



COLORADO
Department of Health Care
Policy & Financing

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

Summary

This guide shows the steps to request an inpatient pre-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 navigation bar includes 'Home', 'Cases', 'Create Case', 'Consumers', 'Setup', 'Message Center', 'Reports', and 'Preferences'. A red arrow points to the 'Create Case' button. Below the navigation bar, there are statistics for 'NEW MESSAGES', 'WORK-IN-PROGRESS', 'NOT SUBMITTED', and 'SUBMITTED'. 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, then select it. Then select Inpatient and click on **Go to Consumer Information**.

The screenshot shows the 'Case Parameters' form. The 'Case Contract' dropdown is set to 'CO UM'. The 'Request Type' radio buttons are 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

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5. Provider/Facility

Verify 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 374 – Inpatient Hospital Review Program (IHRP). Then click on **Go to Diagnoses**.

The screenshot shows the 'Service Details' section of a medical software interface. At the top, there is a navigation bar with steps from 2 to 10. Step 4, 'Service Details', is currently active. Below the navigation bar, there are several input fields: 'Admission Source' (set to 'Elective'), 'Admit Date' (05/01/2023), 'Place Of Service' (set to 'Inpatient Hospital'), and 'Service Type'. The 'Service Type' dropdown menu is open, showing a list of options: '364a - OOS Inpatient', '364b - Transplant', '374 - Inpatient Hospital Review Program (IHRP)', and '375 - Inpatient Hospital DRG'. A red arrow points to the '374 - Inpatient Hospital Review Program (IHRP)' option. There is also an 'Add a Note' button on the left side of the form.

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 'Diagnosis/Add Diagnosis' section. At the top, there is a 'Code Type' dropdown set to 'ICD10' and a 'Search' field with the placeholder 'Select a Diagnosis Code'. Below this is a table with columns: Order Rank, Code, Description, Source, Created By, and Deactivate. The table contains one row with the following data: Order Rank 1, Code A40.0, Description SEPSIS DUE TO STREPTOCOCCUS GROUP A, Source Manual, Created By coprovider5, and Deactivate Remove. At the bottom left, there is an 'Add a Note' button. At the bottom right, there is a 'Go to Requests' button.

8. Requests

From the **Request Type** dropdown, select Admission and then click **Go to Procedures**.

The screenshot shows the 'Requests/Request Details' section. At the top, there is a navigation bar with steps from 2 to 10. Step 6, 'Requests', is currently active. Below the navigation bar, there are several input fields: 'Request Type' (set to 'Admission'), 'FIPS Code', 'Notification Date' (05/19/2023), and 'Notification Time' (09:50 AM). At the bottom right, there is a 'Go to Procedures' button.

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. You will then select **Code Type** ICD10 and search for the correct code. You will need to fill out the requested start date, end date, duration, and requested quantity (which should = 1). 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 * ICD10 Search Search by code or description

LOS (Un-Submitted) 05/01/2023 - 05/04/2023

0DB64ZZ (Un-Submitted) 05/01/2023 - 05/04/2023 1 / 0

0DB64ZZ EXCISION STOMACH PERCUTANEOUS ENDO Remove

Unit Qualifier Select One

Requested

Requested Start Date * 05/01/2023 Requested End Date * 05/04/2023

Requested Duration * 3 Requested Quantity * 1 Requested Frequency Select One

Rates

Requested Rate \$

Add a Note

Jump to Submit Cancel Go to Questionnaires

10. Questionnaires

Complete the Questionnaire and then click on **Mark as Complete**.

Case ANG_363 (P) CO UM TEMP901982021911200000 Create Questionnaire / IIRP
12/15/1963 (62 Yrs) LMJ Member ID

IIRP

1. Has a FAR already been submitted for the surgical procedure code? *

Yes No

2. Have you uploaded all relevant clinical documentation supporting the need for admission? *

Yes No

3. Is the patient currently incarcerated? *

Yes No

RETURN TO CASE Autosaved MARK AS COMPLETE

11. Attachments

Once you have completed the questionnaire click on **Go to Attachments**.

Questionnaires: Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3754597	Checklist	IIRP	Kiepro	05/12/2023 06:18:59 PM	Kristen Carlton	05/12/2023 06:22:06 PM	2	View

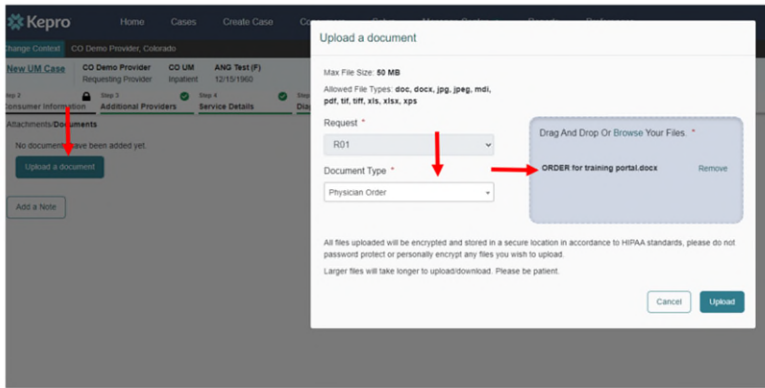
Showing 10 of 1

Add a Note

Jump to Submit Cancel Go to Attachments

12. Upload a Document

Click on **Upload a Document**. The document box will then pop up. Select **Document Type** and then browse your files or drag and drop the document into the case and click **Upload**.



13. Jump to Submit

Here you can either **Jump to Submit** or **Go to Communications** if you have any notes you would like to place in the request.

Request	File Name	Document Type	Uploaded On	Action
R01	ORDER for training p...docx	Physician Order	5/12/2023 6:30:44 PM	Remove

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Add a Note

Jump to Submit Cancel **Go to Communications**

14. Verify Information

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

New UM Case | CO Demo Provider | CO UM Inpatient | ANG Test (F) 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

Submit Case Review

Providers Requesting: CO Demo Provider Facility: CO Demo Provider Update Providers	Service Details Admit Date: 05/01/2023 Service Type: 374 - Inpatient Hospital Review Program (IHRP) Update Service Details	Diagnoses 1 Diagnosis: E66.2 Update Diagnoses	Requests Notification Date: N/A Request Type: Admission Update Requests
Questionnaires 1 Questionnaire View Questionnaires	Attachments 1 Document Update Documents	Communications 0 Notes Update Notes	Procedures 2 Procedures: LOS, QDB64ZZ Update Procedures

Cancel **Submit**

14. Disclaimer

Read the disclaimer and click **Agree**.

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](#)

Notification Date

15. Submitted

The case is now submitted for review. 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
SUBMITTED 231320535	Inpatient	CO UM	05/12/2023	

UM-INPATIENT [CASE SUMMARY](#) [COPY](#) [EXTEND](#) [EXPAND ALL](#)

Consumer Details	Location: 1111 33rd Somewhere Iowa,
Provider/Facility	Requesting : CO Demo Provider/1111111111 Facility : CO Demo Provider/1111111111