

Know Your Rights - URAC Accredited UR Companies



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Agenda

- ▶ Value of Accreditation
- ▶ Accreditation Process
- ▶ Workers' Compensation
Utilization Management
Accreditation Program and Rights
- ▶ Grievances Rights

Value of Accreditation

The background of the slide is a blue-tinted collage of medical-related items. It includes a stethoscope in the upper right, a pen in the lower right, and a portion of an ECG (heart rate) monitor. A large, semi-transparent X-ray of a human chest is centered in the background. The text is overlaid on the left side of the image.

**Founded in 1990 as an
independent, third party
validator of the quality in
healthcare using best
practices**

Why URAC Accreditation?

Validates
compliance with
industry's most
rigorous standards

Provides a quality
framework

Ensures continuous
quality improvement

Demonstrates value
through
measurement &
reporting

*Leaders and teams use accreditation to improve
performance and demonstrate value.*

URAC's ACCREDITATION AND CERTIFICATION PROGRAMS



PROVIDER INTEGRATION & COORDINATION PROGRAMS

- Accountable Care Accreditation
- Clinically Integrated Network Accreditation
- Patient-Centered Medical Home Certification
- Provider-Based Population Health Accreditation
- Telehealth Accreditation



PHARMACY QUALITY MANAGEMENT® PROGRAMS

- Community Pharmacy Accreditation
- Drug Therapy Management Accreditation
- Infusion Pharmacy Accreditation
- Mail Service Pharmacy Accreditation
- Medicare Home Infusion Therapy Supplier Accreditation
- Pharmacy Benefit Management Accreditation
- Rare Disease Pharmacy Center of Excellence
- Specialty Pharmacy Accreditation
- Workers' Compensation Pharmacy Benefit Management Accreditation



HEALTHCARE MANAGEMENT PROGRAMS

- Case Management Accreditation
- Disease Management Accreditation
- Health Call Center Accreditation
- Health Utilization Management Accreditation
- Independent Medical Examinations Accreditation
- Independent Review Organization Accreditation
- Organizational Management Certification
- Workers' Compensation Utilization Management Accreditation



HEALTHCARE OPERATIONS PROGRAMS

- Credentials Verification Organization Accreditation
- Dental Network Accreditation
- Health Contact Center Certification
- Health Content Provider Accreditation
- Health Network Accreditation
- Health Website Accreditation



HEALTH AND DENTAL PLAN PROGRAMS

- Dental Plan Accreditation
- Health Plan Accreditation
- Health Plan Accreditation with Health Insurance Marketplace
- Medicare Advantage Accreditation



MENTAL HEALTH AND SUBSTANCE USE DISORDER (MH/SUD) PARITY PROGRAMS

- MH/SUD Parity Compliance Guide
- ParityManager™ Compliance Software
- MH/SUD Parity Accreditation

**The comment we hear most after
accreditation is achieved is
*“Thank you for making us better.”***



Accreditation Process



ACCREDITATION PROCESS



Phase 1: Application Submission

- ▶ Overview of organizational structure, scope of services, governance and delegation activities
- ▶ Site information
- ▶ Supporting evidence for program standards

Phase 2: Desktop Review Process

- ▶ Assigned a Lead Reviewer
- ▶ An iterative, learning process
- ▶ Documentation reviewed for compliance to program standards

Phase 3: Validation Review

- ▶ Assess compliance to submitted policies and procedures
 - Interviews
 - Observations
 - Documentation review
- ▶ Summary of findings

Phase 4: Accreditation Committee

- ▶ Blinded application is presented
- ▶ Volunteers of industry peers and stakeholders
- ▶ Renders accreditation decisions
 - Accredited Status (Full, Conditional, Provisional)
 - Non-accredited Status (Corrective Action, Denial)
- ▶ Receives official certificate for accredited status'

Phase 5: Ongoing Compliance

- ▶ Annual reporting for select programs
- ▶ Random monitoring validation reviews





Workers' Compensation Utilization Management Accreditation Program

WORKER' COMPENSATION UTILIZATION MANAGEMENT v7.4

ORGANIZATIONAL STRUCTURE

CORE 1: Organizational Structure

CORE 2: Organization Documents

POLICIES AND PROCEDURES

CORE 3: Policy and Procedure Maintenance, Review and Approval

REGULATORY COMPLIANCE

CORE 4: Regulatory Compliance

INTER-DEPARTMENTAL COORDINATION

CORE 5: Inter-Departmental Coordination

OVERSIGHT OF DELEGATED FUNCTIONS

CORE 6-8: N/A

CORE 9: Delegation Management

MARKETING AND SALES COMMUNICATIONS

CORE 10: Review of Marketing and Sales Materials

BUSINESS RELATIONSHIPS

CORE 11: Written Business Agreements

CORE 12: Client Satisfaction

INFORMATION MANAGEMENT

CORE 13: Information Management

CORE 14: Business Continuity

CORE 15: Information Confidentiality and Security

CORE 16: Confidentiality of Individually-Identifiable Health Information

QUALITY MANAGEMENT

CORE 17: Quality Management Program

CORE 18: Quality Management Program Resources

CORE 19: Quality Management Program Requirements

CORE 20: Quality Management Committee

CORE 21: Quality Management Documentation

CORE 22: Quality Improvement Projects

CORE 23: Quality Improvement Project Requirements

CORE 24: Quality Improvement Projects: Consumer Organizations

STAFF QUALIFICATIONS

CORE 25: Job Descriptions

CORE 26: Staff Qualifications

STAFF MANAGEMENT

CORE 27: Staff Training Program

CORE 28: Staff Operational Tools and Support

CORE 29: Staff Assessment Program

CLINICAL STAFF CREDENTIALING & OVERSIGHT ROLE

CORE 30: Clinical Staff Credentialing

CORE 31: Senior Clinical Staff Requirements

CORE 32: Senior Clinical Staff Responsibilities

CORE 33: Financial Incentive Policy

CORE 34: Access to Services

CORE 35: Consumer Complaint Process

HEALTH CARE SYSTEM COORDINATION

CORE 36: Coordination with External Entities

CONSUMER PROTECTION AND EMPOWERMENT

CORE 37: Consumer Rights and Responsibilities

CORE 38: Consumer Safety Mechanism

CORE 39: Consumer Satisfaction

CORE 40: Health Literacy

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REVIEW CRITERIA

WCUM 1: Review Criteria Requirements

ACCESSIBILITY OF REVIEW SERVICES

WCUM 2: Access to Review Staff

WCUM 3: Review Service Communication and Time Frames

WCUM 4: Review Service Disclosures

ON-SITE REVIEW SERVICES

WCUM 5: On-Site Review Requirements

INITIATION OF REVIEW PROCESS

WCUM 6: Initiation of Review Process

INITIAL SCREENING

WCUM 7: Limitations in Use of Non-Clinical Staff

WCUM 8: Pre-Review Screening Staff Oversight

WCUM 9: Pre-Review Screening Non-Certifications

INITIAL CLINICAL REVIEW

WCUM 10: Initial Clinical Reviewer Qualifications

WCUM 11: Initial Clinical Reviewer Resources

WCUM 12: Initial Clinical Reviewer Non-Certifications

PEER CLINICAL REVIEW

WCUM 13: Peer Clinical Review Cases

WCUM 14: Peer Clinical Reviewer Qualifications

WCUM 15: Drug Utilization Management Reviewer Qualifications

WCUM 16: Prospective, Concurrent and Retrospective Drug Utilization Management

PEER-TO-PEER CONVERSATION

WCUM 17: Peer-to-Peer Conversation Availability

WCUM 18: Peer-to-Peer Conversation Alternate

TIME FRAMES FOR INITIAL UM DECISION

WCUM 19: Prospective Review Time Frames

WCUM 20: Retrospective Review Time Frames

WCUM 21: Concurrent Review Time Frames

NOTICE OF CERTIFICATION DECISIONS

WCUM 22: Certification Decision Notice and Tracking

WCUM 23: Continued Certification Decision Requirements

NOTICE OF NON-CERTIFICATION DECISIONS

WCUM 24: Written Notice of Non-Certification Decisions and Rationale

WCUM 25: Clinical Rationale for Non-Certification Requirements

UM POLICY

WCUM 26: Prospective Review Patient Safety

WCUM 27: Reversal of Certification Determinations

WCUM 28: Frequency of Continued Reviews

INFORMATION UPON WHICH UM IS CONDUCTED

WCUM 29: Scope of Review Information

WCUM 30: Prospective and Concurrent Review Determinations

WCUM 31: Retrospective Review Determinations

WCUM 32: Lack of Information Policy and Procedures

UM APPEALS

WCUM 33: Non-Certification Appeals Process

WCUM 34: Appeals Process

WCUM 35: Appeal Peer Reviewer Qualifications

WCUM 36: Drug Utilization Management Appeals: Reviewer Qualifications

WCUM 37: Reviewer Attestation Regarding Credentials and Knowledge

WCUM 38: Expedited Appeal Process Time Frame

WCUM 39: Standard Appeal Process Time Frame

WCUM 40: Written Notice of Upheld Non-Certifications

WCUM 41: Appeal Record Documentation

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Peer to Peer Conversation

- ▶ Availability to discuss case
- ▶ Provide appeal rights



UM Appeals

- ▶ Ordering providers given a opportunity to submit additional information
- ▶ Peer reviewer in the same profession and in a similar specialty



A blue-tinted background image featuring medical equipment. A stethoscope is at the top right, a pen is in the center right, and a tablet displaying a chest X-ray is on the left. A document with 'DIRECTIONS' is partially visible on the right. A series of white chevrons points upwards from the bottom right towards the center.

Right to Submit a Grievances

Filing a Grievance

- ▶ Anyone may lodge a complaint against an accredited organization
- ▶ <https://www.urac.org/file-a-grievance>

Grievances

- ▶ Tracked and investigated
- ▶ If desired, anonymity granted to grievant
- ▶ URAC does not share results or outcome

Questions

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