

**Western Health Advantage  
 Individual Inter-rater Reliability Audit Scoring Sheet**

Name of UM Reviewer \_\_\_\_\_

Date \_\_\_\_\_

	1	2	3	4	5	6	7	8	9	10	Total # Yes	Comments
Patient ID #												
Do you agree with the UM decision?												
Was all relevant clinical and medical information available for your review?												
Was rationale for decision consistent with UM criteria?												
Was the rationale for the decision accurately documented and was the form dated and signed?												
If the review was submitted to a physician, did the physician have the expertise to make the decision?												
Were WHA's turnaround timeframes adhered to?												
If this was a benefit determination, was it consistent with WHA's policies?												
If this was a Technology Assessment determination, was WHA consulted?												

**WESTERN HEALTH ADVANTAGE**

DEPARTMENT/#: Utilization Management

P&P NAME: Inter-rater Testing/Oversight

Was attending physician input obtained?																								
Total # of Yes Answers																								

Signed \_\_\_\_\_

Medical Director \_\_\_\_\_

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**Western Health Advantage**

Inter-rater Reliability Audit Reporting Form

Name of UM Reviewer \_\_\_\_\_

Date \_\_\_\_\_

Record Number	Number of Yes Responses	Comments

There were \_\_\_\_\_ records with 2 or more no responses. The action to address the issues are as follows:

Signed \_\_\_\_\_

Medical Director \_\_\_\_\_

# WESTERN HEALTH ADVANTAGE

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

## Western Health Advantage Cumulative Inter-rater Reliability Audit Scoring Sheet

Reviewer Name Date:	1	2	3	4	5	6	7	8	9	10	Total # Yes	Comments
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?												
<b>Total # of Yes Answers</b>												

Signed \_\_\_\_\_

Medical Director of \_\_\_\_\_

Date: \_\_\_\_\_