Health Plan Accreditation v8.0 with Long-Term Services and Supports Module

RISK MANAGEMENT
RM 1: Regulatory Compliance and Internal Controls
    RM 1-1: Regulatory Compliance Management
RM 2: Regulatory Compliance
    RM 2-1: Maintaining Compliance
RM 3: Information Systems
    RM 3-1: Information Systems Management
    RM 3-2: Systems Risk Assessment
RM 4: Business Continuity
    RM 4-1: Business Continuity Plan
RM-HP 5: Mental Health Parity
    RM-HP 5-1: Mental Health Parity Analysis

OPERATIONS AND INFRASTRUCTURE
OPIN 1: Business Management
    OPIN 1-1: Policy and Process Maintenance
    OPIN 1-2: Delegation Management
OPIN 2: Staff Management
    OPIN 2-1: Clinical Staff Credentialing
    OPIN 2-2: Employment Screening
    OPIN 2-3: Staff Training Programs
    OPIN 2-4: Code of Ethical Conduct
    OPIN 2-5: Employee Diversity, Equity and Inclusion
OPIN 3: Clinical Leadership
    OPIN 3-1: Clinical Staff Leadership

PERFORMANCE MONITORING AND IMPROVEMENT
PMI 1: Quality Management Scope
    PMI 1-1: Quality Structure
PMI 2: Quality Data Collection and Evaluation
    PMI 2-1: Data Collection and Evaluation
PMI-HP 3: Health Plan Quality Management
    PMI-HP 3-1: Quality Management Program Structure
    PMI-HP 3-2: Quality Management Program Evaluation
PMI-HP 4: Health Plan Quality Improvement Projects
    PMI-HP 4-1: Quality Improvement Projects

CONSUMER PROTECTION AND EMPOWERMENT
CPE 1: Protection of Consumer Information
    CPE 1-1: Privacy and Security of Consumer Information
CPE 2: Consumer Safeguards and Communication
    CPE 2-1: Consumer Diversity, Equity and Inclusion
    CPE 2-2: Consumer Safety Protocols
    CPE 2-3: Consumer Complaint Process
    CPE 2-4: Health Literacy Promotion
    CPE 2-5: Consumer Marketing Safeguards
CPE-HP 3: Health Plan Marketing
    CPE-HP 3-1: Marketing Safeguards
    CPE-HP 3-2: Health Benefit Plan Information Disclosure
CPE-HP 4: Financial Incentives
    CPE-HP 4-1: Monitoring Financial Incentives

NETWORK MANAGEMENT
NM 1: Network Management Program
    NM 1-1: Network Management Program Structure
NM 2: Provider Network Adequacy
    NM 2-1: Measuring Network Access and Availability
NM 3: Network Adequacy Maintenance
    NM 3-1: Out of Network and Emergency Services
    NM 3-2: Network Access and Availability by Provider Category
    NM 3-3: Factors Impact Network Access and Availability
NM 4: Provider Relations
    NM 4-1: Participating Provider Written Agreements
    NM 4-2: Participating Provider Representation
    NM 4-3: Provider Dispute Resolution Mechanisms
    NM 4-4: Disputes Impacting Network Status
NM 5: Provider Access Management
    NM 5-1: Provider Directory Database
    NM 5-2: Disruptions to Health Services

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CREDENTIALING

CR 1: Credentialing Program
  CR 1-1: Credentialing Program Structure
CR 2: Credentialing Requirements
  CR 2-1: Credentialing Program Policy
CR 3: Credentialing Process
  CR 3-1: Credentialing Application
  CR 3-2: Primary Source Verification
  CR 3-3: Credentialing Confidentiality
  CR 3-4: Credentialing Time Frame
  CR 3-5: Notification of Credentialing Decision
  CR 3-6: Participating Provider Credentials Monitoring
  CR 3-7: Recredentialing
  CR 3-8: Credentialing Delegation Oversight

MEMBER SERVICE AND COMMUNICATIONS

MSC 1: Rights and Responsibilities
  MSC 1-1: Member Rights and Responsibilities
MSC 2: Member Communications
  MSC 2-1: Member Communications Regarding Health Benefits
MSC 3: Optimizing the Member Experience
  MSC 3-1: Member Support Services
MSC 4: Member Support and Input
  MSC 4-1: Accessing Member Support Services
  MSC 4-2: Member Input and Surveys
  MSC 4-3: Analysis and Reporting on Member Communications

PHARMACY AND THERAPEUTICS COMMITTEE

PBM-PT 1: Committee Members
  PBM-PT 1-1: Membership
  PBM-PT 1-2: Conflict of Interest
  PBM-PT 1-3: Membership Exclusions
PBM-PT 2: Committee Meetings and Responsibilities
  PBM-PT 2-1: Meetings
  PBM-PT 2-2: Responsibilities

FORMULARY AND DRUG MANAGEMENT

PBM-FDM 1: Formulary Management
  PBM-FDM 1-1: Formulary Management
PBM-FDM 2: Formulary Exceptions and Coverage Exclusions
  PBM-FDM 2-1: Formulary Exceptions
  PBM-FDM 2-2: Coverage Exclusions

UTILIZATION MANAGEMENT

UM 1: Program Management
  UM 1-1: Program Management
  UM 1-2: Utilization Review Monitoring
UM 2: Clinical Review Criteria
  UM 2-1: Review Criteria Requirements
UM 3: (Not Applicable)
UM 4: Limitations of Initial Screening
  UM 4-1: Initial Screening Policy
UM 5: Initial Screening Process
  UM 5-1: Initial Screening Staff Resources
  UM 5-2: Non-Clinical Staff Provide Administrative Support
UM 6: Limitations of Initial Clinical Review
  UM 6-1: Initial Clinical Review Policy
  UM 6-2: Automated-Only Review
  UM 6-3: Initial Clinical Reviewer Licensure
UM 7: AI and ML Medical Software Selection Criteria
  UM 7-1: AI and ML Medical Software Used in Utilization Review
UM 8: Initial Clinical Review Process
  UM 8-1: Initial Clinical Reviewer Resources
UM 9: Clinical Peer Review
  UM 9-1: Clinical Peer Review Policy
UM 10: Clinical Peer Review Qualifications
  UM 10-1: Clinical Peer Reviewer Licensure
  UM 10-2: Additional Clinical Peer Reviewer Qualifications
UM 11: Clinical Peer Review Process
  UM 11-1: Peer-to-Peer Conversation

UM 12: Utilization Review Timelines and Notification
UM 12-1: Utilization Review Notification Time Frames
UM 12-2: Lack of Information Policy
UM 12-3: Information Upon Which to Base Review
Determinations
UM 12-4: Certification Decision Notice
UM 12-5: Written Notice of Non-Certification Decisions
UM 13: Utilization Review Appeals
UM 13-1: Appeal Policy
UM 14: Appeal Reviewer Qualifications
UM 14-1: Appeal Peer Reviewer Licensure
UM 14-2: Additional Appeal Peer Reviewer Qualifications
UM 14-3: Additional Appeal Peer Reviewer Requirements
UM 15: (Not Applicable)
UM 16: Appeals
UM 16-1: Appeal Process
UM 16-2: Appeal Notification Time Frames
UM 16-3: Written Notice of Non-Certifications Upheld on
Appeal
UM 17: Drug Utilization Management
UM 17-1: Initial Determinations
UM 17-2: Initial Denial and Appeal Determinations

POPULATION HEALTH

PHM 1: Population Health Management Coverage
PHM 1-1: Scope of Population Health Management
PHM 2: Population Health Management
PHM 2-1: Approach to Population Health Management
PHM 2-2: Member Communications and Participation
PHM 3: Population Health Status and Needs
PHM 3-1: Baseline Health Status and Needs
PHM 3-2: Ongoing Population Health Monitoring
PHM 3-3: Annual Population Health Management
Evaluation

PHM 4: Strategic Relationship Management
PHM 4-1: Participating Provider Support
PHM 4-2: Strategic Partnerships
PHM 5: Case Management in Population Health
PHM 5-1: Structured Case Management Services
PHM 5-2: Members Identified for Case Management
PHM 6: Comprehensive Assessment
PHM 6-1: Assessment Categories
PHM 6-2: Medication Review, Assessment and Interventions
PHM 6-3: Member Input into Assessment
PHM 6-4: Assessing Available Resources
PHM 6-5: Assessing Coordination Needs
PHM 7: Person-Centered Care Plan
PHM 7-1: Person-Centered Care Plan Features
PHM 7-2: Additional Care Plan Features
PHM 7-3: Ongoing Care Plan Management
PHM 7-3: Closure of Case Management Services

MEASURES REPORTING

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

LONG-TERM SERVICES AND SUPPORTS