



Best
RACIAL



FOR 20 YEARS
YOUR PARTNER
IN QUALITY HEALTH CARE



ANNUAL REPORT **2010**

OUR MISSION

To promote continuous improvement in the quality and efficiency of health care management through processes of accreditation and education.

20 YEARS

Twenty years is one of those perfect milestones to both reflect on past accomplishments and to plan for future success. When URAC was founded in 1990 as the Utilization Review Accreditation Commission, the Americans with Disabilities Act had just passed and *U.S. News & World Report* had launched its first “America’s Best Hospitals” survey. People were looking for ways to protect consumers’ access to health care and to measure the quality of that care.

As we celebrate two decades of leading the effort to ensure the highest standards of health care, URAC remains true to its mission: To promote continuous improvement in the quality and efficiency of health care management through processes of accreditation and education.

We made robust advances toward that mission last year, with steps that included publishing our Pharmacy Benefit Management (PBM) Purchasers Guide to help employers evaluate and manage these complex programs and creating a new survey tool for health care case management. To make our programs even more accessible, we added eLearning accreditation courses. We added to our range of accreditation programs by developing Uniform External Review and Provider Performance Measurement and Reporting. We also introduced the latest versions of our Pharmacy Benefit Management and Drug Therapy Management Programs and Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security standards.

But we refuse to rest on our laurels. We remain committed to meeting the challenges of the constantly changing health care environment and to looking toward the future. We are expanding our sponsorship and grant programs to help move health care research forward. We have pledged to continue our public education efforts, including our new consumer education toolkit. And we will continue to look for ways to contribute to the vital national discussion about health care reform.

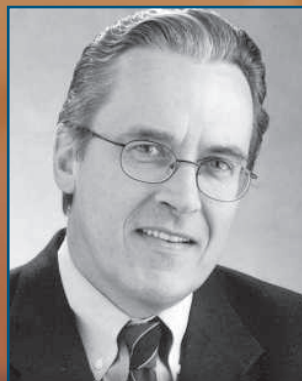
We thank those who have worked with us over the past 20 years, including those companies that have committed to enhancing the quality of their services by seeking accreditation, as well as the several hundred volunteers who serve on URAC’s committees. We look forward to many more successful partnerships in the next 20 as we continue to set the standard for quality health care.



ALAN P. SPIELMAN
*President and Chief
Executive Officer, URAC*

“We remain committed to meeting the challenges of the constantly changing health care environment and to looking toward the future.”

DR. BERNARD J. MANSHEIM
Chairman of the Board, URAC





“This is by far the most responsive organization with which I have ever been associated. URAC is uncompromising when it comes to providing continued, gold standard service in the way of health care management. We are always looking out for that next horizon that will add value to our clients’ needs.”

ANTHONY C. WISNIEWSKI, ESQ.
Senior Vice President for Strategic Development, URAC

With health care issues making headlines every day, there has never been a better time to be a leader in expanding and improving the quality of health care in America and around the world. The role of government in health care is under close scrutiny and heated debate. This reinforces URAC’s determination to provide clear, independent standards and to serve as a guide and a bellwether in the often confusing world of health care.

URAC is a leader, a colleague, and a resource for health care management issues. In short, URAC sets the framework and standards that guide the industry to deliver better health care.

The Key: Establishing Quality Benchmarks

URAC accreditation serves as a symbol of excellence in the health care industry, promoting industry standards, performance measures, and consumer protections. In the rapidly evolving field of health care, URAC standards and performance measures are developed through a dynamic process that identifies best practices and promotes high-quality service delivery.

Behind our standards and performance measures are committees of experts representing diverse interests in the health care community including purchasers, policy makers, consumers, health care management organizations, providers, and health plans. The process begins with a period of careful research, debate, and discussion among stakeholders. An initial set of standards and performance measures is made available for public comment and review. The next step is revision by the standards committee, followed by beta testing with a discrete group of companies to ensure the standards and performance measures work in practice.

On average, URAC updates its standards every three years. Occasionally changes in the health care environment – such as the recent changes to HIPAA regulations under the *American Recovery and Reinvestment Act (ARRA)* – necessitate an earlier update. Under these circumstances, URAC’s Standards Committee recommends changes, which go to the public for comment and then to URAC’s Board of Directors.

URAC offers three times as many accreditation programs for managed care organizations than does any other organization. This wide range of programs – from Comprehensive Wellness Programs and HIPAA Privacy and Security to Pharmacy Benefit Management and Case Management – enables us to help our customers set, measure, and reach the highest standards for virtually any program.

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94% Customer satisfaction

We are proud of that number – even as we strive to increase it. It shows the effectiveness of our collaborative, hands-on approach and makes clear that URAC accreditation provides measurable value to our customers.

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“Health care reform will promote accreditation and value. A focus on access, cost, and quality will bring a greater demand for the type of quality assurance and transparency that URAC’s accreditation programs provide.”

ROBERT GALVIN, PHD
Executive Director of Health Services and Chief Medical Officer for General Electric Company



“URAC accredited companies collectively empower millions of consumers to safely navigate the health care system. Companies seeking accreditation are committed to continuous quality improvement processes that enhance consumer safety and consumer satisfaction with program services.”



CHRISTINE G. LEYDEN, RN, MSN
*Senior Vice President and GM Client Services,
Chief Accreditation Officer, URAC*

Our Path

In 2009, we cemented our leadership in the wellness and health promotion accreditation domains while simultaneously launching a new division that oversees government relations, public policy, education, marketing, product development, and research and measurement. We expanded our presence in Washington, giving URAC a more visible role in working with federal policy makers. We also enhanced our evaluation of existing products while introducing new complementary and expanded offerings.

As we begin our third decade, we will multiply our creativity to successive levels. For example, URAC is continuing to enhance its wellness accreditation. Although there are many wellness program vendors, there is a lack of clear standards to measure the effectiveness of these programs. Consumers and health care purchasers need and rely on independent reviews based on rigorous and inclusive standards to guide informed decisions.

Our focus on consumer empowerment is expanding through strategic relationships with other organizations, both in the United States and globally. Our upcoming International Health Promotion Conference is designed to share our expertise and quality standards worldwide. This supports our goal of ensuring that URAC continues to offer leadership and support to those who seek to make health care systems healthier.

And we are thrilled when people get results. There are very few moments as rewarding as our *Best Practices in Consumer Empowerment and Protection Award* ceremony, where we honor companies that are leading the industry in consumer focus. The value of these awards goes beyond the ceremony. One key criterion for winning programs is that they be replicable: Others must be able to use them as models for quality improvements and to integrate the best practices into their own organizations.

Meaningful Accreditation

People need to trust. They need to be sure. And they deserve honesty. At URAC, our word is our commitment and the URAC accreditation seal is our signature. We rigorously monitor those who serve our health care needs. URAC accreditation sets the bar high. That is why it matters.

URAC accreditation serves as a symbol of excellence that identifies best practices and promotes transparency and accountability throughout the health care system.

It is not simply accreditation. It is URAC accreditation.

Through the accreditation process, URAC galvanizes health care organizations to keep pace with health care advancements more readily than if they are motivated only by legislation or regulation. Companies undergo URAC reviews on a two or three-year cycle to establish compliance with contemporary standards, report performance measures, and encourage adoption of leading health management approaches. Accreditation is the intersection of public policy goals and

industry realities. During the accreditation review, URAC's team of clinical reviewers works with health organizations to share best practices and validate their quality improvement efforts.

Why do companies seek accreditation under URAC standards? They want to improve internal operations and to demonstrate to consumers, participating providers, regulators, and clients that the company has undergone a rigorous external review of quality. Moreover, purchasers in private and government sectors recognize the unique value of URAC products.

Nationwide, policy makers recognize private accreditation's ability to promote cost-efficiency and to ensure quality health care for their constituents. Four federal agencies recognize URAC accreditation. Currently, 42 states and the District of Columbia reference URAC accreditation through statute, regulation, agency publication, Request for Proposal, or contract language. *URAC is also the most widely recognized national managed care accreditation entity at the state level.* URAC helps managed care organizations improve efficiency and effectiveness and provide more transparency through accreditation.

"The URAC accreditation process made me a better informed Privacy Officer. It opened my eyes in a number of areas, which in this day of greater liability falling on the shoulders of the Business Associate could pay dividends in minimizing risks."



SUE PADGETT

Senior Vice President, Chief Compliance Officer, Associated Third Party Administrators

Why Accreditation Matters

With 27 accreditation programs, URAC has a solution for everyone.

Accreditation is a symbol of excellence across the health care industry. It is an important benefit to those across the healthcare spectrum - consumers, employers, and providers, regulators, insurers, and policy makers. Ultimately, accreditation translates to consumer empowerment.

For **consumers**, accreditation offers a “mark of quality” from an independent and trusted third party. Accredited companies offer higher quality at a better value.

Accreditation benefits **policy makers** by promoting competition and choice. Independent reviews for compliance measures such as HIPAA take the burden off strained government budgets while improving consumer protection. Accreditation also cuts inefficiencies in the health care system, as it ensures quality and accountability.

For **employers**, accredited managed care companies are the safe choice. Accreditation also eases the burden on internal human resources and benefits staff.

For **health care providers**, accredited companies collaboratively assist with consumer education and care planning needs. Accredited case management, disease management, and specialty pharmacy organizations provide both health education and assistance with obtaining health resources. Health care providers can rest assured that health education information on accredited health Web sites is clinically reviewed, accurate and current. Accreditation helps increase organizational efficiencies and improve the internal processes of health care companies.

For **health care organizations** considering accreditation URAC collaborates throughout the accreditation process to focus on achievement, not punishment. URAC offers the best value in accreditation, providing an effective alternative for companies to demonstrate compliance with government requirements. URAC standards help organizations meet or exceed state and federal regulations, with much less cost and burden on the organizations.

In short, accreditation benefits every link in the health care system chain.

“I have been closely involved with URAC for the past 20 years, and applaud its mission to promote continuous improvement in the quality and efficiency of health care management. The high standards that URAC sets for accountability and transparency have been an important guide for managed care providers and a touchstone for consumers. The scope of URAC’s influence will continue to grow as consumers play a more active role in their health care and call for a greater focus on consumer protection and empowerment.”

CHARLES W. STELLAR

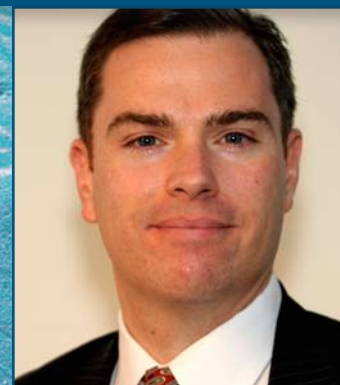
Executive Vice President, America’s Health Insurance Plans (AHIP)



Quality Benchmarks

To many, the health care industry was hard to navigate and evaluate. Standards, if any existed, varied from state to state and organization to organization. Guidance was difficult to find. Substance and accountability was scarce. People called for initiative and innovation, to set both a standard of excellence in the health care industry and the benchmarks to get there. URAC heeded the call, and continues to do so. We have grown to fulfill the needs of our industry.

Over and over, URAC grows and envisions, develops and implements, and expands the boundaries. URAC's founders recognized that an accreditation organization would not be accepted by regulators, insurers, health care providers, employers, and consumers if it were controlled by industry interests. To provide truly independent standards, several operating principles were incorporated into URAC's structure and bylaws. First, URAC was set up as an organization independent of any particular stakeholder group. Second, the governing Board of Directors was established with representatives from all affected constituencies: consumers, providers, employers, regulators and industry experts. Today, more than 300 committee volunteers and 60 paid staff help run the organization.



"We spend a lot of time thinking about health care issues and how to solve them, how to try and serve the marketplace to do good things, to help people. When you recognize people and programs that are doing it well – others will follow."

JOHN P. DUMOULIN, MS, CAE
Vice President for Government Relations,
Product Development, and Education, URAC

VALUE TO CONSUMERS AND EMPLOYERS

- Assures that consumers will receive due process (e.g., patient appeals process).
- Guarantees that confidential information will be appropriately and securely handled.
- Provides employers a measure of comparison to select health care vendors.
- Provides access to performance data.
- Reduces burden of oversight of health care vendors' operations.
- Assures integrity and soundness of clinical decisions.

VALUE TO POLICY MAKERS

- Standards keep pace with health care advancements more readily than if undertaken by legislation/regulation.
- Affords a cost effective supplement to state oversight of MCO compliance with state regulations.
- Ensures that consumer protections are incorporated into managed care operations.
- Provides transparency and accountability through nationally recognized and publicly available standards.

VALUE TO HEALTH INSURERS

- Allows multi-state MCOs to meet different states' requirements through a single accreditation process.
- Differentiates among health insurers, giving accredited companies a marketing advantage.
- Encourages operational efficiencies that improve results and reduce costs.
- Provides evidence that the insurer is keeping current with quality benchmarks and best practices.



VALUE TO HEALTH CARE PROVIDERS

- Promotes appropriate clinical oversight of clinical processes.
- Assures same specialty peer-to-peer decision-making for physicians engaged in dispute resolution.
- Incorporates provider protections and ensures a timely credentialing process.
- Gives providers a voice throughout the health care system.

Our Programs

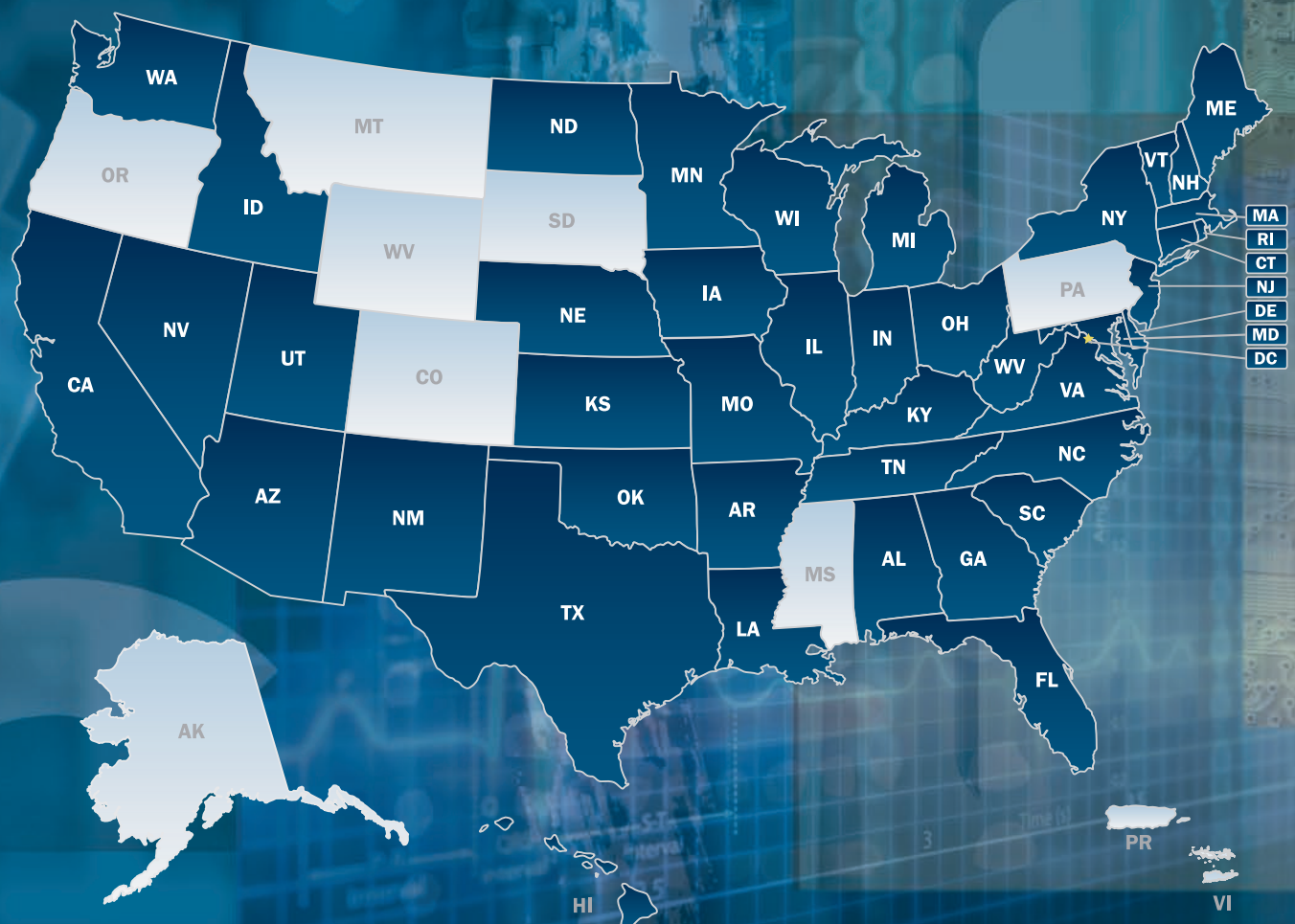
Consistency and quality are keys to success in health care. Having standards and accreditation processes in place help ensure consumers are getting the level of services they expect. Our accreditation benchmarks are developed by an independent panel of experts and provide a common point of reference for evaluating health care quality.

URAC accredits many types of health care organizations including: HMOs, PPOs, wellness providers, pharmacy benefit managers, specialty pharmacies, health call

centers, and case management companies. All of these organizations share a commitment to quality improvement as part of the accreditation process.

Our client service team works tirelessly with stakeholders to enhance the accreditation process. It is part of our long-term commitment to delivering best-in-class, evidence-based solutions to improve health and meet client needs.

The Federal Government, 42 states and the District of Columbia recognize URAC Accreditation.



THE HISTORY OF URAC

In the late 1980's concerns grew over the lack of uniform standards for utilization review (UR): the process by which organizations determine whether health care is medically necessary for a patient or an insured individual. As a result, URAC's first mission was to improve the quality and accountability of health care organizations using UR programs. In later years, we expanded our focus to cover a wider range

of processes and services, including the accreditation of broad-based organizations such as health plans and pharmacy benefit management organizations. As URAC celebrates its 20th anniversary, we have 27 accreditation programs serving the many segments of the industry.

Originally, URAC was incorporated under the name "Utilization Review Accreditation Commission." That name was shortened to URAC in 1996, when we began accrediting other types of organizations such as health plans and preferred provider networks.

"Our pledge to our claimants is that they will receive the highest quality medical care in the most cost effective manner. The standards set by URAC's Case Management Accreditation help us fulfill that promise."

CINDY WHITEHOUSE, RN, BSN, CCM
Vice President, Eckman/Freeman & Associates

"We are driven by our 'Service Excellence' philosophy. The high benchmarks established by URAC accreditation provide us with the foundation to deliver excellence to every client. . .every time."

JENNIFER P. HUPPENTHAL, MS, RN
Director, Clinical Operations, American Health Group



20 YEARS...and counting

1990

URAC MILESTONE

Utilization Review Accreditation Commission founded

INDUSTRY

Americans with Disabilities Act passed; Case Management Society of America founded; *U.S. News & World Report* launched "America's Best Hospitals" annual survey; the pharmacy benefit management industry emerged in the early 1990s as health plans outsourced their pharmacy benefits

1991

URAC MILESTONE

Utilization Management Accreditation Program launched; first Domestic Accreditation awarded

1996

URAC MILESTONE

Workers Compensation Utilization Management Accreditation Program launched; Health Network Accreditation Program launched

INDUSTRY

Health Insurance Portability and Accountability Act (HIPAA) passed

1997

URAC MILESTONE

Workers Compensation Network launched; Provider Credentialing Program launched; Credentials Verification Organization Program launched

INDUSTRY

State Children's Health Insurance Program (S-CHIP) enacted; The American Medical Association established the National Patient Safety Foundation

1998

URAC MILESTONE

Health Plan Accreditation Program launched; Case Management Accreditation Program launched; Health Call Center Program launched

1999

URAC MILESTONE

URAC/Agency for Health Research and Quality (AHRQ) researched methods to improve data on PPO performance to meet consumer needs for information; URAC held its first Quality Summit

INDUSTRY

The Institute of Medicine releases "To Err Is Human: Building a Better Health System," which faulted America's health system for medical errors that accounted for tens of thousands of preventable deaths a year

2000

URAC MILESTONE

Independent Review Organization Accreditation launched; URAC/Commonwealth Fund research conducted on PPO Quality; URAC/California HealthCare Foundation research conducted on PPO Performance Measurement; URAC holds its First Annual Quality Summit and Exhibit; the Office of Personnel Management (OPM) recognizes all URAC accreditation programs under the Federal Employee Health Benefits Program; the Department of Veterans' Affairs (VA) recognizes URAC Health Call Center Accreditation

INDUSTRY

The National Association of Independent Review Organizations (NAIRO) formed to promote uniform regulations from state to state and a uniform application process; The Coalition to



Protect America's Health Care
formed to raise hospital and
health care issues to a high
level of visibility

2001

URAC MILESTONE

Disease Management
Accreditation Program
launched; Health Web Site
Accreditation launched; Core
Organizational Quality Program
launched; URAC/Robert Wood
Johnson Foundation research
conducted on Workers'
Compensation performance
measures; URAC presented
Trends and Practices in
Medical Management: 2001
Industry Profile

INDUSTRY

The Health Care Financing
Administration was renamed
the Centers for Medicare &
Medicaid Services (CMS)

2002

URAC MILESTONE

Claims Processing
Accreditation Program
launched; The TRICARE/
Military Health System, the
Department of Defense's
managed health care
program, recognized URAC
Health Network, Case
Management, Health
Utilization Management,
and Disease Management
accreditations

INDUSTRY

The Hospital Quality Alliance, a
coalition of public and private
organizations and agencies,
was established, to work with
hospitals to foster voluntary
reporting of quality of care data
and to make this information
available to the public

2003

URAC MILESTONE

HIPAA Privacy Accreditation
launched; HIPAA Security
Accreditation launched; first
international accreditation

awarded; URAC/Robert
Wood Johnson Foundation/
Consumer WebWatch
presented a summit of
search engine companies
and stakeholders to discuss
how search engines can
do a better job of directing
consumers to quality health
sites

INDUSTRY

Medicare Modernization Act
expanded Medicare coverage
to include prescription drugs

2004

URAC MILESTONE

URAC/Robert Wood Johnson
Foundation presented the
Quality Chasm Project, an
examination of how medical
management programs
relate to recommendations
in the Institute of Medicine's
Crossing the Quality Chasm
report; URAC/Centers
for Disease Control and
Prevention (CDC)/National
Business Coalition on Health
(NBCH) presented a survey
of capabilities to promote

prevention in less-integrated
health care delivery systems
such as PPOs and medical-
management organizations;
Patient Safety/ActiveHealth
Management educational
campaign promoted patient
safety through medical
management

2005

URAC MILESTONE

Consumer Education and
Support Program launched;
Peer Reviewed Content
Provider launched; URAC

presented Research on
Trends and Practices in
Medical Management

INDUSTRY

The Deficit Reduction Act
of 2005 made the most
sweeping changes to the
Medicaid program since its
enactment in 1965, giving
states greater control over the
design and administration of
their Medicaid programs and
reducing federal spending for
the program by \$4.7 billion



2006

URAC MILESTONE

Medicare Advantage Health Plan Accreditation Program launched; The Centers for Medicare and Medicaid Services (CMS) recognized URAC Medicare Advantage Health Plan Accreditation for the Medicare Advantage (formerly Medicare+Choice) Program

INDUSTRY

Massachusetts enacted its Mandated Health Insurance Law; The National Transitions of Care Coalition (NTOCC) founded

2007

URAC MILESTONE

Pharmacy Benefit Management Program launched; Drug Therapy Management Program launched; 24/7 eLearning Program launched

2008

URAC MILESTONE

Mail Service Pharmacy Program launched; Specialty Pharmacy Program launched; Workers' Compensation Property Casualty PBM Program launched; Wellness Program launched; Performance Measures launched in Case Management and Wellness; URAC held its First Annual Best Practice Awards Conference; The TRICARE/Military Health System expanded its recognition of URAC accreditation standards to include Case Management, Health Utilization Management, and Disease Management

2009

URAC MILESTONE

Provider Performance Measurement and Reporting Program launched; Uniform External Review Program launched; Performance Measures launched

in Pharmacy Benefit Management and Drug Therapy Management Programs; URAC held its 10th Annual Quality Summit and Exhibit; URAC launched its Health Care Stars! Awards Program; URAC/CARF International announced Participant Experience Survey for Case Management (uSPEQ-CM) to evaluate and improve the quality of case management services provided to consumers

INDUSTRY

Health care reform debate and proposal

2010

URAC MILESTONE

URAC accredits more than 440 companies for 668 accredited programs



CURRENT URAC ACCREDITATION PROGRAMS

Health Care Management

- Utilization Management
- Case Management (with Measures)
- Disease Management
- Health Call Center
- Independent Review
- Wellness (with Measures)

Workers Comp, Property & Casualty Management

- WC Utilization Management
- WC P & C Network
- WC P & C PBM

Pharmacy Quality Management®

- Pharmacy Benefit Management (with Measures)
- Drug Therapy Management (with Measures)
- Specialty Pharmacy
- Mail Service Pharmacy

Core Organizational Quality


- Core Standards

Health Care Operations

- Health Plan
- Health Network
- Health Provider Credentialing
- Claims Processing
- Credentials Verification
- Credentialing Support Certification
- Consumer Education and Support
- Medicare Advantage Deeming Program
- Uniform External Review
- Provider Performance Measurement and Reporting

Health Information Technology

- Health Web Site
- Peer Reviewed Health Content & Personal Health Management Provider
- HIPAA Privacy
- HIPAA Security



“URAC has been a strong leader in helping managed care providers align their programs with the NAIC Model Act. Implementing consistent standards of quality, reviewed by independent experts, helps improve health care for everyone.”

SCOTT J. KIPPER

*Commissioner of Insurance, Nevada
Department of Business & Industry*

Government Relations

Improving health care value for consumers aptly defines the purpose for any meaningful health care reform. And it embodies URAC's own core values – consumer protection and empowerment by improving health care management. Our long-standing emphasis on quality and consumer empowerment is at the heart of the health care value equation.

With the health care industry's focus on reform, it is vital to listen, look and learn when it comes to policy makers and professionals who exemplify emerging practices in health care. Whether you are overseeing a comprehensive health plan, administering pharmacy benefits, or developing innovative programs to keep consumers healthy, you play an important role that ultimately enhances consumer health – and URAC is part of your team.

Policy makers across the country and in the nation's capital have recognized the value of private accreditation to promote cost-efficiency and to ensure their constituencies receive quality health care. The National Association of Insurance Commissioners and the National Conference of State Legislators, for example, have each acknowledged the benefits that accrue from “partnerships between state regulators and private accreditation entities.”

Befitting its role in accreditation, URAC has been playing an active role in the nation's health care debate. We have provided testimony to several Congressional Committees and shared our vision with federal agencies, including the U.S. Department of Health & Human Services. We continue to meet with Congressional offices and key stakeholder groups, including the National Governors Association, the National Association of Insurance Commissioners, and the National Conference of State Legislatures.

In addition, we have strong relationships with state policy makers and have helped educate them about the impact proposed policy changes would have on their constituents. These ongoing discussions are supported by the fact that 42 states and the District of Columbia currently reference URAC accreditation in some way.



Education

URAC's approach to accreditation is based on education.

Whether it's learning about best practices, new processes or how to measure results, access to our wide range of educational services helps our accredited companies – and organizations seeking accreditation – succeed in reaching their goals.

As another way to share information and fuel innovation, URAC hosts national conferences that focus on quality, consumer protection and empowerment, and the advancement of best practices. Our *Annual Quality Summit* attracts some of the nation's most powerful thought leaders and industry experts. It provides unparalleled opportunities for health care professionals to interact with peers and industry thought leaders.

The **2010 URAC Quality Summit** will feature the *Best Practices in Health Care Consumer Empowerment and Protection Awards Program* and the *Health Care Stars! Award* winners, as well as a timely keynote presentation regarding health reform and other changes in health care.

In the past year, we have also made improvements to the URAC Learning Center, providing easier access to training options, including the following:

- **eLearning modules:** Self-paced sessions enable employees to complete trainings at times convenient and cost-efficient.
- **Webinars:** First launched in 2008, URAC webinars provide subject matter experts to organizations who want real-time, remote training on an array of health care industry topics delivered to users' desks or conference rooms.
- **Workshops:** Ideal for newly accredited organizations or re-accrediting organizations in need of a refresher, these workshops are presented by URAC Accreditation Reviewers and serve as a great way to receive face-to-face information and access to URAC subject matter experts.
- **On-site training:** URAC Accreditation Reviewers can deliver customized trainings on URAC accreditation programs and specialty topics, or design specialized training, depending on an organization's needs.

As an added value, many of URAC educational programs have been approved for Nursing CEUs, Certified Case Manager CEUs, and other continuing education credits.



“Given today’s economy and the additional responsibilities that have been thrust upon managed care professionals, we know it’s important to provide training opportunities that are accessible, affordable and easy to navigate.”

ALAN P. SPIELMAN
President and Chief
Executive Officer, URAC

“Our mission is to protect and empower the consumer. The Research and Measurement Department supports this mission by developing performance measures. I like problem solving, so I enjoy the challenge of identifying what we need to measure and then, working with our great volunteers, crafting measures that are meaningful and doable.”



EMILY SCHIFFRIN, MS

Director of Measurement Innovation, URAC

“Without measurement you really can’t improve. I like data and how you turn it into meaningful information, useful information and making it actionable. It is very exciting.”



LYNN MARTIN, PhD

Director of Research, URAC

Measurement

If it can’t be measured, it can’t be evaluated. Performance measures were added to several accreditation products in 2008 as a multi-year, multi-phase process to complement our accreditation process and allow us to gather and aggregate quality and service metrics. Measures have been added to the following accreditation programs: Comprehensive Wellness, Case Management, Pharmacy Benefit Management (PBM), and Drug Therapy Management. Measures are pending for Specialty Pharmacy and Mail Service Pharmacy.

In the first phase of the measurement program, data provided to URAC is used exclusively by the reporting organizations for internal quality improvement and, if they choose, for reporting to purchasers and clients. Over time, as organizations develop their capacity to report on measures, URAC will implement an auditing and verification process. At that point, we will also begin to make aggregate data publicly available. Ultimately, identified audited data will be publicly reported. Public reporting will demonstrate an organization’s commitment to high quality and consumer transparency and help create industry benchmarks against which organizations can be compared.

Similar to our standards development process, measures development is done collaboratively, with multiple stakeholders – including healthcare organizations, public and private purchasers, and consumer advocacy groups – working through a multi-stage process that includes a public comment phase. This approach continues after the measures are published with the launch of a product-specific “Groups Exploring Measures” (GEM) consisting of periodic conference calls to offer guidance to organizations reporting on measures and solicit stakeholder feedback on the development of detailed reporting specifications for each measure.

URAC requires reporting on mandatory measures. For organizations committed to openness, URAC also encourages reporting on leading measures. These lack the standard, industry-wide measurement methodology that exists for mandatory measures. The first set of measures will be reported in 2010 to URAC via our newly developed electronic reporting platform by companies accredited in 2008 under our Comprehensive Wellness program.

Strategic Priorities

In 2008, URAC announced five strategic priorities that guide our organization as we develop new products and services to help our customers advance the goals of consumer empowerment and protection. It has been exciting to see how well-aligned these priorities have been with many of the health care changes proposed by lawmakers, regulators, administrators, and consumers.

Continuity of care is a key principle around the call for electronic health records. Greater sharing of and access to medical information leads to better results for consumers. Continuity of care is now considered in many of our standards, including our Comprehensive Wellness, Case Management, Disease Management, Pharmacy Quality Management suite, and Health Call Center Accreditations.

Transparency of cost and performance and quality data is also central to many reform proposals. Transparency enables patients to compare their health care options and make more informed choices. At URAC, transparency and measurement are at the core of our accreditation standards for many programs, including Provider Performance Measurement and Reporting, Pharmacy Benefit Management, Health Plans and Health Networks.

Engaging consumers in their health care management is another concept that has garnered attention in the health care industry. Perhaps the best way to encourage consumers to become more engaged in the decision-making process is to build more trust with their health care providers. Three primary URAC accreditation programs encourage trust – HIPAA Privacy, HIPAA Security and Health Web Site. We also have privacy and security benchmarks built into our other programs, along with measurements for consumer education.

Enhancing operational management effectiveness is another important issue. The more effective an organization is, the more cost savings it can realize — and pass along to consumers. By its very nature, the accreditation process is a catalyst for enhancing operational management effectiveness; this is embodied in URAC's Core Organizational Quality Accreditation, the foundation of most of URAC's accreditation programs.

Engendering support for evidence-based decision-making has clear support from policy makers. More than \$1 billion in federal funding has been allocated for comparative effectiveness research. Many URAC standards, including the Wellness Accreditation Program, Drug Therapy Management, and Pharmacy Benefit Management, already support evidence-based practice, collaborative relationships with providers, consumer education, and shared decision-making.

Moving Knowledge Forward

The report from the Committee on the Quality of Health Care in America at the start of the 21st century made an urgent call for fundamental change to close the health care quality gap, redesign the American health care system, and

lay out overarching principles for specific direction for policy makers, health care leaders, clinicians, regulators, purchasers, and others.

To better promote patient safety through medical management education, URAC sought and embraced partners with the same concerns and determination.

URAC has a long history of bringing diverse groups together for the common goal of addressing key health care issues. Through a grant from the Robert Wood Johnson Foundation, URAC studied and advanced critical data on worker's compensation performance issues. The resulting study helped guide innovations in the financing and delivery of medical care for injured workers that improved the quality of care while containing costs.

Other organizations with which we have collaborated include the **Centers for Disease Control and Prevention**, **Consumer WebWatch**, **California Health Care Foundation** and the **Agency for Health Research and Quality (AHRQ)**.

Our relationships have focused on such varied areas as improving data on PPO performance to meet consumer needs for information, promoting patient safety through medical management education, and determining how search engines can do a better job of directing consumers to quality health sites.

The only way to improve our complex health care system is by bringing all the stakeholders together. URAC takes this approach every day in developing our standards. And we have the leadership and innovation to leverage the power of many voices speaking together for change.

“While URAC has accomplished a lot in the past 20 years, the future is even more exciting. We continue to evaluate new markets that would benefit from clear quality standards set by an independent third party and look for new ways to protect consumers.”



JANE WEBSTER, RN, MBA

Vice President for Marketing and Market Development, URAC



“I know first-hand about URAC’s commitment to consumer education and transparency. The clear quality standards that their accreditation establishes raise the bar for health care for everyone.”

JULIA RIEVE, RN, BSHCM, CCM, CPHQ, FNAHQ
Catastrophic Case Manager, Coventry Workers Comp Services

Role Models

We know we are not alone in our goals. **We are committed to sharing the achievements of others who are focused on improving health care.** That is why we developed the *Best Practices in Health Care Consumer Empowerment and Protection Awards* and the *URAC Health Care Stars! Award*. These awards honor the organizations and individuals who have shown great fortitude and leadership and who have risen above the call of duty to make positive changes in the lives of consumers every day.

The *Best Practices* awards recognize organizations for their innovative leadership and successful programs in consumer-focused health care management. This year, a panel of 27 prestigious judges made the difficult selections from a competitive field of submissions. The two Platinum winners were CVS Caremark for its Drug Therapy Management program and HealthPartners for its Improving Employee Health Through Behavior Change program.

The *Best Practices* judges commended 24 organizations for commitment to consumer care with awards in the Gold, Silver, Bronze, and Honorable Mention categories. Many of these organizations have shared their stories with peers and colleagues through presentations at our Best Practices Conference, Quality Summit, and our *Highlights in Health* podcast series.

We know that the individuals on the front lines of care are often unsung heroes. That is why we launched our *URAC Health Care Stars! Award*. The inaugural winners, selected from employees at more than 440 URAC-accredited organizations, were Karen Maslanik, a case manager for behavioral health care at Premera Blue Cross; Julia Rieve, a catastrophic case manager and field case manager for Coventry Health Care; and Dr. Bob Nease, Chief Scientist for Express Scripts. The commitment they show every day to consumer protection and empowerment makes them role models for us all.

One Voice, One Goal

One way to enhance URAC's impact is to engage more voices. **Working together, we can all reach our goals faster.**

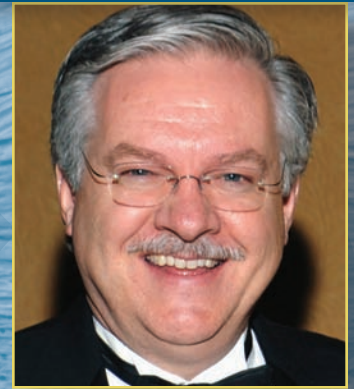
With other health care leaders, URAC further targets improvements in a sweeping range of issues in the industry: from nuts-and-bolts foundation imperatives, such as participating with the National Quality Forum, to forward-looking access to innovations and brainstorming with health care leaders from more than 100 nations through the International Society for Quality in Health Care (ISQua).

To move forward in new areas that represent sound future medical expansion, URAC has aligned with the Patient-Centered Primary Care Collaborative, a coalition of major employers, consumer groups, patient quality organizations, health plans, labor unions, hospitals, and clinicians joined to develop and advance the patient-centered medical home. We have a complementary set of targeted goals with the Pharmacy Quality Alliance.

As another example: working with the National Transitions of Care Coalition, we can better address continuity of care when patients are transferred from one level of care to another, from primary to specialty physicians or from hospital to home. Our strategic relationships also focus on life-and-death issues, such as our teamwork with the Institute for Safe Medication Practices, the nation's only nonprofit agency devoted entirely to medication-error prevention and safe medication use.

Since standards are the core of what we do, much of our strategic alignments with other organizations serve as a catalyst for even better standards and performance measurements in meeting quality challenges – including those with the National Priorities Partnership, Stand for Quality, and the Consumer-Purchaser Disclosure Project.

Our work with some of our nation's leading medical organizations ensures that we are close to the professionals on the front lines of care. These organizations include the American Association of Preferred Provider Organizations, American College of Physicians, America's Health Insurance Plans, American Health Quality Association, American Hospital Association, American Insurance Association, American Medical Association, American Nurses Association, American Psychiatric Association, Blue Cross Blue Shield Association, Case Management Society of America, and National Association of Insurance Commissioners.



“URAC has been a leader in helping to establish meaningful standards and benchmarks for pharmacy quality measurements.”

JOHN D. JONES, RPH, JD
Senior Vice President for Professional Practice and Pharmacy Policy, Prescription Solutions, URAC Board Member, Chair of URAC Pharmacy Advisory Committee

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Not Pictured: Steven Coulter, Robert Crocker, Debra Hochron, Gerald Harmon, Scott Kipper, Steven Kreisberg, Alan Rosenberg, Vernon Rowen, Steven Wood, David Wynstra





“The National Business Coalition on Health sees URAC’s accreditation process as significant in aiding health plans, health care management organizations and health web sites to provide high value with an eye toward consumer protection and consumer empowerment. We share a common goal with URAC to improve the overall value of health care.”

MARIANNE FAZEN, PHD

Executive Director, Dallas/Fort Worth Business Group on Health, Carrollton

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“At URAC, we are committed to continuous improvements not only for our accreditation programs but also for our team. We have a wide variety of training programs and always look for new technologies that will help us better serve our clients.”

RAJANI J. NELAMANGALA, MBA

Vice President of Administration, URAC



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