

CHAPTER 27 - PEER REVIEW AND INTER-RATER RELIABILITY

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This policy defines the process and the activities, in the peer review and inter-rater reliability process of the Division of Developmental Disabilities (Division), as they relate to the improvement of healthcare quality, performance, effectiveness and efficiency of members' care. The Division has procedures to ensure the peer review process evaluates the necessity, quality of care, and use, of services provided by a health care provider.

Peer review is conducted by health care professionals/providers from the same discipline as the provider under review, or by health care professionals/providers who have similar or essentially equal qualifications as the provider under review, who are not in direct economic competition with the health care provider under review. The process compares the health care provider's performance with the performance of peers and with the standards of care and service within the community.

Peer review may result from cases identified through quality indicators, as well as from the investigation of significant potential and/or actual quality of care concerns. The goal of the peer review process is to provide a review process that is consistent, timely, defensible, educational, balanced, fair, useful, and ongoing. Peer review will be included in the credentialing and contracting process for providers.

The provider receives documentation of the findings and recommendations of the peer review. A provider may dispute findings or recommendations that could include an action that affects the provider's credentials or contract with the Division. The provider has 30 days to request reconsideration in writing and submit evidence that supports the provider's position to the Division's Chief Medical Officer (CMO). The CMO will review the reconsideration request and respond, in writing, to the provider. If the provider is still not in agreement, the provider may request a second-level review by the DES/DDD Assistant Director. The DES/DDD Assistant Director's recommendation on the dispute will be considered final. The provider will be notified, in writing, of the final outcome.

Inter-rater reliability ensures consistency with which individuals involved in decision-making apply standardized criteria in accordance with adopted practice guidelines. The Division ensures that data is collected by more than one qualified person and has validity as established by inter-rater reliability process of random audits and other methods.

The Division delegates medical services including the peer review process pertaining to medical services to the subcontracted health plans. The subcontracted health plans ensure any actions recommended by the peer review committee allow for state fair hearing rights and appeals to the affected provider. The process includes information on the state fair hearing process, appeals, timeframes requirements, and the availability of assistance with the process.