

STATE: COMMONWEALTH OF PENNSYLVANIA

STANDARDS ESTABLISHED/METHODS USED TO ASSURE HIGH QUALITY CARE

SERVICES	STANDARDS/METHODS
<u>Inpatient Hospital Services</u>	Utilize quality control practices required by the State and Federal regulations.
<u>Outpatient Hospital Services</u> , i.e., Clinics, Emergency Rooms, Hospital Home Care, Partial Hospitalization	Participants limited to facilities approved by the Department of Health. Prior approval for certain items, services, etc. Department's utilization review of services. Mental Health/Mental Retardation Standards where applicable.
<u>Laboratory and X-ray Services</u>	Participants limited to laboratories with Medicare certification. Department's utilization review.
<u>Skilled Nursing Facilities –</u> Including patients under 21 years of age.	Utilize quality control practices required by the State and Federal regulations.
<u>Early Periodic Screening and Diagnosis</u>	Department approved providers. Provider accountable to the Department for services rendered and optimum accessibility of services. Central Office monitoring of billings for proper utilization. Quality control of test results.
<u>Family Planning</u>	Participating clinics limited to Department approval.
<u>Physicians, Podiatrists, Optometrists, Chiropractors,</u> <u>Other Practitioners.</u>	Utilization Review of Services.
<u>Home Health Care Services</u>	Medicare certified agencies.
<u>Clinic Services</u>	Refer to Outpatient Hospital Services.
<u>Dental Services</u> Revised 7/1/75	Utilization Review of Services.
Prescribed Drugs, dentures, prosthetic devices, eyeglasses.	Utilization Review. Prior approval for certain items

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Services for individuals age 65 or older in institutions for mental diseases – also, inpatient psychiatric hospital services for individuals under 22.	Utilize quality control procedures as required by the State and Federal regulations.
Intermediate Care Facilities, including institutions for the mentally retarded	Department approval.
Other medical and remedial care provided i.e., transportation, oxygen/oxygen therapy.  Revised 7/1/75	Prior approval for certain services.