Revision:

HCFA-PM-

State/Territory:		IOWA				
Citation	4.14	<u>Utilizatio</u>	on/Quality Control			
42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act P.L. 99-509 (Section		has be inapp and a	tewide program of surveillance and utilization control een implemented that safeguards against unnecessary or ropriate use of Medicaid services available under this plan gainst excess payments, and that assesses the quality of ees. The requirements of 42 CFR Part 456 are met:			
9431)		V	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.			
1932(c)(2) and 1902(d) of the Act, P.L. 99-509 (section 9431)		Ø	A qualified External Quality Review Organization performs an annual External Quality Review that meets the requirements of 42 CFR 438 Subpart E of each managed care organization, prepaid inpatient health plan, and health insuring organization under contract, except where exempted by the regulation.			

Revision:	HCFA-PM-85-3	(BERC)
MAY 1985	State:	Iowa
		OMB NO. 0938-0193
<u>Citation</u> 42 CFR 456 50 FR 153		(b) The Hedicaid 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.
		W. W. militage have been granted.

TN No. MS-85-20-Supersedes TN No. MS-80-13

Approval Date 8/22/85

Effective Date 8-1-85

Revision: HCFA-PM-85-7 JULY 1985		- 85 <i>-</i> 7	(BERC)				O¥B	第0.:	0938-0193
	State/Territory:			Io	wa				
Citation 42 CFR 456 50 FR 1531		4.14	(c)	of 4	Medicaid agen 2 CFR Part 45 stilization of sitals.	66, Subpart D	, £	or con	itrol
				<u>/x/</u>	Utilization a performed by Control Peer under 42 CFR with the ager	a Utilization Review Organ Part 462 tha	n a iza	nd Qua tion o as a o	llity lesignated contract
				<u></u>	Utilization accordance withat specific of the requir	ith 42 CFR Pa es the condit	rt ion	456, 8 s of a	Subpart H, waiver
					// All ments	al hospitals.			
					// Those spe	ecified in th	ie w	aiver	
				1	No waivers he	ave been gran	ited	١.	
				Not hos	applicable. pitals are no	Inpatient so t provided u	ervi nder	ces in	n mental plan.

TN No. MS-85-20
Supersedes Approval Date 8/
TN No. MS-80-13

Effective Date 8

HCFA ID: 0048P/0002P

Revision:	HCFA-PM-85-3	(BERC)	
MAY 1985	State:	Iowa	
		OMB NO. 0	938-0193
<u>Citation</u> 42 CFR 456 50 FR 1531		(d) The Medicaid agency meets the require 42 CFR Part 456, Subpart E, for the c utilization of skilled nursing facili services.	ontrol of
·		✓ Utilization and medical review ar performed by a Utilization and Qu Control Peer Review Organization under 42 CFR Part 462 that has a with the agency to perform those	ality designate contract
		// Utilization review is performed i accordance with 42 CFR Part 456, that specifies the conditions of of the requirements of Subpart E	Subpart H a waiv er
		// All skilled nursing facilitie	s.
		// Those specified in the waiver	•

 $1/\sqrt{N}$ No waivers have been granted.

Supersedes
Th No. MS-80-13

Approval Date 8/22/85

Revision:	HCFA-PM-85-3	(BERC)
MAY 1985	State:	Iowa
		OMB NO. 0938-0193
<u>Citation</u> 42 CFR 456 50 FR 1531	5. 2	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.
		\sqrt{X} 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.

TN No. MS-85-20 Supersedes TN No. MS-80-13

Approval Date 8/22/85

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HCFA ID: 0048P/0002P-

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State/Territory:		JOWA
<u>Citntion</u>	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.

TN No. MS-03-14 (autoritate page)
Supersedes Approval Date AUG 2 2 2003

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Supersedes TN No. MS-92-12