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Owner: Jennifer Miller: UM Clinical  
Specialist Supervisor  
Policy Area: Utilization Management  
References: [NCQA UM 2](#)

## Inter-Rater Reliability Policy for Utilization Management Staff

### POLICY

It shall be the policy of the Detroit Wayne Mental Health Authority (DWMHA) 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, DWMHA 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. 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: DWMHA staff, Contractual staff, Managers of Comprehensive Provider Network (MCPN) staff, Crisis Service Vendor staff.
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. Inter-Rater Reliability
2. Local Coverage Determination (LCD)
3. Level of Care

4. Medical Necessity Criteria
5. National Coverage Determination (NCD)

## STANDARDS

1. All entities including DWMHA, Crisis Service Vendor, MCPNs and Providers 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, weekly UM rounds 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 Indicia Module. Testing will include clinician-written vignettes to which UM staff members must find the appropriate guideline sections and apply them appropriately. The DWMHA UM Director or his/her designee selects the most common vignettes that represent typical determination decisions that may be encountered system wide.
5. Inter-Rater Reliability case review test for new hires is done within three (3) months of hire and then annually thereafter.
6. MCG provides online access, administration of and automatic grading of Inter-Rater Reliability case reviews that allows the test taker to visualize immediate scores and rationales for incorrect responses.
7. The DWMHA Director of Utilization Management or their delegate will distribute instructions to UM staff for accessing and completing assessments and time frame for completion.
8. MCG will provide the following reports:
  - a. A Compliance report including full test scores for each UM staff member who completes the testing; and
  - b. A Development plan report which identifies which on-demand training modules users have completed; and
  - c. Item response analysis and detailed assessment reports to pinpoint areas for additional training needs.
9. It is the expectation of DWMHA that all staff meet or exceed an overall score of 85%. A score of 84% or less requires re-testing.
10. In the event that a staff person does not meet the threshold above, a corrective action plan will be implemented with the expectation that the person pass at the next testing. Corrective action plans can

involve such activities as face to face supervision and coaching and/or education and re-training. However, a random sample of other case reviews must be audited during the time frame the corrective action plan is in place.

11. One additional re-test is allowed within thirty (30) days of the original testing and requires a score of 85% or higher.
12. If upon re-testing, the staff person does not meet the threshold of 85% or greater the second time, he/she could be subject to transfer to a role outside of the UM department or termination.
13. 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. However, all staff performing UM reviews and/or other utilization management functions shall be trained at least annually on the medical necessity criteria.
14. If numerous inconsistencies are noted on any of the questions, the case(s) will be discussed at the next staff meeting using the relevant utilization review criteria or guidelines.
15. The results of the Inter-Rater Reliability case review test including opportunities for improvement and interventions will be summarized and included in the annual UM evaluation and presented to the Utilization Management Committee annually.

## **QUALITY ASSURANCE/IMPROVEMENT**

1. DWMHA 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. DWMHA'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**

DWMHA staff, Crisis Service Vendor staff, MCPNs 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. DWMHA UM Program Description FY 2016-2018
2. Michigan Medicaid Provider Manual, Version Dated April 1, 2017
3. Contract for Medicare and Medicaid Services in Partnership with the State of Michigan and the Integrated Care Organizations, November 1, 2016 (The Three Way Contract)

## **RELATED POLICIES**

1. Appropriate Professionals for Utilization Management Decision Making Policy
2. Behavioral Health Service Medical Necessity Criteria Policy
3. Behavioral Health Utilization Management Review Policy
4. Customer Service Enrollee/Member Appeal Policy

5. 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

## EXHIBIT(S)

1. DWMHA Inter-Rater Reliability Procedures


### Attachments:

[Inter-Rater Reliability Procedures.docx](#)

### Approval Signatures

Approver	Date
Ronald Hocking: Chief Operating Officer	04/2017
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	<b>Procedure Title:</b> Inter Rater Reliability
	Procedure Origination Date: 4/1/17
	Procedure Revision Date: 4/1/17
	Procedure Owner: Jennifer Miller, LMSW
	Department: Utilization Management
	Line of Business: ALL
	Regulatory Requirements: NCQA UM2 Element C
	<b>Associated Policy:</b> Inter-Rater Reliability Policy

## OVERVIEW

**Procedure Purpose:** To provide detailed steps required to perform the Inter Rater Reliability process.

**Expected Outcome:** DWMHA, Crisis Service Vendor, MCPNs and Service Providers will understand the importance of consistent application of medical necessity criteria system wide.

**References:** N/A

## KEYWORDS:

1. Inter-Rater Reliability
2. Local Coverage Determination (LCD)
3. Level of Care
4. Medical Necessity Criteria
5. National Coverage Determination (NCD)

## PROCEDURE

1. Annually the DWMHA UM Director or designee shall select Inter-Rater Reliability case reviews from the MCG module to measure, evaluate and ensure consistent application of the MCG Medical Necessity Criteria.
2. The DWMHA UM Director or designee will send an email to all DWMHA UM staff and to designated staff at Crisis Service Vendor and the MCPNs with directions on how to access the MCG on line Inter Rater Reliability tool and cases and provides the timeline for completion.
3. These individuals will review a series of at least ten (10) identical vignettes and then select the appropriate clinical determination for the level of care by applying the appropriate MCG Medical Necessity criteria.
4. All UM staff completing will automatically be shown their score at completion. If they have any incorrect answers, they will be shown the correct action and the rationale for that answer.
5. The MCG module then immediately generates a compliance report including full test scores for each individual and an item response analysis and detailed assessment report to pinpoint areas needing additional training.
6. It is the expectation of DWMHA that all staff meet or exceed a score of 85%.
7. In the event that a staff person does not meet or exceed this threshold of 85%, a corrective action plan will be implemented using the MCG item response analysis and detailed assessment report with the expectation that the person pass at the next case review. Corrective action plans can involve such activities as face-to-face supervision, coaching and/or education and re-training.
8. One additional re-test of at least ten (10) Inter-Rater Reliability case reviews will be allowed within thirty (30) days of the initial Inter-Rater Reliability case reviews and requires a score of 85% or greater.

9. Those UM staff needing to be re-tested will receive an email with directions from the DWMHA UM Director or designee as to how to access the re-test on line and the time period for completion.
10. If a staff person does not meet or exceed the threshold of 85% the second time, he/she will be subject to a transfer to a role outside of the UM department or termination.
11. The results of the Inter-Rater Reliability case reviews will be used to identify areas of variation among decision makers and/or types of decisions. The results will help to identify opportunities for improvement as well as further training needs. However, all staff performing pre-admission reviews and/or utilization management functions shall be trained at least annually on the MCG Medical Necessity Criteria.
12. All UM staff are expected to participate in all mandatory medical necessity criteria trainings. Failure to attend mandatory trainings will result in staff member being placed on a corrective action plan.

## PROCEDURE MONITORING & STEPS

Who monitors this procedure: DWMHA UM Director or designee

Department: Utilization Management

Frequency of monitoring: Yearly

Reporting provider to: Chief Medical Office

Regulatory Requirements: NCQA UM2 Element C

## MONITORING STEPS

1. Results of the Inter-Rater Reliability tests will be reported to the DWMHA Utilization Management Committee (UMC) annually and then reported up to the Quality Improvement Steering Committee (QISC) by the DWMHA UM Director or designee.
2. DWMHA UM Director or designee will ensure annual medical necessity criteria training is done with all staff performing UM functions.
3. DWMHA UM Director or designee will identify any opportunities for additional training for all staff performing UM functions.
4. The following MCG reports will be run and analyzed by DWMHA UM Director, Crisis Service Vendor and MCPNs at least annually:
  - a. Compliance reports; and
  - b. Detailed scoring reports; and
  - c. Development plan report noting all on-demand training modules users have completed; and
  - d. Detailed assessment reports to pinpoint areas for additional training.