

Subject: Internal Reliability for Quality Utilization Reviews (Page 1 of 1)

Objective:

- I. To ensure that Tuality Health Alliance (THA) has a process in place to measure the quality and consistency of quality and utilization reviews by THA Medical Management utilization review staff.

Definition:

Utilization/referral review is performed through a peer review process and may encompass pre-service, concurrent, and expedited review decisions, including denial decisions.

Policy:

- I. The THA Quality Management Committee (QMC) monitors the performance of THA utilization/referral reviewers and develops action plans to improve quality and consistency of reviews as necessary. The QMC also assesses the results of any action plans.
- II. Quality and utilization review performance evaluation of THA Medical Staff by the Medical Management Manager may involve:
 - Case/referral discussions at bi-weekly THA Medical Management Meetings;
 - Side-by-side comparison of same-case reviews by different reviewers; and
 - Periodic audits.
- III. Inter-Rater Audits to measure consistency among reviewer performance are completed bi-annually by the Medical Management Manager; the performance standard is 90% compliance with performance measures. Less than 90% compliance will result in the development of an action improvement plan and quarterly monitoring until scores reach 90% or greater.

References: NCQA Standard UM 2: Clinical Criteria for UM Decisions (element C)

Formulated:	May 1998
Reviewed:	July 1999 April 2004 October 2013 May 2015 August 2017
Revised	November 2000 February 2002 February 2003 May 2006 February 2009 April 2011