

Policy - Utilization Management Inter-Rater Reliability

Original Date:	February 1, 2021	Accountable Dept.:	Quality Assurance, HCS Quality and Accreditation
Last Reviewed Date:	February 21, 2022		

Summary of Changes:

- A note was added to the Scope section regarding Medicaid Markets.
- The IRR Test Scoring goal has been updated to 90% so that it is consistent for all associates.
- Statements were added to the Remediation section to clarify requirements.

Scope:

This policy outlines the hypothetical test case IRR assessment process that applies to all **Physician, and Non-Physician Licensed Associates, as well as HCPR Pharmacists and Rx Grievance and Appeals Medical Directors**, who are involved in utilization reviews (on-site and telephonically), for health services across all Medicare, Medicare-Medicaid Dual Demonstration, Commercial, and Medicaid Plans.

Note: If any Plan has state-specific contract IRR requirements beyond those described in this Enterprise-wide policy, it is the Plan's compliance area's responsibility to address those state-specific contract IRR requirements by creating, maintaining, and fulfilling all steps in a state-specific Plan policy.

Policy Statement:

The primary purpose of Inter-Rater Reliability (IRR) is for Humana to assess the consistency with which reviewers apply UM criteria in order 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 HCPR Pharmacists and Rx Grievance and Appeals Medical Directors, who are involved in Utilization Management (UM).**

Policy:

1.0 IRR Testing: At least annually, a hypothetical test case IRR assessment is administered to all **Physician, and Non-Physician Licensed Associates, as well as HCPR Pharmacists and Rx Grievance and Appeals Medical Directors**, who complete utilization review. 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 HCPR 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 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 off 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 20, but can be adjusted as needed.
- 1.2.2.** All test questions must be 100% relevant to each testing group completing the IRR test assigned to them.
- 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).

1.4. 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 in order 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, in order 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.

2.2. 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 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.

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.

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).

Definitions:

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.

Acronyms:

IRR: Inter-Rater Reliability

NCQA: National Committee for Quality Assurance

SME: Subject-Matter Expert

UM: Utilization Management

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.

Procedures:

1.0 Business leadership partners and their designated Subject-Matter Experts (SMEs) work with the IRR/QII Testing Services Team to implement the annual IRR testing process via the following procedures:

- 1.1.** Develop IRR test questions that are consistent with applicable criteria.
- 1.2.** Review, approve, and validate all IRR test questions prior to launching to associates.
- 1.3.** Compile and build all hypothetical criteria-based test questions into Humana's Learning Center.
- 1.4.** Maintain a current roster of all Utilization Management associates that must participate in the IRR.
- 1.5.** Notify all testing groups via e-mail regarding the testing schedule and/or when the test has been assigned.
- 1.6.** Keep the IRR testing period open for a minimum of ten (10) working days.

- 1.7. Provide associates with a score and answers to all questions upon submission of the completed IRR via the Learning Center.
- 1.8. Log all IRR test results into the associate's permanent record in the Learning Center.
- 1.9. Compile test results and all related data after the IRR testing period is complete, and share those results with all testing groups.
- 1.10. Review results and seek opportunities for improvement and best practices.
- 1.11. Collaborate with the IRR/QII Testing Services Team to arrange for group remediation via Educational Debrief meetings.
- 1.12. If an *individual* associate's score does not meet the testing group's defined overall goal, the Manager/Leader will provide guidance to those associates in order to coach and continually improve consistency.
- 1.13. Provide individual guidance activities including, but not limited to: formal classes, team meetings, learning materials, or informal lunch-and-learn sessions.
- 1.14. Maintain documentation of any guidance provided to associates and/or minutes from the Education Debrief meetings, and share that documentation with the IRR/QII Testing Services Team.

References:

N/A

Communication and Training Plan:

Change Existing Content

- Updates to the content of policy
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- Placed into new template.

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Disclaimer:

Humana follows all federal and state laws and regulations. Where more than one state is impacted by an issue, to allow for consistency, Humana will follow the most stringent requirement.

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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).