

POLICY QM 2.2 SHOWING REPORT

- A. PURPOSE: To ensure a Quarterly Showing Report is received from each Tribal or Regional Behavioral Health Authority (T/RBHA) by the 10th day of the month following the end of each quarter.
- B. SCOPE: Arizona Department of Health Services/Division of Behavioral Health Services, (ADHS/DBHS), and T/RBHAs.
- C. POLICY: RBHAs shall submit a Quarterly Showing Report to ADHS/DBHS. The report shall demonstrate compliance with federal certification of need (CON) and recertification of need (RON) requirements.

ADHS/DBHS shall complete showing report requirements related to TRBHAs. The TRBHAs shall review and attest to the validity of the Quarterly Showing Report.

D. REFERENCES:

[42 C.F.R. § 456.650](#)
[AHCCCS/ADHS Contract](#)
[ADHS/RBHA Contracts](#)
[ADHS/TRBHA IGAs](#)

E. DEFINITIONS

[Certification of Need \(CON\)](#)

[Recertification of Need \(RON\)](#)

F. PROCEDURES:

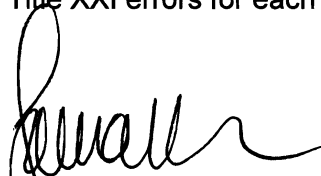
1. A “showing report” is a report that demonstrates compliance with federal requirements related to CON and RON for inpatient behavioral health services including inpatient hospitals, mental hospitals, residential treatment centers, and sub-acute facilities.
2. The T/RBHA must:
 - a. Complete the Quarterly Showing Report Certification form (Attachment A) including the signature of the T/RBHA’s Medical Director or Chief Executive officer.

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3. ADHS/DBHS will:

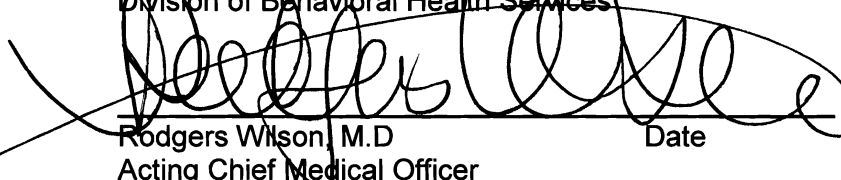
- a. Submit the following documents to Arizona Health Care Cost Containment System (AHCCCS) by the 17th day of the month following the end of each quarter:
 - (1) A Showing Report Certification form from each T/RBHA (Attachment A),
 - (2) A cover letter signed by the ADHS/DBHS Deputy Director or designee and the ADHS/DBHS Medical Director that includes the following information (Attachment B):
 - (a) A certification that for the previous quarter, methods and procedures existed to ensure that federal requirements for CON and RON were met,
 - (b) A statement that a certification submitted by each T/RBHA is attached to the cover letter,
 - (c) A statement identifying that each T/RBHA either had no errors or the number of Title XIX and Title XXI errors for each T/RBHA.

G. APPROVED BY:



Date 6/22/10

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



Date 6/13/10

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

ATTACHMENT B

COVER LETTER TEMPLATE

[DATE]

[TO AHCCCS Contact]

AHCCCS
Behavioral Health Unit
701 East Jefferson
2ND Floor
Mail Drop 6500
Phoenix, Arizona 85034

Re: Quarterly Showing Report

Dear [AHCCCS Contact]:

I hereby certify that during the calendar quarter [Month and Year] through [Month and Year], for each eligible person for whom capitation for mental health services from AHCCCS was received, there were methods and procedures to assure that:

1. A qualified team certified (and, where inpatient services were furnished over a period of time, recertified) the necessity of inpatient services for each eligible person receiving such services through the T/RBHA.
2. In the case of each T/RBHA eligible person receiving inpatient services, such services were furnished under a plan of care established and periodically reviewed and evaluated by a qualified team.
3. There was in operation a continuous program of utilization review under which the admission of each eligible person receiving inpatient services was reviewed or screened.

Attached are the Showing Report Attestations submitted by the T/RBHAs for the quarter ending [DATE].

Letter to [AHCCCS Contact]
[DATE]

A total of [NUMBER] Title XIX records contained [NUMBER] errors for an overall error rate of [PERCENTAGE]

A total of [NUMBER] Title XXI records contained [NUMBER] errors for an overall error rate of [PERCENTAGE].

Last Reviewed: 03/18/10
Last Revised: 03/01/09

For the purposes of quality improvement, ADHS/DBHS continues to investigate the source of errors reported or identified in the records reviewed..

[T/RBHA(s)] submitted an error-free Title XIX report this quarter.

[T/RBHA(s)] reported inpatient utilization for Title XXI members and both reports were **[ERROR RATE]**.

If you have any questions, please contact the Bureau of Quality Management Operations at (602) 364-4636.

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