DEPARTMENT/#: Utilization Management P&P NAME: Inter-rater Testing/Oversight

Western Health Advantage Individual Inter–rater Reliability Audit Scoring Sheet

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	was WHA consulted?												

DEPARTMENT/#: Utilization Management P&P NAME: Inter-rater Testing/Oversight

Was attending physician input obtained?										_				
Tota I # of Yes Ans wers														
Signed					N	ledica	al Dire	ector _					_	

DEPARTMENT/#: Utilization Management P&P NAME: Inter-rater Testing/Oversight

Western Health Advantage

Inter-rater Reliability Audit Reporting Form

Name of UM Revi	ewer	
Date		
Record Number	Number of Yes Responses	Comments
There wereas follows:	records with 2 or more	e no responses. The action to address the issues are
Signed		-
Medical Director _		

DEPARTMENT/#: Utilization Management P&P NAME: Inter-rater Testing/Oversight

Western Health Advantage Cumulative Inter-rater Reliability Audit Scoring Sheet

Reviewer Name	1	2	3	4	5	6	7	8	9	10	Total # Yes	Comments
Date:												
Do you agree with the UM decision?												
Was all relevant clinical												
and medical information												
available for your review?												
Was the rationale for the												
decision accurately												
documented and was the												
form dated and signed?												
Was rationale consistent												
with UM criteria?												
If the review was												
submitted to a physician,												
did the physician have the												
expertise to make the												
decision?												
Did the file contain												
enough information to												
make a decision?												
Was the attending												
physician contacted for												
input?												
Were WHA's turnaround												
timeframes adhered to?												
Did physician have												
expertise to make this												
decision?												
If this was a benefit												
determination, was it												
consistent with WHA's												
benefit structure?												
If this was a Technology												
Assessment												
determination, was the												
information forwarded to												
WHA?												
Total # of Yes												
Answers												
Signed			Medic	al Direct	tor of					Date:		