

# Inpatient Hospital Transitions

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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.

# Tailor and Enhance IHRP 2.0 for Targeted Care Coordination

- Simple and consistent way for hospitals to request care coordination assistance from RAEs.
- Assist in transition of complex inpatients.
- Decrease burden on stakeholders.
- Designing an improved process...

# 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.
- 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.
- Not associated with provider reimbursement.
- Hospitals will follow the current process of submitting the request for RAE assistance through Acentra's PAR platform (Atrezzo).

# 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 and Specialty Hospitals
  - Enrollment type=Hospital-Mental
    - Provider Type 02: Behavioral Health Hospitals

# 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.

# Post Admission Reviews=Questionnaires

- Hospitals will send this care coordination information to the RAEs.
- These questionnaires are subject to change.
- A formal systems spec doc will be provided via Microsoft Excel and pdf.



# Non-NICU Questionnaire

- This Submission is for information regarding Post Admission review?
  - Upcoming Discharge or 30 Day Interval
- If this submission is for a 30 Day Interval, are you requesting assistance with discharge now?
  - Yes/No and Free Text
- Anticipated level of care upon discharge/transition?
  - SNF/LTAC/Home with Skilled Nursing/ALF/Home/Other-Free Text
- What comorbidities and/or chronic conditions are impacting the members transition or discharge?
  - Yes-Free Text/No
- Are medication barriers a risk post discharge?
  - No/Yes-Access to Medications, Polypharmacy, Knowledge Deficit, Frequent Changes in Medications, High Risk Medications

# Non-NICU Questionnaire Cont.

- Member is pending transition/discharge but has needs that may be a barrier to transition/discharge?
  - Behavioral Health Needs/Cognitive Disability/Physical Disability/ Durable Medical Equipment/Private Duty Nursing/Home Health/Personal Care Services/Physical Therapy/Occupational Therapy/Speech Therapy/Skilled Nursing Need/Supplies/Wound Care/Other-Free Text
- Has the hospital identified a risk of readmission for the member?
  - No/Yes-Free Text
- Please provide any additional information for the RAEs not previously mentioned?
  - Free Text
- Point of Contact: Name, Hospital, Phone Number, and Email

# NICU Questionnaire

- Member discharge/transition plan, does the hospital request outreach and assistance from the Member's RAE?
  - Simple Discharge-RAE assistance declined.
  - Complex Discharge-RAE assistance declined.
  - Complex Discharge-RAE assistance requested.
- Anticipated level of care upon discharge/transition?
  - LTAC/Home with Skilled Nursing/Home/Other-Free Text
- What comorbidities and/or chronic conditions are impacting the members transition or discharge?
  - Yes-Free Text/No
- Are medication barriers a risk post discharge?
  - No/Yes-Access to Medications, Polypharmacy, Knowledge Deficit, Frequent Changes in Medications, High Risk Medications

# NICU Questionnaire Cont.

- Member is pending transition/discharge but has needs that may be a barrier to transition/discharge?
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  - No/Yes-Free Text
- Please provide any additional information for the RAEs not previously mentioned?
  - Free Text
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# IHT Go-live

September 9<sup>th</sup>, 2024

# Acentra IHT Trainings

- IHT Training 8.19.2024 12pm
- IHT Training 8.21.2024 3pm
- IHT Training 8.27.2024 5pm
- IHT Training 8.29.2024 8:30am

# 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 (Kepro) Resources
  - Acentra Provider Relations: [COproviderissue@acentra.com](mailto:COproviderissue@acentra.com)
  - Acentra Provider Registration: [Coproviderregistration@acentra.com](mailto:Coproviderregistration@acentra.com)
  - Acentra Call Center: 720-689-6340



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# Questions?





# Thank you!