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
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 1-2: Internal Safeguards
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 and Communication Safeguards
CPE-HP 3: Financial Incentives
  CPE-HP 3-1: Monitoring Financial Incentives
CPE-HP 4: Health Plan Marketing
  CPE-HP 4-1: Marketing Safeguards
  CPE-HP 4-2: Health Benefit Plan Information Disclosure

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 Impacting 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 Structure
   UM 1-2: Utilization Review Monitoring
UM 2: Clinical Review Criteria
   UM 2-1: Review Criteria Requirements
UM 3: Limitations of Initial Screening
   UM 3-1: Initial Screening Policy
   UM 3-2: Initial Screening Process
   UM 3-3: Initial Screening Staff Resources
   UM 3-4: Non-Clinical Staff Provide Administrative Support
UM 5: Limitations of Initial Clinical Review
   UM 5-1: Initial Clinical Review Policy
   UM 5-2: Automated-Only Review
   UM 5-3: Initial Clinical Reviewer Licensure
UM 6: AI and ML Medical Software Selection Criteria
   UM 6-1: AI and ML Medical Software Used in Utilization Review
UM 7: Initial Clinical Review Process
   UM 7-1: Initial Clinical Reviewer Resources
UM 8: Clinical Peer Review
   UM 8-1: Clinical Peer Review Policy
UM 9: Clinical Peer Review Qualifications
   UM 9-1: Clinical Peer Reviewer Licensure
   UM 9-2: Additional Clinical Peer Reviewer Qualifications
UM 10: Clinical Peer Review Process
   UM 10-1: Peer-to-Peer Conversation
UM 11: Utilization Review Timelines and Notification
   UM 11-1: Utilization Review Notification Time Frames
   UM 11-2: Lack of Information Policy
   UM 11-3: Information Upon Which to Base Review Determinations
<table>
<thead>
<tr>
<th>POPULATION HEALTH</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PHM 1:</strong> Population Health Management Coverage</td>
<td><strong>PHM 6-5:</strong> Assessing Coordination Needs</td>
</tr>
<tr>
<td><strong>PHM 1-1:</strong> Scope of Population Health Management</td>
<td></td>
</tr>
<tr>
<td><strong>PHM 7:</strong> Person-Centered Care Plan</td>
<td><strong>PHM 7-1:</strong> Person-Centered Care Plan Features</td>
</tr>
<tr>
<td><strong>PHM 2:</strong> Population Health Management</td>
<td><strong>PHM 7-2:</strong> Additional Care Plan Features</td>
</tr>
<tr>
<td><strong>PHM 2-1:</strong> Approach to Population Health Management</td>
<td><strong>PHM 7-3:</strong> Ongoing Care Plan Management</td>
</tr>
<tr>
<td><strong>PHM 2-2:</strong> Member Communications and Participation</td>
<td><strong>PHM 7-3:</strong> Closure of Case Management Services</td>
</tr>
<tr>
<td><strong>PHM 3:</strong> Population Health Status and Needs</td>
<td></td>
</tr>
<tr>
<td><strong>PHM 3-1:</strong> Baseline Health Status and Needs</td>
<td></td>
</tr>
<tr>
<td><strong>PHM 3-2:</strong> Ongoing Population Health Monitoring</td>
<td><strong>RPT 1:</strong> Reporting Mandatory Performance Measures to URAC</td>
</tr>
<tr>
<td><strong>PHM 3-3:</strong> Annual Population Health Management</td>
<td><strong>RPT 1-1:</strong> Reporting Mandatory Performance Measures to URAC</td>
</tr>
<tr>
<td>Evaluation</td>
<td></td>
</tr>
<tr>
<td><strong>PHM 4:</strong> Strategic Relationship Management</td>
<td><strong>RPT 2:</strong> Reporting Exploratory Performance Measures to URAC</td>
</tr>
<tr>
<td><strong>PHM 4-1:</strong> Participating Provider Support</td>
<td><strong>RPT 2-1:</strong> Reporting Exploratory Performance Measures to URAC</td>
</tr>
<tr>
<td><strong>PHM 4-2:</strong> Strategic Partnerships</td>
<td></td>
</tr>
<tr>
<td><strong>PHM 5:</strong> Case Management in Population Health</td>
<td></td>
</tr>
<tr>
<td><strong>PHM 5-1:</strong> Structured Case Management Services</td>
<td><strong>LTSS 1:</strong> Program Purpose</td>
</tr>
<tr>
<td><strong>PHM 5-2:</strong> Members Identified for Case Management</td>
<td><strong>LTSS 1-1:</strong> Program Structure</td>
</tr>
<tr>
<td><strong>PHM 6:</strong> Comprehensive Assessment</td>
<td><strong>LTSS 2:</strong> Program Foundation</td>
</tr>
<tr>
<td><strong>PHM 6-1:</strong> Assessment Categories</td>
<td><strong>LTSS 2-1:</strong> Evidence-Based Program Components</td>
</tr>
<tr>
<td><strong>PHM 6-2:</strong> Medication Review, Assessment and Interventions</td>
<td><strong>LTSS 2-2:</strong> Person-Centered Assessment and Care Planning</td>
</tr>
<tr>
<td><strong>PHM 6-3:</strong> Member Input into Assessment</td>
<td><strong>LTSS 3:</strong> Program Resources</td>
</tr>
<tr>
<td><strong>PHM 6-4:</strong> Assessing Available Resources</td>
<td><strong>LTSS 3-1:</strong> LTSS Program Resources</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 3-2:</strong> Coordination and Alignment of Community-Based Resources</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 4:</strong> Comprehensive Assessment</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 4-1:</strong> Assessment Categories</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 4-2:</strong> Medication Review, Assessment and Interventions</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 4-3:</strong> Member Input Into Assessment</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 4-4:</strong> Assessing Available Resources</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 4-5:</strong> Assessing Coordination Needs</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 5:</strong> Person-Centered Care Plan</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 5-1:</strong> Person-Centered Care Plan Features</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 5-2:</strong> Additional Care Plan Features</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 5-3:</strong> Ongoing Care Plan Management</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 5-4:</strong> Closure of Case Management Services</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 6:</strong> LTSS Program Quality Management</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 6-1:</strong> Measuring and Improving the Member Experience</td>
</tr>
<tr>
<td></td>
<td><strong>LTSS 6-2:</strong> Measuring and Improving LTSS Program Effectiveness</td>
</tr>
</tbody>
</table>