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

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 4: Initial Screening Process
- UM 4-1: Initial Screening Staff Resources
- UM 4-2: 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

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