



Health Plan with Health Insurance Marketplace Accreditation, Version 7.3

Health Plan P-CORE Standards, Version 3.0

Required as part of Health Plan for Health Insurance Marketplace Accreditation

Organizational Structure

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

Policies and Procedures

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

Regulatory Compliance

P-CORE 4 - Regulatory Compliance

Inter-Departmental Coordination

P-CORE 5 - Inter-Departmental Coordination

Oversight of Delegated Functions

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

Marketing and Sales Communications

P-CORE 10 - Review of Marketing and Sales Materials

Business Relationships

P-CORE 11 - Written Business Agreements
P-CORE 12 - Client Satisfaction

Information Management

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

Quality Management (N/A for Health Plan for Health Insurance Exchange; see following Quality Management [P-QM] section for Health Plan)

P-CORE 17 - N/A – see P-QM standards
P-CORE 18 - N/A – see P-QM standards
P-CORE 19 - N/A – see P-QM standards
P-CORE 20 - N/A – see P-QM standards
P-CORE 21 - N/A – see P-QM standards
P-CORE 22 - N/A – see P-QM standards
P-CORE 23 - N/A – see P-QM standards
P-CORE 24 - N/A – see P-QM standards

Staff Qualifications

P-CORE 25 - Job Descriptions
P-CORE 26 - Staff Qualifications

Staff Management

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

Clinical Staff Credentialing and Oversight Role

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

Health Care System Coordination

P-CORE 36 - Coordination with External Entities

Consumer Protection and Empowerment

P-CORE 37 - Consumer Rights and Responsibilities
P-CORE 38 - Consumer Safety Mechanism
P-CORE 39 - Consumer Satisfaction
P-CORE 40 - Health Literacy



Health Plan with Health Insurance Marketplace Accreditation, Version 7.3

Network Management

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

Credentialing

- HPHIX 18 - P-CR 1 - Practitioner and Facility Credentialing
- HPHIX 19 - P-CR 2 - Credentialing Program Oversight
- HPHIX 20 - P-CR 3 - Credentialing Committee
- HPHIX 21 - P-CR 4 - Credentialing Program Plan
- HPHIX 22 - P-CR 5 - Credentialing Application
- HPHIX 23 - P-CR 6 - Credentialing Confidentiality
- HPHIX 24 - P-CR 7 - Review of Credentialing Information

- HPHIX 25 - P-CR 8 - Credentialing Communication Mechanisms
- HPHIX 26 - P-CR 9 - Primary Source Verification
- HPHIX 27 - P-CR 10 - Consumer Safety Credentialing Investigation
- HPHIX 28 - P-CR 11 - Credentialing Application Review
- HPHIX 29 - P-CR 12 - Credentialing Time Frame
- HPHIX 30 - P-CR 13 - Credentialing Determination Notification
- HPHIX 31 - P-CR 14 - Participating Provider Credentials Monitoring
- HPHIX 32 - P-CR 15 - Recredentialing
- HPHIX 33 - P-CR 16 - Recredentialing and Participating Provider Quality Monitoring
- HPHIX 34 - P-CR 17 - Credentialing Delegation

Member Relations

- HPHIX 35 - P-MR 1 - Marketing Safeguards
- HPHIX 36 - P-MR 2 - Consumer and Employer Purchaser Information Disclosure
- HPHIX 37 - P-MR 3 - Consumer Input and Surveys
- HPHIX 38 - P-MR 4 - Evaluation of Consumer Survey Data and Feedback
- HPHIX 39 - P-MR 5 - Online Access
- HPHIX 40 - P-MR 6 - Health Literacy Support for Consumers
- HPHIX 41 - P-MR 7 - Consumer Communications Plan
- HPHIX 42 - P-MR 8 - Covered Benefit Disclosure
- HPHIX 43 - P-MR 9 - Health Risk Assessment Tool
- HPHIX 44 - P-MR 10 - Targeted Consumer Outreach

Quality Management

- HPHIX 45 - P-QM 1 - Quality Management Program
- HPHIX 46 - P-QM 2 - Quality Management Program Resources
- HPHIX 47 - P-QM 3 - Quality Management Program Requirements



Health Plan with Health Insurance Marketplace Accreditation, Version 7.3

- HPHIX 48 - P-QM 4 - Quality Management Committee
- HPHIX 49 - P-QM 5 - Quality Improvement Process
- HPHIX 50 - P-QM 6 - Selection and Prioritization of Quality Improvement Projects
- HPHIX 51 - P-QM 7 - Three (3) Clinical Quality Improvement Projects for Health Plans
- HPHIX 52 - P-QM 8 - Data Management
- HPHIX 53 - P-QM 9 - Quality Improvement Project Requirements

Health Plan Operations

- HPHIX 54 - P-OPS 1 - General Telephone Access to Customer Service
- HPHIX 55 - P-OPS 2 - Urgent Telephone Access to Customer Service
- HPHIX 56 - P-OPS 3 - One-on-One Customer Service
- HPHIX 57 - P-OPS 4 - Scope of Customer Service
- HPHIX 58 - P-OPS 5 - Provider Directory Updates
- HPHIX 59 - P-OPS 6 - Consumer Notification Regarding PCP Status
- HPHIX 60 - P-OPS 7 - Care Coordination Regarding Medication Safety
- HPHIX 61 - P-OPS 8 - P&T Formulary Development
- HPHIX 62 - P-OPS 9 - P&T Committee Membership
- HPHIX 63 - P-OPS 10 - Economic Formulary Considerations
- HPHIX 64 - P-OPS 11 - Oversight of Automated Review of Pharmacy Non-Certifications
- HPHIX 65 - P-OPS 12 - Breach Notification and Management

Compliance Program

- HPHIX 66 - P-CP 1 - Compliance Program: Internal Controls

Mental Health Parity

- HPHIX 67 - P-MHP 1 - Analysis of Compliance with Mental Health Parity Law
- HPHIX 68 - P-MHP 2 - UM Protocols Applied to MH/SUD Benefits
- HPHIX 69 - P-MHP 3 - MH/SUD Parity Addressed in Contractor Written Agreements

Health Utilization Management

- HPHIX 70 - P-HUM 1 - Review Criteria Requirements
- HPHIX 71 - P-HUM 2 - Access to Review Staff
- HPHIX 72 - P-HUM 3 - Review Service Communication and Time Frames
- HPHIX 73 - P-HUM 4 - Review Service Disclosures
- HPHIX 74 - P-HUM 5 - On-Site Review Requirements
- HPHIX 75 - P-HUM 6 - N/A
- HPHIX 76 - P-HUM 7 - Limitations in Use of Non-Clinical Staff
- HPHIX 77 - P-HUM 8 - Pre-Review Screening Staff Oversight
- HPHIX 78 - P-HUM 9 - Preview-Review Screening Non-Certifications
- HPHIX 79 - P-HUM 10 - Initial Clinical Reviewer Qualifications
- HPHIX 80 - P-HUM 11 - Initial Clinical Reviewer Resources
- HPHIX 81 - P-HUM 12 - Initial Clinical Reviewer Non-Certifications
- HPHIX 82 - P-HUM 13 - Peer Clinical Review Cases
- HPHIX 83 - P-HUM 14 - Peer Clinical Reviewer Qualifications
- HPHIX 84 - P-HUM 15 - Drug Utilization Management Reviewer Qualifications
- HPHIX 85 - P-HUM 16 - Prospective, Concurrent and Retrospective Drug Utilization Management
- HPHIX 86 - P-HUM 17 - Peer-to-Peer Conversation Availability
- HPHIX 87 - P-HUM 18 - Peer-to-Peer Conversation Alternate
- HPHIX 88 - P-HUM 19 - Prospective Review Time Frames
- HPHIX 89 - P-HUM 20 - Retrospective Review Time Frames



Health Plan with Health Insurance Marketplace Accreditation, Version 7.3

HPHIX 90 - P-HUM 21 - Concurrent Review Time Frames
HPHIX 91 - P-HUM 22 - Certification Decision Notice and Tracking
HPHIX 92 - P-HUM 23 - Continued Certification Decision Requirements
HPHIX 93 - P-HUM 24 - Written Notice of Non-Certification Decisions and Rationale
HPHIX 94 - P-HUM 25 - Clinical Rationale for Non-Certification Requirements
HPHIX 95 - P-HUM 26 - Prospective Review Patient Safety
HPHIX 96 - P-HUM 27 - Reversal of Certification Determinations
HPHIX 97 - P-HUM 28 - Frequency of Continued Reviews
HPHIX 98 - P-HUM 29 - Scope of Review Information
HPHIX 99 - P-HUM 30 - Prospective and Concurrent Review Determinations
HPHIX 100 - P-HUM 31 - Retrospective Review Determinations
HPHIX 101 - P-HUM 32 - Lack of Information Policy and Procedures
HPHIX 102 - P-HUM 33 - Non-Certification Appeals Process
HPHIX 103 - P-HUM 34 - Appeals Process
HPHIX 104 - P-HUM 35 - Appeal Peer Reviewer Qualifications
HPHIX 105 - P-HUM 36 - Drug Utilization Management Appeals: Reviewer Qualifications
HPHIX 106 - P-HUM 37 - Reviewer Attestation Regarding Credentials and Knowledge
HPHIX 107 - P-HUM 38 - Expedited Appeal Process Time Frame

HPHIX 108 - P-HUM 39 - Standard Appeal Process Time Frame
HPHIX 109 - P-HUM 40 - Written Notice of Upheld Non-Certifications
HPHIX 110 - P-HUM 41 - Appeal Record Documentation
HPHIX 111 - P-HUM 42 - Independent (External) Review Process

Health Insurance Marketplace (HIM)

HPHIX 112 - P-HIM 1 - Provider Directory Requirements
HPHIX 113 - P-HIM 2 - Standard Format for Presenting Benefit Plan Options
HPHIX 114 - P-HIM 3 - QHP Enrollee Experience Survey

Measures Reporting

HPHIX 115 - P-RPT 1 - Reporting Mandatory Performance Measures to URAC
HPHIX 116 - P-RPT 2 - Reporting Exploratory Performance Measures to URAC