

POLICY QM 2.1 MEDICAL CARE EVALUATION STUDIES

- A. PURPOSE: To establish a method to promote the most effective and efficient use of available behavioral health facilities and services consistent with behavioral health recipient needs and professionally recognized standards of health care.
- B. SCOPE: Tribal and Regional Behavioral Health Authorities (T/RBHAs) must ensure that all Office of Behavioral Health Licensing (OBHL) licensed Level I subcontracted providers adhere to the requirements of this policy.
- C. POLICY: The Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) has established guidelines for the development and reporting of Medical Care Evaluation (MCE) studies and ensures that each T/RBHA has a review process in place to confirm that required MCE Studies are undertaken, completed, analyzed, and utilized to improve care.
- D. REFERENCES: [42 CFR 456.141 through 145](#)
[42 CFR 456.241 through 245](#)
[AHCCCS/ADHS Contract](#)
[ADHS/RBHA Contracts](#)
[ADHS/TRBHA IGAs](#)
[The Joint Commission](#)
[ADHS/DBHS Covered Behavioral Health Services Guide](#)
- E. PROCEDURES:
1. ADHS/DBHS will ensure the systematic application of MCE study topics and methodologies across T/RBHAs via review of statewide utilization data trends. T/RBHA proposed MCE study proposals, study methodologies and supporting data will be reviewed via the ADHS/DBHS MM/UM Committee. Final approval of ADHS/DBHS systemic MCE studies will occur at the ADHS/DBHS MM/UM Committee.
 2. Responsibilities and Requirements
 - a. The T/RBHAs shall ensure that the following Title XIX certified Level I inpatient facilities with which the T/RBHA subcontracts has at least one MCE study completed annually and proposes an additional MCE study annually:
 - (1) Level I hospital
 - (2) Level I Psychiatric hospital
 - (3) Level I Residential treatment centers (RTC) secure (non-IMD)
 - (4) Level I Residential treatment centers (RTC) secure (IMD)
 - (5) Level I Residential treatment centers (RTC) Non secure (non-IMD)

POLICY QM 2.1 MEDICAL CARE EVALUATION STUDIES

- (6) Level I Residential treatment centers (RTC) Non secure (IMD)
(7) Level I Sub-acute facilities (IMD and Non-IMD) accredited by the Joint Commission, the Council on Accreditation (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF)
- b. The standard study period for MCE studies starts on July 1st of each year through June 30th of the succeeding year. Deviations from this study period and all longitudinal studies must be pre-approved by the ADHS/DBHS Bureau of Quality Management Operations (BQMO) prior to initiation. Any request for extension shall be made in writing and received by ADHS/DBHS within two (2) weeks from the date the T/RBHA received the provider's MCE Request for Registration ([see PM Form 8.5.1, MCE Study Request for Registration and Evaluation Methodology](#)).
- c. If the facility is located outside the region covered by the contracting T/RBHA, then the contracting T/RBHA shall execute a written reciprocity agreement (see Attachment 1, Sample Reciprocity Agreement) with the T/RBHA within whose geographic boundaries the facility is located (home T/RBHA).
- d. If the facility is located outside the region covered by the contracting T/RBHA, and the home T/RBHA does not hold a contract with the facility, then the contracting T/RBHA shall serve as the home T/RBHA and is responsible for ensuring the conduction and completion of the MCE studies. If there is more than one T/RBHA concerned, contracting T/RBHAs may collaborate to choose a new home T/RBHA.
- e. If the home T/RBHA holds a contract with a facility within its region, and its contract is terminated during the study period, the home T/RBHA must notify in writing ADHS/DBHS and all other T/RBHAs with which an MCE reciprocity agreement has been executed within five (5) working days. Failure to notify ADHS/DBHS and other T/RBHAs will result in holding the home T/RBHA responsible for completion of the MCE studies.
- f. Upon receipt of notification, the contracting T/RBHA outside of the region then becomes responsible for conducting the MCE study. Necessary steps to ensure continuation of the study shall be undertaken by the contracting T/RBHA within ten (10) working days from receipt of notice. If there is more than one T/RBHA concerned, T/RBHAs may collaborate to choose a new home T/RBHA. In such instances, a reciprocity agreement with the new home T/RBHA shall be executed and reported to ADHS/DBHS within five (5) working days from execution of the reciprocity agreement.
- g. In the event that there is a reciprocity agreement, the home T/RBHA is responsible for providing a copy of the completed MCE study report to each contracting T/RBHA holding an MCE reciprocity agreement within five (5) working days of receipt of the report from the provider facility.

POLICY QM 2.1 MEDICAL CARE EVALUATION STUDIES

- h. The Medical Director of each contracting T/RBHA that holds an MCE reciprocity agreement reviews the completed MCE and provides written comment to the home T/RBHA within two (2) weeks of receipt of the MCE study report.
- i. The home T/RBHA communicates comments and recommendations resulting from the home T/RBHA Medical Director's review of the MCE study report to the provider facility. The home T/RBHA shall also forward any comments or recommendations received from contracting T/RBHAs outside of the region to the provider facility.
- j. Each Medical Care Evaluation Study shall:
 - (1) Identify and analyze medical and/or administrative factors related to the subcontracted provider facility's behavioral health recipient care;
 - (2) Include analysis of at least the following: admissions, length of stay, ancillary services provided including drugs and biologicals, and professional services performed;
 - (3) Include recommendations for improvements beneficial to behavioral health recipients, the facility and the community; and
 - (4) Use data obtained from one or more of the following sources dependent upon the scope of the MCE study: medical records or other appropriate subcontracted provider facility data; profiles and other comparative data; and/or secondary data sources, such as external organizations that compile utilization statistics.
- k. Each Level I subcontracted provider facility shall document the results of each study as well as document how the results have been used to make changes to improve the quality of care and promote more effective and efficient use of facilities and services.
- l. Each Level I subcontracted provider facility shall analyze its findings for each study and take action as needed to correct or investigate any deficiencies or problems in the review process for admissions or continued stay cases.
- m. Each Level I subcontracted provider facility shall recommend, as appropriate, more effective and efficient facility care procedures based on the study findings.
- n. The home or contracting T/RBHA Medical Director and the T/RBHA Quality Management or Medical Management/Utilization Review Committee shall review and approve each MCE Study final report to assure that studies are viable for use in improving the quality of care provided to behavioral health recipients.

POLICY QM 2.1 MEDICAL CARE EVALUATION STUDIES

3. Documentation and Reporting of Studies

- a) By May 31st of each year, each subcontracted inpatient hospital, mental hospital, residential treatment center or sub-acute facility provider shall submit a MCE Study Request for Registration and Evaluation Methodology Form for the upcoming state fiscal year to the home T/RBHA using the [PM Form 8.5.1, MCE Medical Care Evaluation Study Request For Registration and Evaluation Methodology](#).
- b) By June 30th of each year, the home T/RBHA shall have reviewed and approved all provider facility MCE Requests for Registration and Evaluation Methodology.
- c) By October 1st of each year, the home T/RBHA shall submit a new PM Form 8.5.1, MCE Medical Care Evaluation Study Request For Registration and Evaluation Methodology, with T/RBHA portion completed, to the ADHS/DBHS BQMO, to be reviewed by the MM/UM Committee, for all upcoming MCE studies. In addition, the home T/RBHA shall submit a Reciprocity Agreement List that contains the following information: (a) Name of Provider Facility; (b) AHCCCS Provider ID Number; and (c) Name of T/RBHA with whom the home T/RBHA entered an MCE Reciprocity Agreement.
- d) Each subcontracted inpatient mental hospital, residential treatment center, or sub-acute facility provider must submit a final MCE study report to the home T/RBHA by July 31st of each year. The report must be completed by using the [PM Form 8.5.2 Medical Care Evaluation – Provider and T/RBHA Review of Final Results](#) and will contain the final results of the MCE Study. The final results shall include an in-depth analysis and narrative of how the subcontracted provider facility plans to use the information to improve behavioral health recipient care.
- e) If the final results are not approved by the home T/RBHA, any requests for provider follow up to final results should be submitted to the home T/RBHA.
- f) Annually, by September 1st, each home T/RBHA shall submit a summary of the study results and recommendations to ADHS/DBHS using the Medical Care Evaluation T/RBHA Review of Final Results form ([see PM Form 8.5.2 Medical Care Evaluation – Provider and T/RBHA Review of Final Results](#)). Instructions for the completion of the required forms pertaining to the MCE studies are included in each form.

POLICY QM 2.1 MEDICAL CARE EVALUATION STUDIES

g) ADHS/DBHS, on a case-by-case basis, may request the T/RBHA to provide additional information regarding the implementation of provider facility quality improvement plans developed as a result of MCE study findings. In this case, the manner of reporting will be prescribed at the time the request is made.

h) T/RBHAs shall maintain copies of all MCE-related documents, including MCE Requests for Registration, MCE Reciprocity Agreements, final MCE study reports, and MCE-related correspondence with provider facilities or other T/RBHAs, to be available upon request for ADHS/DBHS review.

i) The T/RBHA analysis of the MCE Studies and the ADHS/DBHS commentary/summary shall be made available for review by AHCCCS annually upon request.

j). Annually, by November 30th, a summary of the MCE studies results will be reviewed at the ADHS/DBHS MM/UM Committee and presented to the ADHS/DBHS Quality Management Committee.

F. APPROVED BY:



Laura K. Nelson, M.D. Date
Acting Deputy Director
Arizona Department of Health Services
Division of Behavioral Health Services



Rodgers Wilson M.D. Date
Acting Chief Medical Officer
Arizona Department of Health Services
Division of Behavioral Health Services

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