

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

HEALTH UTILIZATION MANAGEMENT

- 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