Inpatient Hospital Review Program (IHRP) 2.0

Joint Operating Committee (JOC)

Presented by: Katie Dobler RN MSN HCPF Clinical Operations Nurse Consultant



Agenda for 3.2.23

- Introduction
- IHRP Background
- IHRP 2.0 Review
- Post Admission Review
- Training Schedule
- Questions

IHRP Background

- ► IHRP implemented based on direction in <u>SB 18-266 Controlling</u> 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

Program Updates

- Soft Launch of IHPR 2.0 will begin April 3rd, 2023 and continue to May 1st, 2023.
 - Providers are encouraged to submit cases to Kepro during this period.
 - The Department will be monitoring the PARS to determine areas of improvement and opportunity during this period.
- Claims to the Fiscal Agent will not deny for lack of PAR until dates of service on/after May 1st, 2023.

IHRP 2.0 Program Components



Health First COLORADO Inpatient Hospital Review Program (IHRP) 2.0



ST	STEP 1: PAR Pre-planned Inpatient Admission Review Codes (currently require a PAR for the surgical procedure)								
	Bariatric	22595	63005	11960	19364	21151	21248	67904	19316
	Surgeries	22600	63011	11970	19366	21154	21249	67906	30400
	43644	22610	63012	11971	19367	21155	21255	67908	30420
	43645	22612	63015	15770	19368	21159	21270	67909	54690
	43647	22614	63016	15819	19369	21160	21275	67911	55970
<u>=</u>	43770	22630	63017	15820	19370	21172	21280	69300	56800
Admission	43775	22632	63020	15821	19371	21175	21282	15771	56805
<u> .83</u>	43842	22633	63030	15822	19380	21179	21740	15772	57292
E	43843	22634	63035	15823	19396	21180	30150	15773	57335
🌣	43845	22800	63040	15830	20912	21188	30400	15774	19318
	43846	22802	63042	15847	21120	21193	30410	15832	15771
ᇣ	43847	22804	63043	17106	21121	21194	30420	15833	15772
Inpatient	43848	22808	63044	17107	21122	21195	30430	15834	15773
g	Back	22810	63045	17108	21123	21196	30435	15835	15774
드	Surgeries	22812	63046	19300	21125	21198	30450	15836	31899
ျာ	22533	22818	63047	19316	21127	21199	30620	15837	31599
<u>.</u> 5	22534	22819	63048	19324	21137	21206	36468	15839	55980
before	22548	22856	63075	19325	21138	21208	36470	15877	
	22551	22857	63076	19328	21139	21210	36471	15878	
Due	22552	22858	63077	19330	21141	21215	37790	15879	
	22554	22861	63078	19340	21142	21230	40820	L8600	
	22556	22862	Aesthetic	19342	21143	21235	41510	Gender	
	22558	22864	Surgeries	19350	21145	21244	67900	Affirming	
	22585	22865	11920	19355	21146	21245	67901	Care	
	22586	63001	11921	19357	21147	21246	67902	15770	
	22590	63003	11922	19361	21150	21247	67903	19303	

Step 2:	Step 2: Post-Admission Review Due at Day 6 (previously known as Concurrent Review)						
	DRG	Description					
	133	Pulmonary edema & respiratory failure					
V 6	169	Major thoracic & abdominal vascular procedures					
Da	383	Cellulitis & other bacterial skin infections					
at <u>Day 6</u>	583	Neonate w ECMO					
588 Neonate bwt <1500g w major procedure 589 Neonate bwt <500g or GA <24 weeks 591 Neonate birthwt 500-749g w/o major procedure 593 Neonate birthwt 750-999g w/o major procedure 602 Neonate bwt 1000-1249g w resp dist synd/oth maj resp or maj ar 603 Neonate birthwt 1000-1249g w or w/o other significant condition 607 Neonate bwt 1250-1499g w resp dist synd/oth maj resp or maj ar 609 Neonate bwt 1500-2499g w major procedure 612 Neonate bwt 1500-1999g w resp dist synd/oth maj resp cond 621 Neonate bwt 2000-2499g w major anomaly 630 Neonate birthwt >2499g w major cardiovascular procedure							
						>	≥ 591 Neonate birthwt 500-749g w/o major procedure
Zi.	593 Neonate birthwt 750-999g w/o major procedure						
Neonate bwt 1000-1249g w resp dist synd/oth maj resp or							
l e	Neonate birthwt 1000-1249g w or w/o other significant condition						
ssic	607	Neonate bwt 1250-1499g w resp dist synd/oth maj resp or maj anom					
<u>=</u>	609	Neonate bwt 1500-2499g w major procedure					
Ad	612	Neonate bwt 1500-1999g w resp dist synd/oth maj resp cond					
St-	621 Neonate bwt 2000-2499g w major anomaly						
Po	630	Neonate birthwt >2499g w major cardiovascular procedure					
	631	Neonate birthwt >2499g w other major procedure					
	720	Septicemia & disseminated infections					

Revision Date: 1.12.23

Step 1: Admission Review

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PAR to Inpatient: Step 1

- 55-year-old male, scheduled for Lumbar Fusion on 3/1/23.
 - A surgical procedure PAR should be submitted and approved for the Lumbar Fusion before 3/1/23.
 - The surgical procedure PAR is approved and the patient will require an inpatient stay after this surgical procedure. Lumbar Fusion is included on Step 1 of IHRP 2.0. An inpatient PAR should be submitted prior to admission to an inpatient bed.

Step 2: Post Admission Review at day 6

Step 2:	Step 2: Post-Admission Review Due at Day 6 (previously known as Concurrent Review)							
	DRG	Description						
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	631	Neonate birthwt >2499g w other major procedure						
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Inpatient: Step 2

- 45-year-old male, admitted inpatient on 3/1/23 for Cellulitis of Left Lower Extremity, for IV abx. therapy and wound care.
 - Day 3: initial broad spectrum abx. therapy
 - Day 4: wound culture provides sensitivity to different abx.
 - Day 6: patient continues therapies, not expected to discharge for 3 more days.
- Complete Step 2 Post Admission Review to collaborate with RAE on discharge on day 6.

Step 3: Post Admission Review

Step 3: Update Every 30 Days Post-Admission Review Every 30 days POST -**ADMISSION REVIEWS TO** BE SUBMITTED ON ALL **MEMBERS AT** DAY 30, DAY **60 AND EVERY** 30 DAYS THEREAFTER

Inpatient: Step 3

- 16-year-old, female, multi-system trauma patient admitted 30 days ago (admitted on 2/1/23). Inpatient stay has included intensive care, progressive care, and medical surgical care.
- Plan to discharge in 10 to 14 days.
- Complete Post Admission Review

Patient Not Included in IHRP 2.0

- 30-year-old female, G2 P1, with history of normal sterile vaginal delivery, admitted 3/1/23 thru ED with SROM, delivers vaginally with no complications on 3/2/23. Patient has uncomplicated postpartum care and simple discharge planning. She discharges home on 3/3/23.
- This patient bypasses IHRP 2.0 because:
 - A vaginal Labor and Delivery stay does not require an Inpatient PAR, bypassing Step 1.
 - The patient's length of stay is 2 days, bypassing Step 2 and Step 3.

Post Admission Review Questions

1. Member has a complex discharge/transition plan, does the hospital request outreach and assistance from the Member's RAE?

Answer: Yes/No and free text box for explanation

2. Has a Health-Related Social Needs Screening (HRSN) been completed? Answer: Yes/No and clickable options for identified determinants (housing, food, transportation, financial, interpersonal safety, none) and free text box for explanation

Post Admission Review Questions

3. What is the anticipated level of care upon discharge/transition?

Answer: clickable options (SNF, LTAC, Home with skilled nursing, ALF, Home, and Other) and free text box for explanation

4. Have any barriers for the member's discharge been anticipated or identified?

Answer: Yes/No and free text box for explanation

Post Admission Review Questions

5. Are there identified comorbidities and/or chronic conditions that are affecting or preventing the members transition or discharge?

Answer: Yes/No and free text box for explanation

6. Is the Member expected to discharge/transition with more than 10 medications?

Answer: Yes/No and free text box for explanation

Post Admission Review

7. Member is pending transition discharge but has new needs that may be a barrier to transition/discharge?

Answer: clickable options (DME, Supplies, PDN, Home Health, Personal Care Services, PT, OT, SLP, Other) and free text box for explanation

8. Has the hospital identified a risk of readmission for the member?

Answer: Yes/No and free text box for explanation

9. Please provide any additional information for the RAEs not previously mentioned:

Answer: free text box

Training Schedule

- Training began 2/21/23
- Trainings (in order they should be taken)
 - Intro to IHRP 2.0-completed
 - System Overview-happening now
 - IHRP Benefit Specific Training
 - Q&A Sessions
- All trainings will be recorded and posted on the IHRP webpage, in addition to the live trainings

Training Schedule

Introduction to IHRP and Atrezzo

- February 21, 2023 at 7am and 12pm
- February 23, 2023 at 8:30am, 12pm, 5pm

System Overview

- February 28, 2023 8:30am and 12pm
- March 2, 2023 7:00am and 3pm
- March 8, 2023 8:30am and 5pm
- March 9, 2023, 8:30am and 12pm

IHRP benefit Specific Training

- March 14, 2023 8:30am and 12pm
- March 16, 2023, 7am, 12pm, 3pm
- March 21, 2023, 8:30 am, 12pm, 5pm
- March 22, 2023, 8:30am, 12pm, 3pm

IHRP 2.0 Q&A Sessions

- March 28, 2023, 8:30am, 12pm
- March 30, 2023, 8:30am, 3pm
- April 3, 2023, 7:00am, 12pm, 5pm
- April 4, 2023, 8:30am, 12pm, 5pm
- April 5, 2023, 8:30am, 12pm, 3pm





Contact Info

Contact HCPF UM Team at:

hcpf_um@state.co.us

Visit the IHRP 2.0 webpage at:

https://hcpf.Colorado.gov/IHRP

Thank you!

Next JOC is March 16th, 2023 at 1pm MST