

PM FORM 8.5.1
MEDICAL CARE EVALUATION (MCE) STUDY
REQUEST FOR REGISTRATION
White Mountain Apache TRBHA

NAME OF FACILITY: _____

AHCCCS PROVIDER ID #: _____

POPULATION: SMI GMH/SA CHILDREN

LEVEL OF FACILITY: INPATIENT HOSPITAL MENTAL HOSPITAL
 RTC SUB-ACUTE FACILITY

MCE STUDY PERIOD: **From:** _____ **To:** _____

I. TITLE OF STUDY: _____

II. DESCRIPTION OF STUDY:

III. RATIONALE

1. Discuss the reasons for the selection of the study topic (i.e., underlying problems or concerns that led to the choice of this topic).

2. State the significance (usefulness) of this study. Include references or theoretical framework used in conceptualizing the study topic.

3. Identify the components of quality of care to be assessed by this evaluation:

<input type="checkbox"/> accessibility of care	<input type="checkbox"/> appropriateness of care	<input type="checkbox"/> continuity of care
<input type="checkbox"/> effectiveness of care	<input type="checkbox"/> efficacy of care	<input type="checkbox"/> efficiency of care
<input type="checkbox"/> consumer perspective	<input type="checkbox"/> safety of care environment	<input type="checkbox"/> timeliness of care

Provider/Facility Approved by (Print Name): _____

Date: _____

Title: _____

Signature: _____

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RBHA/TRBHA Review:

Will the proposed study serve to identify and analyze medical or administrative factors related to patient care?

Yes No

Does the proposed MCE study use a sound study methodology?

Yes No

Is the proposed MCE study approved by the T/RBHA?

Yes No

Approved by T/RBHA QM/UR Committee: Yes No
(List names of committee members)

Date: _____

Approved by T/RBHA Medical Director:

Date: _____

Not approved.

Additional Information needed: _____

