

Colorado's Medicaid Program

Inpatient Hospital Transitions JOC 11.14.24

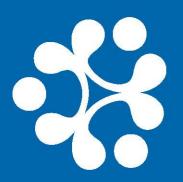
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Our Mission...

 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
- Follows 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.



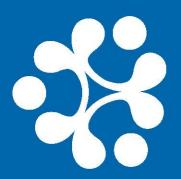


Inpatient Hospital Transitions

- *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 was initiated on October 1, 2024.

*Noted change from previous IHT program elements.

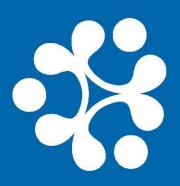




Excluded from IHT

- 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

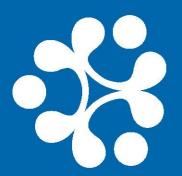
- Hospitals will determine which patients engage in IHT
 - Is inclusive of ALL inpatients requiring care coordination, rather than a subset of select diagnosis related groups,

AND,

 Submit on ALL inpatients at inpatient length of stay day 30 and every 30-day interval till discharge.

*questionnaires will "count" for the benchmark days if they are received within 7 days (+ or -) of the benchmark.





IHT Follow-ups

- Evaluating the opportunity for providers to have:
 - an evaluation checkpoint prior to collection of benchmark data,
 - late-entry a questionnaire that was previously omitted.
- More information to come on these requests.





Contact Info and Resources

Contact HCPF UM Team at:

hcpf um@state.co.us

Visit the IHT webpage at:

https://hcpf.Colorado.gov/IHT

- Acentra (formerly Kepro) Resources
 - Provider Relations: COproviderissue@acentra.com
 - Provider Registration: <u>Coproviderregistration@acentra.com</u>
 - Call Center: 720-689-6340



Next JOC will be 12.05.24 @ 1pm

Questions?

