

27 PEER REVIEW AND INTER-RATER RELIABILITY

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PURPOSE

This chapter describes 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.

DEFINITIONS

- "Inter-Rater Reliability" means the degree of agreement among individuals who make decisions using the same standardized criteria.
- "Peer Review" means the objective evaluation of the quality of a physician's performance by colleagues in order to ensure that prevailing standards of care are being met.

POLICY



- A. A provider may dispute findings or recommendations that could include an action that affects the provider's credentials or contract with the Division.
- B. 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.
- C. 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 outcome.

SUPPLEMENTAL INFORMATION

A. PEER REVIEW

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. All information used in the Peer Review process is kept confidential and is not discussed outside of the Peer Review process, except for implementing recommendations made by



the Peer Review Committee.Confidentiality statements will be signed by all committee members prior to each scheduled meeting and are maintained by the Division. The Division delegates physical and behavioral health services to the subcontracted health plans but retains oversight of their Peer Review process pertaining to services rendered by their network. Both the Division and 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. 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 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 recommendations will be included in the credentialing and contracting process for providers.

The provider receives documentation of the findings and recommendations of the Peer Review.

B. INTER-RATER RELIABILITY

Inter-Rater Reliability ensures consistency and congruence in decision-making using standardized criteria in accordance with adopted practice guidelines. Inter-Rater Reliability may be applied to:

- 1. Level of care determinations
- 2. Medical necessity determinations



3. Prior authorization, concurrent review, and retrospective review.

The Division ensures that staff involved in these processes are

tested at least annually.

Signature of Chief Medical Officer Anthony Dekker (Mar 13, 2023 15:50 PDT) Anthony Dekker, D.O.