POLICY AND PROCEDURE

POLICY NAME: Clinical Pharmacy Services Inter-rater Reliability	**POLICY ID:** GA.PHAR.04
BUSINESS UNIT: Peach State Health Plan	**FUNCTIONAL AREA:** Pharmacy
EFFECTIVE DATE: 4/2021	**PRODUCT(S):** Medicaid, Ambetter
REVIEWED/REVISED DATE: 04/2021, 04/2022, 4/2023, 4/2024, 3/2025, 3/2026	
REGULATOR MOST RECENT APPROVAL DATE(S): N/A	

POLICY STATEMENT:
To provide a process to assess clinical pharmacist consistency and validity in prior authorization application and decision making to improve decision making and clinical knowledge.

PURPOSE:
The purpose of this policy is to assess the clinical pharmacists' knowledge of prior authorization (PA) criteria application and clinical decision making. This is to ensure consistent decision-making for non-formulary/preferred and formulary/preferred drugs with restrictions. This process provides a peer review approach to improving clinical decisions and assessing clinical knowledge.

SCOPE:
Peach State Health Plan (Peach State) Pharmacy Department.

DEFINITIONS: N/A

POLICY:
An inter-rater reliability (IRR) assessment evaluates the consistency and validity of the rater with the accepted standards used for quality assurance.

Inter-rater reliability testing is conducted in order to:

- Meet National Committee for Quality Assurance (NCQA) standards.
- Minimize variation in the application of clinical guidelines.
- Evaluate and identify potentially avoidable utilization.
- Target process improvement opportunities.
- Avoid litigation due to incorrectly applied guidelines.

Inter-rater reliability testing is conducted at least annually on all clinical pharmacists in order to determine the reliability of decision/recommendation-making as it refers to the prior authorization review. By pinpointing areas of differing opinion among pharmacists, a cohesive decision-making process can be created and implemented.

PROCEDURE:

1. On an at least annual basis, a file for audit and review for consistency and clinical reasonable judgement, and will be completed by PSHP's Vice President of Clinical Pharmacy Services and/or their designee using accepted standards to complete the review. PSHP will follow the NCQA methodology using the '8/30 rule'. This rule is described below.

2. PSHP Clinical Pharmacy Services Vice President and/or their designee will select a total of eight prior authorization requests for testing. Clinical pharmacists will receive identical cases for testing. If clinical pharmacists fail to achieve a consensus determination on 90% of the initial 8 cases, then 22 new cases must be presented for resampling. This process follows the '8/30' rule.

3. The clinical team will review each case in each of the following categories:
   - Timeliness of pharmacy decisions/determinations. (UM-5C)
   - Decision is clinically sound
   - Appropriate/consistency of use of clinical criteria (UM-2C)
   - Appropriate medical necessity pharmacy denials (UM-4E)

- Relevant clinical information provided for pharmacy decision (UM-6C)
- Intent of meaning in provider letters
- Easily understood language/Criteria Reference on member denials (UM-7G)

Each reviewer will submit their decisions to the Vice President of Clinical Pharmacy Solutions and/or designee for evaluation.

4. If the audit completed by the Vice President of Clinical Pharmacy Solutions and/or designee demonstrates any inconsistency (IRR assessment does not generate 90% agreement between the reviewer and raters), it will be presented by the Clinical Pharmacy Services Director and/or designee at a Clinical Staff Meeting with all Clinical Pharmacists present.

5. To ensure consistent decisions, an action plan will be developed to include (but not limited to) guideline development, training measures, and process improvement as necessary. Minutes will be documented and submitted to NCQA.

6. The Vice President of Clinical Pharmacy Solutions and/or designee will review processes related to findings from the files associated with this review.

7. Once consensus of all files is reached on these ratings, final documentation will be included in the minutes.

REFERENCES:
NCQA UM 2, Element C.
NCQA UM 4, Element E.
NCQA UM 5, Element C.
NCQA UM 6, Element C.

ATTACHMENTS: N/A

ROLES & RESPONSIBILITIES: N/A

REGULATORY REPORTING REQUIREMENTS:
N/A

REVISION LOG

REVISION TYPE	REVISION SUMMARY	DATE APPROVED & PUBLISHED
New	New policy created	04/2021
Annual Review	2Q 2022 annual review. No changes made.	04/2022
Annual Review	2Q 2023 annual review. Changed to new policy template.	04/2023
Annual Review	2Q 2024 annual review. No changes made.	04/2024
Annual Review	2Q 2025 annual review. No changes made.	03/2025
Annual Review	1Q 2026 annual review. No changes made.	03/2026

POLICY AND PROCEDURE APPROVAL

The electronic approval retained in RSA Archer, the Company's P&P management software, is considered equivalent to a signature.