SAN MATEO COUNTY HEALTH
BEHAVIORAL HEALTH & RECOVERY SERVICES

DATE: September 11, 2019

BHRS POLICY:	19-04
SUBJECT:	Utilization Management Program – Interrater Reliability Testing
AUTHORITY:	Mental Health Parity and Addiction Equity Act of 2008; Final Medicaid/CHIP Parity Rule; Delegation Agreements with the Health Plan of San Mateo; BHRS Policy 18-03: Utilization Program
SUPERSEDES:	New Policy
ATTACHMENT:	A: Interrater Reliability Testing Protocol

SCOPE: San Mateo County Behavioral Health and Recovery Services (BHRS) Utilization Management Program (UMP) applies to all Health Plan of San Mateo (HPSM) covered services in the Mild-to-Moderate Managed Care/Private Provider Network overseen and implemented by the BHRS Access Call Center. Interrater reliability testing (IRT) is a core component of the UMP.

The specifications used for IRT are in accordance with the National Committee for Quality Assurance and are overseen by BHRS Quality Management (QM Manager), Medical Director, Compliance Officer, and Call Center Manager.

PURPOSE: This policy establishes a protocol for testing the interrater reliability of clinical decision-making when clients request Mild-to-Moderate services through BHRS. IRT is necessary for beneficiary protection by assuring that requests for services are determined consistently by BHRS staff who make organizational determinations (authorizations).

POLICY: BHRS uses IRT to evaluate the consistency of staff decision-making in organizational determinations. This includes the use of the Milliman Care

Guidelines (MCG) Interrater Reliability Case Study Testing and peer review of each clinician who makes organizational determinations by an ACCESS Call Center Psychologist.

Testing: IRT is done at least annually for all clinical staff that make decisions about requests for the services outlined above. IRT is an analysis of test cases in which there is only one appropriate organizational determination.

Peer Review: A minimum of ten cases per staff member being evaluated shall be selected by the ACCESS Call Center Psychologist for review no less frequently than annually. These cases will be authorizations, denials, retrospective reviews and concurrent reviews.

INTERRATER RELIABILITY TESTING RESULTS CRITERIA:

1) Mandatory Training: Each "test universe" (review) consists of 10 cases per staff member being evaluated and correct action on 8-10 cases is classified as passing. Mandatory training is required for any decision-making staff member who does not meet the 80% threshold. There will be a progressive process of training, supervision and re-testing based on the outcome of these audits. If the staff member is unable to pass after 3 attempts, they can no longer be assigned to a decision-making role. Threshold for passage rates:

    a. 80% - 100%. If 8 to 10 cases pass the IRT, the staff member shall be considered to have passed and no further action is needed until the next scheduled review.

    b. 60% - 70%: If 6 to 7 cases pass the IRT, mandatory training which consists of case studies and sample evaluations, and a retest within 30 days is required.

    c. 40% - 50%: If 4 to 5 cases pass, additional mandatory training which consists of case studies and sample evaluations and a retest is required within 30 days. If this outcome occurs twice the staff will have a suspension of decision-making authority, and their test results will be reviewed by the ACCESS Call Center Psychologist until the re-test is passed.

    d. 30% or Less: If 3 or fewer cases pass, the staff member will be suspended from decision-making immediately and the UM coordinator will be notified for further action.

PEER REVIEW TESTING PROTOCOL:

1) A random sample of ten authorizations selected by the ACCESS Call Center Psychologist for each clinician who makes organizational decisions will be chosen for each annual peer review. The peer doing the review must be a licensed clinician who is authorized within their scope of practice to diagnose and treat mental health conditions. (See the detailed review protocol in Attachment A.)
2) The review will look at the following factors: For initial and continuing authorizations: diagnosis and treatment plan appropriateness and appropriate number of sessions, as found in the MCG.
3) To evaluate retrospective reviews, the same factors as above will be used and in addition, factors related to disallowances and billing will also be evaluated.
4) Denials will also be reviewed to ensure that clients and providers were informed of the full/partial denial and of their rights to appeal the decision and that record-keeping of denials meets requirements.

APPROVED: *Signature on File*
Scott Gruendl, MPA
BHRS Assistant Director
Compliance Officer

APPROVED: *Signature on File*
Scott Gilman, MSA
BHRS Director

Next Review Due: July 1, 2019
Review by Scott Gruendl, MPA
BHRS Compliance Officer