SECTION: 3 CHAPTER: 1000
POLICY: 1003, Peer Review

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1. **PURPOSE:**
   a. To establish a peer review process in order to improve the quality of medical care provided to behavioral health members.

   b. 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. 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.* ADHS/DBHS will provide a quality assurance process as envisioned by A.R.S. §36-2917. ADHS/DBHS has included the following references/authorities as an initial guide for the RBHA; they are not intended to be the exclusive references or authorities related to the application of this policy.

2. **TERMS:**
   Definitions for terms are located online at: http://www.azdhs.gov/bhs/definitions/index.php**.**
   The following terms are referenced in this section:

   Appealable Agency Action
   Behavioral Health Medical Professional (BHMP)
   Corrective Action Plan (CAP)
   Integrated Regional Behavioral Health Authority (RBHA)
   Peer Review
   Primary Care Physician (PCP)
   Provider

3. **PROCEDURES:**
   a. ADHS/DBHS has established and maintains a Peer Review Committee. The Peer Review Committee serves as the primary entity responsible for ensuring RBHAs and subcontracted providers adhere to a clinically appropriate peer review process.

   b. The ADHS/DBHS Bureau of Quality and Integration (BQI) may submit a matter for peer review to the Chair of the ADHS/DBHS Peer Review Committee, or designee.

   c. Matters appropriate for peer review may include, but are not limited to:
      i. Questionable clinical decisions;
      ii. Lack of care and/or substandard care;
      iii. Inappropriate interpersonal interactions or unethical behavior;
      iv. Physical, psychological, or verbal abuse of a member, family, staff, or other disruptive behavior;

v. Allegations of criminal or felonious actions related to practice;
vi. Issues that immediately impact the member and that are life threatening or dangerous;
vii. Unanticipated death of a member;
viii. Issues that have the potential for adverse outcome; or
ix. Allegations from any source that bring into question the standard of practice.

d. ADHS/DBHS Peer Review Committee membership will include:
   i. The ADHS/DBHS Chief Medical Officer (Chair);
   ii. The ADHS/DBHS Deputy Chief Medical Officer;
   iii. The ADHS/DBHS Office Chief of Quality of Care; and
   iv. ADHS/DBHS Quality of Care Reviewers
   v. Non-voting members:
      (1) ADHS/DBHS Deputy Director
      (2) ADHS/DBHS Assistant Director of BQI; and
      (3) Licensed Practitioners, internal and external, when necessary

e. 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.

f. The ADHS/DBHS Peer Review Committee will examine selected peer review outcomes from the RBHAs and information made available through the quality management process to monitor the RBHA peer review process. As a result of the review, the ADHS/DBHS Peer Review Committee will make recommendations to the RBHA Chief Medical Officer that may include, but are not limited to:
   i. Peer contact;
   ii. Education;
   iii. Rehabilitative service referral;
   iv. Credentialing review;
   v. Corrective Action Plans; and/or
   vi. Other corrective actions as deemed necessary

g. The ADHS/DBHS Peer Review Committee and ADHS/DBHS Quality Management Committee must review its monitoring process and corresponding guidance documents annually.

h. The ADHS/DBHS Peer Review Committee may also make recommendations for RBHA Chief Medical Officers to refer cases to the Arizona Health Care Cost Containment System (AHCCCS), the Department of Child Safety (DCS), Adult Protective Services (APS), Arizona Medical Board and/or other professional regulatory review boards as applicable, for further investigation or action and notification to regulatory agencies.

i. 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 RBHA subcontracted provider may appeal such a decision through the administrative process described in A.R.S. § 41-1092, et seq.

j. 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:
   i. Peer review reports;
   ii. Meeting minutes;
   iii. Documents;
   iv. Discussions;
   v. Recommendations; and
   vi. Participants

k. 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.

4. PROCEDURES FOR RBHA PEER REVIEW

a. The RBHA must have a peer review process with the purpose of improving the quality of medical care provided to members by subcontracted providers. The peer review scope includes cases where there is evidence of deficient quality, or the omission of the care or service provided by a participating, or non-participating physical health care or behavioral health care provider. RBHAs must develop specific policies and procedures that define Peer Review which must include the following:
   i. RBHAs must not delegate functions of peer review to other entities.
   ii. The Peer Review Committee must be scheduled to meet at least quarterly.
   iii. Peer review activities may be carried out as a stand-alone committee or in an executive session of the RBHA's Quality Management Committee.
   iv. At a minimum, the Peer Review Committee shall consist of:
      (1) The RBHA's local Chief Medical Officer as chair.
      (2) For the integrated RBHA, contracted physical health care Primary Care Physicians (PCPs) or Specialists from the community that serve enrolled members. The peer review process must ensure that physical health care professionals of the same or similar specialty participate in review and recommendation of individual peer review cases. If the specialty being reviewed is not represented on the RBHA's Peer Review Committee the RBHA may utilize peers of the same or similar specialty through external consultation. A PCP must be part of the Peer Review Committee when a physical health care case is being reviewed.
      (3) A Behavioral Health Medical Professional (BHMP) must be part of the Peer Review Committee when a behavioral health case is being reviewed.

b. Peer Review Committee members shall sign a confidentiality and conflict of interest statement at each Peer Review Committee meeting. Committee members must not participate in peer review activities if they have a direct or indirect interest in the peer review outcome.

c. The Peer Review Committee must evaluate the case referred to peer review based on all information made available through the quality management process.

d. The Peer Review Committee is responsible for making recommendations to the RBHA's Medical Director. Together they must determine appropriate action which may include, but is not limited to: peer contact, education, credentials, limits on new member enrollment, sanctions, or other corrective actions. The Medical Director is responsible for implementing the actions.

e. The Peer Review Committee is responsible for making appropriate recommendations for the RBHA's Medical Director to make referrals to AHCCCS, CSFS, DCS, APS, ADHS/DBHS, the ADHS Division of Licensing Services (DLS), and/or the appropriate regulatory agency or board for further investigation or action if not already referred during the Quality of Care (QOC) process. Notification must occur when the Peer Review Committee determines care was not provided according to community standards. Initial notification may be verbal but must be followed by a written report.

f. Peer review policies and procedures must assure that all information used in the peer review process is kept confidential and is not discussed outside of the peer review process. The RBHA's peer review reports, meetings, minutes, documents, recommendations, and participants must be kept confidential except for implementing recommendations made by the Peer Review Committee.

g. RBHAs must make peer review documentation available to ADHS/DBHS for purposes of quality management, monitoring and oversight.

h. RBHAs must demonstrate how the peer review process is used to analyze and address clinical issues.

i. RBHAs must demonstrate how their subcontracted providers are made aware of the peer review process.

5. **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 910(A)(3)
DBHS Desktop Protocol, Quality of Care and Peer Review (BQI Specifications Manual)

6. **APPROVED BY:**

9/25/14

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