

# Inpatient Hospital Review Program

## Advocate Stakeholder Feedback Session

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# Agenda

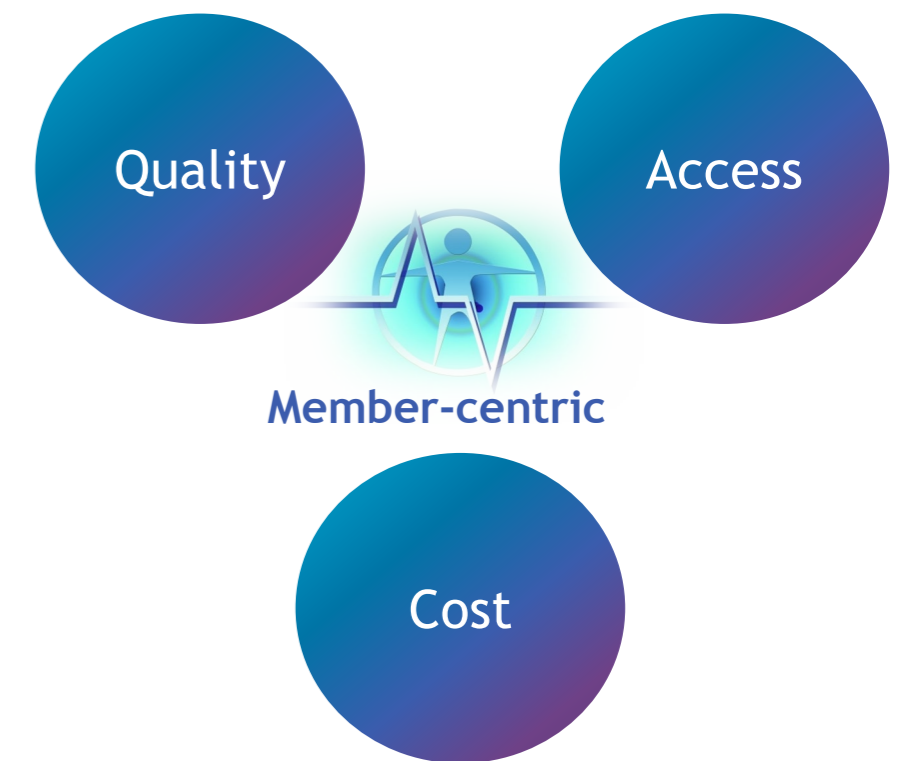
- Welcome & Introductions
- Feedback Process
- Principles of Quality Improvement & Cost Control
- Inpatient Hospital Review Program Overview & Feedback
- Feedback on Sample Letter
- Online Resources & Next Steps

# Feedback Process

- Create an ongoing dialogue
- Rely on expertise and insights from the advocate community
- Collaborative process to ensure the best outcomes and timely access to care resources while employing sound measures to control cost

# Improving Quality; Controlling Cost

- Health = physical, mental & social wellbeing
- Most vulnerable populations requires policy that addresses individual needs
- Right resources early yield near + long-term savings
- Predict to Prevent
- Care coordination & transition management
- Stay connected in between care settings
- Right Care. Right Place. Right Time. Done Right!



# Inpatient Utilization Review Program

Through SB 18-266, the Department is implementing an inpatient hospital review program in collaboration with our stakeholders

## Program Goals

- Improve Member's Quality of Care
- Facilitate better care planning and inpatient care transitions
- Ensure services occur in appropriate care setting with the optimal stay length based on individual's needs
- Monitor to assure appropriate billing practices
- Provide timely, accurate information and tools to our partners who can then assist those Members needing the most assistance

# Inpatient Review Program Components

## Prior or contemporaneous to admission

- Inpatient admission notification
- Preadmission certification

## Concurrent with inpatient stay

- Continued stay > 4 days
- Complex case review

## Post inpatient stay

- Pre-pay reviews
- Post-pay reviews

# Initial Feedback

## We heard...

- It's important program implementation consider individual's needs
  - Pregnant women, kids, individuals with disabilities needs addressed in reviews and care transitions
- Member correspondence can be confusing, needs improvements

# Discussion & Feedback



# Member Letter

More update  
flexibility

No word  
count limit

Plain  
language  
protocols

# Required Components

- ✓ Date
- ✓ Salutation
- ✓ Contact Information for Questions
- ✓ Person-first, Plain Language
- ✓ Consistent Terms
- ✓ Commonly Used Program Names
- ✓ Purpose of Correspondence
- ✓ Action Needed
- ✓ Information Requested
- ✓ Specific & Plain Language Explanation of the Basis for Decision
- ✓ English & Spanish
- ✓ Member Testing
- ✓ Stakeholder Feedback
- Appeal Rights\**
- Language Taglines/Help\**
- Non-discrimination Statement\**

# Letter Development Process

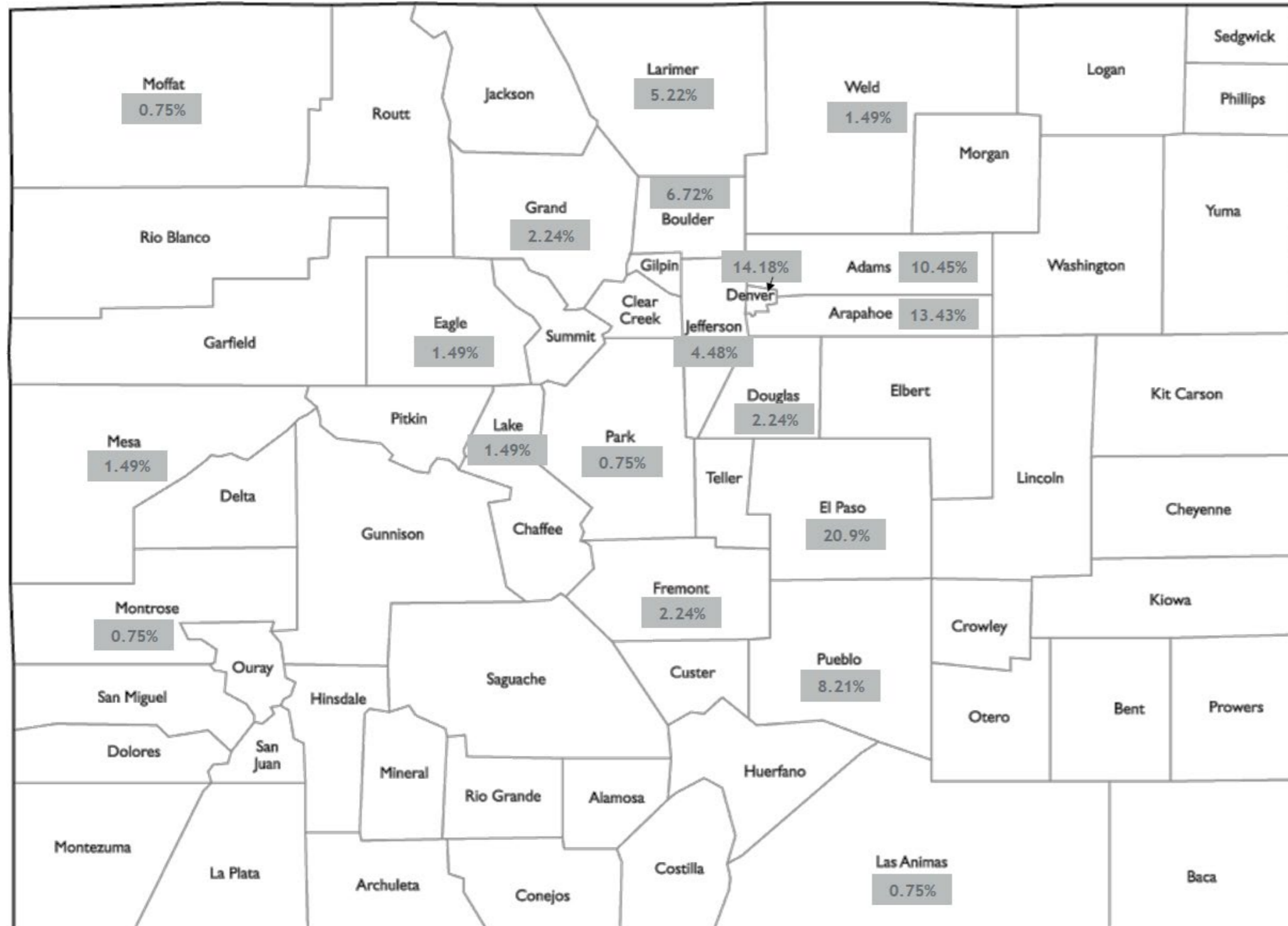
Plain language writer, legal and policy experts develop draft

Solicit member feedback, revise

Solicit stakeholder feedback, revise

Final legal and policy review

# Who Provided Feedback



Age	#
66+	7
46-55	56
31-45	51
22-30	20
16-22	1
<b>Total</b>	<b>135</b>

Gender	#
Prefer not to say	1
Female	107
Male	27

Do you consider yourself a person with a disability?	#
Yes	51
No	59
Prefer not to say	1

# What We Heard

More explanation of next steps and who to call for what is needed

Who is a physician reviewer and how do they know more about what I need medically than my doctor?

More explanation needed around the reason for the decision

What does "most medically appropriate" mean?

More clarification on how informed the medical reviewer was on their personal medical case/history, esp. compared to their provider

More explanation of the process of making the decision/who was involved

What is the legal citation number?

# What We Did

Members wanted to know the letter was also going to the provider.



The letter states that a copy of the letter has been sent to the provider.

Members wanted to know more about the reason for the decision and who made the decision.

More detail was provided on why the decision was made and by whom.

Members wanted to know more about the process for how the decision was made.

The process was clarified in plain language throughout the letter.

Members did not understand the legal citation number (required in letter for appeals purposes).



More explanation of the legal citation is now included in plain language.

Members did not understand the term "medically appropriate."

"Medically appropriate" was replaced with more plain language terminology.

Members were confused about next steps and who to call for what.

A section was added explaining next steps that a member can take after receiving the letter, including instructions on who to call for what (Ex: Dr., Health First Colorado)

Members were confused about the appeal process.



More information has been added about the appeal process *(Note: More information is currently pending approval and will be added prior to implementation)*

# Getting Your Feedback

What questions come to mind after reading the letter?

What changes would you make to the formatting and layout?

What changes would you make to the language or words used?

# Online Resources

- New web page for Controlling Medicaid Costs Initiatives (SB 18-266)
- Inpatient Hospital Review Program and Other Information
- Upcoming Stakeholder Meeting Information
- Visit [CO.gov/hcpf/controlling-medicaid-costs-initiatives](https://CO.gov/hcpf/controlling-medicaid-costs-initiatives)



# Next Steps

- Follow up meeting to further discuss quality improvement opportunities
- Other....

# Thank You!

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