# Health Network Accreditation v8.1



#### **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

## **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

#### CONSUMER PROTECTION AND EMPOWERMENT

#### NETWORK MANAGEMENT

NM 1: Network Management Program NM 1-1: Network Management Program Structure
NM 2: (Not Applicable)
NM 3: Network Adequacy Maintenance NM 3-1: Out of Network and Emergency Services
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