

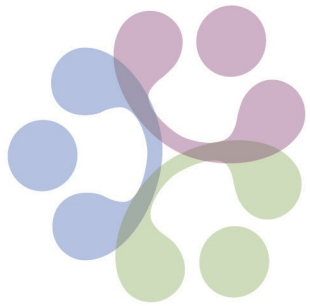


Health First  
COLORADO™

Colorado's Medicaid Program

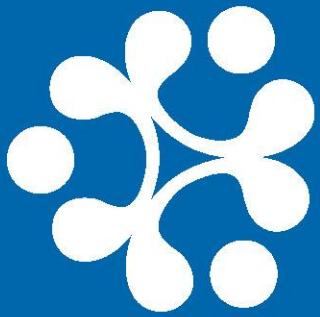
# Inpatient Hospital Transitions JOC 12.5.24

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



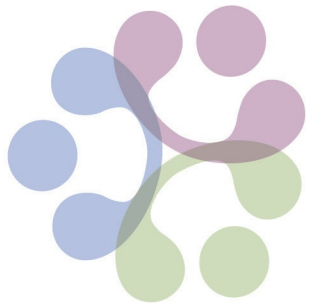
# Our Mission...

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



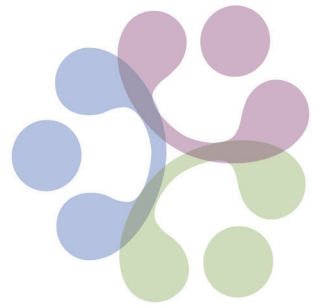
# Inpatient Hospital Review Program 2.0

- 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

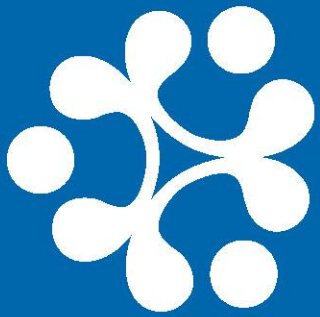
- A process for hospitals to notify RAEs they are requesting RAE support in discharge planning
- A mechanism to share focused member-specific information with the RAEs to ensure successful discharge planning
- Focused on complex inpatient hospital transitions from one level of care to another
- Follows 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

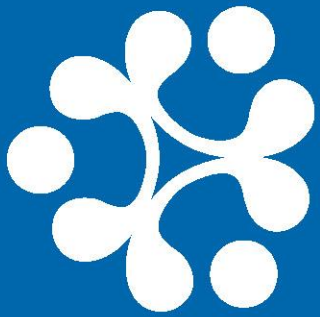
- \*IHT is associated with provider reimbursement through the IHT and Hospital Transformation Program (HTP) alignment.
  - The HTP-Severity Adjusted Length of Stay (SLOS) measure (SW-PH1) will be retired from HTP and will be replaced with requirements of participation in the IHT program.
  - IHT will 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

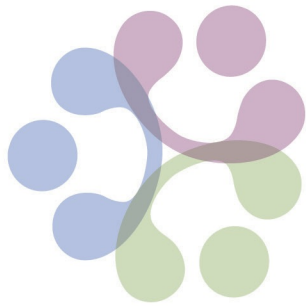
## NICU

- 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 Q&A Updates

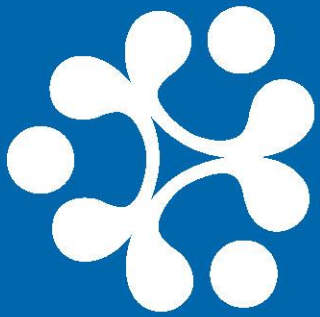
Q16: Patients with a 365 day + length of stay (LOS) causes an error message "Maximum Length of Stay cannot exceed 365 days. If continued services are required please create a new case." Will this impact reporting data or our metrics for these patients?

A: This system error has been correct, please enter the patients actual LOS.

Q17: Instances when a Medicaid ID is available but the member is not in Atrezzo, what action do we take?

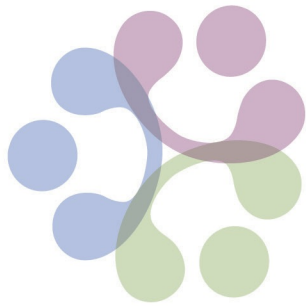
A: Please contact the UM Inbox at [hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us)





# 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](#)
- Visit the [IHT webpage](#)
- 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 1.02.25  
@ 1pm

Questions?