

Advantages of AAAHC Accreditation For Managed Care Organizations

The Accreditation Association has been actively involved in accrediting managed care organizations (MCOs) since 1983. By earning AAAHC accreditation, organizations demonstrate their commitment to providing high quality patient care for their members. Among the many advantages offered by the Accreditation Association are:



- An accreditation process **tailored to fit the needs** of small, mid-sized and regional MCOs.
- Standards that **focus on quality of care**. With the Accreditation Association, you can expect a survey process – not simply an audit or checklist – that focuses on all aspects of quality care for your members. We look at the “big picture,” including aspects such as governance, provider needs, administration, policies and procedures and credentialing from the standpoint of quality care.
- **Easily understood standards**. Our standards are written as outcome statements describing the characteristics of an accreditable managed care organization and our Guidebook for Managed Care Organizations and the Self Assessment Manual are designed to assist you in assessing your methods for achieving compliance with the standards.
- A survey **process that is flexible** to meet the needs of individual organizations and their members.
- **On-site reviews**. The Accreditation Association survey is not a desk top review, but is performed on site so that our surveyors are able to understand the unique characteristics of your organization. We also perform on-site visits of a selection of both your primary care and specialty physician providers, which includes a random review of medical records.

- Surveys focus on **education** and provide organizations with an opportunity for self-review. Our surveyors also work with you to share best practices.
- Surveys are **conducted by your peers** – volunteer physicians, nurses and experienced administrators who have hands-on knowledge of Managed Care Organizations and their unique qualities.
- **Cost-effective surveys.** Our fees are not based on the number of members enrolled into your plan, but on the number of surveyors required and the number of days needed to complete the survey.
- **Assurance to your members** that they have access to and availability of needed services, and satisfaction in their healthcare.



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Questions? Information?

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