

PM FORM 8.5.2
Summary of Medical Care Evaluation Methodology

(See [PM ATTACHMENT 8.5.1](#) for instructions pertaining to form completion)

[NAME OF T/RBHA]

NAME OF FACILITY:

AHCCCS PROVIDER ID #:

POPULATIONS: **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. DEFINITION OF VARIABLES:

IV. RATIONALE

1. Basis of Study:

2. Significance of Study and References:

3. Identify the components of quality of care that are 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 |

V. STUDY POPULATION:

VI. SAMPLING METHODOLOGY AND SAMPLE SIZE:

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VII. DATA COLLECTION METHODOLOGY:

VIII. ANALYTICAL METHODS:

IX. REMARKS:

Provider/Facility Approved by (Print Name): _____ Date: _____

Title: _____ Signature: _____