PARTNERSHIP HEALTHPLAN OF CALIFORNIA

POLICY / PROCEDURE

<table>
<tr><td colspan="4">Policy/Procedure Number: MPUP3026 (previously UP100326)</td><td colspan="3">Lead Department: Health Services
Business Unit: Utilization Management</td></tr>
<tr><td colspan="4">Policy/Procedure Title: Inter-Rater Reliability Policy</td><td colspan="3">☒External Policy
☐ Internal Policy</td></tr>
<tr><td colspan="3">Original Date: 02/16/2000</td><td colspan="4">Next Review Date: 05/14/2026
Last Review Date: 05/14/2025</td></tr>
<tr><td>Applies to:</td><td colspan="2">☐ Employees</td><td>☒ Medi-Cal</td><td colspan="3">☒ Partnership Advantage</td></tr>
<tr><td rowspan="2">Reviewing Entities:</td><td colspan="2">☒ IQI</td><td>☐ P & T</td><td colspan="3">☒ QUAC</td></tr>
<tr><td colspan="2">☐ OPERATIONS</td><td>☐ EXECUTIVE</td><td>☐ COMPLIANCE</td><td colspan="2">☐ DEPARTMENT</td></tr>
<tr><td rowspan="2">Approving Entities:</td><td colspan="2">☐ BOARD</td><td>☐ COMPLIANCE</td><td>☐ FINANCE</td><td colspan="2">☒ PAC</td></tr>
<tr><td>☐ CEO</td><td>☐ COO</td><td>☐ CREDENTIALS</td><td colspan="3">☐ DEPT. DIRECTOR/OFFICER</td></tr>
<tr><td colspan="4">Approval Signature: Robert Moore, MD, MPH, MBA</td><td colspan="3">Approval Date 05/14/2025</td></tr>
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I. RELATED POLICIES:

A. MCUP3041 – Treatment Authorization Request (TAR) Review Process
B. MCRP4068 – Medical Benefit Medication TAR Policy
C. MCUP3144 – Residential Substance Use Disorder Treatment Authorization

II. IMPACTED DEPTS:

Health Services

III. DEFINITIONS:

A. IRR: Inter-Rater Reliability
B. TAR: Treatment Authorization Request

IV. ATTACHMENTS:

A. N/A

V. PURPOSE:

To assess the consistency with which Partnership HealthPlan of California's physician and non-physician reviewers apply utilization management (UM) criteria and to evaluate Inter-Rater Reliability (IRR).

VI. POLICY / PROCEDURE:

A. Goal
    1. To ensure that medical management criteria are being utilized appropriately and consistently in UM decision making.
B. Methodology
    1. The Inter-Rater Reliability mechanism uses live cases.
    2. Partnership retrospectively reviews/ audits a sample of UM determination files.
    3. Sample Description
        a. Over the course of a year period, 50 cases or 5% of reviewer case load (whichever is less) will be audited for each physician and non-physician reviewer. (For the purposes of this policy, a reviewer is the physician or non-physician who made the initial determination for a treatment authorization request.)
        b. If less than 50 cases are available for a particular reviewer, all cases will be reviewed for IRR.

4. Implementation
    a. The audit review of TARs reviewed by physician and non-physician reviewers is coordinated and scheduled by Health Services Analysts and Administrative Assistants at least biannually as follows:
        1) For Nurse Coordinator staff, each selected TAR is audited by a clinical staff member who is a licensed employee in a non-supervisory role, has passed their 90 day probation period, and was not involved in the initial determination.
            a) Nurse Coordinators who operate in the capacity of behavioral health authorizations to review Substance Use Disorder (SUD) treatment TARs are required to complete specialized ASAM[1] training annually.
        2) For Physician Reviewer staff (including the Behavioral Health Clinical Director), sample TARs selected are audited by a Physician Reviewer who has passed their 90 day probationary period and was not involved in the initial review. If there is no alternate Physician Reviewer on staff available to perform an inter-rater reliability audit, a physician experienced in UM employed by a Medi-Cal Managed Care Plan performs the review. The Chief Medical Officer reviews the audit findings.
        3) For Pharmacy staff, a pharmacist reviewer or lead pharmacy technician reviews determinations rendered by another pharmacist or pharmacy technician, respectively, who was not involved in the initial determination.

C. Reporting
    1. An audit summary is reported at least annually or more often as needed to the Internal Quality Improvement (IQI) Committee.

D. Results
    1. An accuracy rate of 90% is targeted. After presentation to the IQI Committee, the audit summary is also presented to the Quality/Utilization Advisory Committee (Q/UAC). If a reviewer falls below the targeted threshold, a corrective action plan is initiated by the Health Services Department under the direction of the appropriate department Director. The corrective action plan may include, but not be limited to, educational activities, increased oversight of decisions or prohibiting the reviewer from making UM decisions, and/or institution of staff probationary period combined with supervision of decisions.

VII. REFERENCES:

A. Department of Health Care Services (DHCS) Contract Exhibit A, Attachment III, 2.3.1. Utilization Management Program, Prior Authorizations and Review Procedures
B. National Committee for Quality Assurance (NCQA) Guidelines (Effective July 1, 2025) UM 2 Clinical Criteria for UM Decisions, Element C, Factors 1 and 2
C. Department of Health Care Services (DHCS) Intergovernmental Agreement for Drug Medi-Cal Organized Delivery System (DMC-ODS) Services

VIII. DISTRIBUTION:

A. Partnership Department Directors
B. Partnership Provider Manual

IX. POSITION RESPONSIBLE FOR IMPLEMENTING PROCEDURE: Chief Health Services Officer, Chief Medical Officer, Behavioral Health Clinical Director

[1] American Society of Addiction Medicine (ASAM) Criteria - As defined in the Department of Health Care Services (DHCS) Drug Medi-Cal Organized Delivery System Intergovernmental Agreement, pertains to necessary care for biopsychosocial severity and is defined by the extent and severity of problems in all six multidimensional assessment areas of the patient.

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Applies to:	☐ **Employees**	☒ **Medi-Cal**	☒ **Partnership Advantage**

X. REVISION DATES:

Partnership Advantage (Program effective January 1, 2027)
05/14/25

Medi-Cal
11/28/01; 01/15/03; 10/20/04; 10/19/05; 10/18/06, 08/20/08; 08/18/10; 10/01/10; 05/16/12; 01/20/16; 08/17/16; 02/15/17; *03/14/18; 08/08/18; 05/08/19; 11/13/19; 04/08/20; 08/12/20; 08/11/21; 05/11/22; 04/12/23; 05/08/24; 05/14/25

*Through 2017, Approval Date reflective of the Quality/Utilization Advisory Committee meeting date. Effective January 2018, Approval Date reflects that of the Physician Advisory Committee's meeting date.

PREVIOUSLY APPLIED TO:
Healthy Kids MPUP3026 (Healthy Kids program ended 12/01/2016)
10/18/06; 08/20/08; 08/18/10; 10/01/10; 05/16/12; 01/20/16; 08/17/16 to 12/01/2016

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In accordance with the California Health and Safety Code, Section 1363.5, this policy was developed with involvement from actively practicing health care providers and meets these provisions:

- Consistent with sound clinical principles and processes
- Evaluated and updated at least annually
- If used as the basis of a decision to modify, delay or deny services in a specific case, the criteria will be disclosed to the provider and/or enrollee upon request

The materials provided are guidelines used by Partnership to authorize, modify or deny services for persons with similar illnesses or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under Partnership.

Partnership's authorization requirements comply with the requirements for parity in mental health and substance use disorder benefits in 42 CFR 438.910.