



## 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?

*Yes, 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).*

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.

The screenshot shows the Acentra Health Atrezzo interface. The top navigation bar includes 'Home', 'Cases' (highlighted), 'Create Case', 'Consumers', and 'Setup'. A search bar on the right contains 'Search by #' and a magnifying glass icon. Below the navigation bar, the current context is 'Northglenn Provider, Colorado'. The main search area contains several filters: 'REQUEST STATUS' set to 'Submitted', 'TYPE' set to 'All Types', and 'SERVICE TYPE' set to 'Inpatient Hospital Transition (IHT)'. Below these are 'DATE TYPE' set to 'Service Dates', 'FROM DATE' and 'TO DATE' fields with 'MM/DD/YYYY' placeholders and calendar icons, and 'SEARCH CONTEXT' set to 'All Related Submitting Pro'. A blue 'SEARCH' button is located at the bottom right of the filter area.

For additional assistance using Atrezzo, contact Acentra Provider Relations: [coproviderissue@acentra.com](mailto: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 is looking into changing that rule for this service type and we will let you know when it is resolved.*

11/22/24

**17. Denver Health has had instances of seeing a patient has a Medicaid ID but it is not in Acentra yet. Their experience is that it may take 7 days to get a new Medicaid ID into Acentra. How can Denver Health enter questionnaires timely for these patients?**

*Research leads us to believe that Denver Health sees this time lag because they are a Medical Assistance site. A Medical Assistance (MA) Site is a designated site certified by the Department of Health Care Policy & Financing (HCPF) to accept and process the State authorized medical assistance application for the programs that are administered by HCPF. We will continue to work with Denver Health on their timing issues.*

*For the rest of our hospitals, no additional changes are required to our process. The hospital is responsible for IHT questionnaires from the point of the stay when the patient receives their Medicaid ID (is Medicaid eligible).*