LA.CLI.063 - Inter-rater Reliability Testing

Original Date:	January 1, 2023	Accountable Dept.:	~~Medicaid Clinical Delivery Experience 10585~~ LA Medicaid Utilization Management
Last Reviewed Date:	~~February 15~~October 17, 2024		

Summary of Changes:

New Document

10/16/2024: Annual Review, minor grammatical changes and updated references to most recent edition reviewed.

Scope:

This policy applies to all Humana Healthy Horizons™ in Louisiana (Plan) associates who administer, review, or communicate covered physical and behavioral health benefits and services to eligible enrolled members.

The purpose of Inter-Rater Reliability (IRR) **testing** is for ~~Humana Healthy Horizons~~**the Plan** to assess the consistency with which all reviewers (internal and external) apply ~~UM~~ **Utilization Management (UM)** criteria**, to service authorization requests,** to ensure fair and consistent care for our members. ~~The purpose of this policy is to provide an assessment process that meets the IRR requirement as defined by the National Committee for Quality Assurance (NCQA) for all Physician, and Non-Physician Licensed Associates, as well as Pharmacists and Rx Grievance and Appeals Medical Directors, who are involved in the Utilization Management (UM) process.~~

Procedures:

~~This policy outlines T~~**t**he test case IRR assessment process **is** applicable to all Physician, and Non-Physician Licensed Associates, as well as Humana Clinical Pharmacy Review (HCPR) Pharmacists and Rx Grievance and Appeals Medical Directors, who are involved in utilization reviews (on-site and telephonically), for health services in the ~~Humana Healthy Horizons in Louisiana~~**Plan**.

1.0 IRR Testing: On an annual basis, a test case IRR assessment is administered to all Physician, and Non-Physician Licensed Associates, as well as Pharmacists and Rx Grievance and Appeals Medical Directors, who complete utilization management reviews. The assessment tools are developed by the Inter-rater Reliability (IRR) and Quality Improvement Initiatives (QII) Testing Services Team in partnership with business leaders and designated Subject Matter Experts (SMEs) for each area performing utilization review.

1.1 Eligibility: All UM Physician, and Non-Physician Licensed Associates, as well as Pharmacists and Rx Grievance and Appeals Medical Directors involved in the UM process with at least three (3) months tenure are expected to complete IRR testing with the following exceptions:

1.1.1 Associates with less than three (3) months tenure are exempt at the time of testing. The IRR test will be made available at the end of the testing year for anyone who was not able to complete the test during the IRR testing period.

1.1.2 Associates who are out on leave, such as Family and Medical Leave Act (FMLA), at the time of IRR testing.

1.1.3 Associates who write, validate, or review their assigned team's IRR test questions.

1.2 IRR Test Questions and Relevance**:** All IRR test questions are based upon hypothetical case reviews relevant to the designated team completing the IRR test.

1.2.1 The number of IRR test questions on any given test is typically twenty (20), however the number of test questions can be adjusted as needed.

1.2.2 All test questions must be 100% relevant to each testing group completing the IRR test to which they have been assigned.

1.2.3 Testing groups are determined by the business leaders, governance committees, and/or stakeholders.

1.3 IRR Test Scoring**:** Humana has agreed that the goal for IRR should be as follows for all testing groups:

1.3.1 An overall average score of 90% or higher for all associates within the testing group.

1.3.2 Regardless of whether the 90% goal is met, all testing groups are responsible for following the IRR Remediation process (see Section 2.0).

~~1.3.2~~**1.3.2.1 Associates who do not pass with a score of 90% or above, are not allowed to make independent authorization determinations until such time that the associate(s) is retrained and monitored through Individual Associate Review sessions and demonstrates performance that meets or exceeds 90% on retesting.**

1.4 IRR Test Structure:

1.4.1 The correct/incorrect answers to all IRR test questions are immediately revealed to each individual test-taker upon completion of the test. All questions will include an answer rationale and/or reference to the guideline/criteria where the correct answer may be located.

2.0 IRR Remediation: Regardless of the IRR test score (whether a testing group's overall average goal was met or not met), gaps identified must be addressed.

2.1 Educational Debrief (addressing gaps identified from group results): If a testing group does not meet the overall average goal as defined above (see IRR Test Scoring), steps must be taken via Educational Debrief sessions to address the gaps identified from the testing group's results. Even if a testing group meets the overall average, they may still wish to schedule Educational Debriefs to benefit from learning opportunities.

2.1.1 The goal of Educational Debrief meetings led by (or where business leaders' partner with) the IRR/QII Testing Services Team is to establish a common method for all testing groups to explore the source of inconsistencies revealed by the IRR test results. Educational Debrief meetings provide:

2.1.1.1 Deep-dive discussions on each inconsistent case scenario, including the answers to the scenario questions, to assist with revealing the nature of inconsistencies.

2.1.1.2 For larger groups, the IRR/QII Testing Services Team will administer virtual Train-the-Trainer sessions to provide business leaders and/or managers with the skills and deliverables necessary for successfully delivering the Educational Debrief meetings to their associates.

2.1.1.3 All Educational Debrief meeting minutes and/or list of actionable items are captured by either business leaders or the IRR/QII Testing Services Team.

2.1.1.4 The IRR/QII Testing Services Team will include all minutes and test results in the final reporting.

2.1.1.4.1 For any external partners making determinations on behalf of Humana must participate in Humana's IRR process or proof of IRR processes adhering to same thresholds or above.

2.2 Associate Reviews (addressing gaps identified from individual results): Even if a testing group meets the overall average goal, steps must continue to be taken to address any gaps identified from individual associates' results. Individual associates who fail to meet the IRR goal score are subject to individual reviews.

2.2.1. Managers and/or Team Leaders and/or Vendor Oversight are responsible for delivering individual reviews to further explore the source of inconsistencies revealed by the individual associate's IRR test results. Each leader determines the most appropriate method for individual associate review activities (which include but are not limited to one-on-one meetings, formal classes, team meetings, learning materials, or informal lunch-and-learn sessions).

2.2.2. The IRR/QII Testing Services Team does not lead individual associate reviews but provides supporting resources to assist Managers and/or Team Leaders and/or Vendor Oversight.

3.0 IRR Conclusion and Reporting: The following steps must be taken to complete the annual IRR requirement:

3.1 All actions taken to administer IRR tests and to improve consistency must be documented in a final report.

3.1.1**.** Final IRR results are prepared for NCQA as well as for the Quality Improvement Evaluation (QIE) Annual Reports and provided to all business leaders and stakeholders prior to the end of the year, as required and applicable.

3.2 Ongoing Recommendations for Measuring Consistency

3.2.1 The best practice for maintaining inter-rater consistency in UM decision making is to establish activities throughout the year (e.g., clinical rounds, clinical consultation, and/or educational sessions).

~~**Requirements: As a part of NCQA UM Accreditation, the IRR requirement states that:**~~

~~**At least annually, the organization:**~~

1. ~~**Evaluates the consistency with which health care professionals involved in UM apply criteria in decision making.**~~
2. ~~**Acts on opportunities to improve consistency, if applicable.**~~

PROCEDURE:

1. ~~1.0~~ Business leadership partners and their designated Subject-Matter Experts (SMEs) work with the IRR/QII Testing Services Team and external vendors, as applicable to implement the annual IRR testing process via the following procedures:
2. ~~1.1~~ Develop IRR test questions that are consistent with applicable criteria.
3. ~~1.2~~ Review, approve, and validate all IRR test questions prior to launching to associates.
4. ~~1.3~~ Compile and build all criteria-based test questions into Humana's Learning Center.
5. ~~1.4~~ Maintain a current roster of all Utilization Management associates that must participate in the IRR.
6. ~~1.5~~ Notify all testing groups via e-mail regarding the testing schedule and/or when the test has been assigned.
7. ~~1.6~~ Keep the IRR testing period open for a minimum of ten (10) working days.
8. ~~1.7~~ Provide associates with a score and answers to all questions upon submission of the completed IRR via the Learning Center.
9. ~~1.8~~ Log all IRR test results into the associate's permanent record in the Learning Center, or share with external vendors, as applicable.
10. ~~1.9~~ Compile test results and all related data after the IRR testing period is complete and share those results with all testing groups.
11. ~~1.10~~ Review results and seek opportunities for improvement and best practices.
12. ~~1.11~~ Collaborate with the IRR/QII Testing Services Team to arrange for group remediation via Educational Debrief meetings.

13. ~~1.12~~ If an individual associate's score does not meet the testing group's defined overall goal, the Manager/Leader/Vendor Oversight will suspend the associate from making independent authorization determinations and provide guidance to ~~those~~ the associate(s) ~~to coach~~through Individual Associate Review Sessions and monitor for ~~continually~~ improved consistency through audits.
14. ~~1.13~~ Provide ~~individual~~ guidance activities including, but not limited to: formal classes, team meetings, learning materials, or informal lunch-and-learn sessions.
15. ~~1.14~~ Maintain documentation of any guidance provided to associates or external staff and/or minutes from the Education Debrief meetings and share that documentation with the IRR/QII Testing Services Team.

Definitions:

~~**Adverse Benefit Determination – Any of the following:**~~

- ~~**The denial or limited authorization of a requested service, including, but not limited to, determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.**~~
- ~~**The reduction, suspension, or termination of a previously authorized service.**~~
- ~~**The denial, in whole or in part, of payment for a service.**~~
- ~~**The failure to provide services in a Timely manner, as defined by the State.**~~
- ~~**The failure of an MCO to act within the timeframes provided in 42 C.F.R. §438.408(b)(1) and (2) regarding the standard resolution of Grievances and Appeals.**~~
- ~~**The denial of an Enrollee's request to dispute a financial liability, including Cost Sharing, copayments, premiums, deductibles, coinsurance, and other Enrollee financial liabilities.**~~

~~**Medically Necessary Services – Those health care services that are in accordance with generally accepted, evidence-based medical standards or that are considered by most physicians (or other independent licensed practitioners) within the community of their respective professional organizations to be the standard of care. In order to be considered medically necessary, services must be: (1) deemed reasonably necessary to diagnose, correct, cure, alleviate or prevent the worsening of a condition or conditions that endanger life, cause suffering or pain or have resulted or will result in a handicap, physical deformity or malfunction; and (2) those for which no equally effective, more conservative and less costly course of treatment is available or suitable for the Beneficiary. Any such services must be individualized, specific and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and neither more nor less than what the Beneficiary requires at that specific point in time. Although a service may be deemed medically necessary, it doesn't mean the service will be covered under the Louisiana Medicaid Program. Services that are experimental, non-FDA approved, investigational, or cosmetic are specifically excluded from Medicaid coverage and will be deemed "not medically necessary."**~~

~~**National Committee for Quality Assurance (NCQA) – A not-for-profit organization that performs quality oriented accreditation reviews on health maintenance organizations and similar types of managed care plans. HEDIS and the Quality Compass are registered trademarks of NCQA.**~~

~~NCQA UM Accreditation - A comprehensive program that evaluates the operations of organizations providing full-scope utilization management services, which include using evidence-based criteria, relevant clinical information, and qualified health professionals to make utilization management decisions.~~

~~Prior Authorization – The process of determining medical necessity for specific services before they are rendered.~~

Service Authorization – A utilization management activity that includes pre-, concurrent, or post review of a service by a qualified health professional to authorize, partially deny, or deny the payment of a service, including a service requested by the Enrollee. Service authorization activities must consistently apply review criteria.

Utilization Management (UM) – Refers to the process to evaluate the medical necessity, appropriateness, and efficiency of the use of health care services, procedures, and facilities. Utilization Management is inclusive of Utilization Review and service authorization.

~~Utilization Review (UR) – Evaluation of the clinical necessity, appropriateness, efficacy, or efficiency of core health care benefits and services, procedures or settings, and ambulatory review, prospective review, Attachment A, Model Contract Page 30 of 390 concurrent review, second opinions, care management, discharge planning, or retrospective review.~~

~~Acronyms:~~

~~FMLA: Family and Medical Leave Act~~

~~HCPR: Humana Clinical Pharmacy Review~~

~~IRR: Inter-Rater Reliability~~

~~NCQA: National Committee for Quality Assurance~~

~~UM: Utilization Management~~

References:

ATTACHMENT A: Louisiana Model Contract

~~2.12.5 Service Authorization Staffing Requirements~~

2.12.5.3 ~~The Contractor shall ensure that staff consistently and correctly apply authorization criteria and make appropriate determinations, including a process to ensure staff performing below acceptable thresholds on inter-rater reliability tests are not permitted to make independent authorization determinations until such time that the staff member can be retrained, monitored, and demonstrate performance that meets or exceeds the acceptable threshold.~~

Version Control:

10/28/23 Policy Development

2/15/24 Annual Review by Sheena Campbell

2/15/24 Moved to new template. KWise, RN MCD Clinical Delivery Experience

Owner:	Brandy Holmes	Executive Team Member:	~~LORI DUNNE/ DR GUPTA~~ Rick Born

Accountable VP / Director: Nicole Thibodeaux

Non-Compliance:

Failure to comply with any part of Humana's policies, procedures, and guidelines may result in disciplinary actions up to and including termination of employment, services, or relationship with Humana. In addition, state and/or federal agencies may take action in accordance with applicable laws, rules, and regulations.

Any unlawful act involving Humana systems or information may result in Humana turning over all evidence of unlawful activity to appropriate authorities. Information on handling sanctions related to noncompliance with this policy may be found in the Expectations for Performance, and Critical Offenses policies, both of which may be found in the Associate Support Center via Humana's secure intranet on Hi! (Workday & Apps/Associate Support Center).