

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management		SUBJECT (Document Title) Physician Review Audits - Inter-rater Reliability Assessment - CA	
Effective Date 06/25/2002	Date of Last Review 04/08/2024	Date of Last Revision 03/31/2023	Dept. Approval Date 04/08/2024
Department Approval/Signature:			

Policy applies to health plans operating in the following State(s). Applicable products noted below.

Products	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input checked="" type="checkbox"/> California	<input type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> Ohio	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska	<input type="checkbox"/> South Carolina	

POLICY:

Anthem Medicaid ensures that case reviews done by Anthem Medicaid Peer Clinical Reviewers (PCR) demonstrate consistency with the application of clinical criteria to ensure consistency in review outcomes at least annually through participation in the inter-rater reliability (IRR) assessment and monthly through quality audits. The PCR’s role requires identification and use of Anthem clinical review criteria for utilization management decision making.

DEFINITIONS:

Physician Peer Clinical Reviewer (PCR): A physician who is employed by or contracted with Anthem to carry out utilization review. PCRs must meet job description requirements that include education, training or professional experience in medical or clinical practice, board certification in his/her specialty, and must have a current license to practice without restrictions.

PROCEDURE:

I. Inter-rater Reliability Assessment (IRRA)

- A. Assessments are devised by the Physician Inter-rater Reliability Assessment Committee (PIRAC). The PIRAC is comprised of experienced medical director physician reviewers designated to serve in this capacity by medical leadership from multiple operational units across the enterprise.
- B. The inter reliability audit is conducted at least once a year.
- C. All Peer Clinical Reviewers are given the same case scenarios and their decisions are

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management	<u>SUBJECT (Document Title)</u> Physician Review Audits - Inter-rater Reliability Assessment - CA
--	--

evaluated for the appropriateness of the clinical decision, adherence to the health plan clinical guidelines and policies and the ability to provide appropriate clinical rationales to validate their responses. The established quality benchmark for the Inter-rater reliability audit is 80%.

- D. The goals of the Anthem Physician Inter-rater Reliability Assessment Program are to:
- To establish a process whereby all reviewers performing Utilization Review (UR), can be monitored annually to ensure appropriate case review decisions.
 - To standardize the administration of the annual IRRA testing for all brands, but still accommodate brand specific requirements in the scenarios used for testing the individual reviewer.
 - Evaluate and ensure the use of Medical Policies, Clinical Guidelines and MCG™ Guidelines is consistent for all Medicaid Reviewers. Measure and compare the level of consistency between regions, and identify variance, if any, in the application of guidelines.
 - Identify learning opportunities to improve consistency and implement training/re-education as needed.
- E. Physicians taking part in the assessment must achieve a minimum score of 80%. Based on their individual performance, they may receive recognition as well as appropriate constructive feedback, with identification of opportunities for improvement in the delineated areas encompassed by the assessment. Reviewers who score less than 80% are required to document additional review of the assessment and concepts with their manager.
- F. Aggregated results of consistency assessments are also reviewed for potential improvement opportunities.

II. Monthly Audits

- A. Quality Review is carried out by randomly selecting physician specific files.
- B. Accuracy and consistency of documentation in the UM system with an established quality benchmark of 95% on a quarterly basis.
- C. Review of findings is completed with the Managing Medical Director. The Managing Medical Director provides individual feedback.
- D. The Managing Medical Director is responsible for coordinating identified training needs.

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management	SUBJECT (Document Title) Physician Review Audits - Inter-rater Reliability Assessment - CA
---	--

- E. Quality Review reports are presented to the Quality Management Committee (QMC).
- F. The Quality Review process and associated results are evaluated annually as a part of the annual UM evaluation.
- G. Associates are notified of all Medical Policy & Technology Assessment Committee policy updates.
- H. Associates are notified of all Guideline updates and receive Guideline refresher classes.

REFERENCES:

- Anthem Physician Inter-Rater Reliability Assessment administered by the Physician Inter-rater Reliability Assessment Committee
- NCQA UM Standards

RESPONSIBLE DEPARTMENTS:

Primary Department: Utilization Management (UM)

Secondary Department(s): None

EXCEPTIONS:

None

REVISION HISTORY:

Review Date	Changes
04/08/24	<ul style="list-style-type: none"> • Annual Review—no changes
03/31/23	<ul style="list-style-type: none"> • Annual Review • Updated audit percentage from 90% to 95% under Procedure section, II B • Updated primary department under Responsible Departments section from “Medical Management (Utilization Management & Case Management)” to “Utilization Management (UM)” to match primary department in header • Added “Secondary Department(s)” sub-header under Responsible Departments section to match template
03/24/22	<ul style="list-style-type: none"> • Annual Review

**Government Business Division
Policies and Procedures**

Section (Primary Department) Utilization Management	SUBJECT (Document Title) Physician Review Audits - Inter-rater Reliability Assessment - CA
---	--

Review Date	Changes
	<ul style="list-style-type: none"> • Updated References
03/10/21	<ul style="list-style-type: none"> • Annual Review, minor grammatical updates in policy section
03/11/20	<ul style="list-style-type: none"> • Annual Review, No Changes
03/06/19	<ul style="list-style-type: none"> • Annual Review, No Changes
03/20/18	<ul style="list-style-type: none"> • Annual Update • Removed WMDS
03/31/17	<ul style="list-style-type: none"> • Updated to add PIE auditing information
04/29/16	<ul style="list-style-type: none"> • Annual Review, no changes
03/02/15	<ul style="list-style-type: none"> • Created California specific document from the business wide document