Arizona Department of Health Services Office for Children with Special Health Care Needs Children's Rehabilitative Services Administration	**Effective Date: 02/01/2007**
SUBJECT: Quality Management	SECTION: QM 1.1

SUBTITLE: CRSA Peer Review Process

POLICY:

Children's Rehabilitative Services Administration (CRSA) will conduct fair, impartial, and professional peer review of services provided to Children's Rehabilitative Services (CRS) members by CRS Regional Contractors and their subcontractors.

DEFINITIONS:

Peer Review:
The evaluation of the necessity, quality, or utilization of care/service provided by a healthcare professional/provider or review of his/her credentials. Peer review is conducted by other healthcare professionals from the same discipline or with similar or essentially equal qualifications who are not in direct economic competition with the healthcare professional/provider under review. The process compares the healthcare professional's/provider's performance with that of peers or with community standards of care/service.

Provider:
A person or entity that subcontracts with CRSA, or its delegate, to provide Arizona Health Care Cost Containment System (AHCCCS) covered services directly to members.

STANDARD:

1) Peer review is part of the Arizona Department of Health Services (ADHS), Office for Children with Special Health Care Needs (OCSHCN), CRSA, Quality Management/Performance Improvement (QM/PI) program.
   a) The purpose of the peer review process is to improve the quality of medical care provided to members by providers.
   b) The intention of the peer review process to assist in retention of professional providers who maintain high quality of care standards and who provide services to CRS members with consideration of a person's cultural customs, values, and beliefs.
   c) The scope of peer review process includes cases where there is evidence of a quality deficiency in the care or service provided, or the omission of care or service, by a participating or nonparticipating healthcare professional/provider.
   d) The CRSA Peer Review Committee is a stand-alone committee.

2) CRSA Peer Review will consist of review and evaluation of services provided to CRS members by CRS Regional Contractors and their subcontractors.

3) The CRSA Peer Review Committee must evaluate the case referred to peer review. Matters appropriate for peer review include, but are not limited to:
   a) Questionable clinical decisions, lack of care, or abandonment;
   b) Trends of over or under utilization of services;
   c) Inappropriate interpersonal interactions;
   d) Decisions arriving out of fraud and abuse investigations by the Arizona Health Care Cost Containment System Administration (AHCCCSA) or ADHS;
   e) Physical, psychological, or verbal abuse of a member, family, staff, or other;
   f) Allegations of criminal or felonious actions related to practice;
   g) Issues that immediately impact the member and that are life threatening or dangerous (quality of care issues assigned level three (3) or above) (See CRSA Policy and Procedure Manual GS 1.1, Direct and Oversight of CRS Regional Contractors Grievance Processes);
   h) Unanticipated death of a member;
   i) Issues that have the potential for adverse outcome; or
   j) Allegations from any source.

4) The CRSA Peer Review Committee membership will minimally consist of the following members:
   a) The CRSA Medical Director (Chairperson);
   b) The CRSA Division Chief for Quality Management;
   c) At least one CRS Regional Contractor Medical Director or his/her designee. If the CRS Regional Contractor Medical Director is not of the same or similar specialty as the reviewed provider, the CRSA Medical Director must appoint a provider, who is of the same or similar specialty under review, to participate in the CRSA Peer Review Committee's review and recommendations on individual peer review cases; and
   d) Physician(s) from the community who do not have an interest in the outcome of the peer review process.

5) A CRSA Peer Review Committee member may not participate in peer review activities in which the member has a direct or indirect conflict of interest in the outcome. Peer Review Committee membership shall minimally exclude the following:
   a) The CRS Regional Contractor Medical Director whose peer review determination, action, or inaction is under review;
   b) The provider who is under review;
   c) A provider from the practice of the reviewed provider;
   d) A provider from the family of the reviewed provider;
   e) A provider who may have a financial relationship with the reviewed provider;
   f) A provider who is a competitor of the reviewed provider; or
   g) An employee of the facility where the matter under review took place.

6) The CRSA Medical Director may, at his/her discretion, elect to send case(s) for review to an external reviewer who has entered into a contract with CRSA for this purpose. The external reviewer must be of the same or similar specialty as the reviewed provider. The CRSA Peer Review Committee retains the final authority to make final recommendations based upon the findings of the external review.

7) The CRSA Peer Review Committee's deliberations are confidential under Arizona law. All medical records and other information submitted as part of the CRSA peer review will be confidential under A.R.S. § 36-445.01 and Title 36, Chapter 25, Article 1, and available only to those involved in the peer review process.

8) The AHCCCS must be allowed access to all information related to peer review activities for purposes of quality management, monitoring, and oversight of compliance.

9) All information used in the peer review process shall be kept confidential and not be discussed outside of the peer review process. CRSA's peer review reports, meetings, minutes, documents, and recommendations shall be kept confidential except for purposes of implementing recommendations made by the Peer Review Committee.

   At each peer review meeting, each member of the CRSA Peer Review Committee will submit a signed confidentiality and conflict of interest statement (See Attachment).

   The CRSA Executive Committee members must submit a signed confidentiality and conflict of interest statement before each executive committee meeting in which the members read or discuss information pertaining to the Peer Review Recommendation Report (See Attachment).

10) CRSA must require the CRSA Medical Director to implement recommendations made by the CRSA Peer Review Committee. The CRSA Medical Director may inform the CRSA Executive Committee and/or the CRSA Quality Management Committee (QMC) of the recommendations; however, other committees shall not modify the Peer Review Committee's recommendations based on operational, financial, or other considerations.

11) CRSA must require that CRS Regional Contractors implement recommendations made by the CRSA Peer Review Committee.

12) Annually, the CRSA QMC will evaluate, analyze, and trend peer review decisions.

PROCEDURES:

1) Providers will provide CRS services according to the recognized policies and procedures of the CRS Regional Contractor under which the contractors are approved for practice privileges.
   a) CRS Regional Contractors will be responsible for maintaining credentialing and staff privileges of CRS providers in accordance with the contractors' recognized accreditation agency.
   b) The CRS Regional Contractor Medical Directors will notify the CRSA Medical Director immediately if a provider's privileges are restricted in any way.

2) The CRSA Peer Review Policy will be included in each CRS Regional Contractor's Provider Manual. Updates to the policy will be disseminated through various methods including the CRS Medical Directors' meetings.

3) Issues referred to the CRSA Peer Review Committee may arise from any of the following:
   a) Notification by a CRS Regional Contractor of a quality of care clinical concern that is assigned upon investigation by CRSA to be a level three (3) or higher quality of care concern. All unanticipated deaths of members will result in peer review.
   b) Identification through the CRSA QM monitoring process for monthly logs of a quality of care clinical issue or a low level incident that has reoccurred at a rate that exceeds community accepted medical standards.
   c) Direct notification from an outside agent, member, or other provider to CRSA, the CRSA Peer Review Committee, or CRSA Medical Director of a situation that is appropriate for peer review.
   d) Notification from any source regarding issues with the potential for an adverse outcome.

4) CRSA Peer Review will be conducted at least quarterly but, in emergent cases, an ad hoc meeting will be called.

5) The CRSA Peer Review Committee Chair may delay review if the delay is determined to be in the best interest of the review process. Delays are not to exceed 45 days unless exceptional circumstances arise. Examples for delays are:
   a) The next scheduled peer review meeting is too soon to prepare for the review.
   b) Absence of persons essential to the process.
   c) Exceptional circumstances (e.g., awaiting autopsy reports).

6) CRSA Peer Review Committee process responsibilities include:
   a) Based on the information received, making the decision to initiate the peer review process.
   b) Acquiring relevant information, records, and statements.
   c) Convening the Peer Review Committee and:

i) Safeguarding privacy and confidentiality;
ii) Providing for accurate documentation;
iii) Allowing the provider under review to provide testimony (the provider's inability or refusal to attend shall neither limit nor hinder the peer review process from being conducted); and
iv) Assuring that attorneys will not be present during the peer review process.

7) In the event that one or more committee members need to be excused due to conflict of interest, documentation will occur in the minutes.

8) The CRSA Peer Review Committee will review the available facts of the incident and produce a Recommendation Report for the CRSA Executive Committee. The CRSA Medical Director will implement the CRSA Peer Review Committee's recommendations.

9) The Peer Review Recommendation Report produced by the CRSA Medical Director will include:
   a) Date of the peer review committee meeting;
   b) Name, title, and specialty of committee members and external reviewers conducting the peer review;
   c) Provider's CRSA Identification number and specialty;
   d) Brief description of incident under review;
   e) Findings of fact and conclusions of law; and
   f) Recommendation(s).

10) The CRSA Executive Committee will accept completely the Peer Review Recommendation Report.

11) The CRSA Medical Director will require that the CRS Regional Contractor(s) take corrective actions against the provider(s) based on the Peer Review Committee's recommendations.

12) The CRS Regional Contractor must submit evidence of corrective action implementation within the Recommendation Report's timeframe to the CRSA Medical Director.

13) A CRS Regional Contractor's lack of sufficient action(s) or failure to perform planned action(s) will result in CRSA initiating corrective steps and/or sanctions against the regional contractor.

14) The CRSA QMC will be notified of the CRSA Peer Review Committee's recommendations at the QMC next regularly scheduled meeting.

15) On a monthly basis, the CRSA QMC will monitor the CRS Regional Contractor's implementation of corrective action(s) until the QMC determines the matter closed/completed.

16) CRSA QMC must keep documentation (i.e., copies of all correspondence) related to reporting adverse actions.

17) The CRSA Medical Director to may make referrals to appropriate agencies, e.g., Child and Adult Protective Services and AHCCCS, for further investigation or action and notification to regulatory agencies or/and boards if the CRSA Peer Review Committee determined that the provider(s) did not provide care according to the community standards. The regulatory agencies and/or boards may include, but are not limited to, hospital medical staff, credentialing entities, Arizona Medical Board, Arizona Board of Medical Examiners, Arizona Board of Dental Examiners, Arizona Board of Nursing, and National Practitioner Data Bank.

Approved:	Date:
CRSA Administrator	1/22/07
M.D. CRSA Medical Director	1/25/07

The Primary Position of Responsibility for this policy is the Office for Children with Special Health Care Needs.
Users are encouraged to suggest improvements regarding this policy and procedure.

CRSA PEER REVIEW COMMITTEE
CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT

_____, has been appointed by the Children's
Name of Reviewer
Rehabilitative Services Administration (CRSA) to conduct Peer Review, which includes the reviewing of information and records containing patient-identifying information and other information deemed confidential by law from Children's Rehabilitative Services (CRS) pursuant to authority prescribed by state statute, A.R.S. § 36-445.01 and Title 36, Chapter 25, Article 1. Therefore, I agree to:

1. *Only disclose patient-identifying information within the CRSA Peer Review Committee structure; and*
2. *Use any information obtained ONLY for carrying out the peer review described below.*

The purpose of the Peer Review Process is to contribute to the efficacy of CRSA delivery system through:

1. *An organized process of assessment, by professional peers, of the quality and appropriateness of the practices employed by CRS providers; and*
2. *The effective application of quality improvement opportunities so that the quality and appropriateness of services is continuously improved.*

I understand that I have a responsibility and an obligation to notify the CRSA Medical Director if a potential conflict of interest of fact or appearance exists, because I am:

- The CRS Regional Contractor Medical Director whose peer review determination is under review;
- The provider who is under review;
- A provider from the practice of the reviewed provider;
- A provider from the family of the reviewed provider;
- A provider who may have a financial relationship with the reviewed provider;
- A provider who is a competitor of the reviewed provider;
- An employee of the facility where the matter under review took place; or
- Any other reason that is a potential conflict of interest.

The review process, in part, is being conducted pursuant to the CRSA Policy and Procedure Manual QM 1.1, Peer Review Process that requires review and evaluation of providers' professional actions related to care of CRS members, by a selected peer group.

_____ _____
Print Name of Reviewer Date

_____
Signature of Reviewer

_____
Name of Reviewer's Organization

_____ _____
Title Specialty

CRSA EXECUTIVE COMMITTEE
CONFIDENTIALITY AND CONFLICT OF INTEREST AGREEMENT

_____, has been appointed by the Children's
Name of Committee Member
Rehabilitative Services Administration (CRSA) to review the CRSA Peer Committee's Recommendation Report that contains patient-identifying information and other information deemed confidential by law from Children's Rehabilitative Services (CRS) pursuant to authority prescribed by state statute, A.R.S. § 36-445.01 and Title 36, Chapter 25, Article 1. Therefore, I agree to:

1. *Only disclose patient-identifying information within the CRSA Executive Committee Meeting; and*
2. *Use any information obtained ONLY for carrying out the peer review described below.*

The purpose of the Peer Review Process is to contribute to the efficacy of CRSA delivery system through:

1. *An organized process of assessment, by professional peers, of the quality and appropriateness of the practices employed by CRS providers; and*
2. *The effective application of quality improvement opportunities so that the quality and appropriateness of services is continuously improved.*

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- A provider from the practice of the reviewed provider;
- A provider from the family of the reviewed provider;
- A provider who may have a financial relationship with the reviewed provider;
- A provider who is a competitor of the reviewed provider; or
- Any other reason that is a potential conflict of interest.

The review process, in part, is being conducted pursuant to the CRSA Policy and Procedure Manual QM 1.1, Peer Review Process that requires review and evaluation of providers' professional actions related to care of CRS members, by a selected peer group.

_____ _____
Print Name of Committee Member Date

_____
Signature of Committee Member

_____
Title