

RISK MANAGEMENT

- RM 1: Regulatory Compliance and Internal Controls
 - RM 1-1: Regulatory Compliance
- RM 2: Regulatory Compliance
 - RM 2-1: Regulatory 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

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 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 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

MARKETPLACE HEALTH PLAN

- MHP 1: Marketplace Requirements
 - MHP 1-1: Provider Directory Requirements
 - MHP 1-2: Standard Format for Presenting Benefit Plan Options
 - MHP 1-3: Qualified Health Plan (QHP) Enrollee Experience Survey