

**Arizona Department of Health Services
Division of Behavioral Health Services
PROVIDER MANUAL**

Section 8.5 **Medical Care Evaluation Studies**

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8.5.1 **Introduction**

Medical Care Evaluation (MCE) Studies are an established method to promote the most effective and efficient use of available health facilities and services consistent with enrolled persons' needs and professionally recognized standards of health care for persons receiving services in OBHL licensed Level I facilities. ADHS/DBHS has established guidelines for the development and reporting of medical care evaluation studies and ensures that each T/RBHA has a review process in place to confirm that required Medical Care Evaluation (MCE) Studies are undertaken, completed, analyzed, and utilized to improve care. This section outlines the provider's role in this process.

8.5.2 **References**

- [42 CFR 456.141](#)
- [42 CFR 456.142](#)
- [42 CFR 456.143](#)
- [42 CFR 456.242](#)
- [42 CFR 456.243](#)
- [AHCCCS/ADHS Contract](#)
- [ADHS/RBHA Contracts](#)
- [ADHS/Gila River Health Care Corporation Intergovernmental Agreement](#)
- [ADHS/Pascua Yaqui Tribe Behavioral Health Program Intergovernmental Agreement](#)

8.5.3 **Scope**

To whom does this apply?

- All OBHL licensed Level I subcontracted providers.

8.5.4 **Did you know...?**

- T/RBHAs must ensure that all OBHL licensed Level I subcontracted providers adhere to the MCE study requirements.

8.5.5 **Objectives**

To establish a method to promote the most effective and efficient use of available health facilities and services consistent with patient needs and professionally recognized standards of health care.

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8.5.6 Procedures

8.5.6-A. Participating providers

Who participates?

The following provider types must conduct MCE studies:

- Inpatient hospitals;
- Mental hospitals; and
- Residential treatment centers and sub-acute facilities accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Council on Accreditation (COA) or the Commission on Accreditation of Rehabilitation Facilities (CARF).

8.5.6-B. Participating provider responsibilities and requirements

Request for Registration

By May 31st of each year, each subcontracted inpatient hospital, mental hospital, residential treatment center or sub-acute facility provider must submit [PM Form 8.5.1, MCE Study Request for Registration](#), to the T/RBHA for the upcoming state fiscal year. Behavioral health providers should consult [PM Attachment 8.5.1, Instructions for the Completion of MCE Study Forms](#), when completing [PM Form 8.5.1](#).

Timeframe

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 Division of Quality Management Operations prior to initiation. Any request for exemption 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](#)).

Methodology

For T/RBHA subcontracted providers that provide Title XIX certified inpatient hospital, mental hospital, residential treatment center or sub-acute services, the subcontracted provider's Quality Management or Utilization Review Committee determines the methods to be used in selecting and conducting medical care evaluation studies in the subcontracted provider facility. The selection of the MCE study is the responsibility of the facility that provides the service. [PM Form 8.5.2, Summary of MCE Methodology](#), must be used to describe the proposed methodology and must be submitted to the T/RBHA within the following timeframes:

Behavioral health providers should consult [PM Attachment 8.5.1, Instructions for the Completion of MCE Study Forms](#), when completing [PM Form 8.5.2](#).

[T/RBHA insert timeframe requirements for submitting the Summary of MCE Methodology.]

Each MCE Study must:

- Identify and analyze medical or administrative factors related to the subcontracted provider facility's patient care;

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- Include analysis of at least the following:
 - Admissions;
 - Duration of stay;
 - Ancillary services provided including drugs and biologicals; and
 - Professional services performed;
- If indicated, contain recommendations for changes beneficial to enrolled persons, staff, the facility and the community; and
- Use data obtained from one or more of the following sources: medical records of other appropriate subcontracted provider facility data; profiles and other comparative data; and/or cooperative endeavors with Peer Review Organizations, fiscal agents, other service providers or other appropriate agencies. Secondary data sources, such as external organizations that compile statistics, may be utilized to supplement the above referenced data sources.

Documenting, Analyzing and Reporting Study Findings

- Each Level I subcontracted provider facility will document the results of each study as well as 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.
- Each Level I subcontracted provider facility will 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.
- Each Level I subcontracted provider facility will recommend, as appropriate, more effective and efficient facility care procedures or designate certain providers or categories of admissions for review prior to admission.
- Each Level I subcontracted provider must submit a final MCE study report to the home T/RBHA by July 31st of each year. This report will include an in-depth analysis and narrative of how the subcontracted provider facility plans to use the information to improve care. **[T/RBHA include any applicable form used to document the final MCE Study Report.]**
- **[T/RBHA insert additional information here]**