



On behalf of

HEALTH FIRST COLORADO

Inpatient Hospital Transition



COLORADO
Department of Health Care
Policy & Financing



Table of Contents

[Acentra Health](#)

[Scope of Services](#)

[Acentra Health Services for Providers](#)

[Inpatient Hospital Review Program 2.0](#)

[Inpatient Hospital Transition](#)

[IHT Components](#)

[Creating a Case](#)

[Consumer Search](#)

[Add Providers](#)

[Add Attending Physician](#)

[Fax Number](#)

[Service Details](#)

[Entering Diagnosis](#)

[Request Type](#)

[Length of Stay](#)

[Questionnaires](#)

[Non-NICU Questionnaire](#)

[NICU Questionnaire](#)

[Jump to Submit](#)

[Review Case](#)

[Disclaimer](#)

[Case ID](#)

[Recap](#)





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



COLORADO
Department of Health Care
Policy & Financing



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



COLORADO

Department of Health Care
Policy & Financing



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
- 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.



COLORADO

Department of Health Care
Policy & Financing



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. At the top, the navigation bar includes 'Home', 'Cases', 'Create Case' (highlighted with a red box), 'Consumers', 'Setup', 'Message Center' (with a notification icon), 'Reports', and 'Preferences'. Below the navigation bar, the 'HOME' section displays 'Messages for review or action' with a 'Go to Message Center' button. A summary table shows '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'. Under 'Step 1', the 'Case Type' is set to 'UM', the 'Case Contract' is 'CO UM', and the 'Request Type' is 'Inpatient' (with 'Outpatient' as an option). A blue arrow points to the 'Request Type' field. A 'Go To Consumer Information' button is highlighted with a red box. A 'Cancel' button is also visible. 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 []

Previous Page 1 of 1 Next



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 main content area is titled 'Consumer Information: Search Consumer/ Consumer Cases'. It features a table with columns for Request, Status, Submit Date, Category, Discharge Date, Service Type, Service Dates, Procedures, Letters, and Actions. Two rows are visible: one for a submitted request (Request_01) and one for a pending request (Request_01). The 'Create Case' button is highlighted with a red box.

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

Showing 10 of 2

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

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.

Buttons: 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		Update	Remove

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

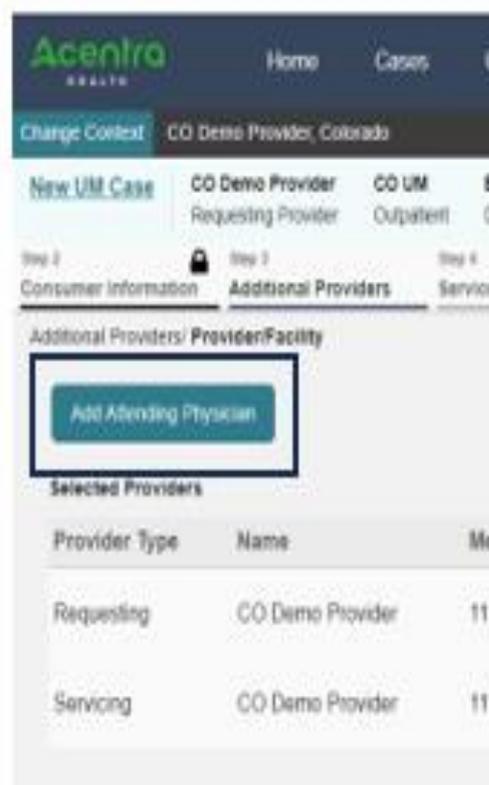
Preferred Providers

Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
Donald Duck	PCP		9999999999	9999999999	234 Disney, Omaha, NE US 68007	US		Choose



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', with 'United States' selected), 'STATE/PROVINCE' (dropdown), 'COUNTY' (dropdown), 'CITY', 'POSTAL CODE', and 'SPECIALITY'. A 'Search' button is at the bottom right. 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. A red box highlights the 'Choose' button in the 'Action' column of this row.

First Name	Last Name	Type	Specialty	NPI	Medicaid ID	Address	Country	County	Action
		Physician	Physician				US	Boulder	Choose



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. The top navigation bar includes links for Home, Cases, Create Case, Consumers, Setup, Message Center, Reports, and Preferences. The main content area is titled 'Additional Providers/ Provider/Facility' and contains a table of selected providers. The 'Fax' column for the first provider is highlighted with a red box, showing the value '(999) 999-9999'. Below the table, there is a 'Go to Service Details' button, also highlighted with a red box. The interface includes a progress bar at the top with steps from 'Consumer Information' to 'Submit Case'.

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

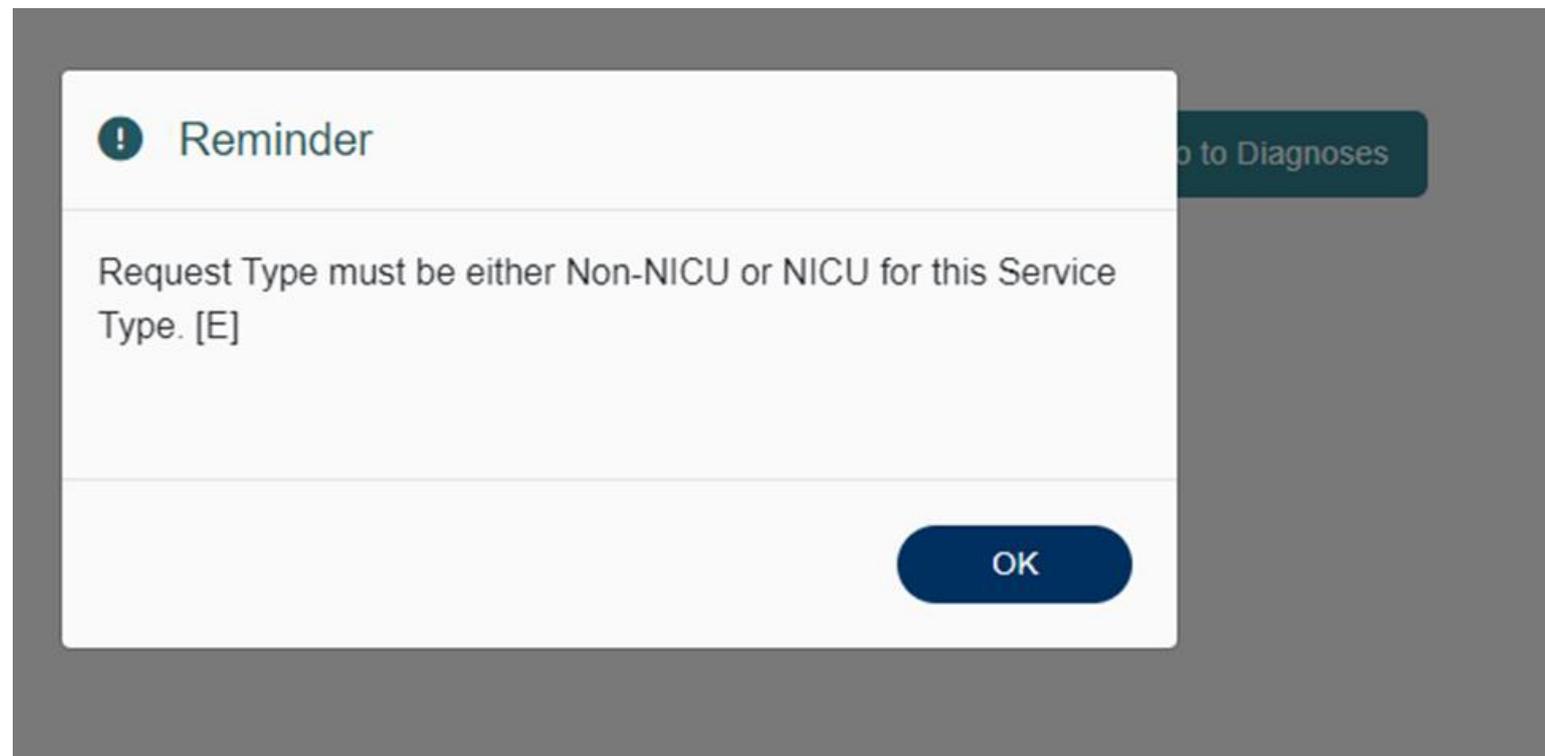
Service Type *: 450 - Inpatient Hospital Transition (IHT)

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.

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

Showing 10 of 1

Add a Note

Previous Page 1 of 1 Next

Cancel 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 steps: Step 1 Consumer Information, Step 2 Additional Providers, Step 3 Service Details, Step 4 Diagnosis, Step 5 Requests, Step 6 Questionnaires, Step 7 Attachments, Step 8 Communications, and Step 9 Submit Case. The 'Step 5 Requests' step is currently active. Below the progress bar, the 'Request Details' form is visible. It includes fields for 'Request Type', 'RFS Code', 'Notification Date', and 'Notification Time'. The 'Request Type' dropdown menu is open, showing options: 'Non-NICU', 'Concurrent', 'Expedited', 'NICU', 'Non-NICU' (highlighted), 'Prior Auth', and 'Rapid'. The 'Notification Date' is set to 06/01/2024 and the 'Notification Time' is 05:23 PM. A 'Go to Procedures' button is highlighted in the bottom right corner of the form area.



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)

LOS (Un-Submitted)
(NA - NA)

LOS Length of Stay

Unit Qualifier
Select One

Requested

Requested Start Date *
MM/DD/YYYY

Requested End Date *
MM/DD/YYYY

Requested Duration *
[Text Field]

Rates

Requested Rate
\$ [Text Field]

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	Open

Showing 10 - of 1

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

Previous Page 1 of 1 Next



Non-NICU

Case	ANG Test (F) 12/15/1960 (63 Yrs)	CO UM UM	TEMP001982021011200000 Consumer ID	Create Questionnaire / IHT Non-NICU Questionnaire
-------------	--	--------------------	--	---

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

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

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	• HIT Non-NICU Questionnaire	Acentra Health	08/01/2024 05:22:31 PM	Kristen Carlson	08/01/2024 05:33:15 PM	0	View

Showing 10 of 1

[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.

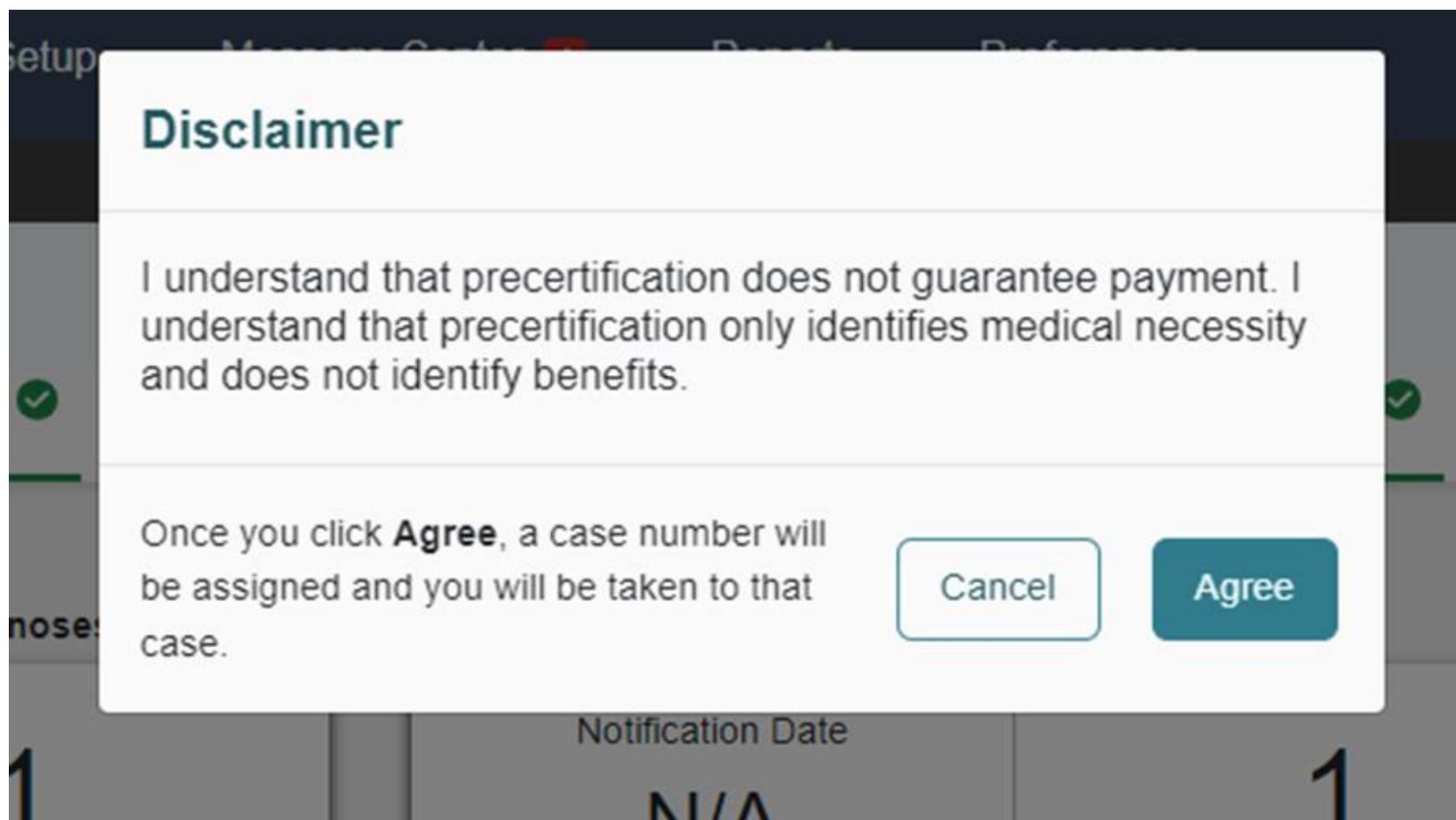
The screenshot displays the 'Review Case' interface. At the top, a progress bar shows steps 1 through 10, with steps 1-6 completed and steps 7-10 in progress. Below the progress bar, the 'Submit Case/ Review' section contains seven data cards:

- 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. A hand cursor is pointing at 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
COMPLETED 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



COLORADO

Department of Health Care
Policy & Financing





COLORADO

Department of Health Care
Policy & Financing



Thank you for your time and participation!

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



COLORADO

Department of Health Care
Policy & Financing

