

Inpatient Hospital Review Program (IHRP) 2.0: Joint Operating Committee (JOC)
January 5, 2023

Presenter: Katie Denney, UM Program Supervisor

Welcome/Introductions

Ms. Denney welcomed participants and reviewed the agenda. She introduced the Hospital Policy Team members on the call: Raine Henry, Diva Wood, Jessica Short.

Ms. Denney mentioned that the meeting was being recorded and asked participants not to mention PHI.

IHRP Webpage

The initial IHRP 2.0 information has been posted to <https://hcpf.colorado.gov/IHRP>. It will include the training schedule and training documents, JOC meeting notes and presentations, resources and contacts. Additionally, Department staff is working on documenting full responses to several of the questions asked in JOC meetings and will post a Frequently Asked Questions (FAQ) document as they are finalized.

Training Plan

The Department is finalizing the IHRP 2.0 training plan with Kepro and will post the schedule as soon as possible. Training will begin in February and include:

- IHRP 2.0 Overview
- Atrezzo (Kepro's PAR Portal) System Overview
- IHRP Benefit Specific Training- How to start, submit and complete an IHRP PAR and Concurrent Review
- IHRP 2.0 Question and Answer (Q&A) Sessions

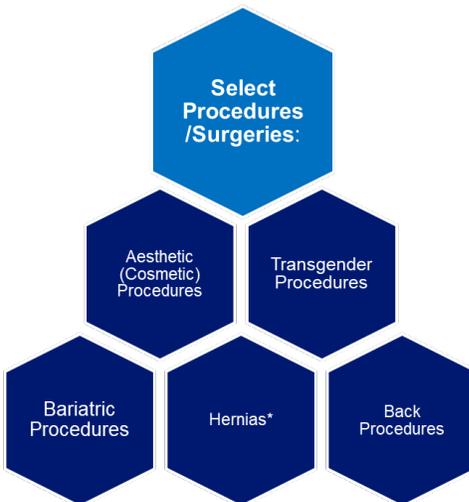
This sequence is similar to Kepro's initial implementation with Colorado Medicaid. Trainings will be recorded and videos and transcripts will be posted to the ColoradoPAR IHRP website to be accessed at any time. Live webinar trainings will be hosted multiple days at different times to try to accommodate varied schedules. **Please submit an email to the UM inbox (hcpf_UM@state.co.us) if you have questions or suggestions regarding training.**

Provider Survey

A [provider survey](#) specific to IHRP 2.0 will go out in the next few days. The survey link will be posted on [ColoradoPAR](#) program webpage, sent out via Kepro, the Provider Bulletin, and to the Joint Operating Committee. The survey will be open through January 23. Please complete the survey as the information gathered will help the Department and Kepro to identify concerns and questions and determine priorities during implementation. Issues identified that have not already been addressed or corrected will impact our future evaluation and improvement efforts for IHRP 2.0.

Admission Review: Procedure Codes

Ms. Denney reiterated that the IHRP 2.0 program is scaled down significantly from its predecessor. She showed a graphic of the small number of procedures that will require an inpatient admission review:



The Department is currently evaluating the requirement for select Hernia surgeries, so this is subject to change. Certain surgeries currently require a PAR for the actual procedure. You can determine if a surgery requires a PAR by reviewing the Department’s current fee schedule. A complete list of codes that will require an inpatient admission review will be posted to the IHRP website.

Upcoming JOC Meetings

Ms. Denney will send out a recurring invitation for meetings every other week through February. Starting in March, we will likely switch to weekly meetings. **If you have a topic or question for discussion, please send it to the UM inbox (hcpf_um@state.co.us) with “IHRP” in the subject line.**

Questions/Discussion

Several questions were raised during the initial JOC meeting in December and we are working to document complete answers. These include:

- **Admission Review:** What criteria is Kepro utilizing? What if we do not utilize that criteria?
- **Concurrent/Post Admission Review:** Why do we need to enter a review on Day 6, 30, 60, 90 if we (hospitals) do not identify a care coordination need?
- **Care Coordination:** The RAEs did not utilize data in IHRP 1.0 to help with care coordination, how is HCPF addressing this for IHRP 2.0?

We are keeping track of all the questions that are asked. As mentioned, we post a FAQ/Q&A document to the IHRP website and share further information in future JOC meetings.

New questions raised included:

1. I missed the last meeting. Will HCPF require an interface from the hospital’s EPIC system?

During IHRP 1.0, some hospitals elected to use a 275 or 278 transfer. With the significantly lower volumes of reviews in IHRP 2.0, that option will not be offered.

2. Without a 278 option, will we need to upload documentation to Kepro's portal?

Yes. We expect the process to be significantly easier and more efficient. Kepro will be very clear about documentation needed.

3. I need to know the criteria used to train staff.

We will provide this information at soon as possible.

4. Have you looked into accessing our medical records like the commercial carriers do?

This is not currently feasible for the Department.

5. What is the turnaround time (TAT) for admission reviews?

For IHRP 1.0, it was within 24 hours. Based on provider feedback, we aim to make the TAT longer. We are currently waiting for legal guidance.

6. Will you deny inpatient admissions?

Admissions review will look at the appropriateness of the admission for a small subset of surgical procedures.

7. Are PARs required for any medical admissions, or only surgical?

They are for admissions related to the small subset of surgeries shown above. Post-admission reviews are required on Day 6 for a subset of diagnoses (NICU, sepsis, cellulitis, pulmonary edema, respiratory failure, thoracic and abdominal vascular procedures). Post-admission reviews are required on day 30, 60, 90 and every 30 days thereafter for every Health First Colorado member. Post-admission reviews are not for approval or denial, they are to facilitate care coordination and discharge planning.

8. What if there is a medical admission that then requires surgery? If someone comes in for a medical admission and then needs a surgical procedure, what is the TAT for that authorization?

We will confirm how the system is set up to handle this.

9. What codes require the post-admission review at day 6, 30, 60 and 90?

We will share the exact codes soon.

10. Will Kepro tell us which cases require a post-admission review?

No; it is up to the hospital to determine. Kepro will not even be aware of the vast majority of your admissions since the admission PAR requirements have been reduced so greatly.

11. How are you reaching out to both UM and case managers at hospitals, since this process will involve both of them?

Please help us identify staff in both roles and include them in the JOC. You may forward invitations or email the UM inbox to add additional team members.

12. Will you provide more guidance on post-admission clinical reviews?

Yes; we have mocked up a report to the RAEs and plan to share it with you at the JOC meeting in 4 weeks. The report was built based on feedback from both RAEs and hospital providers.

13. Does the post-admission review only apply to the primary diagnosis, or if the patient has the diagnosis at all? How will we identify those?

The post-admission review pertains to the primary diagnosis. We will share these codes by the next meeting.

14. During IHRP 1.0, we had to duplicate PARs when we scheduled surgery for both the surgery and the inpatient admission. Is that the case for IHRP 2.0 as well?

Yes. We understand the frustration if you are duplicating the work on the surgery and the admission PARs, but, unfortunately, we have not found a workaround for this issue as they pay on two different claim types. We have this on our wish list to address.

Wrap Up

Ms. Denney thanked everyone for their participation and input. She noted that the Department needs to clarify the limited nature of IHRP 2.0 for hospitals. We will share an infographic that we are working on which should help everyone to see that.