PLAN OPERATIONS

Advantage Dental
From DentaQuest

Policy and Procedure

Policy Name:	**Inter-Rater Reliability**	Policy ID:	**PLANCG-30**
Approved By:	Peer Review and Credentialing Committee	Last Revision Date:	11/11/2021
States:	Oregon	Last Review Date:	11/15/2021
Application:	Medicaid	Effective Date:	11/16/2021

PURPOSE

To evaluate the consistent application of standardized prior authorization criteria used by the Dental Care Organization (DCO).

POLICY

To ensure the prior authorization criteria are being utilized appropriately and consistently in making decisions to approve or deny prior authorization requests from providers and enrollees.

1. Sample Collection. A random sample of completed authorization requests from the previous quarter will be chosen by the designated auditor within 30 days of the end of each quarter. The sample size will be 1% of the preauthorization and referral records for both clinical and administrative determinations.
2. Sample Preparation. Each record will have all enrollee, reviewer and requesting provider information redacted (i.e. "blacked out"). The records will be sorted by reviewer name (the reviewer who made the initial determination).
3. The records for each reviewer will be given to a second reviewer. All clinical determinations will be reviewed by the VP of Clinical Services. All determinations made by administrative staff will be reviewed by the Quality Assurance and Reporting Manager. The second reviewer will make a determination for each record on whether the request should be approved or denied and document their decision and any justification for denial.
4. The results of the second reviewer's determinations will be given to the designated auditor to compile the results. The expected performance standard is that 90% of the record determinations from the reviewers will be in agreement. Clinical and administrative determinations must meet the 90% performance standard separately. Any discrepancies between the initial review and the second review will be discussed by the review team, which includes Plan Operations Management including the Vice President of Clinical Services to determine appropriate corrective action. At a minimum, if the 90% standard is not met for either the clinical or administrative determinations, all reviewers will undergo retraining to ensure consistent application of the prior authorization criteria.
5. Audit results will be provided to the Peer Review and Credentialing Committee for review.

Revision History

Date:	Description
03/12/2018	Approval and adoption.
05/14/2018	Updates based on annual review.
04/24/2019	Updates based on annual review.
12/05/2019	Conversion to revised policy and procedure format and naming convention.

1/15/2020	Updated policy to meet contractual obligations
04/23/2021	Updates based on annual review.
11/11/2021	Updates based on annual review.