State: NEVADA

Citation 42 CFR 431.60 42 CFR 456.2 50 FR 15312 1902(a)(30)(C) and

50 FR 15312 1902(a)(30)(C) and 1902(d) of the Act, P.L. 99-509 (Section 9431)

4.14 <u>Utilization/Quality Control</u>

- (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:
- * <u>X</u> Directly
- ** <u>X</u> 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.
 - X 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.

1932(c)(2) And 1902(d) of the ACT, P.L. 99-509 (Section 9431)

* Except inpatient hospital

** Inpatient hospital

TN No. <u>03-14</u> Supersedes TN No. 92-10 Approval Date: 10/10/03 Effective Date: 8-13-03

Revision: HCFA-PM-85-3 (BERC) OMB No.: 0938-0193

May 1985

State: Nevada

Citation

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.

42 CFR 456.2 50 FR 15312

Vilization 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.
- X No waivers have been granted.

TN No. <u>85-23</u> Supersedes TN No. <u>75-41</u> Effective Date: Oct 1, 1985 Effective Date: 07/01/85

HCFA ID: 0048P/0002P

Revision: July 1985	HCFA-PM-85-7	(BERC)	OMB No.: 0938-0193
	State/Territory:	Nevada	
Citation 42 CFR 456.2 50 FR 15312	4.14 (c)		edicaid agency meets the requirements of 42 CFR Part 456, rt D, for control of utilization of inpatient services in mental als.
		<u>X</u>	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.
			X No waivers have been granted.
			Not applicable. Inpatient services in mental hospitals are not provided under this plan.

Approval Date: 11/07/85

HCFA ID: 0048P/0002P

Effective Date: 09/01/85

Revision: MAY 1985	HCFA-PM-85-3	(BERC)	OMB No.: 0938-0193
		State:	<u>Nevada</u>
<u>Citation</u> 42 CFR 456 50 FR 15312			aid agency meets the requirements of 42 CFR Part 456, for the control of utilization of skilled nursing facility
		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.
		x	No waivers have been granted

Approval Date: <u>July 16, 2001</u> Effective Date: <u>07/01/01</u>

HCFA ID: 0048P/0002P

Revision: MAY 1985	HCFA-PM-85-3	(BERC	OMB No.: 0938-0193
	State: Nevada		
	<u>X</u> 4.14(e)	Sub	Medicaid agency meets the requirements of 42 CFR Part 456, part F, for control of the utilization of intermediate care facility ices. Utilization review in facilities is provided through:
<u>Citation</u>		_	Facility-based review.
42 CFR 456.2 50 FR 15312		X	Direct review by personnel of the medical assistance unit of the State agency.
		X	Personnel under contract to the medical assistance unit of the State agency.
		_	Utilization and Quality Control Peer Review Organizations.
		_	Another method as described in <u>ATTACHMENT 4.14-A</u> .
		X	Two or more of the above methods. <u>ATTACHMENT 4.14-B</u> describes the circumstances under which each method is used.
			Not applicable. Intermediate care facility services are not provided under this plan.

Approval Date: July 16, 2001

HCFA ID: 0048P/0002P

Effective Date: <u>07/01/01</u>

State: <u>NEVADA</u>

<u>Citation</u> 4.14 <u>Utilization/Quality Control</u> (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.

TN No. <u>03-14</u> Supersedes TN No. <u>01-06</u> Approval Date: <u>10/10/03</u> Effective Date: <u>8/13/03</u>