

POLICY QM 2.6 PEER REVIEW

- A. PURPOSE: To establish a peer review process in order to improve the quality of medical care provided to behavioral health recipients
- B. SCOPE: This policy applies to the Arizona Department of Health Services, Division of Behavioral Health Services (ADHS/DBHS), Regional Behavioral Health Authorities (RBHAs) and their subcontracted providers.
- C. POLICY: ADHS/DBHS will ensure fair, impartial, and professional peer review of services provided to members by health care professionals. ADHS/DBHS is a health care entity and is authorized to establish a quality assurance process within the meaning of those terms as defined in A.R.S. §36-2401 *et seq.* In addition, as an AHCCCS contractor, ADHS/DBHS will be providing a quality assurance process as envisioned by A.R.S. §36-2917. For purposes of this policy, the terms “peer review” and “quality assurance” are synonymous. Additionally, ADHS/DBHS is including the following references/authorities as an initial guide for the user; they are not intended to be the exclusive references or authorities related to the application of this policy.
- D. REFERENCES:
- [42 USC 1320c-9](#)
 - [A.R.S. §36-2401](#)
 - [A.R.S. §36-2402](#)
 - [A.R.S. §36-2403](#)
 - [A.R.S. §36-2404](#)
 - [A.R.S. §36-2917](#)
 - [AHCCCS/ADHS Contracts](#)
 - [ADHS/RBHA Contracts](#)
 - [AHCCCS Medical Policy Manual \(AM/PM\) 910\(A\) \(4\)](#)
- E. DEFINITIONS:
- [Appealable Agency Action](#)
 - [Corrective Action Plan \(CAP\)](#)
 - [Peer](#)
 - [Peer Review](#)
 - [Provider](#)
- F. PROCEDURES:
1. ADHS/DBHS will establish and maintain a Peer Review Committee. The Peer Review Committee will serve as the primary entity responsible for ensuring its contractors and subcontractors adhere to a clinically appropriate peer review process.

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2. The ADHS/DBHS Office of Medical Management (MM) and the Morbidity and Mortality Committee may submit a matter for peer review to the Chair of the ADHS/DBHS Peer Review Committee, or designee.
3. Matters appropriate for peer review include, but are not limited to:
 - a. Questionable clinical decisions;
 - b. Lack of care and/or substandard care;
 - c. Inappropriate interpersonal interactions or unethical behavior;
 - d. Trends of over or under utilization of services;
 - e. Information resulting from fraud and abuse investigations by the Arizona Health Care Cost Containment System (AHCCCS) or ADHS;
 - f. Physical, psychological, or verbal abuse of a member, family, staff, or other disruptive behavior;
 - g. Allegations of criminal or felonious actions related to practice;
 - h. Issues that immediately impact the member and that are life threatening or dangerous;
 - i. Unanticipated death of a member;
 - j. Issues that have the potential for adverse outcome; or
 - k. Allegations from any source which brings into question the standard of practice.
4. ADHS/DBHS Peer Review Committee membership will include:
 - a. The ADHS/DBHS Medical Director (Chair) or designee;
 - b. Licensed clinicians within ADHS/DBHS including, but not limited to, persons with the following professional credentials/degrees:
 - (1) MD/DO;
 - (2) PhD;
 - (3) MSW;
 - (4) RN/NP.

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- c. External consultants when necessary specialty expertise is not available internally.
5. RBHA Chief Medical Officers or designated RBHA Medical Directors will attend the ADHS/DBHS Peer Review Committee either in person or telephonically when cases or other concerns under their jurisdiction are addressed.
6. The ADHS/DBHS Peer Review Committee will convene at least quarterly but, in emergent cases, an ad hoc meeting will be called by the Chair or designee.
7. The ADHS/DBHS Peer Review Committee will utilize RBHA peer review outcomes and information made available through the quality management process to monitor the RBHA peer review process and ensure it is used to analyze and address clinical issues.
8. The ADHS/DBHS Peer Review Committee and ADHS/DBHS Quality Management Committee must review its monitoring process and corresponding guidance documents annually.
9. The ADHS/DBHS Peer Review Committee will either affirm a RBHA peer review outcome or make recommendations to the RBHA Chief Medical Officer that may include, but are not limited to:
 - a. Peer contact;
 - b. Education;
 - c. Rehabilitative service referral;
 - d. Modification or revocation of privileges;
 - e. Corrective Action Plans; and/or
 - f. Other corrective actions as deemed necessary.
10. The ADHS/DBHS Peer Review Committee may also make recommendations for RBHA Chief Medical Officers to refer cases to Child or Adult Protective Services, Arizona Medical Board and/or other professional regulatory review boards as applicable, and AHCCCS for further investigation or action and notification to regulatory agencies.
11. RBHAs must implement recommendations made by the ADHS/DBHS Peer Review Committee. Some ADHS/DBHS Peer Review recommendations may be appealable agency actions under Arizona law. A provider may appeal such a decision through the administrative process described in [A.R.S. § 41-1092, et seq.](#)
12. The ADHS/DBHS Quality Management Committee will, at least annually, evaluate analyses and trended peer review decisions.

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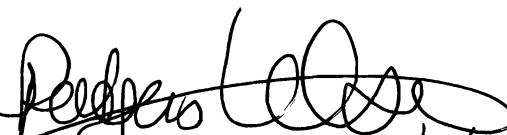
13. All aspects of the peer review process must be kept confidential and must not be discussed outside of committee except for the purposes of implementing recommendations made by the ADHS/DBHS Peer Review Committee. Confidentiality must be extended to, but is not limited to, all of the following:
 - a. Peer review reports;
 - b. Meeting minutes;
 - c. Documents;
 - d. Discussions;
 - e. Recommendations; and
 - f. Participants.

14. All participants in the ADHS/DBHS Peer Review Committee must sign an ADHS/DBHS confidentiality and conflict of interest statement at the initiation of each peer review committee meeting.

APPROVED BY:



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