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## Inter-Rater Reliability Policy for Utilization Management Staff

### POLICY

It shall be the policy of Detroit Wayne Integrated Health Network (DWIHN) to provide an annual measurement of the consistency of application of medical necessity criteria among the Utilization Management (UM) review staff, physician advisor consultants and Chief Medical Officer.

As the Pre-Paid Inpatient Health Plan (PIHP) and Community Mental Health Services Program (CMHSP) for the Detroit-Wayne County service area, DWIHN has established and adheres to the inter-Rater Reliability process defined below.

### PURPOSE

The purpose of this policy is to provide a mechanism to monitor and evaluate the comprehension of the medical necessity criteria and to ensure accurate and consistent application of the criteria among the UM review staff, providers and contractors using the behavioral health guidelines. These standards address specifications for conducting effective and efficient UM services. The results will be evaluated for opportunities to improve consistency in decision making.

### APPLICATION

1. The following groups are required to implement and adhere to this policy: DWIHN staff, Contractual staff, Provider Network staff and Crisis Screening entities.
2. This policy serves all populations: Adults with Severe Mental Illness (SMI), Children with Serious Emotional Disturbance (SED), Persons with Intellectual/Developmental Disabilities (I/DD) and Persons with Substance Use Disorders (SUD)
3. This policy impacts the following contracts/service lines: All funding streams and waiver programs such as MI Health Link, SUD, and Medicaid.

### KEY WORDS

1. Indicia
2. Inter-Rater Reliability
3. Level of Care

#### 4. Medical Necessity Criteria

## STANDARDS

1. All entities including DWIHN UM staff, DWIHN Residential Services staff, Crisis Screening entities, and applicable contracted providers performing UM functions must have in place an assessment process to ensure consistent application of review criteria in making medically necessary decisions which include pre-service (prior authorization), concurrent and post-service (retrospective) review.
2. Inter-Rater Reliability reviews are conducted for the following reasons:
  - a. To minimize variation in the application of clinical guidelines;
  - b. To evaluate staff's ability to identify potentially avoidable utilization;
  - c. To evaluate staff's ability to identify quality of care issues;
  - d. To target specific areas most in need of improvement; and
  - e. To identify staff needing additional training.
3. Methods utilized to ensure Inter-Rater Reliability (IRR) may include side by side comparisons of different UM staff members managing the same cases, routinely scheduled case consultations attended by UM staff members and physicians to evaluate determinations and problem cases, or periodic audits of determinations against criteria.
4. Annually all UM review staff (physician and non-physician) that perform reviews utilizing medical necessity criteria will be tested utilizing MCG's Inter Rater Reliability Module. Testing will include clinician-written vignettes to which UM staff members must find the appropriate guideline sections and apply them appropriately. The DWIHN UM Director or his/her designee selects the most common vignettes or creates ones that represent typical determination decisions that may be encountered system wide. Screening Entities will receive case studies that test on Clinical Indications for Admission. Those groups authorizing continued stay reviews such as DWIHN will receive cases studies that pertain to the total episode of care, eg. the optimal recovery course.
5. In addition to case studies available within the Learning Management system, (LMS) MCG's Inter Rater Reliability Module allows DWIHN to create vignettes/case studies specific to the type of clinical area such as SUD, Autism, or Residential Services. Inter-Rater tests can be created and administered within the Learning Management System or outside of MCG's LMS Module.
6. Inter-Rater Reliability case review testing for new hires is done within three (3) months of hire and then annually thereafter.
7. DWIHN utilizes the MCG Learning Management System which is the on line training center that contains the Inter-Rater Reliability(IRR) module. Each year staff will be required to complete a learning module within the Learning Management System on the changes and updates to the behavioral guidelines.
8. The URL for the Learning Management System is <https://learn.mcg.com>. DWIHN System Administrator(s) shall register all Indicia Uses in the Learning Management system. An introductory email will be sent to all users regarding how to access the Resource Library that contains learning tools, job aides, case studies and the most recent release notes of the Behavioral Health Guidelines. If users need help logging into their account, click the link called "Forgot your username or password".
9. The DWIHN Director of Utilization Management or their designee will assign IRR case studies on an annual basis and determine testing parameters, such as passing rates, number of case study attempts, and due dates. An email with instructions is auto-generated from the MCG LMS system and sent to the

staff and copied to their supervisor with time frame for completion.

10. MCG provides online access, administration and automatic scoring of Inter-Rater Reliability case reviews. MCG will provide the following reports:
  - a. A Compliance report including full test scores for each staff member who completes the testing; and
  - b. Item response analysis and detailed assessment reports of Indicia created studies as requested.
11. It is the expectation of DWIHN that all UM review staff meet or exceed a score of 90% on each case study. A score of 89% or less requires re-testing.
12. One additional retest is allowed within thirty(30) days of the original testing and also requires a score of 90% or higher on each case study.
13. If after retest, a staff person does not meet the threshold with a score of 90% or above, a corrective action plan will be required. Corrective action plans can involve such activities as face to face supervision, coaching and/or education and re-training as well as supervision of all decisions or a random sample of case reviews audited during the time frame the corrective action plan is in place.
14. If staff fail to complete the corrective action plan, he/she could be subject to being placed on probation, combined with supervision of all UM decisions, and/or transfer to a role that does not involve UM decision making, or termination.
15. The results of the Inter-Rater Reliability testing will be used to identify areas of variation among decision makers and/or types of decisions. The results will also assist in identifying opportunities for improvement as for further training needs.
16. If numerous inconsistencies are noted on any of the questions, the case(s) will be reviewed by the DWIHN UM Director or designee to determine appropriate resolution.
17. The results of the Inter-Rater Reliability case review testing including opportunities for improvement and interventions will be summarized and presented to the Utilization Management Committee (UMC), the Quality Improvement Steering Committee (QISC) annually, and included in the annual UM Evaluation Report.

## **QUALITY ASSURANCE/IMPROVEMENT**

1. DWIHN shall review and monitor contractor adherence to this policy as one element in its network management program, and as one element of the Quality Assurance Performance Improvement Project (QAPIP) Goals and Objectives.
2. DWIHN's Quality Improvement Program must include measures for both the monitoring of and the continuous improvement of the program or process described in this policy.

## **COMPLIANCE WITH ALL APPLICABLE LAWS**

DWIHN staff, Crisis Screening Entities' staff, provider staff, contractors and subcontractors are bound by all applicable local, state and federal laws, rules, regulations and policies, all federal waiver requirements, state and county contractual requirements, policies, and administrative directives, as amended.

## **LEGAL AUTHORITY**

1. DWIHN UM Program Description FY 2019-2021
2. Michigan Medicaid Provider Manual, Version Dated 12/27/2018

3. Contract for Medicare and Medicaid Services in Partnership with the State of Michigan and the Integrated Care Organizations, January 1, 2018. (The Three Way Contract)
4. Medicaid Managed Specialty Supports and Services Program Contract FY 19.

## RELATED POLICIES

1. [Use of MCG Indicia for Case Management Software and Behavioral Health Guidelines Supporting Medical Necessity Procedure](#)
2. Appropriate Professionals for Utilization Management Decision Making Policy
3. Behavioral Health Service Medical Necessity Criteria Policy
4. Behavioral Health Utilization Management Review Policy
5. Customer Service Enrollee/Member Appeal Policy
6. Utilization Management/Provider Appeal Policy

## RELATED DEPARTMENTS

1. Clinical Practice Improvement
2. Compliance
3. Customer Service
4. Information Technology
5. Integrated Health Care
6. Managed Care Operations
7. Quality Improvement
8. Recipient Rights
9. Substance Use Disorder
10. Utilization Management

## CLINICAL POLICY

YES

## INTERNAL/EXTERNAL POLICY

EXTERNAL

### Attachments

No Attachments

