



Dear Inpatient Hospital Provider,

The Department of Health Care Policy & Financing (the Department) must implement an evidence-based hospital review program to ensure that the utilization of hospital services is based on a member's need for care, according to the Senate Bill 18-266 titled Controlling Medicaid Costs. Visit the [Controlling Medicaid Costs Initiatives web page](#) for additional information.

Prior Authorization Requests (PARs) will be required for inpatient hospital services for dates of service beginning May 15, 2019. Providers may submit PARs starting March 18, 2019, for dates of service beginning May 15, 2019, to allow for a period of transition.

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:

- **Pre-Admission Certification** - including preauthorization for planned, elective, holiday or weekend admissions with guidance on length of stay and care settings. For unplanned admissions under urgent or emergent circumstances, the provider will be required to request a review within one business day after the member is stabilized per the Emergency Medical Treatment and Active Labor Act (EMTALA) definition: *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."*
- **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 re-admissions or inappropriate medical services.

The goals of the IHRP include:

- Improving the quality of care for Health First Colorado (Colorado's Medicaid Program)
- Facilitating better care planning and care transitions
- Ensuring services occur in appropriate care settings with the optimal length of stay based on member needs
- Monitoring hospitals to ensure appropriate billing practices
- Providing timely, accurate information and tools to partners who can reach out to members who require extensive care

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

The Department has expanded its partnership with the prior authorization vendor, eQHealth Solutions, Inc., which already supports PARs for select outpatient and surgical procedures. Visit the [Inpatient web page](#) of the [ColoradoPAR website](#) for training opportunities on the use of eQSuite®, information on the new IHRP, and access to the [IHRP Questions and Answers document](#).

Guidelines for providers on timeframes for each type of request are listed below:

Type of Request	Guidelines for Providers
Scheduled, non-emergent admission	Submitted review prior to admission
Unscheduled, non-emergent admission	Submitted review within one business day of admission
Unscheduled, emergent admission	Submitted review within one business day of stabilization of member per EMTALA definition
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 noon on Monday to respond before review is denied for lack of information.)
Peer-to-peer review	Providers may request within five business days of the Medical Necessity Denial
Reconsideration for a PAR denial	Providers may request within five business days of the PAR denial

For questions regarding this policy, contact [HCPF HospitalReview@hcpf.state.co.us](mailto:HCPF_HospitalReview@hcpf.state.co.us).

For questions regarding PAR submissions, contact eQHealth at 1-888-801-9355.

Thank you,

Department of Health Care Policy & Financing

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