MedStar Family Choice

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**103**	
Subject:	**Inter-Rater Reliability/UM Decision Making**	
Section:	**Care Management**	
Initial Effective Date:	**11/01/2007**	
Revision Effective Date(s):	**07/18, 07/19, 07/20, 07/21, 07/22, 07/23, 07/24, 11/24, 07/25, 07/26**	
Historical Revision Date(s):	**09/08, 11/09, 09/10, 09/11, 10/12, 10/13, 01/14, 07/14, 10/14, 10/15, 10/16, 07/17**	
Review Effective Date(s):		
Historical Review Date(s):		
Responsible Parties:	**Manager of Utilization Management, AVP of Clinical Operations and Chief Medical Officer**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:	**Maryland EQRO Systems Performance Review: Standard 7.2, NCQA 2026: UM 2C**	
Approved:	**AVP of Clinical Operations**	**Chief Medical Officer**

Purpose: **To monitor consistency with Utilization Management decision making.**

Scope: **MedStar Family Choice, Maryland**

Policy: **MedStar Family Choice nurses and physicians involved in Utilization Management (UM) decision making. MedStar Family Choice will conduct separate Interrater Reliability testing for Case Managers (CMs) who do Concurrent Review and Clinical Authorization Nurses who do Pre-Authorization Review. Annual Interrater Reliability Testing will be completed with Change Healthcare InterQual Interrater Reliability tool.**

Interrater Reliability testing will evaluate and improve the consistency of criteria application from review to review with IRR online web-based assessment application.

Annually, Interrater Reliability testing (IRR) will be completed for each clinical associate involved in the utilization management (UM) decision-making process in the 4th quarter of the calendar year. This includes concurrent review nurses, prior authorization nurses, appeal nurses,

and medical directors. The IRR measures how accurately and consistently the staff applies InterQual Criteria.

Procedure:

A. The IRR administrator will be the Chief Medical Officer, or the AVP of Clinical Operations or their designee. The IRR administrator is responsible for the following tasks
   1. Develop and customize the twenty-five (25) questionnaire assessment according to processes and procedures unique to MedStar Family Choice, from a wide selection of case studies and questions.
   2. Access and review assessment and assessment information through the administrator account.
   3. Notify the UM /Appeal reviewers 4-6 weeks prior to the date of the IRR assessment.
   4. Send the assessment links via email to the reviewers involved with the UM/Appeal reviews.
   5. Provide staff with their assessment scores and rationale for the correct answers to assessment questions.
   6. Generate reports that identify inconsistencies and opportunities for improvement.
   7. Report issues to Product Support.

Twenty-five questions are administered for each assessment. There is an option to customize some questions according to processes and procedures unique to MedStar Family Choice. Assessment questions are reviewed by senior clinical leadership prior to distribution.

B.

1. The staff has a set amount of time to complete the assessment and will immediately receive the result upon completion.
2. The goal is to score at least 85%. One can retake the test two times.
3. A consistent score of less than 85% will receive reeducation and the opportunity to retake the test.
4. If the score is less than 85% after reeducation and retaking the test, the Chief Medical Officer, AVP of Clinical Operations or the Manager of Utilization Management will audit 10 charts each month for two months and complete the respective audit tool. The charts are randomly selected from the authorization reports.
5. If the audit score is less than 85%, a Corrective Action Plan is implemented for the nurse reviewer or medical director.

C. For UM reviewers who score less than 85% charts will be selected at random from the following reports:
   a. For Reviewers who apply UM criteria for prior authorization of Pharmacy, or non-Pharmacy (Outpatient, DME Requests or Admission Events), charts will be selected from the Pre-Service Pharmacy and Non-Pharmacy Timeliness reports.

b. For Reviewers who apply UM criteria for concurrent reviews, charts will be selected from the Urgent Concurrent Inpatient report.
c. For Reviewers who apply UM criteria for appeal reviews, charts will be selected from the Appeals Timeliness report.
d. Two questions on the Inpatient/Concurrent Review Audit Tool and the Prior Authorization Review Audit Tool, will be utilized to evaluate the consistency of UM/Appeals decision making by reviewers involved in the UM/Appeals process.
    a. The two questions from the standardized tools are as follows:
        i. Was appropriate IQ, ASAM, or MFC-DC criteria used?
        ii. Did review notes support staff clinical decision?

D. Charts excluded from the audit include: Inpatient admissions for routine Maternity and Newborn as they are data entry and UM decision making is not applicable.
E. Associates who joined MedStar Family Choice within 90 days prior to the IRR administration are exempt from taking the IRR exam.

Pre-Authorization/Outpatient/Home or DME Request Audit Tool

Question	Yes	No
1. Was appropriate IQ or MFC criteria used?		
2. Did review notes support staff clinical decision?		
3. Was clinical decision timely, per COMAR (MD)?		
4. Was notification of decision: a. Documented?		
b. Timely?		
c. Letters, if needed, sent timely?		
5. Was any indicated referral to Case Management made appropriately?		
6. Was there documentation of "COB" when appropriate?		
7. Was there documentation of "Quality Referral" when appropriate?		

Inpatient/Concurrent Review Audit Tool

Question	Yes	No
1. Was appropriate IQ or MFC criteria used?		
2. Did review notes support staff clinical decision		
3. Was most appropriate approval/denial reason documented?		
4. Was concurrent review decision timely per UM Process Policy timeframes?		
5. Was Medical Director referral made in time to allow final decision within UM Process Policy timeframes?		
6. Was communication of any concurrent review denials made within UM Process Policy timeframes?		
7. If no clinical received, was at least 1 request made with timely denial?		
8. Was there appropriate notification of appeal rights?		

9. Did documentation reflect timely recommendation or completion of referral to ALOC?		
10. Was any indicated referral to Case Management made appropriately?		
11. Was any indicated COB documented appropriately?		
12. Was any indicated Quality referral made?		

Summary of Changes:	**07/26** • Regulatory References updated for 2026 **07/25** • Regulatory References updated for 2025 **11/24** • Add Section E exemption- staff joining MFC 90 days before IRR administration is exempt from taking IRR. **07/24** • Responsible Parties and Approved By updated to reflect current titles • Regulatory Reference updated for 2024 • Replaced MFC with MedStar Family Choice • Section A and B updated titles **07/23** • Responsible Parties Theresa Bittle was removed, Carol Attia and Karyn Wills were added. • Regulatory Reference updated for 2023. • Approved removed Theresa Bittle and Patryce Toye and added Carol Attia and Karyn Wills. • Explain the change in the IRR process. • IRR assessment performed annually. • Described procedure if 85% is not obtained. **07/22:** • Updated Regulatory References to reflect 2022 NCQA Standards. • Procedure # 1 clarified the report is the Authorization Report. • Reworded sentence in step # 5 of the Outpatient audit tool to be in line with the wording on the Inpatient audit tool. **07/21:** • Updated Regulatory References to reflect 2021 NCQA Standards.

	• Added “Maryland” to scope. • Changed Case Management to Clinical Operations in Responsible Departments. **07/20:** • Updated Regulatory References to reflect 2020 NCQA Standards. • # 10 ‘Opportunities for Improvement’ will be brought to the IRR Meeting from Medical Director Meeting. • # 11 added Nurse Reviewer at the end as part of the Action Plan will be implemented if they score below 85% for two consecutive quarters. **07/19:** • Update NCQA Reference for 2019 Standards. • Removal of “Maryland” from scope. • #10 letter ‘a’ grammatical changes to the sentence so it flows better. • Preauthorization audit tool removed reference to DHFC and Disease Management. • Inpatient audit tool question #5 changed PA to Medical Director and question #10 changed CM/DM to Case Management. **07/18:** • Removed Sharon Henry from Responsible Parties. • Updated Regulatory Reference for NCQA Year and changed Delmarva to Maryland EQRO. • Removed references to the former DC plan. • #1 removed Supervisor of Utilization Management. • #2 removed Supervisor of Utilization Management. • Modified Effective Date to Initial Effective Dates; added Historical Revision Dates and Revision Effective Dates; and added Historical Review Dates and Review Effective Dates. **07/17:** • Updated Regulatory References. • Changed Approved by from Carol Attia to Theresa Bittle and updated Dr. Toye’s title from Sr Medical Director to Chief Medical Officer. • Updated titles throughout to current title structure. • Added case review of decisions made by Appeals Review Nurses into the IRR process for MDs. • Clarified that cases reviewed for MD IRR may now include primary ER decisions. • Clarified that goal score of 85% is for entire group (MDs and Appeal RNs).

	• Clarified that individual's scores are noted for tracking and trending. • Clarified that a CAP will be initiated if 2 consecutive quarters score for group or individual is below 85%. • Updated the Audit tool names to reflect current clinical software terminology. **10/16:** • Updated regulatory references. • Clarified who selects charts for review. • Changed how the random Inpatient charts will be pulled for review. • Changed how the random Referral Events will be pulled for review. • Added UM Work Group involvement. **10/15:** • Clarified language for those nurses who may not have an Inpatient denial, that 3 approval charts will be used.