POLICY AND PROCEDURE

POLICY NAME: Interrater Reliability Testing	**POLICY ID:** LA.UM.32
BUSINESS UNIT: Louisiana Healthcare Connections	**FUNCTIONAL AREA:** Utilization Management
EFFECTIVE DATE: 01/24/2020	**PRODUCT(S):** Medicaid
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, 03/23, 01/2024, 10/8/2024, 08/01/2025	
REGULATOR MOST RECENT APPROVAL DATE(S): Please refer to system of record – Archer	

POLICY STATEMENT:

All Areas and Departments within Centene Corporation and its subsidiaries must have written Policies and Procedures that address core business processes related to, among other things, compliance with laws and regulations, accreditation standards and/or contractual requirements.

PURPOSE:

The purpose of this policy 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 IRR testing is also mandatory to achieve National Committee for Quality Assurance (NCQA) accreditation.

SCOPE:

This policy applies to employees of the Utilization Management (UM) Department. This includes officers, directors, consultants, and temporary workers (collectively, the “Plan”).

DEFINITIONS:

Clinical Criteria Team: Organization and Population Health Clinical Operations (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 UM decisions.

Medical Necessity Criteria Users: Users that include:

- Medical directors
- Behavioral and physical health clinical reviewers for concurrent review, retro review, prior authorization and appeals.
- Clinical managers and supervisors
- Clinical auditors
- Clinical trainers

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:

The Organization’s Clinical Criteria Team administers new hire and annual IRR testing to all licensed clinicians with the responsibility to conduct, educate, audit and/or oversee UM medical necessity reviews. People leaders are responsible for validating all clinical staff, who utilize clinical criteria are assigned the correct test(s) based on all the areas for which they consistently perform clinical reviews.

At least annually, the Plan's Vice President of Population Health and Clinical Operations (VPPHCO) and Vice President of Medical Affairs (VPMA), in conjunction with the Plan and the Clinical Criteria Team, initiates and conducts the IRR testing to assess the consistency with which clinical reviewers apply clinical criteria decision-making tools. The Plan's Clinical Criteria Team administers new hire and annual IRR testing to all licensed clinicians with the responsibility to conduct, educate, audit and/or oversee UM medical necessity reviews.

The Clinical Criteria Team monitors employees performance on test outcomes to ensure consistent utilization of designated clinical criteria decision-making tools. The clinical criteria decision-making tools utilized by the Plan include the following: InterQual®, American Society of Addiction Medicine (ASAM) Criteria®, Level of Care Utilization/Child/Adolescents of Care Utilization System (LOCUS/CALOCUS)©, Early Childhood Service Intensity Instrument (ESCII) and/or Applied Behavioral Analysis (ABA).

Clinical reviewers must maintain a minimum of a 90% passing score as evidenced by interrater reliability test(s). Clinical reviewers scoring less than 90% receive remediation/coaching to ensure consistent application of criteria. The assessment of 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.

Once annual IRR testing is completed, the Clinical Criteria Team prepares an analysis of the testing period. The Plan VPPHCOs, VPMAs, and designees receive scorecards for their respective employees and the Plan VPPHCO and VPMA receives scores for all plans.

The Clinical Criteria Team collaborates with ~~P~~plan's leadership to ensure that testing is completed as outlined in this policy.

PROCEDURE:

All new clinicians, including temporary, contractors, or other individuals with clinical decision-making tools, must complete medical necessity criteria training for their respective roles.

IRR Testing Process:

- Employees are provided one (1) attempt to pass new hire and annual initial and retake IRR test(s). There are no practice IRR tests provided.
- If the assignment date of the new hire IRR test(s) falls within 90 calendar days from the assignment date of annual IRR testing, the employee takes the annual IRR testing. If there are more than 90 calendar days separating the assignment date of the new hire IRR test(s) and assignment date of the annual IRR testing, employees are required to take both test(s).
- 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.
- At the conclusion of new hire and annual initial and retake IRR testing, the PHCO L&D Clinical Criteria Team identifies any employees with a score of less than 90% for any IRR test. The identified employees must attend remediation. Upon conclusion of remediation, the PHCO L&D Clinical Criteria Team assigns the IRR retake test. Testers are provided 30 days to complete the retake IRR test(s).
- Documented coaching is initiated by the people leader for any employees with a final score of less than 90% for any IRR test.
    - The people leader will collaborate with the Clinical Criteria Team to:
        - Initiate a structured post-assessment remediation training
        - Provide up to two additional testing opportunities to demonstrate remediation success
        - Document the date(s) and outcome(s) of the coaching
    - The people leader will be responsible for auditing and documenting a minimum of five authorization cases for the staff member within a 90-day period for the IQ products being remediated post-assessment.

- ~~Documented coaching may include but is not limited to the following: precepting of employees, retraining of the employees by reviewing the initial/retake IRR test(s) or auditing five (5) cases in production, for any IRR product(s) not passed.~~

- Inability to meet the goals outlined in coaching is subject to further action, including a performance improvement plan (PIP) up to or including termination.

- 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 is applied, and documented coaching is initiated by the people leader.

    - Remediation is not required for all excused absences per CC.HUMR.08 Leaves of Absence Policy.

    - Employees with excused absences during new hire and annual testing are assigned their IRR test(s) upon returning from leave by the Clinical Criteria Team. The people leader notifies the Clinical Criteria Team of the return of the employees.

- In the instance where the state mandates specific validation and documentation of employee proficiencies:

    - Appropriate documentation must be provided to support the need for testing variances. The Plan is still required to complete and adhere to 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 Plan works to ensure employees are notified of the annual content release revisions to medical necessity criteria.

- The PHCO L&D Clinical Criteria Team provides to the PHCO, Medical Affairs leadership and employees a summary of changes outlining the annual content release revisions from the previous year.

- The summary of changes is presented within a quarter of the annual content release revisions being shared with the Plan.

- All employees who use medical necessity criteria must complete the summary of changes training prior to using the new criteria. The Plan leadership ensures this training is complete prior to directing employees to use the current year's criteria.

- PHCO L&D Clinical Criteria Team 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 and learning management system.

The Plan ensures that employees consistently and correctly apply authorization criteria and make appropriate determinations, including a process to ensure employees performing below acceptable thresholds on inter-rater reliability tests are not permitted to make independent authorization determinations until such time that the employees can be retrained, monitored, and demonstrate performance that meets or exceeds the acceptable threshold (Model Contract 2.12.5.3).

Tracking of Medical Director IRR and Peer Review

Results of each medical director IRR test results and peer review participation is collected and tracked over time. It may be determined that additional education and/or increased supervision of review decisions is necessary based on the results. Testing may be done more frequently than once per year if the need is identified. The IRR testing focuses on the correct application of clinical criteria as well as the appropriateness of identifying quality issues. Medical directors participate in peer review discussions quarterly. The purpose of peer review is to measure compatibility amongst medical directors to ensure fairness and equality in the process of medical necessity review.

Medical Director Peer Review

- Physician peer review discussions occur quarterly per year and are overseen by the Medical Affairs Department.
- A medical director is required to participate in peer review if they have completed at least 15 advisor reviews in the prior quarter.

- For each peer review, at least five (5) diverse cases are selected by the Medical Affairs Department. Cases are blinded and sent to each medical director to review.
- The medical directors have two (2) weeks to review the assigned cases and consider the following elements:
  - The medical appropriateness of care provided and/or requested
  - Identification of care delays
  - The appropriate setting and provider type (for example, inpatient versus outpatient versus home)
  - The criteria which are applicable (i.e., a specific clinical policy, subset of InterQual, etc.)
  - The intensity of services provided

REFERENCES:
Louisiana Medicaid MCO Model Contract:
2.12.5 Service Authorization Staffing Requirements
Louisiana Medicaid MCO Manual
Louisiana Prepaid Coordinated Care Network (CCN-P) Contract – Section 8 Utilization Management
NCQA Health Plan Standards and Guidelines UM 2: Clinical Criteria for UM Decisions
LA.UM.02 Clinical Decision Criteria and Application
CC.UM.32 Interrater Reliability – Staff, Medical Directors, and Therapists
CC.HUMR.08 Leaves of Absence

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS:
Louisiana Revised Statute §46:460.54 applies to material changes for this policy.

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: • 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 greater, remediation and re-testing will be required within 30 days. Re-worded sentences for annual testing for existing employees Removed "within 30 days of retraining" from C.- i. and placed under new hire training section.	01/19
Annual Review	No revisions	01/20
Annual Review	Numerous updates throughout the policy. Updated Medical Management to Population Health and Clinical Operations. Included American Society of Addiction Medicine (ASAM) IRR UM testing. Added verbiage from Corporate CC.UM.02.05 policy regarding initial testing time frames and proficiency.	12/20

	Added the need for clinical trainers, auditors, supervisors, and managers of UM staff to test per Corporate CC.UM.02.05 policy Changed nurses to reviewers 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. Clarified 30 day remediation and retesting time frame per Corporate CC.UM.02.05 policy. Expanded on Corrective Action Plan requirements per Corporate CC.UM.02.05 policy Added statement regarding not completing assessments during annual testing period is considered a failure. This excludes all excused absences per Policy CC.HUMR.08. Added process for IQ or ASAM Summary of Changes notification and use of new criteria per Corporate CC.UM.02.05 policy Added CC.UM.02.05 to references.	
Annual Review	Numerous updates throughout to reflect compliance with Corporate Policy CC.UM.02.05; grammatical/formatting corrections made. Added Definitions to work process per Corporate work process Changed Corporate Clinical Training Team to PHCO L&D Clinical Criteria Team. Updated the purpose in the Work Process per Corporate Policy CC.UM.02.05. Listed the clinical staff that are required to complete IRR testing. Updated Work Process regarding assignment of testing, timeline for completing initial testing, preparation of staff for testing, and remediation information. Updated wording regarding annual requirements for IRR testing. Updated retesting process and CAP steps. Defined what is considered an excused absence for annual IRR testing. Clarified responsibility of ensuring summary of changes is complete prior to using the new year's criteria.	12/21
Annual Review	Numerous updates throughout Policy to reflect compliance with Corporate Policy CC.UM.32 (previously CC.UM.02.05); Grammatical/formatting corrections made. Updated wording regarding annual/new hire requirements for IRR testing. Updated timeframe for Annual/New Hire IRR testing. Reformatted to latest Policy Template	11/22
Ad Hoc Review	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.	03/14/23
Annual Review	Style guide edits. Updated functional area, policy statement, scope, regulatory requirements, and references. Aligned with updated CC.UM.32 IRR policy. Under policy section, detailed clinical criteria decision-making tools and leadership titles. ESCII added to BH MN criteria. Adjusted MCG testing times to align with current standards. Moved MN Criteria users to definitions. Corrective action plan replaced with coaching details. Changed instances of IQ and/or ASAM to medical necessity criteria. Added MCG learning management system to validation of completion. Under leaves of absence, added "The people leader notifies the Clinical Criteria Team of the return of the staff."	01/2024
Annual Review	Grammatical and formatting edits. Added retro review under Medical Necessity Criteria Users section. Removed Milliman Care Guidelines. Removed Medicare from the products. Updated references	10/8/2024
Annual Review	Under the Policy section added information to clarify responsibility of people leaders. Under the IRR Testing Process section removed statement about IRR test/auditing cases. Under the IRR Testing Process section updated documented coaching requirements to include people leader responsibilities. Adding section "Tracking of Medical Director IRR and Peer Review" & "	08/01/2025

	Medical Director Peer Review". Grammatical and formatting edits. Updated references.	

POLICY AND PROCEDURE APPROVAL

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