

**Inpatient Hospital Review Program (IHRP) 2.0: Joint Operating Committee (JOC)**  
**February 16, 2023**

**Presenter:** Katie Denney, UM Program Supervisor

Welcome/Introductions

Ms. Denney welcomed participants and reviewed the agenda. Representatives from RAEs have joined the meeting this week. The meeting is being recorded; please do not mention PHI.

Updates/Reminders

Many resources, including an updated infographic, have been posted to the [Department's IHRP website \(https://hcpf.colorado.gov/IHRP\)](https://hcpf.colorado.gov/IHRP).

The Department previously announced that providers may submit Pre Admission Reviews and Post Admission Reviews to Kepro beginning April 3, 2023, and encourages all Providers to do so during this time, but no claims will deny for lack of a Pre Admission Review until May 1, 2023. During April, providers who do not enter required Pre Admission Reviews will receive a warning that claim payment will be dependent on their completion starting in May.

- Pre Admission Reviews are required on a small subset of inpatient stays related to surgical procedures that already require a PAR. This could result in a denial.
- Post Admission Reviews are required for subset of DRGs at Admission Day 6, and for all members still admitted at Day 30, 60, 90 and every 30 days thereafter. These will NOT result in an approval or denial, Providers are asked to answer a series of questions that will help facilitate care coordination and transition planning. The resulting information will be sent to the member's assigned RAE. Hospitals will be able to ask for assistance from the RAE, identify the areas where they need assistance, and provide the RAE with additional notes.

Kepro is finalizing the programming for post admission reviews (for care coordination and transition planning) and we will present screenshots from the Atrezzo system illustrating that process at the next meeting.

Provider Survey

After reviewing the results of the IHRP 2.0 Provider Survey we wanted to provide you with some information, address some of the comments you provided, and answer any other questions as a result. From our perspective, the good news is that over 50% of responding providers said that they already utilize Kepro's Provider PAR portal, Atrezzo; and over 52% of respondents already have existing relationship with the RAEs.

Additionally, many of the issues and concerns identified by hospital providers in the survey have already been addressed through the Department's redesign of IHRP. For example, comments such as:

- "Existing relationships are limited"
- "Do not have an assigned contact for assistance. We keep asking for matric on contacts for the RAEs"
- "The RAE is not actively involved with discharge planning and care coordination."

have been specifically addressed through collaboration with RAEs. They are identifying contacts and we will share that information at the next JOC meeting as well as post it on the IHRP website.

#### Priorities Identified by Hospitals

Further issues outlined in the survey that have been addressed by the Department include:

- **Submitting Prior Admission Reviews on every stay except maternity/LTAC** – Addressed; IHRP 2.0 will only require Pre Admission Reviews on a small subset of inpatient stays related to surgical procedures which already require Prior Authorization.
- **Training (or lack of Training)** - We have extensive training available at multiple times and days, will have recorded trainings available 24/7 on the IHRP webpage, and will continue to evaluate feedback and questions to determine additional training opportunities.
- **Inability to Submit Concurrent Reviews on day 4 if there was no determination on the initial PAR**- IHRP 2.0 doesn't require a concurrent review, but the Post Admission reviews can be submitted regardless of whether a Pre-Admission review was completed.
- **Submitting concurrent reviews on Day 4 for all admissions** - Post Admission reviews will not be required until Day 6, and then only on a small subset of inpatient stays related to select DRGs.
- **Submitting PARs or concurrent reviews with a temporary ID for NICU babies or those without a Medicaid Number** – Pre Admission Reviews are not required for NICU babies (unless they are inpatient to receive a procedure that requires a Pre Admission review), and no concurrent reviews are required. IHRP 2.0's Post Admission Review facilitate care coordination and do not affect payment. Information from Post Admission reviews will be shared with RAEs but not sent to the Fiscal Agent, so the issues around temporary IDs that were experienced during IHRP 1.0 should not occur. We also will have a much more streamlined, efficient process to update temporary IDs including the ability to pull a report for temporary IDs that have not yet been updated. This will be addressed in more detail during the training.
- **Hard to discharge patients/difficulty with care coordination** - Care coordination is a primary focus of IHRP 2.0 and we have been working with the RAE teams to reflect their priorities and explain expectations to assist hospitals. As noted, we will provide specific RAE contacts to assist hospitals.

#### IHRP 2.0 Improvement Suggestions from Hospitals

- *The Portal should have the ability to go to a single patient and access all info/files relevant to that patient:* if a member has an open case/PAR, providers currently have access to see all of their provider-specific information/cases for that member. Providers cannot view cases and/or information submitted by other providers unless they are also listed as a requesting, submitting, or servicing provider on that case/PAR.
- *Requests for additional information are unclear:* the Department and Kepro have worked together from the start of Kepro's tenure as our UM partner to ensure requests for additional information are clear. Kepro audits pends/requests for additional information and as needed, the Department offers guidance on improving clarity in these communications. Providers with questions or concerns about a request for additional information can message Kepro directly with in the portal (Atrezzo). There is also an established escalation process for pend/additional

information concerns. Providers may email the Kepro Provider inbox

([coproviderissues@kepro.com](mailto:coproviderissues@kepro.com)) using the subject line "Pend Inquiry: Case Number XXX"

- *Better marker to understand if the PAR is related to outpatient surgery or inpatient admission:* when the provider views their list, under Category, it will state "inpatient" or "outpatient" plus the service type. Providers will be given guidance during training sessions on which PARs will be related to Outpatient Surgery or Inpatient Admission.
- *Denial reasons on the portal need to be more specific:* while IHRP was suspended, the Department underwent a significant project to improve all utilization management letters and denial reasons. We continue to evaluate letters and denial reasons/citations for improvements. Providers should find that denial reasons are clearer. For medical necessity reviews, denial rationale (the language that specifically explains why the request did not meet medical necessity) has also been improved across all benefit areas. If there is confusion about a denial determination, specifically the reason, providers may contact Kepro directly, or request a peer-to-peer review or reconsideration.
- *Accessing the denial reason should require fewer steps and be accessible from a more central page view (i.e., you shouldn't have to click multiple times to get a scanned in letter):* a recent enhancement shows the available letters and procedure outcomes within the search screen results with a single click. The denial reason is located on the letters within the case.
- *Notifications if there is a duplicate PAR number:* the PAR number is a number that is provided by the Fiscal Agent when a PAR determination is transmitted from Kepro to the Fiscal Agent. There should not be an instance in which there is a duplicate PAR number.

If this comment is regarding a request to have a notification if another Pre-Admission Review or PAR for the same code/dates has already been submitted, the Department is working with Kepro to determine how to best use Atrezzo's capabilities to post warnings about potential duplication as a future enhancement.

#### Additional Feedback

We need help to better understand a few of the comments that we received from the Provider Survey to ensure that we can or have addressed them. Specifically, we are not clear about the following:

- We have experienced double standards with authorizations. There needs to be standardization of Guidelines and they cannot be interchangeable. I.e., Patient admitted with Authorization utilizing MCG guidelines as directed, but then upon Discharge, InterQual guidelines are used to provide denials.
- Having tabs/pages would be ideal vs the arrows that open multiple other arrows.
- Focus on Inpatient Admit Notice.

If you made these or other comments in the Provider Survey, or via the UM Inbox or a JOC meeting that you feel have not yet been addressed/answered please reach out and let us know.

#### Questions/Discussion

1. Do we need to enter the discharge date for every Medicaid client?

No; for members who require a pre admission review or a post admission review, you are asked to enter the estimated discharge date. You do not have to update that once you know the discharge date for certain.

2. Can you share the Post Admission Review Form?

Yes. We will share screen shots of the Post Admission Review questions at the next JOC meeting.

3. What about Medicaid pending patients?

You can use the temporary ID, or, wait and do a retro-pre admission review request with a note after you have the actual ID.

4. If you have a good process for tracking and managing these requirements, please share.

We will address this question at a future JOC meeting.

### Training

The links for training registration will be added to the website shortly; dates are already posted. The training has been broken into segments on multiple days for ease of scheduling:

1. **Introduction to IHRP And Atrezzo** - The Intro to IHRP 2.0 and Portal Registration training will give a brief introduction to Kepro, discuss the background of IHRP and introduce the new version and its requirements. It will also introduce Atrezzo and demonstrate how to create an account, add users, and register NPI numbers.
2. **System Overview** - The System Overview training will demonstrate how to login to the portal, create a case and submit a PAR request. Providers can skip the System Overview if they are already submitting PARS in Atrezzo.
3. **IHRP Benefit Specific Training** - The IHRP 2.0 Benefit Specific training will describe provider responsibilities, admission review requirements and post admission review requirements. This will also discuss the review types, turnaround times, medical necessity, and PAR outcomes.
4. **IHRP 2.0 Q&A Sessions** - The IHRP 2.0 Q&A sessions have been scheduled to answer any systems or benefit questions that may arise.

If you have feedback or additional training questions or requests, please use the Kepro email ([coproviderissues@kepro.com](mailto:coproviderissues@kepro.com)) or customer contact center (720) 689-6340 and/or the Department UM Inbox ([HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us)) to alert us.

### Upcoming JOC Meetings

If you have a topic or question for discussion, please send it to the UM inbox ([hcpf\\_um@state.co.us](mailto:hcpf_um@state.co.us)) with "IHRP" in the subject line.

### Wrap Up

Ms. Denney thanked everyone for their participation and input.