CALIFORNIA CORRECTIONAL HEALTH CARE SERVICES

VOLUME 4: MEDICAL SERVICES	Effective Date: 12/2003
CHAPTER 34	Revision Date: 05/2015
4.34.3 UTILIZATION MANAGEMENT INTER-RATER RELIABILITY PROCEDURE	Attachments: Yes☐No☒

I. PROCEDURE OVERVIEW

The Inter-Rater Reliability (IRR) testing process evaluates consistent application amongst the Utilization Management (UM) Regional Physician Advisors (RPA), Nurse Consultant, Program Review (NCPR) staff, and institution UM Nurses of standardized medical management criteria in the review of Requests for Services (RFS).

II. PROCEDURE

IRR Testing shall be conducted at the physician and nursing level at the institutions. RPA staff shall conduct the IRR process at headquarters.

A. Institution-Based IRR Process

1. Institution Secondary Reviewer Physician and RPA
   a. Method of Data Collection: Retrospective review of routine RFS reviewed by the institution's Secondary Reviewer.
   b. Staff Responsible:
      1) UM Deputy Medical Executive (DME)
      2) UM support staff
      3) UM RPA
   c. Sample Size: A random sample of five (5) approved and five (5) denied routine RFS by the Secondary Reviewer for off-site specialist referrals from each institution shall be selected.

      Each selected RFS shall be reviewed by the UM RPA assigned to the institution. The review shall study the application of standardized medical management criteria in the approval or denial of the request and accuracy of the determination.
   d. Results: The goal is 90 percent consistency rate between the RPA and the Secondary Reviewer's decision. If the goal is not reached, a corrective action shall be initiated by the UM DME which may include, but not be limited to, educational activities, increased scrutiny of decisions and/or supervision of decisions. When compiled, results shall be included in the annual UM work plan and the annual UM report to the headquarters Quality Management Committee (QMC).
   e. Time Frame: The audit shall be conducted at least annually at the discretion of the UM DME.
2. Institution UM Nurse and NCPR
   a. Method of Data Collection: Retrospective review of routine RFS entered by the institution UM Nurse.
   b. Staff Responsible:
      1) UM NCPR Lead
      2) UM support staff
      3) UM NCPR

3. Sample Size: A random sample of ten (10) entered RFS for off-site specialist referrals from each institution shall be selected.
4. The Regional UM NCPR will independently apply the standardized medical management criteria to information provided via the random sample. (10 entered RFS).
5. The variance between the two independent assessments will be documented. The UM NCPR will obtain goal rate by comparing the institutional UM data entered to his or her data entry.
6. Results: The goal is 90 percent consistency rate between the NCPR and UM Nurse. If the goal is not reached, a corrective action shall be initiated by the CNE or designee which may include training or increased monitoring. When compiled, results shall be included in the annual UM work plan and the annual UM report to the headquarters QMC.
7. Time Frame: The audit shall be conducted at least annually and at the discretion of the CNE or designee.

B. Headquarters-Based IRR Process

1. Method of Data Collection: Retrospective review of routine RFS reviewed by the institution's Secondary Reviewer.
2. Staff Responsible:
   a. UM DME
   b. UM support staff
3. UM RPA Sample Size: Ten (10) random files shall be selected from routine RFS for off-site specialist referrals that were reviewed by Secondary Reviewers at institutions that were approved, and ten (10) random files that were denied.
4. Each selected RFS shall be reviewed by a UM RPA not involved in the initial determination. The review shall study the application of standardized medical management criteria in the approval or denial of the request and accuracy of the determination.
5. Results: The goal is 90 percent consistency rate amongst the UM RPAs. If the goal is not reached, a corrective action shall be initiated by the UM DME which may include, but not be limited to, educational activities, increased scrutiny of decisions and/or supervision of decisions. When compiled, results shall be included in the annual UM work plan and the annual UM report to the headquarters QMC.
6. Time Frame: The audit shall be conducted at least annually at the discretion of the UM DME.