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Revision:	HCFA-PM-91- DECEMBER 1	· · · /		
	State/Territory:		Arizona	<u>. </u>
Citation 42 CFR 431.60 42 CFR 456.2			rogram of	surveillance and
50 FR 15312 1902(a)(30)(C)	and	safeguards aga use of Medica	inst unne id service	een implemented that cessary or inappropriate s available under this
1902(d) of the Act, P.L. 99-50 (Section 9431)	9	assesses the qu	uality of s	payments, and that ervices. The . Part 456 are met:
			Directly	
			requirem Control	rtaking medical and utilization review nents through a contract with a Utilization and Quality Peer Review Organization (PRO) designated under 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)

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

TN	#	03-009		
	Superse	des TN #_	92-7	

Effective Date 10/1/03 Approval Date __

MAY 1985	HCFA-PM-85-3 State:	(BERC)	•
		OMB NO.	0938-0193
<u>Citation</u> 42 CFR 456 50 FR 1531		(b) The Medicaid agency meets the require of 42 CFR Part 456, Subpart C, for control of the utilization of inpation hospital services.	
		WW Utilization and medical review as performed by a Utilization and Occupantion Control Peer Review Organization under 42 CFR Part 462 that has a with the agency to perform those	uality designated contract
		// Utilization review is performed accordance with 42 CFR Part 456, that specifies the conditions of of the requirements of Subpart C	Subpart H a waiver
		// All hospitals (other than men hospitals).	ital
		/// Those specified in the waive	r.

/// No waivers have been granted.

TN No. 85-6 Supersedes TN No. Approval Date AUG 2 2 1985

Effective Date AUG 1 6 1985

HCFA ID: 0048P/0002P

Revision:

HCFA-PM-85-7

July 1985

(BERC)

OMB No.: 0938-0193

State/Territory: ARIZONA

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 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.

X The Medicaid agency assures that the requirements of 42 CFR 456, Subpart D, are met either directly or through an intergovernmental agreement with the Arizona Department of Health Services (ADHS) which oversees utilization review in mental hospitals for persons who receive behavioral health services through the ADHS.

Revision: HCFA-PM-85-3

MAY 1985

(BERC)

OMB No.: 0938-0193

State/Territory: ARIZONA

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.

us conver exists

_X__ 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 E for:

- All skilled nursing facilities.
- Those specified in the waiver.

No waivers have been granted.

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Revision:	MAY 1985	. (BERC)
	State:ARIZO	NA
		OMD No.: _0938-0193
<u>Citation</u> 42 CFR 456. 50 FR 15312	2) The Medicaid agency meets the requirements of CFR Part 456, Subpart F, for control of the utilization of intermediate care facility services. Utilization review in facilities is proved through:
		/X/ 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.

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

which each method is used.

// Two or more of the above methods. ATTACHMENT 4.14-B describes the circumstances under

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MAR 1 1989 Approval Date

Effective Date

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(MB)

Revision:

HCFA-PM-91-10

Decembe	1 1991	
State/Ter	ritory:	Arizona
<u>Citation</u> 4	l.14 <u>Uti</u>	lization/Quality Control (Continued)
42 CFR 438.356(e)		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.
# <u>03-009</u> persedes TN# <u>92-7</u>		Effective Date 10/1/03 Approval Date MAH 1 5 2004