

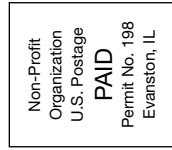
Why accreditation for your managed care organization?

Whether you are investigating becoming accredited to ensure that your organization meets national quality and operational standards, to satisfy legislative requirements or to join the growing number of organizations that market their accreditation as a “seal of approval,” you will want to consider the peer-based process of the AAAHC – the Accreditation Association for Ambulatory Health Care.

AAAHC is:

- a leader in managed care organization accreditation with Medicare Advantage Deemed status from the Centers of Medicare and Medicaid Services
- the oldest in the field, established in 1979, accrediting managed care organizations since 1983
- founded and governed by medical societies that recommend it to their members
- a peer-based organization with experienced medical professionals serving as volunteer surveyors

The AAAHC accreditation certificate is a symbol that an organization has met AAAHC's highest standards and is committed to providing high-quality health care.



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ACCREDITATION
ASSOCIATION
for AMBULATORY HEALTH CARE, INC.

A Guide for Managed Care Organization Accreditation

Why Accreditation?
Why AAAHC?

Improving Health Care Quality Through Accreditation

Who should be accredited?

AAHC offers an accreditation process for managed care organizations using the industry standards that are relevant to managed care settings.

Eligibility requirements for AAHC managed care organization accreditation survey include:

- Shares facilities, equipment, business management and records involved in patient care among the members of the organization
- Formally organized legal entity in compliance with all applicable federal, state and local requirements
- Provides health services under the direction or supervision of a one or more physicians, dentists, podiatrists, optometrists, or chiropractors, who accept responsibility for the care provided
- In business for at least six months before the on-site survey is conducted

What does the survey evaluate?

Managed care organizations are surveyed on applicable standards for:

- Rights of members
- Governance
- Administration
- Quality of care provided
- Quality management and improvement
- Clinical records and health information
- Facilities and environment
- Health education and health promotion

What does the accreditation process involve?

Prepare

To help you prepare for accreditation, AAHC offers the *Accreditation Guidebook for Managed Care Organizations*, which explains our policies and procedures, describes all of the standards that will be surveyed, provides review guidelines for self-assessment and includes worksheets that may be helpful in achieving compliance with standards. The guidebook is available by ordering online at www.aaahc.org or by calling Accreditation Services at **847-853-6060**.

Apply

Accreditation materials and an application are available online at www.aaahc.org. An application fee must accompany your completed application and supporting materials.

AAHC volunteer surveyors include:

Physicians	Dentists	Podiatrists
Pharmacists	Nurses	Administrators

Schedule an on-site review

The Accreditation Association will contact you to schedule a visit from a surveyor(s). AAHC surveyors are medical professionals who must meet specific qualifications. The length of the on-site visit and the number of surveyors are tailored to the type, size and range of services your organization offers.

Survey process

AAHC's accreditation process is consultative and educational. Surveyors focus on the collaboration between payers, enrollees and the provider when evaluating the organization's health care delivery system.

Survey fee

AAHC does not charge a per enrollee fee for accreditation but rather bases its fees on the number of surveyors and survey days required to assess the organization's compliance to the national standards.

Accreditation

Depending on the level of compliance with the standards, accreditation can be awarded for up to three years.