4.14 Utilization/Quality Control

A Statewide program of surveillance and utilization control has implemented that safeguards against unnecessary or inappropriate use of Medicaid services available under this plan and against excess payments, and that assesses the quality of services. The requirements of 42 CFR Part 456 are met:

- Directly

- By undertaking medical and utilization review requirements through a contract with a Utilization and Quality Control Peer Review Organization (PRO) designated under 42 CFR Part 462. The contract with the PRO —
  
  1. Meets the requirements of §434.6(a);
  2. Includes a monitoring and evaluation plan to ensure satisfactory performance;
  3. Identifies the services and providers subject to PRO review;
  4. Ensures that PRO review activities are not inconsistent with the PRO review of Medicare services; and
  5. Includes a description of the extent to which PRO determinations are considered conclusive for payment purposes.

- By undertaking quality and utilization reviews through contracts with utilization review organizations which do peer reviews (PRO-like/non-PRO-like entities). One contract includes hospital services (selected in-patient and selected out-patient services); the other contract includes mental health substance abuse inpatient services

- A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E each managed care organization, prepaid inpatient health plan, and health insuring organizations under contract, except where exempted by the regulation.
The contracts with the entities —

1. Meets the requirements of §434.6(a);

2. Includes a monitoring and evaluation plan to ensure satisfactory performance;

3. Identifies the services and providers subject to the entity's review;

4. Includes a description of the extent to which the entity's determinations are considered conclusive for payment purposes.

4.14 (b) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart C, for control of the utilization of inpatient hospital services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart C for.

☐ All hospitals (other than mental hospitals).

☐ Those specified in the waiver.

☒ No waivers have been granted.
4.14(c) The Medicaid agency meets the requirements of 42 CFR Part 456. Subpart D, for control of utilization of inpatient services in mental hospitals.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart D for—

☐ All mental hospitals.

☐ Those specified in the waiver

☒ No waivers have been granted.

☐ Not applicable. Inpatient services in mental hospitals are not provided under this plan.

Note: The utilization review entity will not review—

1. Inpatient hospital services in institutions for mental disease (IMD's) for clients age 65 or older; and

2. Treatment Crisis Intervention services for which coverage is limited to a maximum of 7 days.
4.14(d) The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart E, for the control of utilization of skilled nursing facility services.

☐ Utilization and medical review are performed by a Utilization and Quality Control Peer Review Organization designated under 42 CFR Part 462 that has a contract with the agency to perform those reviews.

☐ Utilization review is performed in accordance with 42 CFR Part 456, Subpart H, that specifies the conditions of a waiver of the requirements of Subpart F for:

☐ All skilled nursing facilities.

☐ Those specified in the waiver.

☒ No waivers have been granted.
The Medicaid agency meets the requirements of 42 CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is provided through:

- Facility-based review.
- Direct review by personnel of the medical assistance unit of the State agency.
- Personnel under contract to the medical assistance unit of the State agency.
- Utilization and Quality Control Peer Review Organizations.
- Another method as described in ATTACHMENT 4.14-A.
- Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under which each method is used.

- Not applicable. Intermediate care facility services are not provided under this plan.
4.14 Utilization/Quality Control (Continued)

42 CFR 438.356(e) (f)  For each contract, the State must follow an open, competitive procurement process that is in accordance with State law and regulations and consistent with 45 CFR part 74 as it applies to State procurement of Medicaid services.

42 CFR 438.354
42 CFR 438.356(b) and (d)  The State must ensure that an External Quality Review Organization and its subcontractors performing the External Quality Review or External Quality Review-related activities meets the competence and independence requirements.

☐ Not applicable.