection and Prioritization of Quality Improvement Projects
- P-QM 7 - Three (3) Clinical Quality Improvement Projects for Health Plans
- P-QM 8 - Data Management
- P-QM 9 - Quality Improvement Project Requirements

Health Plan Operations

- P-OPS 1 - General Telephone Access to Customer Service
- P-OPS 2 - Urgent Telephone Access to Customer Service
- P-OPS 3 - One-on-One Customer Service



- P-OPS 4 - Scope of Customer Service
- P-OPS 5 - Provider Directory Updates
- P-OPS 6 - Consumer Notification Regarding PCP Status
- P-OPS 7 - Care Coordination Regarding Medication Safety
- P-OPS 8 - P&T Formulary Development
- P-OPS 9 - P&T Committee Membership
- P-OPS 10 - Economic Formulary Considerations
- P-OPS 11 - Oversight of Automated Review of Pharmacy Non-Certifications
- P-OPS 12 - Breach Notification and Management

Compliance Program

- P-CP 1 - Compliance Program: Internal Controls

Mental Health Parity

- P-MHP 1 - Analysis of Compliance with Mental Health Parity Law
- P-MHP 2 - UM Protocols Applied to MH/SUD Benefits
- P-MHP 3 - MH/SUD Parity Addressed in Contractor Written Agreements

Health Utilization Management

- P-HUM 1 - Review Criteria Requirements
- P-HUM 2 - Access to Review Staff
- P-HUM 3 - Review Service Communication and Time Frames
- P-HUM 4 - Review Service Disclosures
- P-HUM 5 - On-Site Review Requirements
- P-HUM 6 - N/A
- P-HUM 7 - Limitations in Use of Non-Clinical Staff
- P-HUM 8 - Pre-Review Screening Staff Oversight
- P-HUM 9 - Preview-Review Screening Non-Certifications
- P-HUM 10 - Initial Clinical Reviewer Qualifications
- P-HUM 11 - Initial Clinical Reviewer Resources
- P-HUM 12 - Initial Clinical Reviewer Non-Certifications
- P-HUM 13 - Peer Clinical Review Cases
- P-HUM 14 - Peer Clinical Reviewer Qualifications
- P-HUM 15 - Drug Utilization Management Reviewer Qualifications

- P-HUM 16 - Prospective, Concurrent and Retrospective Drug Utilization Management
- P-HUM 17 - Peer-to-Peer Conversation Availability
- P-HUM 18 - Peer-to-Peer Conversation Alternate
- P-HUM 19 - Prospective Review Time Frames
- P-HUM 20 - Retrospective Review Time Frames
- P-HUM 21 - Concurrent Review Time Frames
- P-HUM 22 - Certification Decision Notice and Tracking
- P-HUM 23 - Continued Certification Decision Requirements
- P-HUM 24 - Written Notice of Non-Certification Decisions and Rationale
- P-HUM 25 - Clinical Rationale for Non-Certification Requirements
- P-HUM 26 - Prospective Review Patient Safety
- P-HUM 27 - Reversal of Certification Determinations
- P-HUM 28 - Frequency of Continued Reviews
- P-HUM 29 - Scope of Review Information
- P-HUM 30 - Prospective and Concurrent Review Determinations
- P-HUM 31 - Retrospective Review Determinations
- P-HUM 32 - Lack of Information Policy and Procedures
- P-HUM 33 - Non-Certification Appeals Process
- P-HUM 34 - Appeals Process
- P-HUM 35 - Appeal Peer Reviewer Qualifications
- P-HUM 36 - Drug Utilization Management Appeals: Reviewer Qualifications
- P-HUM 37 - Reviewer Attestation Regarding Credentials and Knowledge
- P-HUM 38 - Expedited Appeal Process Time Frame
- P-HUM 39 - Standard Appeal Process Time Frame
- P-HUM 40 - Written Notice of Upheld Non-Certifications
- P-HUM 41 - Appeal Record Documentation
- P-HUM 42 - Independent (External) Review Process

Measures Reporting

- P-RPT 1 - Reporting Mandatory Performance Measures to URAC
- P-RPT 2 - Reporting Exploratory Performance Measures to URAC