

WORK PROCESS

POLICY NAME: Interrater Reliability (IRR)	POLICY ID: LA.UM.32
BUSINESS UNIT: Louisiana Healthcare Connections	FUNCTIONAL AREA: Population Health and Clinical Operations
EFFECTIVE DATE: 01/24/2020	PRODUCT(S): Medicaid and Medicare
REVIEWED/REVISED DATE: 09/13, 11/13, 7/14, 9/15, 2/16, 5/16, 3/17, 3/18, 1/19, 1/20, 12/20, 12/21, 11/22; <u>01/23</u>	
REGULATOR MOST RECENT APPROVAL DATE(S): n/a	

POLICY STATEMENT:

This work process outlines the procedure for ~~interrater~~interrater reliability testing (IRR) for staff, medical directors, and therapists.

PURPOSE:

The purpose of this document is to promote appropriate and consistent application of clinical criteria in decision making that is based on medical criteria, expert clinical opinion, and supported through a process of ~~interrater reliability (IRR)~~ testing. These steps ensure consistent application of medical policies, quality standards, and established timeframes; and identify areas where additional education and training are necessary. Annual ~~Interrater Reliability (IRR)~~ testing is also mandatory to achieve National Committee for Quality Assurance (NCQA) accreditation.

SCOPE:

Louisiana Healthcare Connections (LHCC) Population Health and Clinical Operations (PHCO) Departments

DEFINITIONS:

Clinical Criteria Team: Corporate PHCO Learning and Development (L&D) Senior Learning and Development Specialists.

Clinical Reviewer: Registered Nurse (RN), Licensed Practical Nurse (LPN), Medical Directors (MD), Therapist or Licensed Behavioral Health Professional responsible for reviewing service requests for Medical Necessity, Appeals and Auditing.

Interrater Reliability (IRR): The process of ensuring consistent application of criteria in making Utilization Management (UM) decisions.

Therapist: A collective term for the physical, occupational, and speech therapists employed at the corporate level (unless otherwise specified) for the purpose of completing secondary level Durable Medical Equipment (DME) and therapy reviews.

POLICY:

It is LHCC's policy that ~~Population Health Clinical Operations (PHCO)~~ L & D Clinical Criteria Team administers New Hire Initial and Annual ~~Interrater Reliability~~IRR testing to all licensed clinicians with the responsibility to conduct, educate, audit and/or oversee UM medical necessity reviews. PHCO leaders monitor staff performance on test outcomes and ongoing staff chart audits in order to ensure consistent utilization of designated clinical criteria decision-making tools. UM clinicians must maintain a minimum of a 90% accuracy rate as evidenced by Interrater Reliability testing scores. Clinicians scoring less than 90% receive remediation in order to ensure consistent application of criteria. The assessment of ~~Interrater Reliability (IRR)~~ applies only to medical necessity determinations made as part of a UM process. Any service request that requires prior approval is considered a UM Medical Necessity determination.

PROCEDURE:

All new staff, including temporary, contractors, or other individuals with clinical decision-making tools in their role, must complete the New Hire Initial IRR training.

- PHCO L&D Team assigns the New Hire Initial IRR test(s) post InterQual and/or American Society of Addiction Medicine (ASAM) training.
- Staff who use InterQual and/or ASAM criteria have 45 days to complete the New Hire Initial IRR test from assignment. The InterQual and/or ASAM New Hire Initial IRR test(s) are assigned 60 days from the conclusion of InterQual and/or ASAM training.

If the assignment date of the New Hire Initial IRR testing coincides within 90 calendar days from the start date of Annual IRR testing, the staff will participate in the Annual IRR testing. If there are more than 90 calendar days separating the

assignment date of the New Hire Initial IRR test(s) and start of the Annual IRR testing, staff will be required to take both test(s).

Successful demonstration of the UM process and proficient application of relevant medical necessity criteria including InterQual and American Society of Addiction Medicine (ASAM) must be validated through audits and testing prior to release from orientation. Managers and Clinical Trainers receive scores for their respective staff. A score of **less than 90% for any IRR test or ASAM test is considered not passing.**

At least annually, the Corporate Vice President of Population Health and Clinical Operations (VPPHCO) and the Corporate Vice President of Medical Affairs (VPMA), in conjunction with the PHCO Clinical Criteria Team, initiates and conducts the IRR testing to assess the consistency with which clinical reviewers apply clinical criteria decision-making tools.

InterQual and/or ASAM Users include:

- Medical Directors
- Behavioral and Physical Health Clinical Reviewers for Concurrent Review, Prior Authorization and Appeals
- Clinical Managers and Supervisors
- Clinical Auditors
- Clinical Trainers

For those utilizing InterQual criteria, the IRR consists of tests derived from the Change of Healthcare IRR test applicable for the current InterQual criteria used to make UM decisions. Separate tests are created for each InterQual Product. The Plan will utilize the Centene Advanced Behavioral Health ASAM IRR test applicable for the current ASAM criteria that is used to make UM decisions.

- A. The PHCO L&D Clinical Criteria team provides communication and training in preparing clinical staff for IRR testing. Information consists of annual revisions to clinical criteria, tools for successful IRR testing and remediation for clinical staff who do not pass the initial IRR test. In addition, IRR testing timelines are shared.
- B. The PHCO L&D Clinical Criteria team distributes IRR communications via the PHCO Clinical Criteria mailbox in partnership with the PHCO L&D Regional Managers.
- C. All staff who utilize IQ and/or ASAM clinical criteria are required to take IRR tests that are pertinent to their role in the organization.
- D. Once annual IRR testing is completed, the PHCO Clinical Criteria team prepares an analysis of the testing period. The LHCC VPPHCO, VPMA, and designees receive scorecards for their respective staff.
- E. The PHCO L&D Clinical Criteria team collaborates with Plan leadership to ensure that testing is completed as outlined in this policy.

The process for the completion of IRR testing is as follows:

- A. Staff ~~will be~~ provided one (1) attempt to pass the New Hire Initial, Annual, and Retake IRR test(s). There is no practice New Hire Initial, Annual, or Retake IRR tests
- B. IRR testing is to be completed on an individual basis. Sharing of IRR test(s) and/or test answers is a violation of the Centene Business Ethics and Code of Conduct and have consequences ranging from disciplinary action up to and including termination.
- C. At the conclusion of New Hire Initial and Annual IRR testing, the PHCO L&D Clinical Criteria Team identifies any staff with a score of less than 90% for any IRR test. The identified staff must attend remediations within 30 calendar days of completing last initial IRR test. For example, four (4) IRR tests have been assigned however, the staff has failed one or more IRR tests. The date the last test was completed is used to calculate the start of the 30-day window for completing all required remediation. Upon conclusion of remediation, the PHCO L&D Clinical Criteria Team assigns the IRR Retake test for all InterQual and/or ASAM tests with a score of less than 90%. InterQual and/or ASAM IRR testers will be provided 30 days to complete the Retake IRR test(s).
- D. A Corrective Action Plan (CAP) should be initiated by the people leader for any staff with a final score of <90% for any IRR retake test. A passing score for all tests is required.
- E. A Corrective Action Plan (CAP) may include but is not limited to the following: precepting an individual, retraining of the individual by reviewing the Initial/Retake IRR test(s) or auditing five (5) cases in production, for any IRR Product(s) not passed on the Retake over a 90-day period.
- F. Inability to pass retesting/audit review as a condition of the Corrective Action Plan (CAP) is subject to further action as defined by the Plan VPPHCO or VPMA, up to or including termination.
- G. In the event the New Hire and Annual IRR test (s) are not completed within the designated testing period, a failure of all applicable assessments will be applied, and a Corrective Action Plan (CAP) is initiated by the people leader.

- H. This excludes all excused absences per Policy *CC.HUMR.08*. Remediation is not required for these staff.
- Staff with excused absences spanning the initial period of Annual testing should be assigned their IRR test(s) upon returning from leave by the people leader.
- I. In the instance where the state mandates specific validation and documentation of staff proficiencies:
- Appropriate documentation must be provided to support the need for testing variances. The Plan is still required to complete all foundational statements in this policy. The Plan holds the responsibility for the execution, monitoring, and documentation of state required nuances. In addition to IRR testing, the Organization works to ensure staff are notified of the Annual Content Release revisions to InterQual and/or ASAM criteria. The PHCO L&D Clinical Criteria Team provides to PHCO, Medical Affairs leadership and staff a Summary of Changes outlining the Annual Content Release revisions from the previous year's InterQual and/or ASAM criteria. The Summary of Changes is presented within a quarter of the Annual Content Release revisions being shared with the Organization All staff who use InterQual and/or ASAM must complete the Summary of Changes training prior to using the new criteria. The Plan leadership ensures this training is complete prior to directing staff to use the current year's criteria. PHCO L & D Clinical Criteria Team ~~will~~ sends a communication on the launch date for using the Annual Content Release. The PHCO L & D Clinical Criteria Team validates completion of the Summary of Changes by utilizing Centene University reporting.
- J. The Plan ensures 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.¹

REFERENCES:

LA CCN-P Contract – Section 8 Utilization Management
 Current NCQA Health Plan Standards and Guidelines
 LA.UM.02 Clinical Decision Criteria
 CC.UM.02.05

ATTACHMENTS:

ROLES & RESPONSIBILITIES:

REGULATORY REPORTING REQUIREMENTS:

Which regulator(s) require reporting, what should be reported, when to report, and how to report/who to contact.

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
Ad Hoc Review	Language added to meet Louisiana Contractual Requirements	11/13
Ad Hoc Review	New timeline on when new staff testing included	07/14
Ad Hoc Review	Change score to 90% from 80% Updated NCQA reference to current	09/15
Ad Hoc Review	Changed testing from 30 to 90 days. Added CC.UM.02.05 to references	02/16
Ad Hoc Review	Added reference to Centene's new timeline on staff testing	05/16
Annual Review	No Changes	03/17
Annual Review	Changed McKesson to Change Healthcare Added insert "excludes job roles that do not apply IQ criteria to determine medical necessity within their job function"	03/18
Ad Hoc Review	Added clarification of IRR testing vs existing employee annual testing: <ul style="list-style-type: none"> • All new employees, including temporaries, contractors and consultants, must be tested within ninety (90) days of initial InterQual training. If this testing coincides with the annual testing, it may be used for both. If there are more than 30 days separating the new employee and annual testing, it must be repeated. If new employee does not pass with a score of 90% or 	01/19

¹ Contract section 2.12.5.3

	<p>greater, remediation and re-testing will be required within 30 days.</p> <p>Re-worded sentences for annual testing for existing employees</p> <p>Removed "within 30 days of retraining" from C.- i. and placed under new hire training section.</p>	
Annual Review	No revisions	01/20
Annual Review	<p>Numerous updates throughout the policy.</p> <p>Updated Medical Management to Population Health and Clinical Operations.</p> <p>Included American Society of Addiction Medicine (ASAM) IRR UM testing.</p> <p>Added verbiage from Corporate CC.UM.02.05 policy regarding initial testing time frames and proficiency.</p> <p>Added the need for clinical trainers, auditors, supervisors, and managers of UM staff to test per Corporate CC.UM.02.05 policy</p> <p>Changed nurses to reviewers</p> <p>Updated IRR Testing process to include responsibilities of the Corporate Training Team, Centene Advanced Behavioral Health Team, and the plan's Clinical Administration and Systems Support (CASS) Team.</p> <p>Clarified 30 day remediation and retesting time frame per Corporate CC.UM.02.05 policy.</p> <p>Expanded on Corrective Action Plan requirements per Corporate CC.UM.02.05 policy</p> <p>Added statement regarding not completing assessments during annual testing period is considered a failure. This excludes all excused absences per Policy CC.HUMR.08.</p> <p>Added process for IQ or ASAM Summary of Changes notification and use of new criteria per Corporate CC.UM.02.05 policy</p> <p>Added CC.UM.02.05 to references.</p>	12/20
Annual Review	<p>Numerous updates throughout to reflect compliance with Corporate Policy CC.UM.02.05; grammatical/formatting corrections made.</p> <p>Added Definitions to work process per Corporate work process</p> <p>Changed Corporate Clinical Training Team to PHCO L&D Clinical Criteria Team.</p> <p>Updated the purpose in the Work Process per Corporate Policy CC.UM.02.05.</p> <p>Listed the clinical staff that are required to complete IRR testing.</p> <p>Updated Work Process regarding assignment of testing, timeline for completing initial testing, preparation of staff for testing, and remediation information.</p> <p>Updated wording regarding annual requirements for IRR testing.</p> <p>Updated retesting process and CAP steps.</p> <p>Defined what is considered an excused absence for annual IRR testing.</p> <p>Clarified responsibility of ensuring summary of changes is complete prior to using the new year's criteria.</p>	12/21
Annual Review	<p>Numerous updates throughout Policy to reflect compliance with Corporate Policy CC.UM.32 (previously CC.UM.02.05);</p> <p>Grammatical/formatting corrections made.</p> <p>Updated wording regarding annual/new hire requirements for IRR testing.</p> <p>Updated timeframe for Annual/New Hire IRR testing.</p> <p>Reformatted to latest Policy Template</p>	11/22
<u>Ad Hoc Review</u>	<u>Added staff 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.</u>	<u>01/30/23</u>

WORK PROCESS APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.

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