



COLORADO
Department of Health Care
Policy & Financing

Provider Portal Quick Reference Guide: How to Submit an Inpatient Post-Admission Review

Summary

This guide shows the steps to request an inpatient post-admission review for IHRP 2.0

1. Create Case

Click on **Create Case** on the top ribbon. This will show all requests that have been saved but not submitted. Scroll to the bottom of the page and click **Create Case**.

The screenshot shows the Kepro Provider Portal interface. The top ribbon contains navigation links: Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. A red arrow points to the 'Create Case' link. Below the ribbon, there are statistics for 'Request Saved But Not Submitted' (139), 'WORK-IN-PROGRESS' (44), 'NOT SUBMITTED' (44), and 'SUBMITTED' (95). A table lists several requests with columns for Request ID, Status, Date, Location, N/A, DME, Dates, Status, Letters, and Actions. A red arrow points to the 'Create Case' button at the bottom right of the page.

2. Case Parameters

CO UM should auto-populate. If not, select it. Then select Inpatient and click on **Go to Consumer Information**.

The screenshot shows the 'New UM Case' form. The 'Case Parameters' tab is active, showing 'Case Contract' set to 'CO UM' and 'Request Type' set to 'Inpatient'. A red arrow points to the 'Go To Consumer Information' button.

3. Consumer Information

Place the member's ID in the box or the member's last name and date of birth and select **Search**.

Case Parameters | **Consumer Information**

Consumer Information/ Search Consumer

CONSUMER ID: TEMP001982021011200000 | LAST NAME: | FIRST NAME (MIN 1ST LETTER): | DATE OF BIRTH: MM/DD/YYYY

*Combination of DOB and Last Name or Member ID

Cancel | Search

4. Consumer Information

Select **Choose** next to the member's information. If the member does not have a Medicaid ID click on **Add temporary consumer**. This will populate a new field where you will enter the member's demographics.

Consumer Information/ Search Consumer/ Results

CONSUMER ID: TEMP001982021011200000 | LAST NAME: | FIRST NAME (MIN 1ST LETTER): | DATE OF BIRTH: MM/DD/YYYY

*Combination of DOB and Last Name or Member ID

Cancel | Search

Name	DOB	Address	Consumer ID	Contract	Case Count	Action
ANG Test	12/15/1960	1111 33rd Somewhere, IA	TEMP001982021011200000	Colorado	28	Choose

Showing 10 of 1 | not finding what you're looking for? Add temporary consumer | Back | Previous Page 1 of 1

5. Provider/Facility

Verify the NPI and Medicaid ID numbers of the Requesting Provider. The Facility will default to the Requesting Provider. If this is different, click on **Update**. Here you can also **Add Attending Physician**. This is not required but recommended. Then select **Go to Service Details**.

Additional Providers/ **Provider/Facility**

Add Attending Physician

Selected Providers

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	CO Demo Provider	1111111111		1111111111	Address 1 , City, CO US 12345		(111) 111-1111	(999) 999-9999	
Facility	CO Demo Provider	1111111111		1111111111	Address 1 , City, CO US 12345		(111) 111-1111		Update

Providers in receipt of faxed determination letters: Official communication of service authorization will be sent to the fax number entered above.

Add a Note | Cancel | Go to Service Details

6. Service Details

Complete all fields in this area, including admission source, admit date, place of service and service type. Service Type will be 375 – Inpatient Hospital DRG. Then click on **Go to Diagnoses**.

The screenshot shows the 'Service Details' step of a 10-step process. The 'Service Type' dropdown menu is open, showing '375 - Inpatient Hospital DRG' as the selected option. A red arrow points to this selection. Other fields include 'Admission Source' (Emergency), 'Admit Date' (05/01/2023), and 'Place Of Service' (Inpatient Hospital). A 'Go to Diagnoses' button is visible at the bottom right.

7. Add Diagnosis

Select **Code Type** and choose ICD10 and then **Search** diagnosis. You can either put in a code number or search by name. Once you have entered all diagnoses select **Go to Requests**.

The screenshot shows the 'Add Diagnosis' screen. The 'Code Type' is set to 'ICD10'. A search result is displayed in a table:

Order Rank	Code	Description	Source	Created By	Deactivate
1	A40.0	SEPSIS DUE TO STREPTOCOCCUS GROUP A	Manual	coprovider5	Remove

Below the table, there is a 'Showing 10 of 1' indicator and a 'Go to Requests' button.

8. Requests

From the **Request Type** dropdown, select DRG Post Admit and then click **Go to Procedures**.

The screenshot shows the 'Request Details' screen. The 'Request Type' dropdown menu is open, showing 'DRG-Post Admit' as the selected option. Other fields include 'FIPS Code', 'Notification Date' (05/12/2023), and 'Notification Time' (12:18 PM). A 'Go to Procedures' button is visible at the bottom right.

9. Procedures

Here you will need to fill out the **LOS** (length of stay) box. Enter requested start date, requested end date, and requested duration. Then click on **Go to Questionnaires**.

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Requests/Request 01/Procedures

Code Type * Search

APDRG Search by code or description

LOS (Un-Submitted)
05/01/2023 - 05/07/2023

LOS Length of Stay

Unit Qualifier
Select One

Requested

Requested Start Date * Requested End Date *

05/01/2023 05/07/2023

Requested Duration *

6

Rates

Requested Rate

\$

Add a Note

Jump to Submit Cancel **Go to Questionnaires**

10. Questionnaires

Click on **Open** next to the DRG Post Admission Questionnaire.

New UM Case CO Demo Provider CO UM ANG Test (F)
Requesting Provider Inpatient 12/15/1960

Step 2 Consumer Information Step 3 Additional Providers Step 4 Service Details Step 5 Diagnoses Step 6 Requests Step 7 Questionnaires Step 8 Attachments Step 9 Communications Step 10 Submit Case

Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3754544	Checklist	* DRG Post Admission Questionnaire	Kepro	05/12/2023 12:22:17 PM			0	Open

Showing 10 of 1 Previous Page 1 of 1 Next

Add a Note Jump to Submit Cancel **Go to Attachments**

11. Questionnaires

Once you have completed the questionnaire click on **Mark as Complete**.

11. Please provide any additional information for the RAEs not previously mentioned.

Please contact Jane Doe discharge planner at 999-999-9999 for any additional information.

Autosaved

MARK AS COMPLETE

12. Jump to Submit

Click on **Jump to Submit** since no attachments are required.

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3754544	Checklist	DRG Post Admission Questionnaire	Kepro	05/12/2023 12:22:17 PM	Kristen Carlton	05/12/2023 12:39:52 PM	0	View

Showing 10 of 1

Previous Page 1 of 1 Next

[Add a Note](#) [Jump to Submit](#) [Cancel](#) [Go to Attachments](#)

13. Verify Information

Review that each section is completed and click on **Submit**.

Submit Case/ Review

Providers Requesting CO Demo Provider Facility CO Demo Provider Update Providers	Service Details Admit Date 05/01/2023 Service Type 375 - Inpatient Hospital DRG Update Service Details	Diagnoses 1 Diagnosis A40.0 Update Diagnoses	Requests Notification Date N/A Request Type DRG-Post Admit Update Requests	1 Procedure LCS Update Procedures
Questionnaires 1 Questionnaire View Questionnaires	Attachments 0 Documents Update Documents	Communications 0 Notes Update Notes	Cancel Submit	

14. Disclaimer

Read the disclaimer and click **Agree**.

Setup | Manage Customers | Reports | Preferences

Disclaimer

I understand that precertification does not guarantee payment. I understand that precertification only identifies medical necessity and does not identify benefits.

Once you click **Agree**, a case number will be assigned and you will be taken to that case.

[Cancel](#) [Agree](#)

Step 9
Comr

Notification Date

15. Completed

The case is now completed. Make note of the Case ID for your records.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
ANG TEST	F	12/15/1960 (62 Yrs)	TEMP001982021011200000	Colorado

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
COMPLETED	231320007	Inpatient	CO UM	05/12/2023

UM-INPATIENT

CASE SUMMARY

ACTIONS ▾

COPY

EXTEND

EXPAND ALL ▾

 Consumer Details

Location: 1111 33rd Somewhere Iowa;



 Provider/Facility



Requesting : CO Demo Provider/1111111111

Facility : CO Demo Provider/1111111111

