

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: SOUTH DAKOTA

Citation  
42 CFR 431.800(c)  
50 FR 21839  
1903(u)(1)(D) of  
the Act,  
P.L. 99-509  
(Section 9407)

**4.4 Medicaid Quality Control**

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.
- (b) The State operates a claims processing assessment system that meets the requirements of 431.800(e), (g), (h) and (k).

<sup>(T)</sup> Yes.

Not applicable. The State has an approved Medicaid Management Information System (MMIS).

58-4  
TN No. 87-9  
Supersedes  
TN No. 85-13  
87-4

Approval Date 10-26-87

Effective Date 7-1-87 1/1/88

HCFA ID: 1010P/0012P