



## **Section 10.21** Peer Review

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### **10.21.1 Introduction**

NARBHA develops a peer review process to assess and improve the quality of medical care provided to behavioral health recipients in accordance with the AHCCCS Medical Policy Manual AMPM CH 900, which defines peer review.

NARBHA Peer Review activities are pursuant to its contract with ADHS/DBHS and are protected quality assurance activities governed by A.R.S. 36-2401 through 36-2404 (also referred to as Title 36, Chapter 25, Article 1). Specifically, the confidentiality guarantees for quality assurance programs are set out in A.R.S. 36-2403. In order to benefit from those guarantees, NARBHA has organized its quality assurance processes as a health care entity as defined in Section 36-2401.

The NARBHA Peer Review Committee is chiefly responsible for overseeing the clinically appropriate peer review processes conducted by NARBHA.

### **10.21.2 Terms**

Definitions for terms are located online at <http://www.azdhs.gov/bhs/definitions/index.php> and on the NARBHA Website at <http://www.narbha.org/for-providers/provider-resources/provider-policy-manual/definitions/>

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](#)

[Provider](#)

### **10.21.3 Procedures**

- a. NARBHA has established and maintains a Peer Review Committee. This committee serves as the primary entity responsible for a clinically appropriate peer review process.



- b. NARBHA staff or providers may submit a matter of peer review to the Chair of the NARBHA Peer Review Committee, or designee, for review.
- c. Matters appropriate for peer review may include, but are not limited to:
  - Sentinel Events
  - Mortalities
  - Quality of Care Concerns
  - Prescribing Safety Concerns
  - Clinical Record Reviews
  - High risk utilization reports
  - Suicide risk assessments
  - Adverse Drug Reactions and Medical Errors
  - Individual Focused Requested Reviews
  - Individual provider Practice Profiles and medication utilization studies
  - Credentialing concerns
  - Questionable clinical decisions, such as:
    - Lack of care and/or substandard care;
    - Inappropriate interpersonal interactions or unethical behavior;
    - Physical, psychological, or verbal abuse of a member, family, staff, or other disruptive behavior;
    - Allegations of criminal or felonious actions related to practice;
    - Issues that immediately impact the member and that are life threatening or dangerous;
    - Unanticipated death of a member;
    - Issues that have the potential for adverse outcome; or
    - Allegations from any source which brings into question the standard of practice.
- d. NARBHA Peer Review Committee membership includes:
  - NARBHA Chief Medical Officer (Chair) or designee
  - Licensed Medical Practitioners within NARBHA
  - NARBHA Director of Quality Management
  - NARBHA Chief Clinical Officer
  - Other professional credentialed/degreed staff (PhD, MSW, RN, ) as appropriate
- e. Member of NARBHA Peer Review Committee do not conduct or participate in peer review on their own cases or where there may be conflict of interest.
- f. The NARBHA Peer Review Committee will convene at least quarterly but, in emergent cases, an *ad hoc* meeting will be called by the Chair or designee.
- g. The NARBHA Peer Review Committee reviews its monitoring process and corresponding guidance documents annually.
- h. The NARBHA Quality Management Committee will at least annually evaluate analyses and trended peer review decisions.
- i. NARBHA Peer Review utilizes a quality level system to, which is different than the DBHS Quality of Care Concern level system, review care:



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- Level 0 No quality concerns
  - Level I Possible quality problem (deviation from the standard of care) with minimal potential for significant adverse effect(s) on the patient
  - Level II Possible quality problem (deviation from the standard of care) with the potential for significant adverse effect(s) on the patient
  - Level III Probable quality problem (deviation from the standard of care) with high potential for significant adverse effect(s) on the patient.
- j. As the result of the review, the NARBHA Peer Review Committee will determine the need for actions in the form of letters of concern, technical assistance, or corrective actions.
- i. Specific actions may include provider education; technical assistance; increased monitoring; rehabilitative service referral; financial sanctions; loss of privileges; referral to NARBHA Credentialing Committee, AHCCCS, corporate compliance, Arizona Medical Board, Child or Adult Protective Services and/or reporting to the appropriate regulatory body or licensing board for further investigation or action; and notification to regulatory agencies.
- ii. The NARBHA Peer Review Committee may also make recommendations for provider Chief Medical Officers to refer cases to the Arizona Department of Economic Security (ADES), Child Safety and Family Services (CSFS) or 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.
- iii. RBHAs must implement recommendations made by the NARBHA Peer Review Committee. Some NARBHA Peer Review recommendations may be appealable agency actions under Arizona law. A RBHA sub-contracted provider may appeal such a decision through the administrative process described in A.R.S. § 41-1092, et seq.
- iv. 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 NARBHA Peer Review Committee. Confidentiality must be extended to, but is not limited to, all of the following:
- Peer review reports
  - Meeting minutes
  - Documents
  - Discussions
  - Recommendations, and
  - Participants
- v. All participants in the NARBHA Peer Review Committee must sign a NARBHA confidentiality and conflict of interest statement at the initiation of each peer review committee meeting.

### 10.21.4 References

[42 USC 1320c-9](#)

[A.R.S. § 41-1092, et seq.](#)



[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 \(AM/PM\) 910\(A\)](#)

(4)<http://www.azahcccs.gov/shared/Downloads/MedicalPolicyManual/Chap900.pdf>

[ADHS/DBHS Policy 1003 Peer Review \(formerly QM 3.6\)](#)

<http://www.azdhs.gov/bhs/policy/documents/policies/bhs-policy-1003.pdf>

**10.21.5 Forms:**

PM Form 10.21.1 [Confidentiality Agreement – Peer Reviewer](#)

PM Form 10.21.2 [Confidentiality Agreement – Committee Member](#)

PM Form 10.21.3 [Confidentiality Agreement/Sign in Sheet – Committee Member](#)

PM Form 10.21.4 [Referral for Peer Review Form](#)

**10.21.6 Attachments:**

PM Attachment 10.21.1 [NARBHA Desktop Protocol for Peer Review](#)

Signature on file 07/15/14

\_\_\_\_\_  
Mary Jo Gregory Date  
President and Chief Executive Officer

Signature on file 07/15/14

\_\_\_\_\_  
Teresa Bertsch, MD Date  
Chief Medical Officer

[Reference ADHS/DBHS Policy 1003](#)