Member Service and Communications Focus Area

September 20, 2022

Before We Get Started

Message
Lisa Silverman
for any *tech issues*

Use the chat box for
questions and to
introduce
yourself

Explore *resources*
we'll share in the
chat box

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OPENING POLL

How important are member support services to meeting your organization's goals?

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Donna Merrick

Product Enhancement Principal

Malgorzata "Gosia" Raczka

Accreditation Reviewer

Lisa Silverman

Client Education Specialist

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Focus Area: Member Service and Communications (MSC)

Health Plan v8.1

Marketplace Health Plan v8.1

Medicaid Health Plan v1.1

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Standards for Member Service and Communications

MSC 1: Rights and Responsibilities

MSC 2: Member Communications

MSC 3: Optimizing the Member Experience

**MSC 4: Member Support and Input**

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Standard MSC 1: Rights and Responsibilities

Member rights and responsibilities are defined and enabled.

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MSC 1-1: Member Rights and Responsibilities

The organization implements a **mechanism to inform** members of their rights and responsibilities, where:

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Member rights include:

Confidentiality

Information disclosure

Access to services

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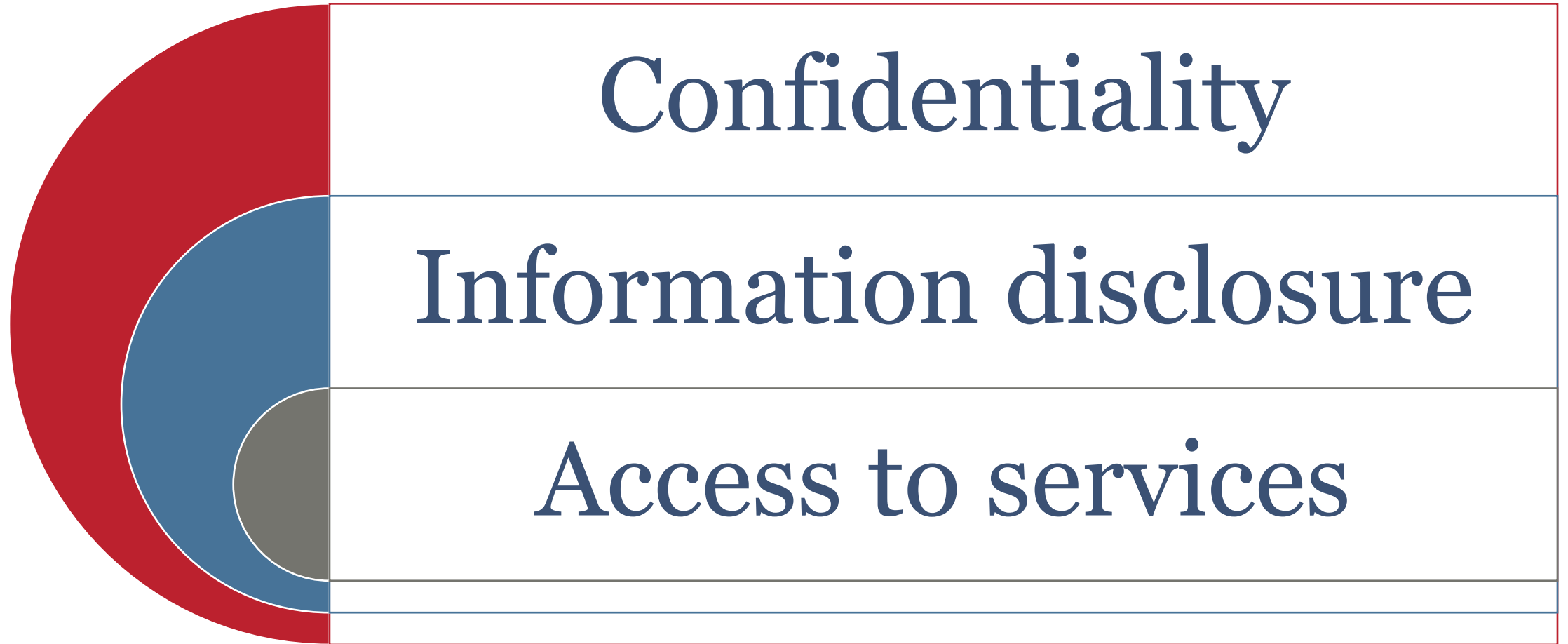
Member rights include:

Consideration of member preferences

Submission of complaints and appeals

Culturally and linguistically appropriate services
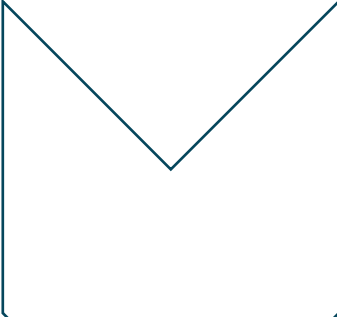
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Member Responsibilities include:

Supply information to the organization as needed to access health benefits

Learn how to use health benefits and access member assistance to ask questions about benefits

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Member Responsibilities include:

Supply information to the organization's network providers so that they can provide health services

Understand their own health and work with providers to develop and follow an agreed-upon plan

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Standard MSC 2: Member Communications

The organization identifies and communicates the information that members need to access their health benefits. [M]

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MSC 2-1: Member Communications Regarding Health Benefits

The organization's communications plan provides that at the time of enrollment and as needed thereafter, members are provided with materials that clearly explain:

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Health Benefits Information

Plan coverage, including any exclusions, limitations, and condition-specific criteria for benefits

Member financial responsibilities

Member notification prior to changes in covered benefits and financial responsibilities

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Health Benefits Information

- The organization's relationships with other entities and how those relationships impact the member

- How to obtain assistance to access covered health services that cannot be provided in network

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Health Benefits Information

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- Override of coverage exclusions

- If benefits have a cap, what to do if the cap is reached

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Standard MSC 3: Optimizing the Member Experience

The organization actively manages how members interact with the organization and receive health benefits.

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MSC 3-1: Member Support Services

The organization provides assistance to members seeking help to access covered benefits, which includes:

Selecting a network practitioner or other network provider

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MSC 3-1: Member Support Services

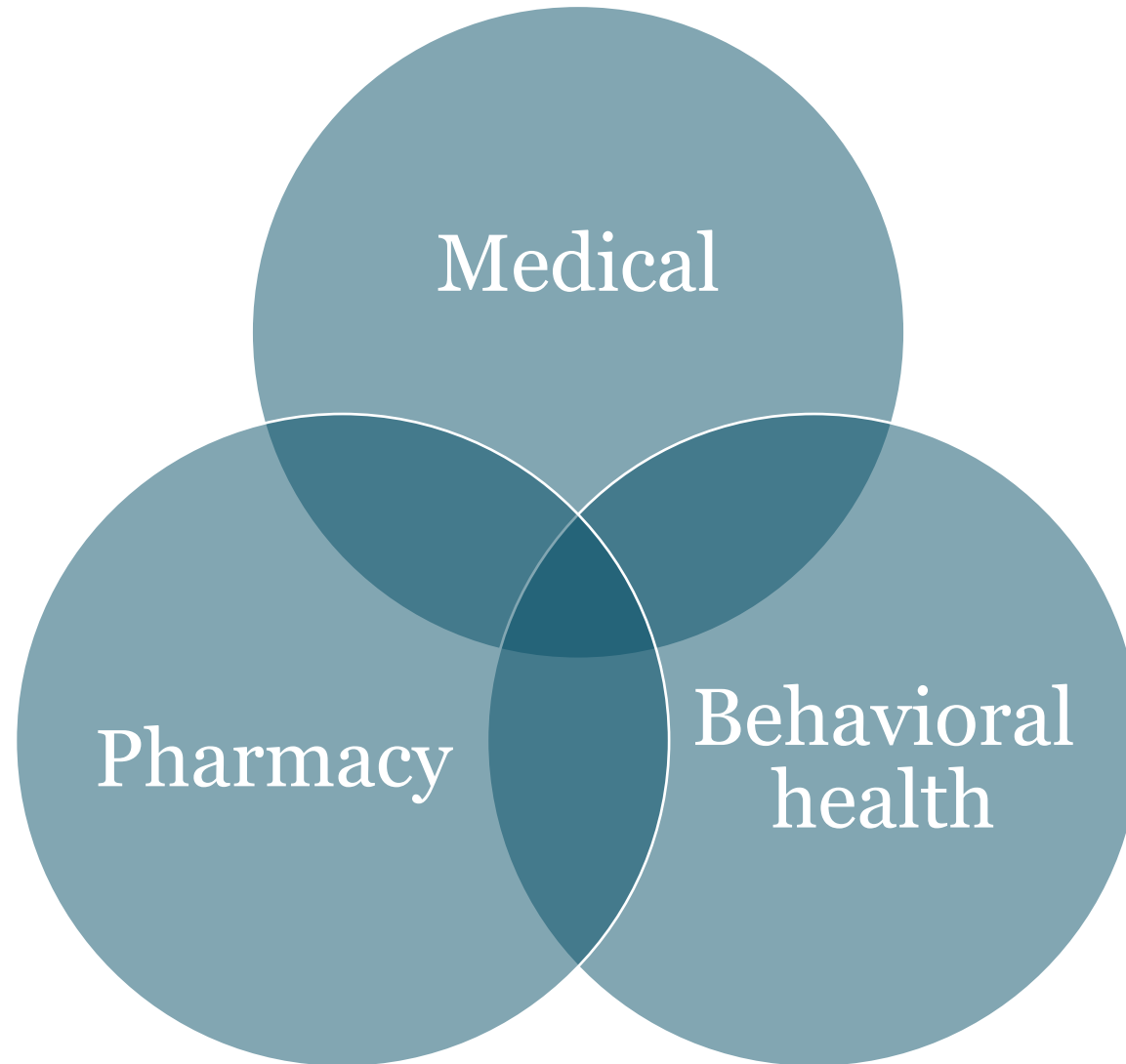Emergency services and out-of-service-area services

Ongoing access to current drug formulary

Ongoing access to an up-to-date provider directory

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Benefit Management Requirements

Assistance Provided by Member Support Services

Submitting a complaint

Appealing decisions that reduce or deny covered benefits

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Obtaining Health Information

Health and wellness info

Evidence-based health info for common conditions and diagnoses

POLL QUESTION

Do you have member support staff dedicated to, or specializing in, providing support for members receiving case management services?

Standard MSC 4: Member Support and Input

The organization assures that members have the ability to access support services and provide input on services.
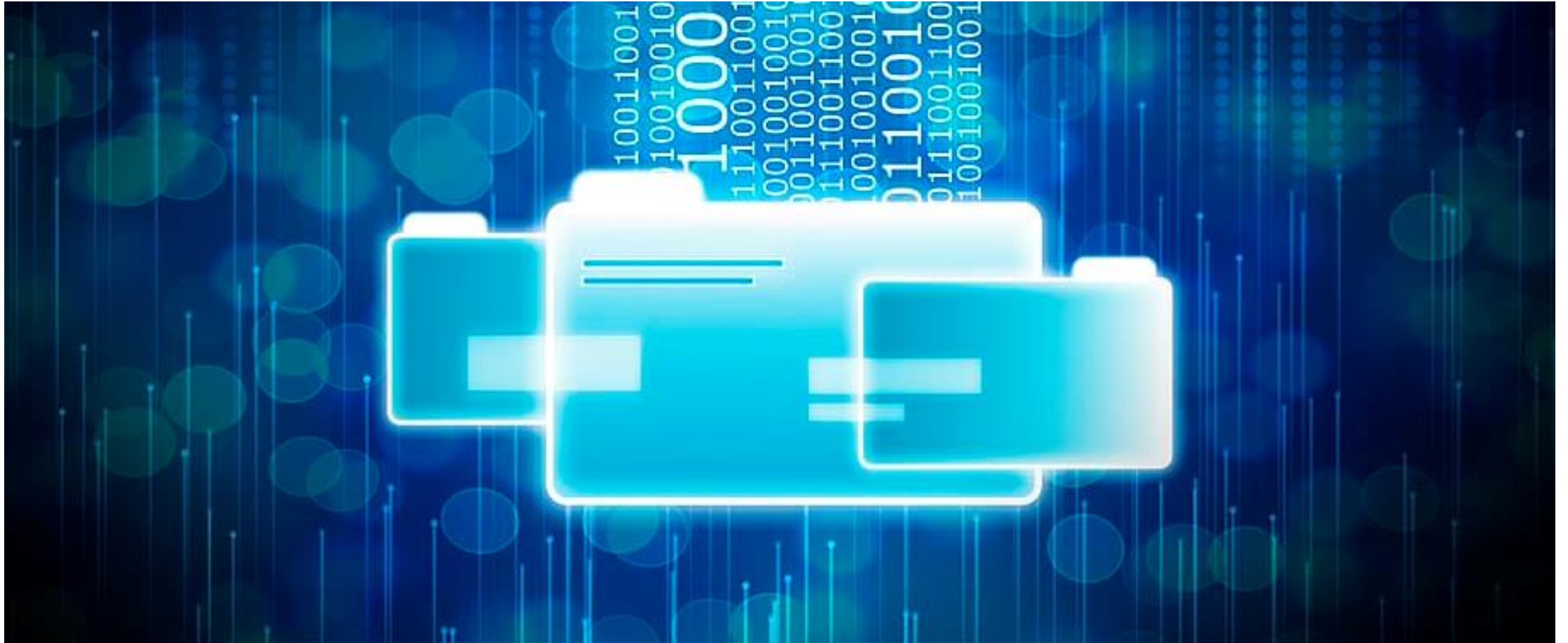
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MSC 4-1: Accessing Member Support Services

Special assistance for those

- For whom English is not their primary language

- With special needs, such as cognitive or physical impairments

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MSC 4-1: Accessing Member Support Services

Initial Contact with Member Support Services

1 Benefits verification and eligibility

2 Participating provider selection

3 Answer claims questions

4 Acceptance of complaints

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MSC 4-1: Accessing Member Support Services

Members and their health care practitioners have 24 hours per day, 7 days per week access to support through various media [L]

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MSC 4-2: Member Input and Surveys

The organization gathers information about member satisfaction with the organization's services to improve health plan services.

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MSC 4-2: Member Input and Surveys

To do so, the organization collects experience of care ratings in a standardized survey

Schedule for Member Surveys

General satisfaction

Satisfaction after specific health events

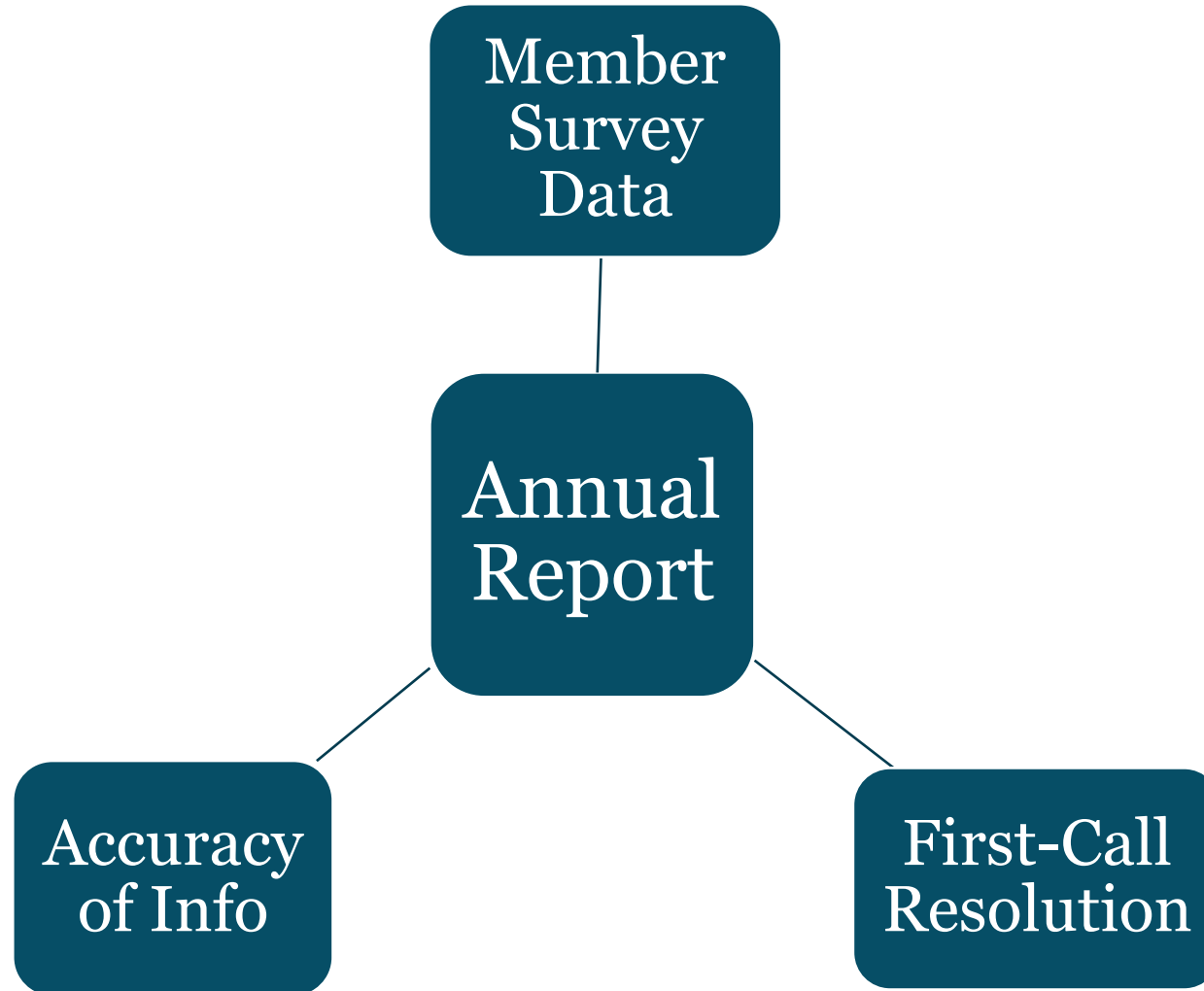Satisfaction with member support services

How the organization can best serve its membership

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CHAT QUESTION
Put your response in the chat

How does your organization balance the need for member survey data insights while being mindful of member survey fatigue?

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What will you do with the data?

PMI 1-1: Quality Structure

PMI 2-1: Data Collection and Evaluation

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Questions

Upcoming Events

Webinars

- Credentialing
  - Friday, September 30
  - 2pm Eastern

- Monthly AccreditNet Training
  - Wednesday, October 12
  - 2pm Eastern

Find more information at clients.urac.org

urac® connect — Quality and Excellence Across Health Care Summit — Washington, DC. October 25 - 26, 2022

Register by Sunday for the $899 registration rate

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