



Health
SOLUTIONS



COLORADO
Department of Health Care
Policy & Financing

Inpatient Hospital Review Program (IHRP) Questions and Answers

Updated 2/8/2019

Will the IHRP include reviews for inpatient admissions provided under urgent or emergent circumstances?

Providers will be required to enter a Prior Authorization request prior to the inpatient admission for all planned/scheduled inpatient admissions. For unplanned or unscheduled, Non-emergent admissions, Providers will be required to enter/request a review within 1 business day of the admission. For unplanned admissions under urgent/emergent circumstances, the Provider will be required to enter/request a review within 1 business day after member is “stabilized” per the Emergency Medical Treatment and Active Labor Act (EMTALA) definition.

What is the EMTALA definition of “stable”?

EMTALA reg at 42 USCS § 1395dd, “(B) The term “stabilized” means, with respect to an emergency medical condition described in paragraph (1)(A), that no material deterioration of the condition is likely, within reasonable medical probability, to result from or occur during the transfer of the individual from a facility.”

What are the requirements around Concurrent Reviews, and how do Providers submit a concurrent review?

Concurrent review will require that additional information is entered eQSuite at day four of admission.

What additional information is necessary to be entered at Concurrent Review?

A Provider will be required to provide updated clinical information when entering a concurrent review. Once you enter the ordering/billing provider number and the PAR number for the related admission, the member information and previous information input will pre-populate. You will then be able to input any updates or new information to the clinicals that were previously provided.

Concurrent Review is required at day four, but are additional concurrent reviews required? I.e., every four days?

At this time, a concurrent review is only required at day four. No additional concurrent reviews will be entered beyond day four regardless of the expected or actual length of stay.

Is day four for Concurrent Review counted from admission date, inpatient order date, or from inpatient notification date?

Concurrent review will be required four days from the actual hospital admission. The day the member is admitted to the hospital would be day one with a concurrent review being entered at day four.

Can the Department and eQHealth provide further guidance about the IHRP review process?

eQHealth will be utilizing industry standard best practices to complete their medical necessity reviews. eQHealth’s review process will ensure that the minimal amount of clinical information is required to make a medical necessity determination. These processes were developed in collaboration with the Department’s clinical staff.

Can the Department and eQHealth provide further guidance about IHRP medical appropriateness determinations, specifically medical appropriateness denials?

eQHealth’s review and medical appropriateness determination that result in a denial for medical appropriateness will be clearly communicated to both members and providers, so that providers can understand exactly why a request is being denied for medical appropriateness. A denial for medical appropriateness can only be completed by a Physician Reviewer, and the Department has worked with eQ to ensure appropriate oversight of medical appropriateness denials during implementation. The provider then has the choice to request a Reconsideration or Peer-to-Peer to further understand and provide additional documentation to the eQHealth reviewers.

What oversight is there for eQHealth’s performance and reviews for the IHRP?

The Department will be reviewing eQHealth’s authorizations for the IHRP, which includes regular ongoing oversight and audits of the review program. The reviews and decisions by the Nurse Reviewers and Physician Reviewers are reviewed as part of eQHealth’s quality assurance program, with oversight by the Department, as well as audits by the Department’s contract and clinical staff. The metrics utilized to assess the success of the program are being developed based upon industry best practices and standards.

What kind of pediatric expertise is there for reviews and can you expand upon any pediatric resources that you have?

eQHealth employs nurse reviewers and physician reviewers with pediatric experience. eQHealth also has contract pediatricians available for consultation when needed. eQHealth will utilize the pediatric criteria available through Milliman (MCG) and additional internal proprietary criteria that has been approved by the Department.

Our understanding is that the eQSuite portal will ask questions regarding EPSDT, is that correct? Does that flag anything for the eQHealth staff or differentiate this review as an EPSDT review?

The question asked in eQSuite is “Is this an EPSDT service?” This question should be answered yes for any item and services that are not typically covered by Health First Colorado but should be reviewed as an EPSDT exception. Answering these questions will alert the reviewer that this case should be reviewed as part of the EPSDT exception process. For guidance on the EPSDT exception process please view the website [here](#) and please view the [EPSDT fact sheet](#).

How was the turnaround time for the various components established, and where can we get additional guidance and information regarding the turnaround time for the IHRP program?

The turnaround time requirements have been established to ensure facility and Department compliance with CMS, and federal regulations. In addition to be provided in IHRP trainings, the definitions and guidance for turnaround time for the various IHRP components will be added to the provider document sections on the Provider Website at ColoradoPAR.com, and the information is below:

Type of Request	Guidelines for Providers
Scheduled, non-emergent admissions	Submitted review prior to admission
Unscheduled, nonemergent Admission	Submitted review Within 1 business day of admission
Unscheduled, emergent Admission	Submitted review Within 1 Business Day of stabilization of Patient per EMTALA definition
Concurrent Review	No Later Than Day 4 of Inpatient Admission
Pended Question Response time	1.5 Business Days (if a review was pended to provider on Thursday afternoon, the Provider would have until Monday Morning, prior to

	12pm, to respond before it is denied for Lack of Information.)
Request a Peer-to-Peer	Providers may request within 5 Business days of the Medical Necessity Denial
Request a Reconsideration	Providers may request within 5 Business days of the Denial

How long does it take to submit a review for the IHRP?

There are different components that factor in to a turnaround time for submitting a review for IHRP and so we cannot provide an average amount of time that it would take to enter a review.

In one of the trainings, there were screenshots that included questions about EI and IFSP, can you provide additional information about why this is being requested for IHRP?

While the system will request information about whether a service is being requested under or covered by EPSDT, there are no longer any questions regarding EI or IFSP for the IHRP. The training has been updated. We apologize for any confusion caused by this initial screenshot.

Can you provide additional guidance and clarification around the requirements for entering a notification, including when a notification is required?

There are no requirements around a IHRP Provider entering a notification.

Can you provide additional guidance and clarification around the requirements for entering a notification or prior authorization request regarding observation?

Observation stays are provided as outpatient status, per Colorado Rule (8.300.3.B). That being said, the IHRP will not be reviewing outpatient services. Only an inpatient admission would require a review under the IHRP. If a member is currently under observation, a review would only need to be requested and completed if the member’s status is changed from outpatient (under observation) to inpatient admission.

Can the Department and/or eQHealth provide additional guidance with more hands on and 1:1 training opportunities, including practicing entering reviews?

The Department and eQHealth are currently working to identifying and developing additional training opportunities following these initial training opportunities. The additional training opportunities currently being discussed and reviewed would include more “hands on” learning opportunities such as in person training in a computer lab (where available), and 1:1 online “How To” training sessions where Providers can practice entering a PAR.

At what point do providers start the utilization review request for Inpatient? Before their stay, during their stay, or after their stay? And how long do Providers have to enter these utilization reviews?

- The Providers will be required to enter/request a Prior Authorization prior to the inpatient admission for all planned/scheduled inpatient admissions.
- For unplanned/unscheduled, non-emergent admissions the Providers will be required to enter/request a review within 1 business day of the admission.
- For unplanned admissions under urgent/emergent circumstances, the Provider will be required to enter/request a review within 1 business day after member is “stabilized” per the EMTALA definition.

What happens if a beneficiary is admitted over the week-end?

Providers will be required to enter a Prior Authorization request the next business/working day.

Could we skip entering the vitals and medication portion on the portal and just face or scan in our clinicals?

The vital signs and medication fields are not required. They can be included in the documentation submitted. The additional clinical information can assist with supporting the request.

Do Providers need to enter a utilization review request when a beneficiary is moved from Inpatient to Swing?

No, swing bed routine services should NOT be billed as inpatient and should only be under nursing facility. Please see Colorado rule 8.300.11B

Will there be a difference for Observation stays? Is there a notification required when moving from Observation to Inpatient Admission and vice versa?

Observation stays are provided as outpatient status, per Colorado Rule (8.300.3.B). That being said, the IHRP will not be reviewing outpatient services. Only an inpatient admission would require a review under the IHRP. If a member is currently under observation, a review would only need to be requested and completed if the member's status is changed from outpatient (under observation) to inpatient admission. Please see Colorado Rule 8.300.3.B

What procedure codes will be used for inpatient utilization review requests? Will there be a Fee Schedule for IHRP?

There will be no list of specific codes that require a PAR, because all inpatient admissions will require an authorization (prior or post) except for those related to maternity admissions.

Will Providers be required to input a Review for members enrolled in a Managed Care Organization?

No, Providers will not be required to input reviews for those members enrolled in a Managed Care entity.

For those IHRP Providers that work for multiple facilities, is there a way to have one access for all our hospitals instead of one login for each site?

While there can be one administrator for all the hospitals, the actual logins are individual to each person entering the reviews. For additional information on the administrator role, please see the [Administrator Guide](#).

What happens if a patient stay is denied for inpatient after the initial review? What do we need to do to change the status, if the physician agrees.

If upon review by eQHealth Solutions reviewers, the inpatient admission is denied, there are several steps that a Provider can take if there is disagreement about the decision. If the request is denied for technical reasons or for medical appropriateness, the ordering Provider can request a Reconsideration, and submit additional documentation to support the reconsideration. You can view the Reconsideration Guide [here](#). The reconsideration can be reversed or upheld based on the additional information received. If the request is denied for medical appropriateness, the ordering Provider can request a Peer to Peer (P2P), and you can view the P2P guide [here](#).

If a physician entered the patient in the wrong status, for example entered as inpatient, and want to change them to observation what do we do at that time, since we would have already done an inpatient prior authorization?

You would contact eQHealth Solutions via customer service or the online helpline and request to cancel the review.

Will Providers be required to input a Review when Medicaid is the secondary payer (i.e., Medicare Part B, Tricare, Private Insurance)?

Yes, Providers will still be required to enter a PAR.

When a baby is admitted to the NICU for a higher level of observation and/or those that need bilirubin addressed, is a review required?

If no authorization in on record related to the infant, an authorization should be entered and updated if stay exceeds 4 days.

Are Critical Access hospitals required to enter Reviews for IHRP?

Yes, Critical Access hospitals are included in the IHRP.

Will Providers be required to input a Review for members enrolled in Emergency Medicaid?

Yes, IHRP Providers will be required to enter a PAR and Concurrent review for those enrolled in Emergency Medicaid.

What is the plan for Medicaid Pending Status? Those patients that are unfunded and we are applying for Medicaid during their hospitalization.

Once a member is enrolled in Medicaid, a retrospective authorization may be entered.

Once we are notified of an inpatient admission and we receive approval, do we have to send in daily clinicals or only if they remain hospitalized after 4 days?

A IHRP Provider is only required to provide additional clinical information only if the member remains admitted at Day 4 as part of the concurrent review.

If there is a maternity admission that does not result in a delivery and it is for other care for a pregnant patient, does that require a review?

All pregnancy and maternity related Care are excluded from the program.

Are rehabilitation hospitals exempt from IHRP? (i.e., Northern Colorado Long Term Acute Hospital, Northern Colorado Rehabilitative Hospital, St. Mary's Rehabilitative Center).

Yes, rehabilitation Hospitals are exempt from IHRP.

Can eQHealth provide what exactly will need to be entered?

This information is available through the trainings available for eQSuite and IHRP training. Additional supporting documentation will differ depending on the review.

What other IHRP meetings and training are planned moving forward?

To find additional training dates available for IHRP, to register, and access additional information and guidance regarding the IHRP, please visit the [Colorado Provider Website](#).

What if I have additional questions about the program that have not been addressed during training?

If you have questions that you have not asked or would like to submit privately, please contact the Department at HCPF_HospitalReview@hcpf.state.co.us. Additionally, the Department will hold ongoing Joint Operating Committee meetings throughout implementation and after.