Policy and Procedure No: QM 105.3	Revision No: 3
Division: Care Management	
Department: Quality Management	
Title: PHP HEDIS Inter-Rater Reliability	
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Reviewed/Revised by: Sandra Holzner	Review/Revision Date: 12/10/2025
Approving Committee: Quality Management Committee	Date: 12/11/2025
Executive Oversight Committee Date: 12/10/2025	

Purpose:

The purpose of this policy is to detail PHP California's (the Health Plan) process of the oversight of the Certified HEDIS® Vendor's Inter-Rater Reliability (IRR) process. In the absence of a HEDIS® vendor, this policy provides a method for evaluation of abstractor understanding and knowledge of both training content and HEDIS® measure intent. IRR testing is designed to evaluate correct data abstraction from the medical record.

Policy:

The Health Plan contracts with a Certified HEDIS® Vendor who performs the IRR with their HEDIS® abstractors, and the Health Plan oversees this process.

In the event the Health Plan employees perform the medical record abstraction, the Health Plan assesses IRR for Medical Record Abstractors.

Procedure:

1. Oversight of Certified HEDIS® Vendor

    a. The Certified HEDIS® vendor performs the IRR according to NCQA® requirements and sends a report to the Health Plan's periodically.

        i. The Certified HEDIS® Vendor shall establish a passing score of 95% in conjunction with the Health Plan.

        ii. If the IRR is below the passing score, the Certified HEDIS® Vendor shall develop and implement a corrective action plan (CAP). The CAP shall be sent to the Health Plan with the IRR.

    b. If necessary, the Health Plan can request the Certified HEDIS® Vendor to implement additional CAPs.

    c. The Health Plan keeps records of IRR reports and provides the reports to auditors, as needed.

2. Abstraction IRR in Absence of Certified HEDIS® Vendor

    a. In the event the certified HEDIS® Vendor does not complete the IRR:

i. The HEDIS® Project Manager reviews HEDIS technical specifications for hybrid measures with Medical Record Abstractor(s) and creates an abstraction tool, clarifying all questions the abstractor(s) may have about the measure's intent, the abstraction tool, changes to the measure from prior year, and the nature of the medical records to be reviewed, i.e. staff physician records versus. network records and electronic medical records versus. hard copy records.

ii. The HEDIS® Project Manager selects a random sample of records from the eligible population for each measure.

iii. Medical Record Abstractor(s) complete ten (10) chart reviews per measure, using medical records selected for hybrid measures and inputting results into the medical record abstraction tool.

iv. The HEDIS® Project Manager reviews and scores each chart review for each measure.

v. If the abstractor scores below 95% for a measure:

1. The abstractor shall not perform abstraction for the measure until 95% is reached.

2. The abstractor shall be retrained, and additional practice review shall be provided.

3. Another IRR shall be conducted for the abstractor and the measure.

3. Internal Overreading IRR:

a. Quality Improvement (QI) staff will be provided guidance and training on reviewing the HEDIS technical specifications for all selected HEDIS® measures for the measurement year.

b. Quality Improvement staff will also receive guidance or training on chart review and abstraction techniques for each HEDIS® measure.

c. The National Director of Quality Improvement will conduct a quiz/test for Quality Improvement staff that will be used to access HEDIS® measure knowledge and chart review abilities.

d. Abstraction tasks will be assigned once Quality Improvement staff members achieve a score of 90% or higher. If staff score below 90% on the test/quiz, additional training will be provided until the staff member is able to achieve a score of 90% or higher.

Monitoring:

This policy will be reviewed, updated if necessary, and approved at least annually by the Quality Improvement and Health Equity Committee (QIHEC) and submitted for approval annually to HEDIS® auditors.

Definitions:

1. Healthcare Effectiveness Data and Information Set (HEDIS®): A widely used set of health plan performance measures utilized by both private and public health care purchasers to promote accountability and assess the quality of care provided by managed care organizations.

2. Medical Record Abstractor: Individuals hired through a vendor contract or those working directly for PHP California, who review the medical record and abstract relevant information from it, in accordance with HEDIS® specifications.