COLORADO
Department of Health Care Policy & Financing

IHT Questions and Answers

1. **For the NICU survey, some choices under question 6 don't seem to be applicable for infants (e.g. cognitive disability) Should we answer these for the infant or for the parent?**

   If any of the "potential barriers" do not apply to the infant, the hospital should not select it. The hospital can and should provide an explanation for each item selected in order to communicate with the RAEs regarding the barriers to discharge. This allows the RAEs to provide their best inpatient hospital transition support.

2. **Is IHT only for Medicaid? Are patients with long-term Medicaid included in IHT? What about patients with Medicare + Medicaid?**

   IHT is for Health First Colorado members and was developed as a mechanism for hospitals to share focused member-specific information with the RAEs to ensure successful discharge planning. It applies to inpatient hospital physical health stays for Medicaid fee-for-service members (not managed care organizations Denver Health or Rocky Prime). It does not include long-term Medicaid or when a member has a primary insurance like Medicare.

3. **For HTP, is the IHT measure a self-reported measure or is the state tracking this?**

   The Department is tracking SW – PH1 and will pull and report performance results. We will compare IHT questionnaire data from Acentra's Atrezzo system with claims data to ensure that all qualified IHT occurrences have IHT referrals.

   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 measure will continue to be tracked under the measure SW – PH1, which will replace the previous Severity-Adjusted Length of Stay (SLOS) data moving forward. The benchmark for PY4 and PY5 will be met if all qualified IHT stay occurrences have IHT referrals. More information can be found in the Colorado Hospital Transformation Program (HTP) Performance Measure Specifications and HTP Scoring Framework documents found on the Colorado Hospital Transformation Program website (here).

4. **Do you know how hospitals are doing/performing so far?**

IHT went live on September 9, 2024. The Department has reports that tell us which hospitals have submitted IHT questionnaires since then, but we have not yet compared these to claims data that identifies if all qualified IHT occurrences have received IHT referrals. More information will be provided to hospitals during 2025.

5. Do we do IHT for inpatient only or is Obs included?

Observation stays are not included as part of IHT. IHT is for Medicaid inpatient hospitalizations except:

- Provider Type 01: Inpatient Behavioral Health Units
- Provider Type 01: Long Term Acute Care Hospitals
- Provider Type 02: Behavioral Health Hospitals

6. Is IHT for patients approaching 30-day stays or for all "hard to discharge" patients with whom hospitals are facing challenges?

IHT is for all complex discharges that the hospital encounters regardless of the length of stay but is required for stays of 30 days and each subsequent 30-day increment.

IHT is a process for hospitals to notify RAEs they are requesting RAE support in discharge planning. It is a mechanism to share focused member-specific information with the RAEs to ensure successful discharge planning for complex inpatient hospital transitions from one level of care to another. Hospitals should follow the IHT process of submitting a questionnaire as a request for RAE assistance through Acentra's PAR platform (Atrezzo). This is the first step in the official communication from hospitals to the RAEs when the hospitals need assistance for a member discharge or transition.

For Non-NICU patients, hospitals determine which patients engage in IHT. They may include any inpatients requiring care coordination (rather than a subset of select diagnosis related groups, which was the requirement in previous inpatient programs). Hospitals must also submit an IHT questionnaire on ALL inpatients at inpatient length of stay day 30 and every 30-day interval until discharge.

For NICU patients, hospitals only need to submit one IHT questionnaire, unless the hospital identifies care coordination needs help prior to discharge. For NICU patients, hospitals DO NOT need to submit at inpatient length of stay day

30 and every 30-day interval until discharge. NICU Level I: Well Newborn Nursery and NICU Level II: Special Care Nursery are exempt.

7. Does HCPF have any requirements about who can complete the IHT questionnaires? Does it have to be an RN or licensed clinical social worker? Can a non-licensed care manager complete them?

No, HCPF does not have requirements regarding the credentials of the person who fills out the IHT questionnaire. We recognize that Providers use a variety of staffing models to handle their prior authorization and care coordination workloads.

8. When entering an IHT questionnaire into Atrezzo, who is the "requesting provider" and who is the "servicing provider?"

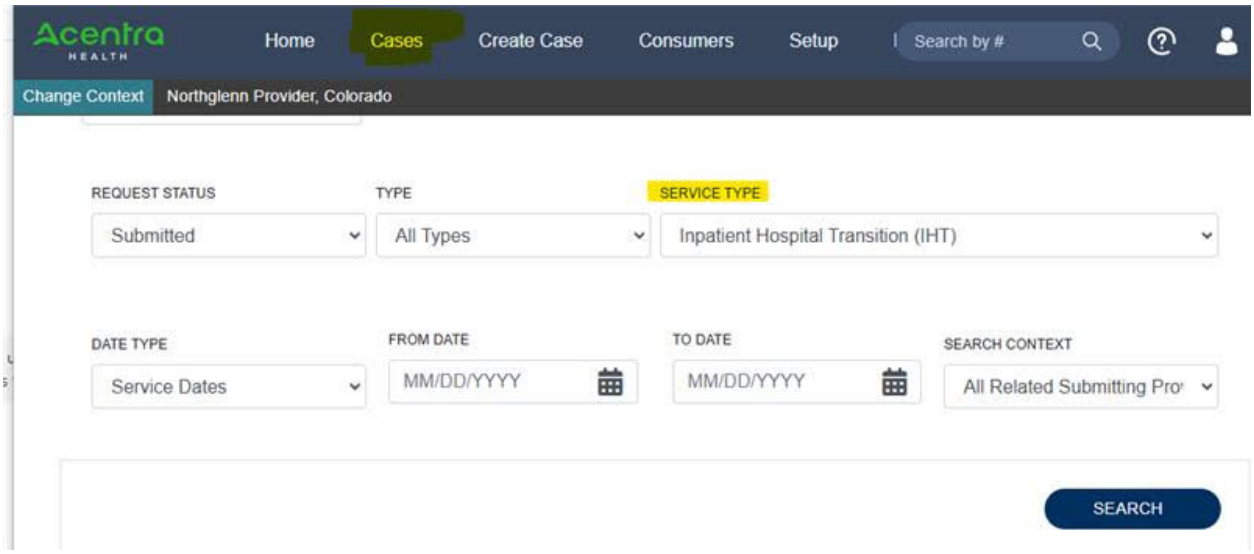
In the case of IHT, the requesting provider is the case manager or the person inputting the questionnaire. For the servicing provider, please use the physical facility (hospital) Medicaid Provider Billing ID number.

9. Are there reports that can be run in Atrezzo to show how many and which patients have been entered into Acentra's system?

Providers can produce a listing of their cases based upon several different parameters such as status, service type or dates of service. Instructions for reports are included on pages 18-20 of the Acentra Provider Manual.

Once logged-in to your Atrezzo account, click on the link for "Reports". On the report screen, enter the timeframe, the dates of submission, and either "Select All" or filter by case status. Click on the IHT service type to only pull those cases.

Click "View Report." Once the report is displayed, you may choose to download the report to several formats, including Excel. After downloading, you may further sort and filter using the functionality in Excel.



For additional assistance using Atrezzo, contact Acentra Provider Relations: coproviderissue@acentra.com.

10. Can a hospital submit a questionnaire on inpatient day 15 and have that count for the 30-day stay IHT requirement?

As described in the JOC meeting on October 3, 2024, questionnaires will "count" for the benchmark days if they are received within 7 days (+ or -) of the benchmark. In this case, we ask for a 30-day stay questionnaire between inpatient Day 23 and Day 37.

It is acceptable to submit a questionnaire for a patient on day 15 if you deem it to be a complex discharge and the patient may be discharged prior to 30 days. If that patient does have their stay extend to 30 days, an additional questionnaire would be required.

11. If a baby is discharged from NICU level III or IV before they have been approved for Medicaid (i.e. they are "Medicaid pending" when discharged), is the hospital responsible for submitting an IHT questionnaire?

No. You must have the patient's Medicaid ID number to submit the questionnaire in Atrezzo. You will not be able to submit for a baby who is still Medicaid pending.

12. When a patient is retroactively enrolled in Medicaid after they have been discharged, do they count in the IHT-HTP metric?

No. As described above, you must have the patient's Medicaid ID number to submit the questionnaire in Atrezzo. You will not be able to submit for a patient who is still Medicaid pending.

13. If a patient is in the hospital for 60 days and becomes Medicaid eligible on inpatient day 40, what IHT questionnaires must be submitted to meet the HTP metric?

The hospital is responsible for IHT questionnaires from the point of the stay when the patient receives their Medicaid ID (is Medicaid eligible). Since this patient becomes Medicaid eligible on Day 40, the hospital is excused from the 30-day IHT submission but should submit for Day 60 (using the patient's newly assigned Medicaid ID number). The questionnaire should be submitted during the window from + or - 7 days of the benchmark date (between inpatient Day 53 to Day 67).

However, if the hospital determines this member to be a complex discharge, it is recommended as best practice that the hospital submit a questionnaire for that patient once they have Medicaid, and not wait for the 60-day qualifying occurrence.

14. What are the RAEs expected to do after they receive an IHT questionnaire?

RAEs should partner with hospitals to provide needed support to patients as they transition out of the inpatient setting. We are finalizing specific requirements for RAEs as part of the ACC 3.0 program.

15. Can hospitals integrate the Atrezzo system with their EHR?

This functionality is not currently available.

16. For a patient with a length of stay of 365-days, we received 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?

Thank you for bringing this to our attention. Acentra has fixed the system error. Please enter the patient's actual length of stay.

17. What if we see that a patient has a Medicaid ID but it is not in Acentra yet?

Please contact the UM inbox at hcpf_UM@state.co.us for assistance on specific cases.

18. Is the HTP requirement for admit dates after January 1, 2025?

Due to concerns regarding the go-live timeline and meeting the PY4 benchmark for all qualified IHT stay occurrences with referrals, the Department has approved an IHT-specific "ramp up" grace period from October 1st through December 31st, 2024. Though PY4 still began October 1, 2024, and we expect hospitals to be participating in the IHT starting October 1, 2024, PY4 performance tracking for IHT will be measured for the period January 1, 2025, through September 30, 2025.

19. For NICU Level 3 or 4 patients, what will be matched in the claims files to be considered in the numerator as a "qualifying IHT stay"? Will you be matching to Rev Codes? We are hoping to build our reporting to the exact item in the claims file you will be matching for NICU. For example, for NICU, revenue codes 173 and 174.

The relevant revenue code for NICU Level 3 is 173 and for NICU Level 4 is 174.

20. If a patient expires in our care, will an Atrezzo questionnaire be expected? Or will these patients be excluded from our denominator for HTP?

For a non-NICU patient: if a patient's discharge status is expired, HCPF will look for the appropriate IHT questionnaires from their admit date (or date they became eligible for Medicaid) up until discharge/expire date. However, we will honor the +/- 7 day window on questionnaire submissions. If the patient expires after the benchmark day + 7 days (Day 30+7, 60+7, 90+7, etc.) for an IHT qualifying occurrence, they will be included in the denominator for that benchmark. For example, if a patient expired on day 39 (after the benchmark day + 7), the hospital is responsible for the 30-day questionnaire. If the patient expired on day 20 (before the benchmark day - 7), the hospital is not responsible for an IHT questionnaire.

For a NICU patient: if a patient's discharge status is expired, no additional IHT questionnaires are required beyond any the hospital might have already submitted.

21. Are inpatient (acute care) rehab patients included in IHT?

All patients in licensed rehabilitation specialty hospitals are excluded.

22. What do we do for a member who has a Medicaid number at the time of admission, loses Medicaid eligibility while inpatient, and then gets reinstated again? How do we count the 30/60/90-day benchmarks in that situation?

Medicaid eligibility terminates at the end of the month the member loses eligibility. For example, if a patient is admitted on February 1 and loses eligibility on March 15, their eligibility continues until March 31. In this case, submit a 30-day questionnaire for February 1 to March 1. A 60-day questionnaire would also be due; however, if the 60-day questionnaire has not been submitted by March 31 because it is within the +/- 7 day window of the benchmark day), that is acceptable.

If the same member is reinstated on April 1, the next 30-day questionnaire is due on May 1 (+/- 7 days from the benchmark date) and then every 30 days thereafter.

If you are in doubt, please submit a questionnaire.