

## DISEASE MANAGEMENT v4.2

### 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 9: Delegation Management

### 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 Organization

### STAFF QUALIFICATIONS

CORE 25: Job Descriptions

CORE 26: Staff Qualifications

### STAFF MANAGEMENT

CORE 27: Staff Training Programs

CORE 28: Staff Operational Tools and Support

CORE 29: Staff Assessment Program

### CLINICAL STAFF CREDENTIALING & 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

## DISEASE MANAGEMENT PROGRAM SCOPE AND OBJECTIVES

- DM 1: Disease Management Program Description
- DM 2: Evidence-Based Disease Management Interventions
- DM 3: Provider Involvement in Disease Management Program Development
- DM 4: Communication with Treating Providers
- DM 5: Shared Decision Making with Consumers

## DISEASE MANAGEMENT PROGRAM STAFFING

- DM 6: Disease Management Program Staffing
- DM 7: Disease Management Staff Ethics Training

## DISEASE MANAGEMENT PROGRAM PERFORMANCE REPORTING

- DM 8: Methodology for Outcomes Measurement
- DM 9: Requirements for Measuring Program Performance by Clinical Condition
- DM 10: Financial Outcomes Reporting
- DM 11: Consumer-Reported Outcomes
- DM 12: Provider Performance Feedback
- DM 13: Performance Reporting on Disease Management Processes
- DM 14: Performance Reporting on Disease Management Outcomes

## CONSUMER RIGHTS AND RESPONSIBILITIES

- DM 15: Communications Regarding Disease Management Program Characteristics
- DM 16: Disease Management Program Disclosures
- DM 17: Participating Consumer Rights and Responsibilities

## EVALUATING ELIGIBLE POPULATIONS

- DM 18: Criteria for Identification of Eligible Consumers
- DM 19: Stratification of Eligible Consumers
- DM 20: Assessment of Eligible Consumers
- DM 21: Assessment Categories
- DM 22: Predictive Risk Modeling

## DISEASE MANAGEMENT PROGRAM DESIGN

- DM 23: Consumer Activation
- DM 24: Consumer Engagement
- DM 25: Program Interventions
- DM 26: Coordination of Services and Communications
- DM 27: Clinical Decision Support Tools
- DM 28: Consumer Education
- DM 29: Plan Addressing Delivery of Health Information to Consumers
- DM 30: Evaluation of Consumer Health Information
- DM 31: Multiple Format Communication System

## MEASURES REPORTING

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



**Re: New Regulatory Compliance Standard**

Dear URAC Prospects and Clients,

As the nation's leading health care accreditor, URAC values patient care and safety first. When we discover an improvement opportunity that could enhance patient safety within our standards, we work quickly to incorporate the additional knowledge into our programs.

Therefore, URAC has introducing a new regulatory compliance Standard. Effective immediately, this new Standard will apply to all current, non-deemed applications, accreditations and certifications. Although we expect immediate compliance with this Standard, we will not be asking for any additional documentation at this time. As new versions of programs are released, this Standard will be built into the program requirements and documentation will be submitted on Desktop.

Attached you will find the Standard language (see Attachment A). As a requirement of this Standard, organizations must remain in good standing with any issuing body/agency for all permits, licenses, registrations and/or charters held by the organization. If at any time during the accreditation or certification cycle this Standard is identified as "Not Met," the finding(s) will be presented to the Accreditation Committee for review and final determination of status.

If you have any further questions, please reach out to Product Development Department at [productdevelopment@urac.org](mailto:productdevelopment@urac.org).

Sincerely,

Jenn Richards, PharmD, JD, CSP

Product Development Principal

Email: [productdevelopment@urac.org](mailto:productdevelopment@urac.org)



## **Attachment A: URAC's New Regulatory Compliance Standard**

### **Standard: Regulatory Compliance**

The organization maintains compliance with applicable jurisdictional laws and regulations.

### **Regulatory Compliance**

The organization:

- a. Maintains compliance with applicable laws, regulations and requirements from any relevant jurisdictions