Medicaid Health Plan Accreditation v1.0

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

POPULATION HEALTH

MEASURES REPORTING

BENEFITS AND SERVICES

CARE COORDINATION AND CONTINUITY

QUALITY SERVICES

MEDICAID UTILIZATION MANAGEMENT

MEDICAID ENROLLEE SERVICE AND COMMUNICATIONS