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| <b>Policy Title: Inter-Rater Reliability Process</b>  |                              | <b>POLICY #: 70.2.21</b>       |   |
|   |                              | <b>Line of business: ALL</b>   |   |
| <b>Department Name:</b><br>Utilization Management   | <b>Original Date</b><br>1/99 | <b>Effective Date</b><br>12/18 | <b>Revision Date</b><br>12/18, 6/19, 1/20,<br>6/21, 11/21 |
| <b>Department Head: Mirela Albertsen, UM Senior Director</b><br>       |                              |                                | <b>Date: 12/21</b>  |
| <b>Medical Services/P&amp;T Committee: (If Applicable) PHP CMO</b><br> |                              |                                | <b>Date: 12/21</b>  |

**PURPOSE**

Blue Shield of California (BSC) conducts Inter Rater Reliability (IRR) evaluations at least annually, to measure the consistency in the application of guidelines, policies, or criteria performed by their licensed health care professionals and clinical staff involved in the utilization management (UM) process. The IRR process provides a mechanism for feedback on identified opportunities on an individual as well as global basis, and for recognizing quality performance.

**Purpose**

The IRR testing relies on hypothetical testing and is conducted annually. The goal of this testing is to ensure staff consistently and accurately apply the evidence based clinical review criteria and are appropriately referring to the Medical Directors (MD) on cases not meeting the criteria or when other concerns, such as quality issues, surface.

**Policy**

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IRRs apply to all licensed clinicians including, Nurses, Physicians, Social Workers, Therapists, or psychologists utilizing clinical criteria such as MCG Health (MCG) guidelines, Blue Shield’s medical policy, American Society of Addiction Medicine (ASAM) criteria, Level of Care Utilization System (LOCUS) guidelines, Child and Adolescent Level of Care Utilization System (CALOCUS) guidelines, the Early Childhood Service Intensity Instrument (ECSII), and/or World Professional Association for Transgender Health (WPATH) guidelines, when applicable. IRRs are not applicable to non-clinicians since they do not make medical necessity decisions or apply clinical criteria.

The IRR process is compliant with the National Committee for Quality Assurance (NCQA) standards and is conducted annually to evaluate consistency with which physician and non-physician reviewers apply UM criteria in medical necessity decisions. All staff members applying Utilization Management criteria sets are required to successfully pass at least 2 IRRs on an annual basis but may be required to take more than 2 IRRs based on their functional area of clinical review. Additionally, all new staff must pass the IRR prior to conducting utilization review without supervision.

**Procedure:**

The IRR process consists of the following:

- Staff are assigned a minimum of (2) IRR test scenarios based on the types of clinical reviews they perform in Utilization Management (Inpatient, Outpatient, etc.)
- BSC utilizes MCG’s IRR developed tests as they support compliance with federal and state parity mandates as well as URAC and NCQA requirements.
- Specific staff may take BSC developed IRR tests when an MCG test is not available or applicable (i.e., Behavioral Health/Substance Use Disorder nonprofit criteria, ABA, dental, pharmacy, etc.).
- Minimum IRR scores of 90% must be attained to conduct utilization reviews without supervision.
- All staff members, including new hires, are required to successfully pass any assigned IRR test scenarios:
  - If they are unable to achieve a passing score of 90% or better, they are required to immediately complete training in the area specific to the category they failed (e.g., MCG’s “On Demand Training” webinars, and/or refresher training on the clinical criteria being tested).
  - Once training is completed, staff members will take an additional IRR test.
  - If they still do not achieve a passing score, further corrective action and/or individual performance plan will be developed for the staff member. This is a collaborative effort between the manager and education team.
  - All staff, including new hires, must pass an IRR on the types of reviews they perform prior to conducting utilization review without supervision.

**MCG IRR Development and Methodology:**

MCG develops IRR case studies internally by physicians and nurses using the same methods, reviews, and physician approval processes for each content solution. For example, whether testing on Ambulatory Care or Behavioral Health Care, each case study undergoes a rigorous multi-level review process that includes:

- Clinical Education review
- A second level Physician Advisor review
- IRR Product Manager review
- Copyediting, and
- Quality-control testing.

Repurposed case studies are evaluated against the current version and updated as needed to ensure continued clinical validity. Case studies are released on a quarterly basis and two most recent editions are always supported.

## **BSC IRR Development and Methodology:**

IRR case studies are developed internally by licensed clinicians when MCG does not have applicable case studies (i.e. Dental, ABA, SB855, etc.), Clinicians developing IRR case studies use the same methods and multi-level review process including the following:

- IRR case vignettes and accompanying questions and answers follow the clinical review criteria for the non-profit association.
- IRR scenarios will be drafted by at least two quality review clinicians with experience and training in the clinical subject of the IRR.
- All IRR will be reviewed and approved by a separate clinical panel including a licensed physician and nurse or clinician with knowledge/expertise in the clinical scenario.
- IRR case vignettes and accompanying questions and answers will undergo clinical quality control testing by the IRR developers to ensure validity and agreement among raters
- IRR scenarios will be reviewed and updated annually to ensure continued compliance and clinical validity.

## **Reporting:**

- The Quality Manager tracks and trends overall audit results, and any corrective actions taken for all audited functions. These results are shared with MCS leadership quarterly.
- Regulatory Audit results, trends, and any corrective action plans are shared at the Medical Care Solutions UMC Committee quarterly.
- IRR reporting will be provided annually when IRRs are conducted or upon request.
- The results of the IRR testing will be reported to the Medical Care Solutions UMC Committee at the first quarterly meeting following the completion of the IRR process for the Committee's review and comment.
- Any IRR trends or quality issues will be communicated to MCS Leadership as needed.
- A Corrective Action Plan (CAP) will be developed when any global opportunities for improvement are identified, such as areas of inconsistency in the application of review criteria in the review process.

## **REFERENCES**

CA Health & Safety Code §1367.01 (b), 1367.045, 1367.71, 1367.72

Insurance Code 10144.52 and 10144.5

NCQA UM Standards

MCG Interrater Reliability Case Study Overview and Methodology