

Inpatient Hospital Review Program (IHRP) 2.0: Initial Joint Operating Committee (JOC)

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Mission: Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



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Agenda

- Introduction
- Joint Operating Committee (JOC) Purpose and Goals
- IHRP Background
- IHRP 2.0
- Timeline
- Next Steps
- Questions

Introduction by Dr. Walsh

What is JOC?

- Joint Operating Committee is a recurring meeting initially established during IHRP 1.0
- A forum with hospital providers, Department staff, Colorado Hospital Association (CHA) and the Department's UM Vendor
- Opportunity to raise questions, concerns and issues, identify what was working (and what wasn't), and collectively identify solutions and resolutions
- We will kick off IHRP 2.0 JOC in January; goal/mission will change post-implementation
- Purpose: identify issues and concerns before they become significant
- Goal: productive, respectful and open dialogue with a focus on solutions between all those working on IHRP 2.0

IHRP Background

- ▶ IHRP implemented based on direction in [SB 18-266 Controlling Medicaid Costs](#)
- ▶ IHRP suspended as of April 1, 2020
- ▶ Department and Kepro (new UM vendor) reviewed data and best practices to develop 2nd generation program (IHRP 2.0)
- ▶ Goals
 - ▶ Utilization
 - ▶ Care Coordination
 - ▶ Leverage capabilities
 - ▶ Quality of Care

IHRP 2.0

- Newer: New Vendor, New System, New Program
- Better: Smaller more focused, refined program and requirements
- Smarter: Focus on enhanced data shared between the hospitals and the RAEs

IHRP 2.0: Newer

- New UM Vendor- Keystone Peer Review Organization (Kepro)
- Extensive Experience
- New PAR Portal: Atrezzo
 - Existing capabilities
 - Easier, more streamlined system than in IHRP 1.0

PA/UM Scope Element	Florida AHCA	West Virginia DHHR	Illinois HFS	Virginia, DMAS	Maine DHHS	Mississippi DOM	South Carolina DHHS	Colorado HCPF	Minnesota DHS	Arkansas DHS	Alabama Medicaid	North Dakota DHS	Nebraska DHHS
Years of Service	30	22	20	16	15	15	10	10	7	3	2	2	2
Inpatient PA													
Inpatient Concurrent Review													
Surgery PA													
Transplant PA													
Call Center Services													
Quality Assurance													
Data Transfer & File Maintenance													
Reporting & Analytics													
Stakeholder & Provider Engagement and Education													

IHRP 2.0: Better

IHRP 1.0	IHRP 2.0
<p>All admissions except maternity and rehab (LTAC) required PAR</p>	<p>Small subset of admissions: Bariatric Surgeries, Back Surgeries, Organ Transplants, Aesthetic Surgeries, Transgender Surgeries, Hernia Repair</p>
<p>Concurrent review on every member still inpatient at Day 4</p>	<ul style="list-style-type: none"> • Post-Admission Clinical Review on small subset on Day 6: Neonatal stays and specific diagnoses (sepsis, cellulitis, pulmonary edema and respiratory failure, thoracic and abdominal vascular procedures) • Post-Admission Clinical Review on all stays at Day 30 and every 30 days thereafter. Focus on opportunities for care coordination/transitions of care.
<p>RAEs received all admissions and concurrent review data, but did not use information</p>	<p>Supplement ADT data for effective discharge planning/transitions of care including:</p> <ol style="list-style-type: none"> 1. Connect member with primary care/other provider to give follow up support and prevent readmissions; also perform medication management 2. RAE engagement regarding discharge; coachable moment to address acute issues 3. RAE engagement regarding ongoing/chronic conditions while patient is still at hospital 4. RAE/HCPF engagement to move hard-to-place members from the hospital <p>We have solicited input from RAEs on how to enhance this process and we are reviewing and utilizing their feedback and lessons learned regarding data-sharing opportunities between the Utilization Management Team and RAEs</p>
	<p>Department will use IHRP 2.0 data to inform other programs including Provider Integrity (PI), Quality of Care (QOC) and Recovery Audit Contractor</p>

IHRP 2.0: Smarter

- Questionnaire for Providers to assist with discharge planning and care coordination including asking questions about:
 - Need for RAE coordination
 - Who the RAE should contact
 - Identified social determinants of health needs
 - Identified comorbidities
 - Identified barriers to discharge/transition
 - Identified areas transition assistance needed

Timeline

- December 2022/January 2023- IHRP Provider Survey sent out
- January 2023- Regular Joint Operating Committee Meetings Begin
- February 2023- Training Sessions Begin
 - Training schedule to be posted on ColoradoPAR Program website
- April 1, 2023: IHRP 2.0 Launches
 - Providers begin submitting PARs and Concurrent reviews for Dates of Service on/after April 1, 2023

Next Steps

- What we need from JOC Going Forward:
 - Continue to identify key staff involved with IHRP 2.0 by completing the stakeholder form or emailing hcpf_um@state.co.us
 - Bring feedback, suggestions, and as program begins: what works, what doesn't work, how can we improve it
 - Ensure you are signed up for communication sent via Gainwell
- Additional JOC meetings will be scheduled:
 - Tentatively scheduled January 5 at 1pm (MTN)

Next Steps Continued

- IHRP 2.0 Provider Survey will be sent out after this meeting - Please complete it!
- Additional communication
 - Sent from Kepro
 - Department provider bulletins
 - Emails from Gainwell
 - ColoradoPAR program website
- Training-Schedule To Be Determined beginning in early 2023
 - Online Live Webinars
 - Recorded Webinars
 - Online Live Q&As
 - Written manuals/training materials on ColoradoPAR program website
 - JOC meetings



Questions



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Thank you!



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