



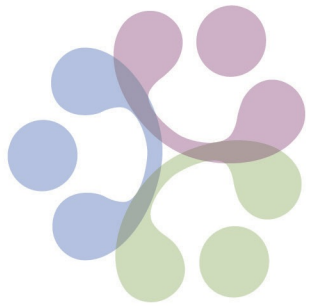
Health First  
COLORADO™

Colorado's Medicaid Program

# Inpatient Hospital Transitions

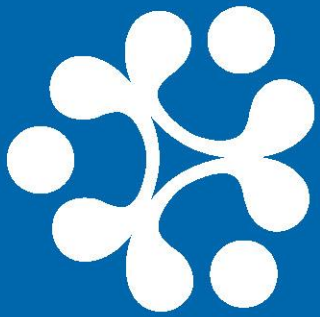
## JOC 10.03.24

*Presented by: Katie Dobler MSN, RN  
HCPF CCQI-Clinical Operations Division Director*



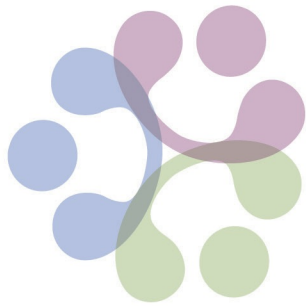
# Our Mission...

- Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



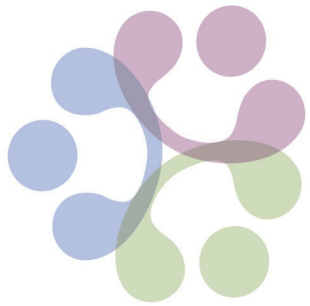
# Inpatient Hospital Review Program 2.0

- Health First Colorado is required by statute to have an inpatient hospital review program
- Colorado Revised Statutes, 25.5-4-402. Providers - hospital reimbursement - hospital review program- rules.)
- The Department collaborated with RAEs and hospitals after implementation of IHRP 2.0
- We recognized that IHRP 2.0 duplicated other HCPF programs designed to help with hard-to-place, high need patients, and effective transitions of care.
- While we cannot abandon an inpatient hospital review program, we can tailor and enhance it to be of most use to RAEs and hospitals.



# Inpatient Hospital Transitions

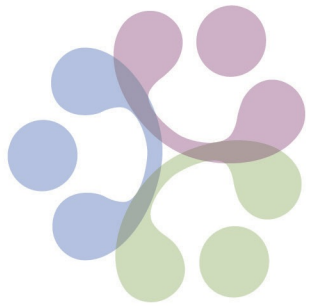
- A process for hospitals to notify RAEs they are requesting RAE support in discharge planning.
- A mechanism to share focused member-specific information with the RAEs to ensure successful discharge planning.
- Focused on complex inpatient hospital transitions from one level of care to another.
- Hospitals will follow the current process of submitting the request for RAE assistance through Acentra's PAR platform (Atrezzo).
- The first step in the official communication from hospitals to the RAEs when the hospitals need assistance for a member discharge or transition.
  - *The process for RAEs to request Creative Solutions/Complex Solutions to assist with care coordination once the patient is in an outpatient setting will not change.*



# Inpatient Hospital Transitions NEW INFORMATION

- \*IHT is associated with provider reimbursement through the IHT and Hospital Transformation Program (HTP) alignment.
  - The HTP-Severity Adjusted Length of Stay (SLOS) measure (SW-PH1) will be retired from HTP and will be replaced with requirements of participation in the IHT program.
  - IHT will be implemented as a replacement complementary effort for measuring hospital's existing interventions around care coordination and utilization review. The transition has been initiated with plans to finalize by October 1, 2024

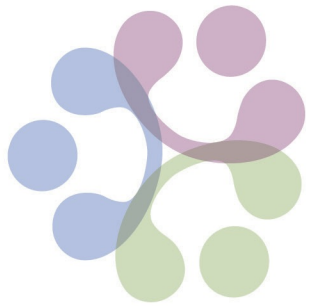
*\*Noted change from previous IHT program elements.*



# IHT and HTP Alignment

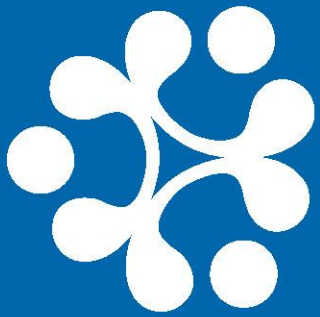
## SW-PH1 – Severity Adjusted LOS: Details

- HTP Hospitals that have SW-PH1 as a measure will be required to participate in IHT and will be measured for adherence to the program in **HTP Program Years (PY) 4 and 5.**
- The HEDIS Average Length of Stay (Avg LOS) measure will be calculated as a maintenance measure with **no risk** associated.
- The measure will continue to be tracked under the measure SW-PH1, which will replace the previous SLOS data moving forward. The previous SLOS data will be **archived** but not used for performance measurement.



# SW-PH1 IHT: Measure Specifications

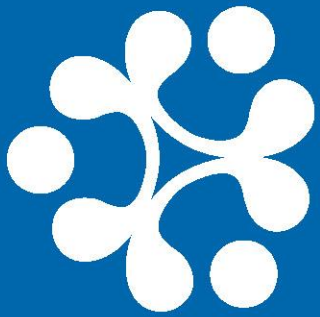
- **Benchmark Information:**
  - ✓ There will be **no benchmark** for **PY3** and all at-risk will be granted.
  - ✓ The benchmark for **PY4** will be met if **100%** of qualified IHT stay occurrences have IHT referrals.
  - ✓ The benchmark for **PY5** will be met if **100%** of qualified IHT stay occurrences have IHT referrals.
- The **Measure Specifications** and **Scoring Framework** documents will be updated in the upcoming weeks prior to the initiation of the new measure.



# Excluded from IHT

- IHT does not include facilities/units with:
  - Enrollment type=Hospital-General-following units excluded:
    - Provider Type 01: Inpatient Behavioral Health Units
    - Provider Type 01: Long Term Acute Care Hospitals
  - Enrollment type=Hospital-Mental
    - Provider Type 02: Behavioral Health Hospitals





# IHT= 2 Different Groups

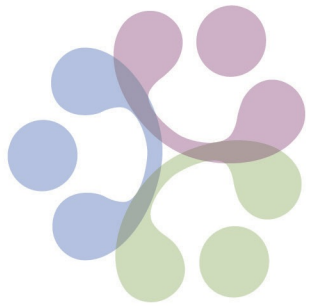
## NICU

- Only need to submit one time, unless hospital identifies care coordination needs help prior to discharge.
- DO NOT need to submit at inpatient length of stay day 30 and every 30-day interval till discharge.
- NICU Level I: Well Newborn Nursery and NICU Level II: Special Care Nursery are exempt.

## Non-NICU

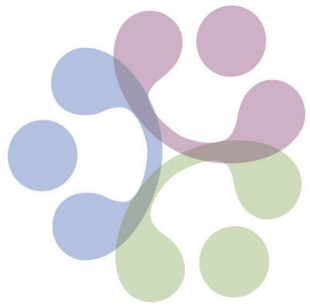
- Hospitals will determine which patients engage in IHT
    - Is inclusive of ALL inpatients requiring care coordination, rather than a subset of select diagnosis related groups,
- AND,
- Submit on ALL inpatients at inpatient length of stay day 30 and every 30-day interval till discharge.

\* 30-day intervals must be submitted between LOS day 23 and 37.



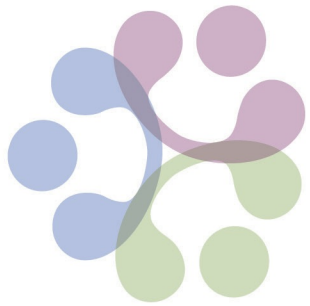
# NICU Scenario

- Pre-term infant born at 31 wks. gestation via c-section develops respiratory complications requiring advanced breathing support in the Level III NICU.
  - Follow your facility's process for Health First Colorado Add-A-Baby Emergent Request, this is an emergent way for medical providers to verify an infant's eligibility.
- Usually receive the infant's individual Medicaid ID# in 2 to 7 days.
- You must have the infant's individual Medicaid ID# to submit a questionnaire in Atrezzo.
- Remember the unique question (question #1) in the NICU Questionnaire
  - Simple Discharge-RAE assistance declined
  - Complex Discharge-RAE assistance declined
  - Complex Discharge-RAE assistance requested



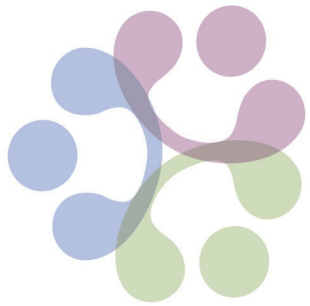
# NICU Tips

- Verify your facility has a defined Health First Colorado Add-A-Baby Emergent Request process.
  - Encourage the mother NOT to use the PEAK app or local Health and Human Services Office.
- HCPF has a specific Add-A-Baby Inbox for inquiries, if you use this Inbox ensure that you state the infant is in the NICU.
  - [hcpf\\_add-a-baby@state.co.us](mailto:hcpf_add-a-baby@state.co.us)



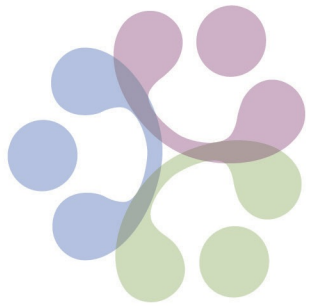
# Non-NICU Scenario

- Hospital driven scenario:
  - 45-year-old, male, Cellulitis of LLE, receiving IV antibiotics and wound care. Inpatient LOS day 3, planned discharge on LOS day 7. Multiple re-admissions over last 6 months d/t non-compliance and determinants of health.
- 30-day interval inpatient LOS patient scenario:
  - 16-year-old, female, multi-system trauma patient, remains vented and in ICU at LOS day 28, unknown discharge date.



# Non-NICU Tips

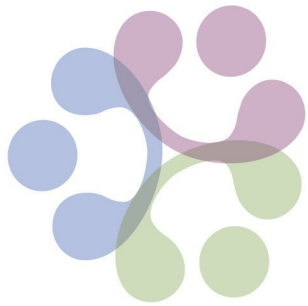
- Become familiar with your facility's ability to assist potential new Medicaid members with the application process.
  - Certified Application Assistance Site or Medical Assistance
- Usually receive the individual's Medicaid ID# in 3 to 7 days.
- You must have the individual's Medicaid ID# to submit a questionnaire in Atrezzo.



# Acentra IHT Trainings

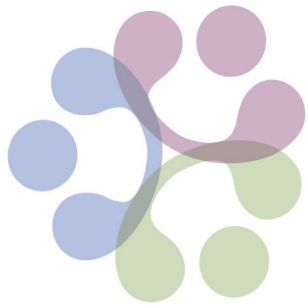
IHT Open Hours - please register prior to attending

- [IHT Training on 10.8.24 at 12pm](#)
- [IHT Open Hours 10.10.24 from 12pm to 2 pm](#)



# Atrezzo IHT Tips

- Multi-site organizations: ensure your IHT Atrezzo users profile Medicaid Provider ID # matches the physical facility Medicaid Provider ID# .
- Example: Children's Hospital of Colorado: Anschutz, Colorado Springs, and Broomfield.



# Contact Info and Resources

- Contact HCPF UM Team at:  
[hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us)
- Visit the IHT webpage at:  
<https://hcpf.Colorado.gov/IHT>
- Acentra (formerly Kepro) Resources
  - Provider Relations: [COproviderissue@acentra.com](mailto:COproviderissue@acentra.com)
  - Provider Registration: [Coproviderregistration@acentra.com](mailto:Coproviderregistration@acentra.com)
  - Call Center: 720-689-6340



Next JOC will be 11.14.24  
@ 1pm

Questions?