Table of Contents

State/Territory Name: Rhode Island

State Plan Amendment (SPA) #:19-012

This file contains the following documents in the order listed:

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
JFK Federal Building, Government Center
Room 2275
Boston, Massachusetts 02203

Regional Operations Group/ Boston

September 11, 2019

Ms. Womazetta Jones, Secretary
Executive Office of Health and Human Services
State of Rhode Island and Providence Plantations
3 West Road
Cranston, RI 02920

Dear Secretary Jones:

On August 28, 2019 the Centers for Medicare and Medicaid Services (CMS) received Rhode Island State Plan Amendment (SPA) transmittal number 19-012 proposing to modify utilization control practices.

We are pleased to inform you that RI 19-012 was approved on September 10, 2019 with an effective date of July 1, 2019.

If you have any questions regarding this matter you may contact Lynn DelVecchio (401) 380-5604 or by e-mail at Lynn.DelVecchio@cms.hhs.gov

Sincerely,

/s/

Francis T. McCullough
Director, Regional Operations Group
(Boston)

Cc: Patrick Tigue, Medicaid Director
Melody Lawrence, Interdepartmental Project Manager

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM APPROVED
OMB No. 0938-0193

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL

FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES

1. TRANSMITTAL NUMBER: 19-012

2. STATE: RI

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
CENTERS FOR MEDICARE AND MEDICAID SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2019

5. TYPE OF PLAN MATERIAL *(Check One)*:

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN XX☐ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT *(Separate Transmittal for each amendment)*

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 456.2

7. FEDERAL BUDGET IMPACT:
a. FFY 2019 $ 0
b. FFY 2020 $ 0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Page 46 – 50a, Attachment 4.14B-A page 1

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT *(If Applicable)*:

Page 46 – 50a, Attachment 4.14B-A page 1

10. SUBJECT OF AMENDMENT:
Utilization Control

11. GOVERNOR'S REVIEW *(Check One)*:
☐ GOVERNOR'S OFFICE REPORTED NO COMMENT
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL
XX ☐ OTHER, AS SPECIFIED:
See Attached Letter

12. SIGNATURE OF STATE AGENCY OFFICIAL:
[redacted]

13. TYPED NAME: Womazetta Jones

14. TITLE: Secretary

15. DATE SUBMITTED: August 28, 2019

16. RETURN TO:

EOHHS
3 West Rd, Virks Building
Cranston, RI 02920

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: August 28, 2019

18. DATE APPROVED: September 10, 2019

PLAN APPROVED – ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME: Francis T. McCullough

22. TITLE: Director, Boston Regional Operations Group

23. REMARKS:

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)

[X] 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 t he 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.

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.

[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 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

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.

[X] No waivers have been granted.

[ ] Not Applicable. Inpatient services in mental hospitals are not provided under this plan

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.

[X] No waivers have been granted

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:

[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

[ ] 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:

[X] 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.

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