



HEALTH PLAN WITH HEALTH INSURANCE MARKETPLACE V7.3

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

- 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

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
- 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 UTILIZATION MANAGEMENT

- 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