

**STATE OF RHODE ISLAND
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES**

**7/22/19 PUBLIC NOTICE OF PROPOSED AMENDMENT TO RHODE ISLAND
MEDICAID STATE PLAN**

In accordance Rhode Island General Laws 42-35, notice is hereby given that the Executive Office of Health and Human Services (EOHHS) proposes to make the following amendment to the Rhode Island State Plan under Title XIX of the Social Security Act:

Utilization Control

EOHHS is proposing to submit an amendment to update the utilization control language in the Medicaid State Plan to reflect current practices. This change is projected to have no budgetary impact. The proposed effective date of this change is July 1, 2019.

This proposed amendment is accessible on the EOHHS website (www.eohhs.ri.gov) or available in hard copy upon request (401-462-6348 or RI Relay, dial 711). Interested persons should submit data, views, or written comments by August 23, 2019 to Maria Petrillo, Executive Office of Health and Human Services, 3 West Rd, Cranston, RI, 02920, or Maria.Petrillo@ohhs.ri.gov.

In accordance with the Rhode Island General Laws 42-35-3, an oral hearing will be granted on the proposed State Plan Amendment if requested by twenty-five (25) persons, an agency, or by an association having at least twenty-five (25) members. A request for an oral hearing must be made within thirty (30) days of this notice.

The Executive Office of Health and Human Services does not discriminate against individuals based on race, color, national origin, sex, gender identity or expression, sexual orientation, religious belief, political belief, or handicap in acceptance for or provision of services or employment in its programs or activities.

State/Territory: Rhode Island

Citation

4.14 Utilization Control

42 CFR 431.630
42 CFR 456.2
50 FR 15312

(a) A Statewide program of surveillance and utilization control has been 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:

1902(a)(30)(C)
and 1902(d) of the
Act, P.L. 99-509
(Section 9431)

Directly – for additional details see Attachment 4.14 B

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

Quality review requirements described in section 1902(a)(30)(C) of the Act relating to services furnished by HMOs under contract are undertaken through contract with the PRO designated under 42 CFR Part 462.

1902(a)(30)(C)
And 1902(d) of the Act,
P.L. 99-509
(Section 9431)

By undertaking quality review of services furnished under each contract with an HMO through a private accreditation body.

State/Territory: Rhode Island

Citation
42 CFR 456.2
50 FR 15312

4.14 (b) The Medicaid agency meets the requirements of 42
FCR 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 contact with
the agency to perform those reviews.

Utilization review is performed in accordance with
42CFR 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

State/Territory: Rhode Island

Citation
42 CFR 456.2
50 FR 15312

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 42CFR 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

State/Territory: Rhode Island

Citation
42 CFR 456.2
50 FR 15312

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 42CFR 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 E for:

All skilled nursing facilities.

Those specified in the waiver.

No waivers have been granted

State/Territory: Rhode Island

Citation
42 CFR 456.2
50 FR 15312

4.14(e) 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 provide 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.

Not Applicable. Intermediate care facility services are not provided under this plan.

State/Territory: Rhode Island

Citation
1902(a)(30)
And 1902(d) of the Act,
P.L. 99-509
(Section 9431)

4.14 (f) The Medicaid agency meets the requirements of section 1902(a)(30) of the Act for control of the utilization of services furnished by each health maintenance organization under contract with the Medicaid agency. Independent, external quality reviews are performed annually 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.

A private accreditation body.

50a

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State Rhode Island Utilization Control of Care and Services

The Surveillance and Utilization Control Program conducts the following activities in accordance with federal requirements and regulations, including, but not limited to, 42 CFR 456.22, 456.23, and 456.3:

- Quarterly retrospective paid claim reviews of beneficiary and provider claims data
- Provider or service specific audits of claims data when recommended by the Program Integrity Unit
- Monthly generation and mailing of Recipient Explanations of Member Benefits (REOMB) statements
- Monitors national trends and conducts research to evaluate the impact, or potential impact, on the Medicaid program
- Initiates and thoroughly investigates tips and targeted queries; reviews a minimum of 15 months of claims for each standard recipient or provider case under investigation.
- Recoups and adjusts claims payments either by an individual evaluation or sampling methodology that is conducted following an analysis of paid claims data
- Analyses and prepares reports detailing any of the above issues
- Recommends corrective actions and the recoupment or adjustment of claims as applicable