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 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

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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

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
   UM 11-4: Certification Decision Notice
   UM 11-5: Written Notice of Non-Certification Decisions
UM 12: Utilization Review Appeals
   UM 12-1: Appeal Policy
UM 13: Appeal Reviewer Qualifications
   UM 13-1: Appeal Peer Reviewer Licensure
   UM 13-2: Additional Appeal Peer Reviewer Qualifications
   UM 13-3: Additional Appeal Peer Reviewer Requirements
UM 14: Appeals
   UM 14-1: Appeal Process
   UM 14-2: Appeal Notification Time Frames
   UM 14-3: Written Notice of Non-Certifications Upheld on Appeal
UM 15: Drug Utilization Management
   UM 15-1: Initial Determinations
   UM 15-2: Initial Denial and Appeal Determinations

POPULATION HEALTH
PHM 1: Population Health Management Coverage
   PHM 1-1: Scope of Population Health Management
PHM 2: Population Health Management
   PHM 2-1: Approach to Population Health Management
   PHM 2-2: Member Communications and Participation
PHM 3: Population Health Status and Needs
   PHM 3-1: Baseline Health Status and Needs
   PHM 3-2: Ongoing Population Health Monitoring
   PHM 3-3: Annual Population Health Management Evaluation
PHM 4: Strategic Relationship Management
   PHM 4-1: Participating Provider Support
   PHM 4-2: Strategic Partnerships
PHM 5: Case Management in Population Health
   PHM 5-1: Structured Case Management Services
   PHM 5-2: Members Identified for Case Management

PHM 6: Comprehensive Assessment
   PHM 6-1: Assessment Categories
   PHM 6-2: Medication Review, Assessment and Interventions
   PHM 6-3: Member Input into Assessment
   PHM 6-4: Assessing Available Resources
   PHM 6-5: Assessing Coordination Needs
PHM 7: Person-Centered Care Plan
   PHM 7-1: Person-Centered Care Plan Features
   PHM 7-2: Additional Care Plan Features
   PHM 7-3: Ongoing Care Plan Management
   PHM 7-3: Closure of Case Management Services

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

BENEFITS AND SERVICES
SVS 1: Screening Services
   SVS 1-1: Practice Guidelines
   SVS 1-2: Health Risk Assessment Tool
   SVS 1-3: Initial Screening
SVS 2: Access to Services
   SVS 2-1: Scope of Services
   SVS 2-2: Emergency and Out-of-Network Services
   SVS 2-3: Service Requirements
   SVS 2-4: Use of Technology
SVS 3: Federal and State Requirements
   SVS 3-1: Federal Requirements
   SVS 3-2: Demonstrating State Compliance

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CARE COORDINATION AND CONTINUITY
CC 1: Coordination of Services
   CC 1-1: Care Coordinator Responsibilities
   CC 1-2: Coordination with External Entities
CC 2: Care Continuity
   CC 2-1: Continuation of Health Care Services
CC 3: Care Transitions
   CC 3-1: Planning for Transitions of Care
   CC 3-2: Transitions of Care Facilitation
   CC 3-3: Transitions of Care Information
   CC 3-4: Transitions of Care Follow-Up
   CC 3-5: Medication Safety Care Coordination
CC 4: Integrated Care
   CC 4-1: Medical and Behavioral Integration

QUALITY SERVICES
QS 1: Participating Provider Involvement
   QS 1-1: Data Received from Providers
   QS 1-2: Provider Relations
QS 2: Quality Management
   QS 2-1: Quality Improvement
   QS 2-2: Enrollee Satisfaction
QS 3: Fraud Waste and Abuse Program
   QS 3-1: Program Requirements

MEDICAID UTILIZATION MANAGEMENT
MUM 1: Initial Review Process
   MUM 1-1: Initial Review Requirements
   MUM 1-2: Review Time Frame Extensions
MUM 2: Appeals Process
   MUM 2-1: Appeals Requirements
   MUM 2-2: Deemed Exhaustion of the Appeals Process
MUM 3: External Review Process
   MUM 3-1: External Review Requirements

MEDICAID ENROLLEE SERVICE AND COMMUNICATIONS
MESC 1: Enrollee Communications
   MESC 1-1: Notification of Changes
   MESC 1-2: General Information
   MESC 1-3: Cost Information
   MESC 1-4: Enrollee Rights and Responsibilities
MESC 2: Provider Information
   MESC 2-1: Provider Directories
   MESC 2-2: Provider Status Notifications

LONG-TERM SERVICES AND SUPPORTS
LTSS 1: Program Purpose
   LTSS 1-1: Program Structure
LTSS 2: Program Foundation
   LTSS 2-1: Evidence-Based Program Components
   LTSS 2-2: Person-Centered Assessment and Care Planning
LTSS 3: Program Resources
   LTSS 3-1: LTSS Program Resources
   LTSS 3-2: Coordination and Alignment of Community-Based Resources
LTSS 4: Comprehensive Assessment
   LTSS 4-1: Assessment Categories
   LTSS 4-2: Medication Review, Assessment and Interventions
   LTSS 4-3: Member Input Into Assessment
   LTSS 4-4: Assessing Available Resources
   LTSS 4-5: Assessing Coordination Needs
LTSS 5: Person-Centered Care Plan
   LTSS 5-1: Person-Centered Care Plan Features
   LTSS 5-2: Additional Care Plan Features
   LTSS 5-3: Ongoing Care Plan Management
   LTSS 5-4: Closure of Case Management Services
LTSS 6: LTSS Program Quality Management
   LTSS 6-1: Measuring and Improving the Member Experience
   LTSS 6-2: Measuring and Improving LTSS Program Effectiveness