

**SMMC Managed Care Plan Report Guide
Inter-Rater Reliability (IRR) Report Summary**

02/01/2025

BENEFIT TYPE(S)

The Managed Care Plan providing the following benefit type(s) must submit this report:

- LTC
- MMA
- Dental

REPORT PURPOSE:

The purpose of this report is to provide the Agency with information regarding the Managed Care Plan's and the Dental Plan's quality assurance and quality improvement program. The Managed Care Plan and the Dental Plan shall conduct inter-rater reliability audits of at least 1% of service authorization decisions per reviewer (nurses, therapists, physicians, etc.). Each reviewer must maintain at least an 85% accuracy rate.

FREQUENCY & DUE DATES:

Report Year Type	Report Year Period
C = Calendar	01/01 – 12/31

Report Frequency	Reporting Data Period
Q = Quarterly	Two digits for quarter of data being reported (01, 02, 03, 04)

This report is due thirty (30) days after the end of each quarter.

REPORT CODE & SUBMISSION:

Report Code	0200
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Using the file naming convention described in Chapter 2, the Managed Care Plan and the Dental Plan must submit the following to the applicable SFTP site:

- Report using the template provided.
- A report attestation as described in Chapter 2.

INSTRUCTIONS:

1. The Managed Care Plan and the Dental Plan must use the Inter-Rater Reliability Report Template as provided below.
2. For the reporting quarter, the report must include:
 - Managed Care Plan or the Dental Plan Name
 - Managed Care Plan or the Dental Plan Medicaid ID (seven digit)
 - Date Report Submitted (MM/DD/YYYY)
 - Reporting Year and Quarter (YY/Q#)
 - Report Submitted by:
 - Reviewer Name (First, Last)
 - Reviewer Profession (e.g., RN, LMHC, MD, DDS, etc.)
 - Service(s) Reviewed (e.g. inpatient admission, advance imaging, physical therapy, preventive services, etc.)
 - Total Authorization Decisions Made within the Reporting Quarter
 - Sample Size Audited
 - Percentage of Decisions Audited

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- Number of Decisions in Agreement
- Reviewer Accuracy Rate
- Comments (remediation plan)

VARIATIONS BY MANAGED CARE PLAN TYPE:

No variations.

REPORT TEMPLATE:

The Agency templates can be found using the directions in Chapter 1. There are no additional report template instructions unique to this report chapter.

AMENDMENT HISTORY:

PLAN COMMUNICATION	DATE	RECAP OF CHANGE(S)
None	None	None

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