



Date Issued: 12/23
Date Reviewed and/or Revised: 12/25

REGION 10 PIHP

SUBJECT	CHAPTER	SECTION	SUBJECT
Indicia Inter- Rater Reliability	01	05	02
CHAPTER	SECTION		
Administrative	Utilization Management		
WRITTEN BY	REVIEWED BY	AUTHORIZED BY	
Thomas Seilheimer, PhD, LP	April Torz	PIHP Board	

I. APPLICATION:

PIHP Board CMHSP Providers SUD Providers
 PIHP Staff CMHSP Subcontractors

II. POLICY STATEMENT:

It shall be the policy of the Region10 PIHP to establish and operate the Milliman Care Guidelines (MCG) system for medical necessity determinations pertaining to behavioral health psychiatric hospitalization services, as aligned with the Michigan Parity Compliance Plan. In support of this operation, Region 10 PIHP will provide a mechanism to implement, monitor and evaluate the consistency of Utilization Management staff within the Access Management System (AMS) in applying the MCG Indicia system, as described in this policy.

III. DEFINITIONS:

Authorization: A process designed to ensure that planned services meet eligibility and medical necessity criteria, as appropriate for the conditions, needs and desires of the member served.

Clinical Practice Guidelines: Developed and maintained by Region 10 PIHP, these are systematically developed standards of care that serve as a clinical basis for providing behavioral healthcare services to members.

Indicia System: The software suite of the MCG care management system, in which the IRR and LMS also reside. Clinical UM staff are trained to be users of the Indicia system.

Interrater Reliability (IRR): the degree of agreement among raters. It yields a score of how much homogeneity or consensus exists among ratings of staff utilizing the Indicia system.

Learning Management System (LMS): A software that is designed specifically to create, distribute, and manage the delivery of educational content to operate the MCG Indicia system.

Medical Necessity Criteria: Pertain to mental health, intellectual/developmental disabilities, and substance abuse services and supports necessary for screening and assessing the presence of a mental illness, developmental disability or substance use disorder; and/or required to identify and evaluate a mental illness, developmental disability or substance use disorder; and / or intended to

REGION 10 PIHP

SUBJECT	CHAPTER	SECTION	SUBJECT
Indicia Inter-Rater Reliability	01	05	02
CHAPTER	SECTION		
Administrative	Utilization Management		

treat, ameliorate, diminish or stabilize the symptoms of mental illness, developmental disability or substance use disorder; and/or expected to arrest or delay the progression of a mental illness, developmental disability, or substance use disorder; and/or designed to assist the member to attain or maintain a sufficient level of functioning in order to achieve beneficiary goals of community inclusion and participation, independence, recovery, and/or productivity. Using criteria for medical necessity, a PIHP may deny services that are deemed ineffective for a given condition based upon professionally and scientifically recognized and accepted standards of care; that are experimental or investigational in nature; or for which there exists another appropriate, efficacious, less-restrictive and cost-effective service, setting or support that otherwise satisfies the standards for medically-necessary services; and / or employ various methods to determine the amount, scope and duration of services, including prior authorization for certain services, concurrent and post-service utilization reviews, centralized assessment and referral, gatekeeping arrangements, protocols, and guidelines. The PIHP may not deny services based solely on preset limits of the cost, amount, scope, and duration of services. Instead, determination of the need for services shall be conducted on an individualized basis.

Medical Necessity Determination: The application of criteria by which a credentialed practitioner determines the provision of appropriate services and supports for a particular person, condition, occasion or place. Such criteria ensure that services and supports are provided to treat, ameliorate, arrest or delay the progression of symptoms, and to attain or maintain an adequate level of functioning. It is utilized within the person-centered planning process and the clinical practice guidelines of the PIHP.

Service Utilization Monitoring: The routine monitoring of service utilization patterns and trends, through use of a compendium of reports and audits to monitor and manage service over/underutilization (i.e., access to services, utilization trends, focused service utilization monitoring, UM activity).

Utilization Management: The PIHP care management system designed to ensure that members receive clinically appropriate, cost-effective services and supports delivered according to clinic practices focused on obtaining the best possible clinical outcomes. Key operations include a range of service utilization monitoring activities, e.g., service access, eligibility determination (including denial and appeal activities), selection and provision of care, utilization trends (also including trends per prospective, concurrent, retrospective utilization case record reviews), and service outcomes.

Utilization Management Processes: A process through which services are authorized, based on medical necessity criteria, and based on three determinations: eligibility, level-of-care, and service selection.

Milliman Care Guidelines (MCG): The continuum of patient care provides access to evidence-based knowledge and best practices relevant to patients in a broad range of care settings. For the purposes of this policy, MCG criteria is utilized in medical necessity determinations and facilitates coordination of care for psychiatric crisis services.

Parity: Based on the Mental Health Parity Act of 1996 (MHPA), standardized criteria and assessments employed by all PIHPs to ensure equitable assessment of need and distribution of treatment services.

Utilization Management Processes: Review activities through which services are authorized,

REGION 10 PIHP

SUBJECT	CHAPTER	CHAPTER 01	SECTION	SECTION 05	SUBJECT 02
Indicia Inter-Rater Reliability					
CHAPTER	SECTION	Utilization Management			
Administrative					

based on medical necessity criteria, and based on three determinations: eligibility, level-of-care, and service selection.

IV. STANDARDS:

- A. Periodic evaluation of the consistency and accuracy of the application of MCG care management review criteria and guidelines is essential, along with identifying opportunities to improve user consistency in decision making.

V. PROCEDURES:

- A. Indicia IRR training takes place on an annual basis (during second quarter, March), and IRR audits are completed through the MCG LMS.
- B. UM clinical staff hired after the issuance of this policy will complete the MCG LMS training and IRR evaluation within their first six months of hire.
- C. Upon completion of testing, management directs any actions required based on the following score outcomes: a) a minimum score of 80% is a passing score, b) a score below 80% requires contingent training, and retesting.
- D. The training courses to be accessed by trainees are in the MCG LMS are titled *Introduction to Indicia and Behavioral Health Care*. Trainees may also access LMS Job Aids and other supplemental training on the LMS eScholar webinars.
- E. The MCG Administrator enrolls new trainees into LMS after their first three months of hire.
- F. All trainees ensure LMS logon capability and complete the following training modules, a) *Introduction to Indicia*, and *Behavioral Health Guidelines*.
- G. Additional retesting, with as needed clinical supervision and mentoring are put into place to eventually achieve a passing score (80% or higher). Management follow-up may involve re-training, coaching and observation and/or corrective action.
- H. The MCG Administrators and Supervisory Staff coordinate audits for all clinical staff using three hypothetical authorization request test cases (MCG clinical vignettes).
- I. The MCG Administrator scores all vignettes via the Indicia standard report system and generates a set of training outcome reports. Annual reporting will be presented to the PIHP Utilization Management Committee (UMC).
- J. UMC discussion includes scoring achievement and remediation trends, feedback on Indicia clinical vignette future selection, revisions to applicable policy and procedure, and other related issues as needed to establish appropriate action plans to improve performance.

VI. EXHIBITS: N/A**VII. REFERENCES:**

REGION 10 PIHP

SUBJECT	CHAPTER	SECTION	SUBJECT
Indicia Inter-Rater Reliability	01	05	02
CHAPTER	SECTION		
Administrative	Utilization Management		

A. UM Program Plan Manual