

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State of VIRGINIA

NARRATIVE FOR THE AMOUNT, DURATION AND SCOPE OF SERVICES

12 VAC 30-120-400. Quality Control and Utilization Review.

- A. DMAS shall rigorously monitor the quality of care provided by the HMOs. DMAS may contract with one or more external quality review organizations to perform focused studies on the quality of care provided by the HMOs. Specifically, DMAS shall monitor determine if the HMO:
1. Fails substantially to provide the medically necessary items and services required under law or under the contract to be provided to an enrolled recipient and the failure has adversely affected (or has substantial likelihood of adversely affecting) the individual. This shall be monitored through the review of encounter data on a routine basis and other methods determined by DMAS.
 2. Imposes on clients premium amounts in excess of premiums permitted. This shall be monitored through surveying a sample of clients at least annually and other methods determined by DMAS.
 3. Engages in any practice that discriminates among individuals on the basis of their health status or requirements for health care services, including expulsion or refusal to reenroll an individual, or practice that could reasonably be expected to have the effect of denying or discouraging enrollment (except as permitted by 1903(m) of the Social Security Act (42 USC 1396b(m))) by eligible individuals whose medical conditions or histories indicate a need for substantial future medical services. This shall be monitored through surveying a sample of clients at least annually and other methods determined by DMAS.
 4. Misrepresents or falsifies information it furnishes, under 1903(m) of the Social Security Act (42 USC 1396b(m) to HCFA, DMAS, an individual, or any other entity. This shall be monitored through surveying a sample of clients at least annually and other methods determined by DMAS.
 5. Fails to comply with the requirements of 42 CFR 417.479(d) through (g) relating to physician incentive plans, or fails to submit to DMAS its physician incentive plans as required or requested in 42 CFR 434.70. This shall be monitored through review of the information listed in 42 CFR 417.479(h)(1) as submitted by the HMOs in accordance with the requirements of 42 CFR 434.70.

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- B. DMAS shall ensure that data on performance and patient results is collected. Specifically, DMAS shall review, which may include on-site reviews, encounter data submitted by the HMOs as defined in the contracts. This review shall include, but not be limited to:
1. Whether services were properly authorized or excluded,
 2. The adequacy and appropriateness of services provided or denied, and
 3. Analysis of possible trends in increases or reductions of services.
- C. DMAS shall ensure that quality outcomes information is provided to HMOs. DMAS shall ensure that changes which are determined to be needed as a result of quality control or utilization review are made.

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