

## **“Inpatient Hospital Review Program (IHRP) Implementation Notification”**

### **Audience: All Inpatient Hospital Providers**

Under Senate Bill 18-266 Controlling Medicaid Costs, the Department is charged with implementing an evidence-based hospital review program to ensure that the utilization of hospital services is based on a recipient’s need for care. Additional information regarding the Controlling Medicaid Costs Initiatives can be found on the Department’s [website](#). The Inpatient Hospital Review Program (IHRP) will include industry standard review processes for fee-for-service non-behavioral health or non-maternity related admissions, including:

- **Preadmission Certification** including preauthorization for planned, elective, holiday or weekend admissions with guidance on length of stay and care settings. For unplanned admissions under urgent/emergent circumstances, the Provider will be required to enter/request a review within one business day after member is stabilized per the Emergency Medical Treatment and Active Labor Act (EMTALA) definition<sup>i</sup>.
- **Continued Stay and Complex Case Reviews** including review of authorized admissions with greater than a four-day length of stay to ensure there are no early discharges that might potentially result in readmissions or inappropriate medical services.

The goals of the IHRP include:

- Improving Medicaid members’ quality of care
- Facilitating better care planning and care transitions
- Ensuring services occur in appropriate care settings with the optimal stay length based on members’ needs
- Monitoring hospitals to assure appropriate billing practices
- Providing timely, accurate information and tools to partners who can then reach out to high-needs members

The Hospital Review Program will provide daily data feeds to Regional Accountable Entities (RAEs) with member diagnosis and treatment plans, highlighting opportunities for care coordination and case management for patients who are at risk for re-admission and in need of care transition support.

The Department has expanded its partnership with the Utilization Management (UM) Vendor, eQHealth Solutions, Inc, which already supports Prior Authorization Requests (PARs) for select outpatient and surgical procedures. Training on the use of eQSuite®, and the new Inpatient Hospital Review Program is now available on the Colorado Provider [website](#), and a Question and Answer [document](#) has been posted to the website to provide additional information.

Guidelines for Providers on time frames for each type of request are listed, below:

Type of Request	Guidelines for Providers
Scheduled, non-emergent admissions	Submitted review prior to admission
Unscheduled, nonemergent admission	Submitted review within one business day of admission
Unscheduled, emergent admission	Submitted review within one business day of stabilization of patient per EMTALA definition <sup>1</sup>
Concurrent Review	No later than day four of inpatient admission
Pended Question Response time	1.5 business days (for example, if a review was pended to Provider on Thursday afternoon, the Provider would have until Monday morning, prior to 12 noon, to respond before review is denied for lack of information.)
Request a Peer-to-Peer Review	Providers may request within five business days of the Medical Necessity Denial
Request a Reconsideration	Providers may request within five business days of the Denial

**The Inpatient Hospital Review Program is effective March 18, 2019. Providers will begin submitting reviews to eQHealth Solutions. To allow for a period of transition, reviews will be required for payment processing as of May 15, 2019.**

Questions on the IHRP may be submitted to [HCPF\\_HospitalReview@hcpf.state.co.us](mailto:HCPF_HospitalReview@hcpf.state.co.us).

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<sup>1</sup> 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.”