



*On behalf of*

***HEALTH FIRST COLORADO***

*Inpatient Hospital Transition*



**COLORADO**  
Department of Health Care  
Policy & Financing



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In 2021, Kepro was awarded the Department of Health Care Policy and Financing (HCPF) contract for Utilization Management and Physician Administered Drug (PAD) review.

With over six decades of combined experience, CNSI and Kepro have come together to become:

# Acentra

## HEALTH

**Our purpose** is to accelerate better health outcomes through technology, services, and clinical expertise

**Our vision** is to be the vital partner for healthcare solutions in the public sector

**Our mission** is to continually innovate solutions that deliver maximum value and impact to those we serve



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# *About Acentra Health*

In addition to UM review, Acentra Health will administer or support in:

- Client Overutilization Program (COUP)
- Annual HCPCS code review
- Quality Program
- Reporting
- Review Criteria selection
- Customer Service Line
- Appeals, Peer-to-Peer, and Reconsiderations
- Fraud & False Claims reporting



# *Scope of Services*

- Audiology
- Diagnostic Imaging
- Durable Medical Equipment
- **Inpatient Hospital Transition**
- Medical Services including, but not limited to, select surgeries such as bariatric, solid organ transplants, transgender services, and elective surgeries
- Molecular/Genetic Testing
- Out-of-State Inpatient Services
- Outpatient Physical Therapy
- Outpatient Occupational Therapy
- Outpatient Speech Therapy
- Pediatric Behavioral Therapy
- Private Duty Nursing
- Personal Care Services
- Physician Administered Drugs



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# *Acentra Health's Services for Providers*

- 24-hour/365 days provider portal accessed at: <https://portal.kepro.com>
- Provider Communication and Support email: [coproviderissue@acentra.com](mailto:coproviderissue@acentra.com)
- Provider Education and Outreach, as well as system **training materials** (including Video recordings and FAQs) are located at: <https://hcpf.colorado.gov/par>
- **Prior Authorization Review (PAR)**
- Retrospective Review (when allowed by CO HCPF)
- PAR Reconsiderations & Peer-To-Peer Reviews
- PAR Revisions
- Access to provider reports and case statuses with Atrezzo Portal
- Provider Manual is posted at: <https://hcpf.colorado.gov/par>



# *Inpatient Hospital Review Program 2.0*

- Health First Colorado is required by statute to have an inpatient hospital review program.
- Health First Colorado collaborated with the RAE's and hospitals after implementation of IHRP 2.0 and recognized that it duplicated other programs designed to help with hard to place, high needs patients and effective transitions of care.
- The Inpatient Hospital Transition (IHT) program has been tailored to enhance the existing inpatient hospital review program to be of most use to the RAE's and hospitals.
- [Colorado Revised Statutes, 25.5-4-402. Providers-hospital reimbursement - hospital review program rules](#)



# *Inpatient Hospital Transitions* *(IHT)*

- IHT is not associated with authorization for inpatient stay or provider reimbursement.
- A mechanism for hospitals to share focused member-specific information with the RAEs to ensure successful discharge planning.
- The first step in the official communication from hospitals to the RAEs when the hospitals need assistance for a member discharge or transition.
- Focused on complex inpatient hospital transitions from one level of care to another.



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# *Inpatient Hospital Transitions Components*

- Hospitals will follow the current process of submitting the request for RAE assistance as part of the newly designed “IHT Questionnaire” housed in Acentra’s PAR Platform (Atrezzo).
- Includes all hospitalized non- Neonatal Intensive Care Unit (NICU) patients, which the hospital determines to have a complex discharge plan, rather than a subset of select diagnosis.
- All inpatients (non-NICU) at hospital day 30 and every 30 days thereafter.
- NICU members only:
  - Hospitals need only submit one time on every NICU admission
  - NICU Level I: Well Newborn Nursery and NICU Level II: Special Care Nursery are exempt.



# Create Case

- From home screen select Create Case.
- Case Contract will pre-populate.
- If Case Type does not pre-populate, select UM.
- Select Request Type. For IHT this will be Inpatient.
- Click Go to Consumer Information.

The screenshot shows the Acentra Health interface. The top navigation bar includes 'Home', 'Cases', 'Create Case' (highlighted), 'Consumers', 'Setup', 'Message Center' (with a notification icon), 'Reports', and 'Preferences'. Below the navigation bar, there's a 'Change Context' dropdown set to 'CO Demo Provider, Colorado'. The main content area has a 'HOME' section with a 'Messages' notification (1 for review or action) and a 'Go to Message Center' button. To the right, there are summary cards for 'WORK-IN-PROGRESS' (174), 'NOT SUBMITTED' (65), and 'SUBMITTED' (109). The main form is titled 'Case Parameters / Choose Request Type' and is divided into two steps: 'Step 1 Case Parameters' and 'Step 2 Consumer Information'. In Step 1, 'Case Type' is set to 'UM', 'Case Contract' is 'CO UM', and 'Request Type' is 'Inpatient'. A red arrow points to the 'Request Type' field. A 'Go To Consumer Information' button is highlighted with a red box. A speaker icon is located in the bottom right corner of the form area.

# Consumer Search

- Place the member's Medicaid ID in the Consumer ID box and select Search.
- If you do not have the member ID, you will need to enter the last name and date of birth.
- The Member's name will generate at the bottom.
- Click Choose to select the appropriate member.

Requesting Provider: Outpatient

Step 1 Case Parameters | Step 2 Consumer Information

Consumer Information / Search Consumer / Results

CONSUMER ID: temp001982023062100000  
LAST NAME:   
FIRST NAME (MIN 1ST LETTER):   
DATE OF BIRTH: MM/DD/YYYY

\*Combination of DOB and Last Name or Consumer ID

Cancel Search


Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
Ella Clark	07/17/2017	9999 99th Ave Boulder, CO	TEMP001982023062100000	Colorado	2	Choose

Showing 10 - of 1

Not finding what you're looking for? [Add temporary consumer](#)

Back

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# Consumer Search

- Review previous submitted requests to ensure there are no duplicates.
- If no duplicates are found, click Create Case.

The screenshot shows the Acentro Health web application interface. The top navigation bar includes links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The current context is 'CO Demo Provider, Colorado'. The page is titled 'New UM Case' and shows details for 'CO Demo Provider' and 'CO UM Outpatient' with a date of 07/17/2017. The 'Case Parameters' section is active, and the 'Consumer Information' tab is selected. Below this, there are two tabs: 'Submitted Requests' and 'Servicing Requests'. A table displays the following data:

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
- Case: 231720053									
Request_01	Submitted	6/21/2023	Outpatient	N/A	DME: Oral / Enteral / Parenteral	5/1/2023 - 4/29/2024	Approved: 1 View Procedures	No letters available	Actions -
- Case: Pending Case ID									
Request_01	Un-Submitted		Outpatient	N/A	DME: Oral / Enteral / Parenteral		View Procedures	No letters available	No actions available

At the bottom of the page, there is a message: 'Once you click **Create Case**, your changes will be saved and the case will be created **but not submitted**.' Below this message are two buttons: 'Cancel' and 'Create Case', with the 'Create Case' button highlighted by a red box.



# Creating Temporary Consumer

- Enter member's name and date of birth.
- Click Search
- If member does not have a Medicaid ID yet, results will show no records found. (Verify correct spelling and/or ID number were entered)
- Click Add Temporary Consumer.

Step 1 Case Parameters Step 2 Consumer Information

Consumer Information/ Search Consumer/ Results

CONSUMER ID LAST NAME FIRST NAME (MIN 1ST LETTER) DATE OF BIRTH

Clark Ryan 04/12/1996

\*Combination of DOB and Last Name or Consumer ID

Cancel Search

Name	DOB	Address	Consumer ID	Contract	Case Count	Actions
No records found.						

Showing 10 of 0

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Unable to find the consumer you are looking for?  
Please refine search to continue.

Not finding what you're looking for? [Add temporary consumer](#)

Back

# Creating Temporary Consumer

- Complete all required fields with member's demographics.
- Click Create Temporary Consumer and then Create Case

Step 1 Case Parameters Step 2 Consumer Information

### CONSUMER DETAILS

PREFIX: Select One FIRST NAME: Ryan MIDDLE NAME: LAST NAME: Clark SUFFIX: Select One

GENDER:  Male  Female

DATE OF BIRTH: 04/12/1996 LANGUAGE: Select One

### CONTACT INFORMATION

Use Facility Address

ADDRESS LINE 1: 999 90th Ave ADDRESS LINE 2: CITY: Boulder COUNTRY:  Canada  United States

STATE/PROVINCE: Colorado COUNTY: Boulder POSTAL CODE: 99999

PHONE NUMBER: EMAIL:

Cancel Create Temporary Consumer

Step 1 Case Parameters Step 2 Consumer Information

Consumer Information/ Search Consumer/ Consumer Cases

Submitted Requests Servicing Requests

Request	Status	Submit Date	Category	Discharge Date	Service Type	Service Dates	Procedures	Letters	Actions
Showing 10 of 0									

Previous Page 1 of 1 Next

Once you click **Create Case**, your changes will be saved and the case will be created but not submitted.

Cancel Create Case



# Create Case

At this point, the case has been created; notice the additional steps for case completion now listed across the top.

Additional Providers: Provider/Facility

Add Attending Physician

Selected Providers

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	CO Demo Provider	1111111111		1111111111	Address 1 - City, CO US 12345		(111) 111-1111	(999) 999-9999	
Servicing	CO Demo Provider	1111111111		1111111111	Address 1 - City, CO US 12345		(111) 111-1111		Update Remove

Providers in receipt of faxed determination letters: Official communication of service authorization will be sent to the fax number entered above.

Add a Note

Cancel Go to Service Details

 <https://hcpf.colorado.gov/par>



# Add Providers

- Review selected providers.
- Click Update to make changes to servicing providers if necessary.
- Search for new provider.
- Click Choose to add the updated servicing provider.

Selected Providers										
Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action	
Requesting	CO Demo Provider	1111111111		1111111111	Address 1, City, CO US 12345		(111) 111-1111	(999) 999-9999		
Servicing	CO Demo Provider	1111111111		1111111111	Address 1, City, CO US 12345		(111) 111-1111		<a href="#">Update</a>	<a href="#">Remove</a>

Providers in receipt of faxed determination letters. Official communication of service authorization will be sent to the fax number entered above.

PROVIDER TYPE \*

Facility  Provider

FIRST NAME

LAST NAME

NPI

MEDICAID ID

COUNTRY

Canada  United States

STATE/PROVINCE

Preferred Providers

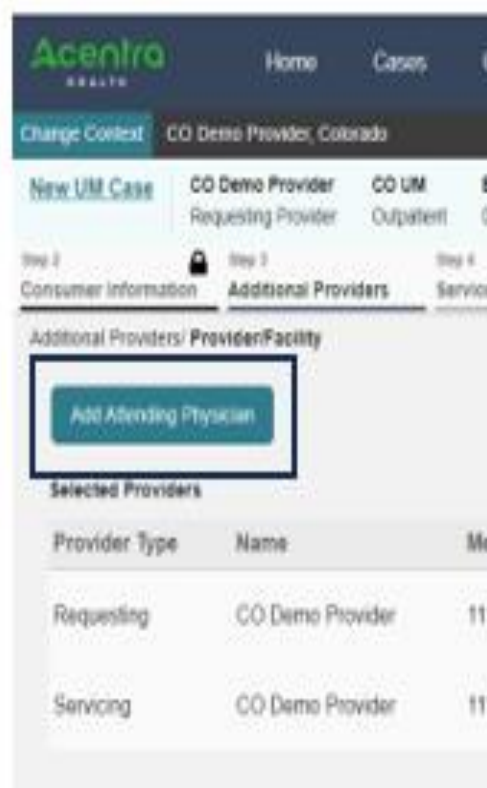
Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
Donald Duck	PCP		9999999999	9999999999	234 Disney, Omaha, NE US 68007	US		<a href="#">Choose</a>





# Add Attending Physician

- Click Add Attending Physician if applicable.
- Place the NPI in the NPI field to search.
- If you do not have the NPI, place the Last Name in the Name field to search.
- Search for Physician.
- Click Choose to add the attending physician.



The screenshot shows the 'PROVIDER TYPE' form. It has a 'Provider' radio button selected. The form includes fields for 'FIRST NAME', 'LAST NAME' (containing 'Test'), 'NPI', 'MEDICAID ID', 'NETWORK' (a dropdown menu with 'Select One'), and 'TAX ID'. Below these are 'COUNTRY' (radio buttons for 'Canada' and 'United States'), 'STATE/PROVINCE', 'COUNTY', 'CITY', 'POSTAL CODE', and 'SPECIALITY'. A 'Search' button is located to the right of the 'SPECIALITY' field. Below the form is a 'Search Results' table with columns: 'First Name', 'Last Name', 'Type', 'Specialty', 'NPI', 'Medicaid ID', 'Address', 'Country', 'County', and 'Action'. A row of results is shown with some fields redacted by black boxes. The 'Action' column for this row contains a 'Choose' button, which is highlighted with a red box.



# Fax Number

- Fax number is required, enter it in the field if not auto populated.
- Click Go to Service Details.

The screenshot shows the Acentra Health web application interface. At the top, there is a navigation bar with links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. Below this, a breadcrumb trail indicates the current context: CO Demo Provider, Colorado. The main content area is titled 'Additional Providers/ Provider/Facility' and includes a table of 'Selected Providers'. The table has columns for Provider Type, Name, Medicaid ID, Specialty, NPI, Address, County, Phone, Fax, and Action. The 'Fax' column for the first provider is highlighted with a blue box and contains the value '(999) 999-9999'. Below the table, there is a note: 'Providers in receipt of faxed determination letters. Official communication of service authorization will be sent to the fax number entered above.' At the bottom right, there is a 'Go to Service Details' button, which is also highlighted with a blue box.

Provider Type	Name	Medicaid ID	Specialty	NPI	Address	County	Phone	Fax	Action
Requesting	CO Demo Provider	1111111111		1111111111	Address 1, City, CO US 12345		(111) 111-1111	(999) 999-9999	
Servicing	CO Demo Provider	1111111111		1111111111	Address 1, City, CO US 12345		(111) 111-1111		Update Remove



# Service Details

- Enter Admit Date
- Select Service Type Inpatient Hospital Transition (IHT) from dropdown.
- Click Go to Diagnosis.

[New UM Case](#) | CO Demo Provider | CO UM | ANG Test (F)  
Requesting Provider | Inpatient | 12/15/1960

Step 2 Consumer Information | Step 3 Additional Providers | **Step 4 Service Details** | Step 5 Diagnoses | Step 6 Requests | Step 7 Questionnaires | Step 8 Attachments | Step 9 Communications

Service Details/ Enter Service Details

Admission Source: Select One

Admit Date \*: 07/01/2024

Place Of Service: Select One

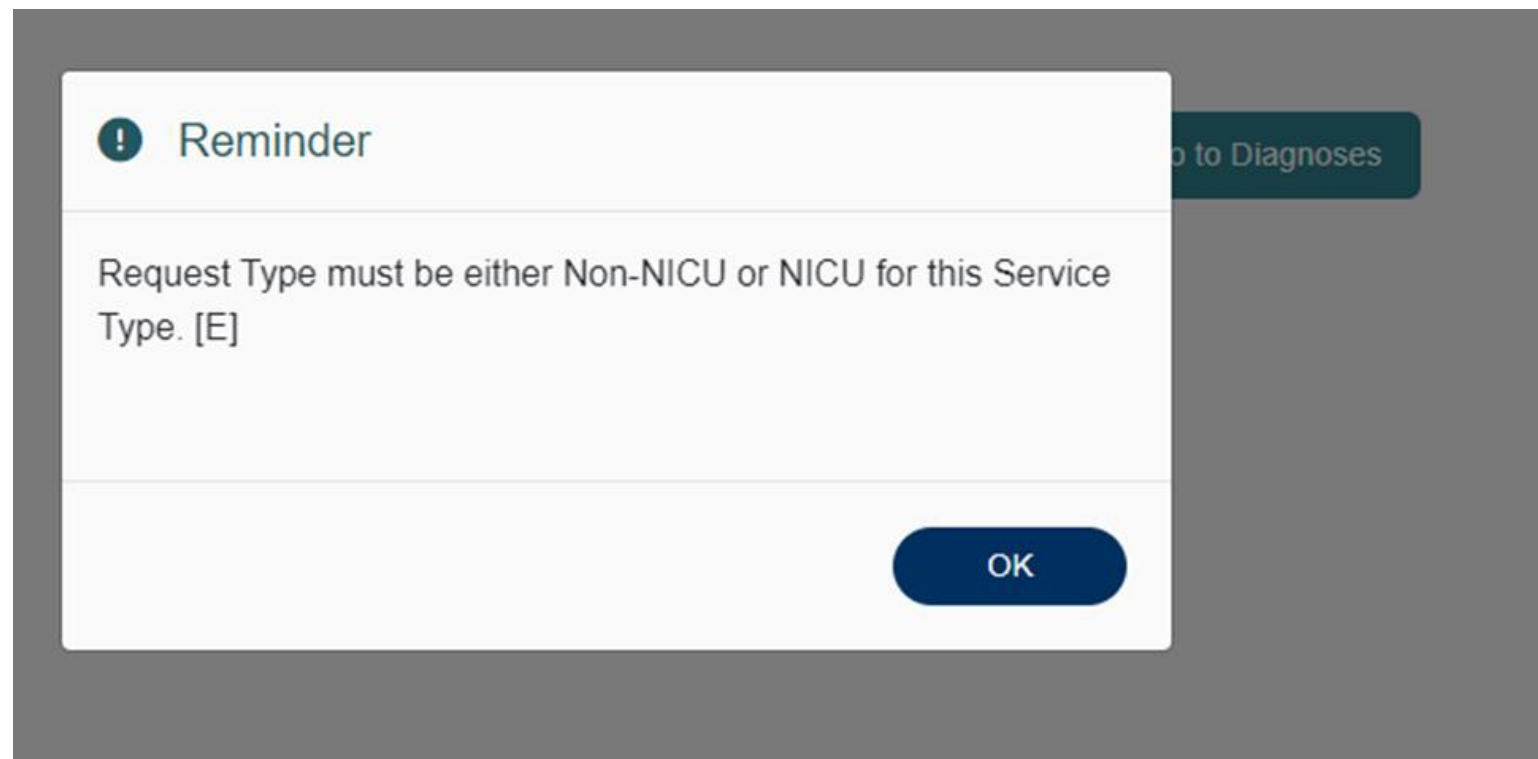
Service Type \*: 450 - Inpatient Hospital Transition (IHT)

Add a Note | Cancel | **Go to Diagnoses**



# Pop Up Reminder

- Pop up will appear, select ok.
- Click Go to Diagnosis.



# Enter Diagnosis

- Select the appropriate Code Type.
- Enter diagnosis code or description in search box.
- Select the proper code from the results returned.
- Repeat these steps to add all necessary diagnosis codes.
- To set primary diagnosis, you can drag and drop it to the top of the list.
- Click Go to Requests once all diagnosis codes are entered.

Change Context: CO Demo Provider, Colorado

New UM Case: CO Demo Provider, CO UM, Requesting Provider: Outpatient, Ella Clark (F), 07/17/2017

Step 2 Consumer Information | Step 3 Additional Providers | Step 4 Service Details | Step 5 Diagnoses | Step 6 Requests | Step 7 Questionnaires | Step 8 Attachments | Step 9 Communications | Step 10 Submit Case

Code Type: ICD-10

Search: Select a Diagnosis Code

Order Rank	Code	Description	Source	Created By	Deactivate
101	G81.10	SPASTIC HEMIPLEGIA AFFECT UNS SIDE	Manual	coprovider5	Remove

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Go to Requests



# Request Type

- Select NICU or Non- NICU from the dropdown.
- Click Go to Procedures.

The screenshot shows a web application interface for a 'New UM Case'. At the top, there is a progress bar with 11 steps: Step 1: Consumer Information, Step 2: Additional Providers, Step 3: Service Details, Step 4: Diagnosis, Step 5: Requests (highlighted), Step 6: Questionnaires, Step 7: Attachments, Step 8: Communications, and Step 9: Submit Case. Below the progress bar, the 'Request Type' dropdown menu is open, showing options: Non-NICU (selected), Concurrent, Expedited, NICU, Prior Auth, and Rapid. The 'Request Type' field is currently set to 'Non-NICU'. Other fields include 'RPS Code', 'Notification Date' (06/01/2024), and 'Notification Time' (05:23 PM). A 'Go to Procedures' button is highlighted in a blue box on the right side of the form.



# Length of Stay

- Code Type is required but code is not needed. Will default but can be changed if needed. Leave as APR-DRG
- Enter Requested Start Date and Requested End Date.
- Click Go to Questionnaires.

Step 2 Consumer Information | Step 3 Additional Providers | Step 4 Service Details | Step 5 Diagnoses | Step 6 Requests | Step 7 Questionnaires | Step 8 Attachments | Step 9 Communications | Step 10 Submit Case

Requests/Request #1/Procedures

Code Type \*  
APDRG

Search  
Search by code or description

Request #1  
(Un-Submitted) (10)

LO# (Un-Submitted)  
(NA - NA)

### LO# Length of Stay

Unit Qualifier  
Select One

Requested

Requested Start Date \*  
MM/DD/YYYY

Requested End Date \*  
MM/DD/YYYY

Requested Duration \*

Rates

Requested Rate  
\$

Add a Note

Jump to Submit Cancel **Go to Questionnaires**

# Questionnaires

- Open Questionnaire
- Answer questions.
- For any “Yes” answers a text box will open for explanation.

Step 1 Consumer Information | Step 2 Additional Providers | Step 3 Service Details | Step 4 Diagnoses | Step 5 Requests | **Step 6 Questionnaires** | Step 7 Attachments | Step 8 Communications | Step 9 Submit Case

Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3766660	Checklist	• IHT Non-NICU Questionnaire	Aconra Health	08/01/2024 05:22:31 PM			0	<a href="#">Open</a>

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[Add a Note](#) [Jump to Submit](#) [Cancel](#) [Go to Attachments](#)

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# Non-NICU

<b>Case</b>	<b>ANG Test (F)</b> 12/15/1960 (63 Yrs)	<b>CO UM</b> UM	<b>TEMP001982021011200000</b> Consumer ID	<a href="#">Create Questionnaire / IHT Non-NICU Questionnaire</a>
-------------	--	--------------------	--	---

## HT Non-NICU Questionnaire

IHT Non-NICU Questionnaire

1 . This submission is for information regarding Post Admission review: \*

Upcoming Discharge

30-Day Interval

2 . Anticipated level of care upon discharge/transition? \*

Assisted Living Facility

Home

Home with Skilled Nursing

Long Term Acute Care

Skilled Nursing Facility

Other

3 . Are there comorbidities and/or chronic conditions impacting the member's transition or discharge? \*

Yes

None



# Non-NICU

---

4 . Are medication barriers a risk post discharge? \*

---

Yes  No

4.1.1 . What types of barriers? \*

---

- Dependence on High Flow Oxygen
- Financial Constraints
- Frequent Changes in Medications
- High Risk Medications
- Knowledge Deficit
- Logistical Challenges
- Polypharmacy
- Reduced Mobility
- Transportation
- Ventilator Dependence
- Other



# Non-NICU

---

5 . Member is pending transition/discharge but has needs that may be a barrier to transition/discharge? \*

---

- Behavioral Health Needs
- Cognitive Disability
- Durable Medical Equipment
- Home Health
- Occupational Therapy
- Personal Care Services
- Physical Disability
- Physical Therapy
- Private Duty Nursing
- Skilled Nursing Need
- Speech Therapy
- Supplies
- Wound Care
- Other



# Non-NICU

6 . Has the hospital identified a risk of readmission for the member? \*

Yes  No

6.1.1 . Please explain: \*

---

7 . Please provide any additional information for the RAEs not previously mentioned: \*

---



# Non-NICU

Fill out contact demographics then select mark as complete.

8 . Point of Contact Name: \*

9 . Point of Contact Hospital: \*

10 . Point of Contact Phone Number: \*

11 . Point of Contact Email: \*

✓ Autosaved

MARK AS COMPLETE >



# NICU

IHT NICU Questionnaire

1. 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

2. What is the anticipated level of care upon discharge/transition? \*

- Home
- Home with Skilled Nursing
- Long Term Acute Care
- Other

3. Are there comorbidities and/or chronic conditions impacting the member's transition or discharge? \*

- Yes
- None

3.1.1. Please explain: \*

---

---

---

---

---

---

---

---

---

---



# NICU

4 . Are medication barriers a risk post discharge? \*

Yes  No

4.1.1 . What types of barriers? \*

- Dependence on High Flow Oxygen
- Financial Constraints
- Frequent Changes in Medications
- High Risk Medications
- Knowledge Deficit
- Logistical Challenges
- Polypharmacy
- Reduced Mobility
- Transportation
- Ventilator Dependence
- Other



# NICU

---

5 . Is the Member expected to discharge/transition with more than 10 medications? \*

---

Yes  No

5.1.1 . Please explain: \*

---





# NICU

---

6 . Member is pending transition/discharge but has needs that may be a barrier to transition/discharge? \*

---

- Behavioral Health Needs
- Cognitive Disability
- Durable Medical Equipment
- Home Health
- Occupational Therapy
- Personal Care Services
- Physical Disability
- Physical Therapy
- Private Duty Nursing
- Skilled Nursing Need
- Speech Therapy
- Supplies
- Wound Care
- Other



# NICU

7 . Has the hospital identified a risk of readmission for the member? \*

Yes  No

7.1.1 . Please explain: \*

---

---

8 . Please provide any additional information for the RAEs not previously mentioned: \*

---

---



# NICU

Fill out contact demographics then select mark as complete

9 . Point of Contact Name: \*

10 . Point of Contact Hospital: \*

11 . Point of Contact Phone Number: \*

12 . Point of Contact Email: \*

✓ Autosaved

MARK AS COMPLETE >



# Jump to Submit

- Once the questionnaire is complete, no other items are required.
- Select Jump to Submit.

Step 1 Consumer Information Step 2 Additional Providers Step 3 Service Details Step 4 Diagnoses Step 5 Requests Step 6 Questionnaires Step 7 Attachments Step 8 Communications Step 9 Submit Case

Questionnaires/ Take Questionnaires

Request	Questionnaire ID	Questionnaire Type	Questionnaire's Name	Created By	Created Date	Completed By	Completed Date	Score	Action
R01	3755850	Checklist	• IIT Non-NICU Questionnaire	Acentra Health	08/01/2024 05:22:31 PM	Kristen Carlson	08/01/2024 05:33:15 PM	0	<a href="#">View</a>

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[Add a Note](#) [Jump to Submit](#) [Cancel](#) [Go to Attachments](#)



# Review Case

- The review page will now display a card of all information entered.
- If needed, click Update on the appropriate card to edit a specific section.
- Once your review is complete, click Submit.

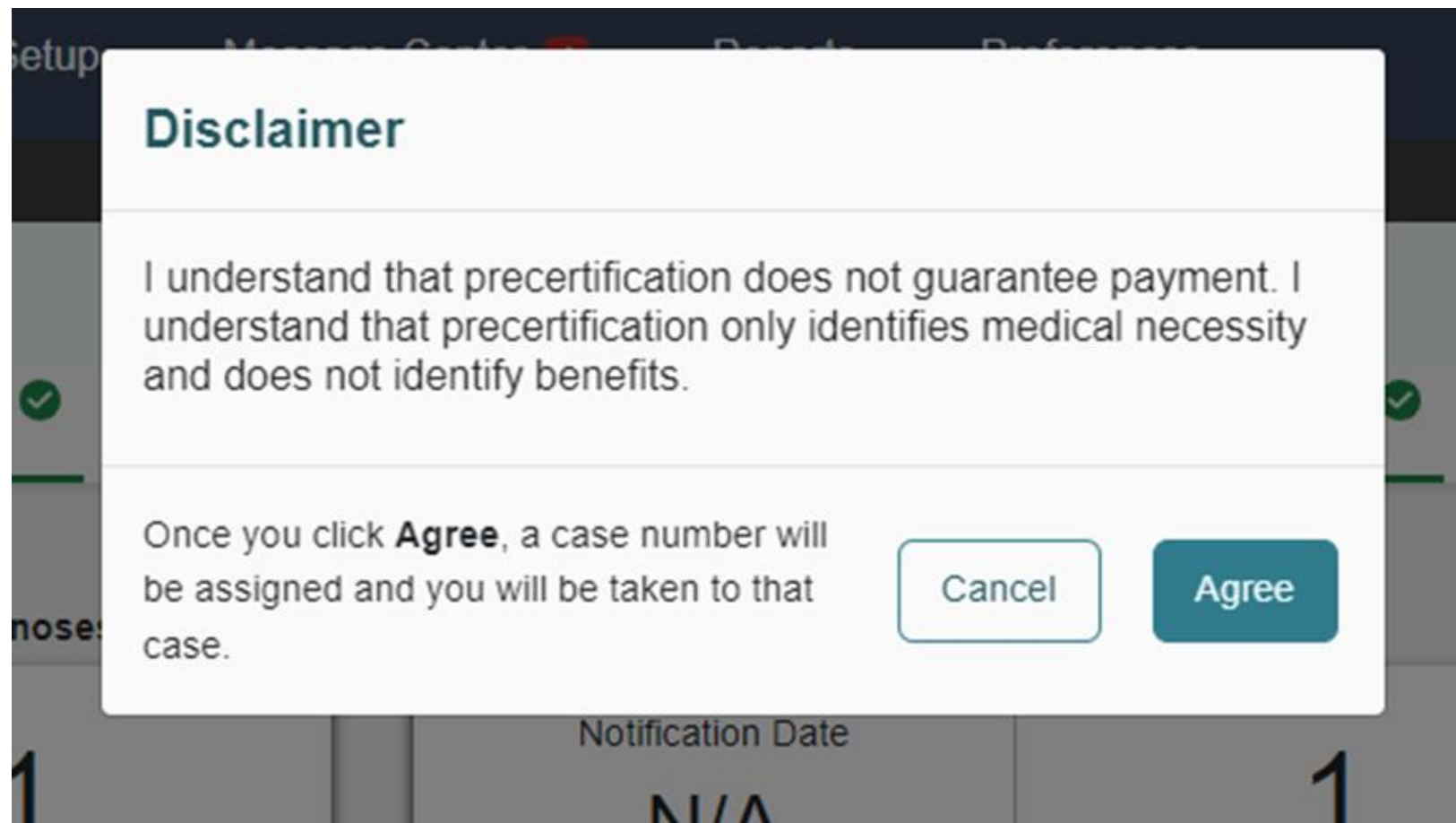
The screenshot displays the 'Review Case' interface. At the top, a progress bar shows steps 1 through 10, with steps 1-6 completed. The main content area is titled 'Submit Case/ Review' and contains seven data cards:

- Providers:** Requesting: CO Demo Provider; Facility: CO Demo Provider; Attending: ALESSANDRO TESTORI; Update Providers.
- Service Details:** Admit Date: 07/01/2024; Service Type: 450 - Inpatient Hospital Transition (IHT); Update Service Details.
- Diagnosis:** 1 Diagnosis; 287,820; Update Diagnosis.
- Requests:** Notification Date: N/A; Request Type: Non-NICU; Update Requests.
- Procedures:** 1 Procedure; LOR; Update Procedures.
- Questionnaires:** 1 Questionnaire; View Questionnaires.
- Attachments:** 1 Document; Update Documents.
- Communications:** 1 Note; Update Notes.

At the bottom right, there are 'Cancel' and 'Submit' buttons, with a hand cursor pointing to the 'Submit' button.

# Disclaimer

Read the disclaimer that pops up and click Agree.



# Case ID

- The system will submit the case and the submitted case will display.
- Make note of the Case ID which is specific to this request and can be used for tracking status later.

CONSUMER NAME	GENDER	DATE OF BIRTH	MEMBER ID	CONTRACT
ANG TEST	F	12/15/1960 (63 Yrs)	TEMP001962021011200000	CO UM

CASE ID	CATEGORY	CASE CONTRACT	CASE SUBMIT DATE	SRV AUTH
<b>COMPLETED</b> 242140009	Inpatient	CO UM	08/01/2024	

UM-INPATIENT

**CASE SUMMARY**      **ACTIONS**      **COPY**      **EXPAND ALL**

Consumer Details		Location: 1111 33rd Somewhere Iowa;	▼
Provider/Facility	Requesting : CO Demo Provider/1111111111	Facility : CO Demo Provider/1111111111 Attending : ALESSANDRO TESTORI/1326057050	▼
Clinical	Service Type : 450 - Inpatient Hospital Transition (IHT) Request Type : Non-NICU	Notification Date : 08/01/2024 Notification Time : 05:44 PM	▼
Questionnaires		Complete: 1, Incomplete: 0	▼
Attachments	Document-1	Letters- 0	▼
Communications		Most Recent Note date:08/01/2024	▼



# *Acentra Health Services for Providers - Recap*

- 24-hour/365 days provider **Atrezzo Portal** may be accessed at: <https://portal.kepro.com>
- System Training materials (including Video recordings and FAQs) and the **Provider Manual** are located at: <https://hcpf.colorado.gov/par>
- Provider Communication and Support email: [coproviderissue@acentra.com](mailto:coproviderissue@acentra.com)







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*Thank you for your time and participation!*

- For Escalated Concerns please contact: [hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us)
- Acentra Health Customer Service: (720) 689-6340
- PAR Related Questions: [coproviderissue@acentra.com](mailto:coproviderissue@acentra.com)



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