



**Joint Operating Committee IHRP Minutes- 2/6/2020**

Historical JOC Minutes	JOC Notes	Action items
<p><b>Update on Inpatient Hospital Review Process ( IHRP)</b></p>	<p>The Department has been working internally to make changes to the IHRP and has provided several proposals to address concerns and issues raised in JOC, emails, tickets, trainings and 1:1 meeting, and working with CHA. While we currently cannot provide an update or an ETA, we wanted to share that we are aware of the issues, provider burden, and concerns regarding concurrent review and complex case and are working to make changes to address those. Colorado Health Association (CHA) is aware situation and is strongly supportive of UM considering this and researching internally.</p> <ul style="list-style-type: none"> <li>○ Lila confirmed the department has taken this action towards in order to find solutions to identified issues</li> <li>○ CHA has also reached out to HCPF leadership and asked for Concurrent / Complex reviews to be paused temporarily and for NICU babies to become a retro authorization process.</li> </ul>	<ul style="list-style-type: none"> <li>● UM_HCPF will provide an update on status of proposals by March</li> </ul>
<p><b>Surgery PARs and IHRP</b></p>	<p>Erica provided information about a process issue around surgeries requiring a PAR which are scheduled as inpatient admissions:</p> <ul style="list-style-type: none"> <li>● Reviews are being send in under a concurrent review under the inpatient admission RID instead of separate             <ul style="list-style-type: none"> <li>○ Causing for increase in having to cancel duplicates which are technical denials</li> </ul> </li> <li>● Educated group on the surgery process for Codes requiring a PAR             <ul style="list-style-type: none"> <li>○ Surgery Procedure code will have to be reviewed for medical necessity under its own RID#</li> </ul> </li> <li>● Surgery PAR should be requested as surgical/nonsurgical as an Outpatient; even if the surgery be in an Inpatient setting             <ul style="list-style-type: none"> <li>○ A separate PAR will be required for the Inpatient Admission                 <ul style="list-style-type: none"> <li>● Request scheduled Inpatient Admission has two options in obtaining                     <ol style="list-style-type: none"> <li>1. Scheduled IP admission can be submitted after receiving approval for the surgery procedure                         <ul style="list-style-type: none"> <li>● Summary in request should include procedure RID &amp; PAR# to understand the surgery component of the inpatient admission</li> </ul> </li> <li>2. Request can also be submitted at the time of admission</li> </ol> </li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● UM_HCPF will schedule educational meetings with providers around process</li> <li>● UM_HCPF is working with eQ in updating manuals on CO PAR site</li> </ul>

- Summary in request should include procedure RID & PAR# to understand the surgery component of the inpatient admission
- Current process of obtaining PAR for scheduled IP is working for some providers/ hospitals due to them including a summary with RID#, PAR# in the IP request
- Issue of surgeons and providers (hospitals) not communicating of the procedure RID# -PAR# has been identified
  - Suggestion from UM\_HCPF: surgeons should communicate with the hospital performing the surgery in -create process in order to share info and streamline process
  - Surgeon is aware of hospital of procedure
- UM\_HCPF communicated with eQ the need to check for duplicates prior to starting the inpatient notification due to surgery component
- Training sessions have been offered and any request can be emailed to [HCPF\\_UM@state.co.us](mailto:HCPF_UM@state.co.us)

UPDATE form UM\_HCPF as of 2/19/2020

- Surgical procedure that is schedule for an IP admission should be done as listed below(updated manual to follow) :
  - Setting: surgical/ nonsurgical
  - Type: Outpatient-Surgical
  - Under questionnaire: Place of procedure: OTHER
  - Date span on the review can start on the scheduled surgery date and end 90 days out (in case surgery is rescheduled but cannot be exceed 90 days)
  - Billing Provider – surgeon performing procedure
- Inpatient admission for the procedure
  - Setting: surgical / non-surgical
  - Type: Inpatient surgical
- Billing Provider – hospital where procedure performed

<p><b>RAE assignment and IHRP -</b></p>	<p>Katie explained the importance of providing summary or notes which can contribute to the decision of the review regarding behavioral health IP admission not covered by RAE:</p> <ul style="list-style-type: none"> <li>• <i>Members who were IP, either didn't know they were Medicaid, or they weren't assigned to a RAE, and these are normal admissions for a RAE, some of you have been pended back or denied.</i></li> <li>• <i>When submitting these, please submit with a note, for example, "member was not assigned to a RAE at this time" and attach appropriate documentation so eQ can review those. Even retro eligibility, please submit those.</i></li> </ul>	<ul style="list-style-type: none"> <li>• UM_HCPF is discussing this topic with Medicaid Director due to eQSuite providing PAR's for reviews not covered by RAE's</li> <li>• If a provider disagrees with the RAE decision, they have to appeal</li> <li>• If provider agrees with RAE's determination of IP being medical, the provider is responsible for providing a summary to eQSuite</li> </ul>
<p><b>Complex Case and NICU</b></p>	<p>Katie provided an update around complex case and NICU reviews:</p> <ul style="list-style-type: none"> <li>• UM_HCPF is working on making changes based on your feedback</li> <li>• working to identify issues based on the current circumstances.</li> <li>• Reviews are being pended back for additional information because the clinical doc does not have member status on that day you are submitting the concurrent /complex review</li> <li>• Level of care must be stated or listed on documentation provided for review</li> <li>• Clinical documentation must have date of care</li> <li>• Pended reviews that are not responded to within the 10 days allowed, the system will automatically deny as Lack of Information (LOI) <ul style="list-style-type: none"> <li>○ <i>If a Mbr is gone by day 4 no concurrent review is needed</i></li> <li>○ <i>If Mbr was there 4 days or longer, a review is to be entered regardless of the timeframe</i></li> </ul> </li> <li>• Lila with CHA has gone directly to Exe Director and expressed her concerns around these issues</li> <li>• Conversation about RAE's responsibilities around concurrent reviews identified the need to bring the issue to the RAE Stakeholder that takes place each month instead of UM</li> </ul>	<ul style="list-style-type: none"> <li>• UM_HCPF will send topic of RAE's care coordination for concurrent reviews to BH Monthly Forum meeting</li> </ul>

<p><b>Temporary Baby &amp; Duplicates</b></p>	<p>Erica requested that issues with Temp ID reviews and duplicates to be sent in due to eQ needing examples</p> <p>UPDATE form UM_HCPF as of 2/19/2020</p> <ul style="list-style-type: none"> <li>• eQ is not linking RID under Temp ID once the new CO MCD ID# is created (UM is researching and requesting a solution) <ul style="list-style-type: none"> <li>• Duplicate of review is created when new CO MCD ID# is created causing for user confusion when uploading document</li> </ul> </li> <li>• Request to have NICU cases to be retrospective has been made to Executives staff</li> </ul>	
<p><b>Contact Guide</b></p>	<p>Katie provide an update on a contact list created to assist with questions:</p> <ul style="list-style-type: none"> <li>• Department created a document which provides resources and contact information for assistance with issues or obtain answers</li> <li>• Document will be sent out after meeting</li> </ul>	<ul style="list-style-type: none"> <li>• UM_HCPF will send out document</li> </ul>
<p><b>Update from CHA</b></p>	<p>Lila provided her involvement in gathering Portal changes and overall changes for the UM Program:</p> <ul style="list-style-type: none"> <li>• CHA collected feedback about the type of relationship you would like to see with the UM vendor.</li> <li>• Feedback was presented to UM_HCPF for internal review and consideration</li> <li>• CHA is looking to create an informal request for changes to UM contract and would like to send out to the group to see if there is anything that was missed and verify accuracy.</li> </ul>	<ul style="list-style-type: none"> <li>• UM_HCPF will send list of JOC contact to CHA in order to make a formal request for feedback</li> </ul>
<p><b>Joint Operating Committee Frequency</b></p>	<p>Erica notified the group of JOC recurring meeting will be moved to a monthly basis:</p> <ul style="list-style-type: none"> <li>• JOC will move to 1 meeting per month <ul style="list-style-type: none"> <li>• if anyone has a preference of date of the week and time, please send those to UM inbox</li> </ul> </li> </ul>	

<b>JOC Calendar Invite</b>	<p>Katie notified the group of the upcoming changes to JOC meeting invite:</p> <ul style="list-style-type: none"> <li>• There are 3 or 4 JOC versions of the calendar invite out there.</li> <li>• Request for everyone to delete all versions of JOC invite was made</li> <li>• New invite will be sent out to reflect the change to meeting occurring 1 timer per month <ul style="list-style-type: none"> <li>• Email to UM_HCPF should be made if invite should include other staff</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• UM_HCPF will send out updated invite recurring 1 meeting per month</li> </ul>
<b>Hospital Review Inbox -</b>	<p>Katrina provided an update to the UM inboxes and process:</p> <ul style="list-style-type: none"> <li>• We are streamlining our internal processes, so starting tomorrow, we would like you to start using the UM inbox.</li> <li>• If you email IHRP inbox, it will forward to our UM Inbox and we will keep that inbox open for a while longer till the transition is complete.</li> </ul>	
<b>Open Discussion</b>	<p>Primary diagnosis is important on reviews to allow for criteria to be applied to review</p> <ul style="list-style-type: none"> <li>• Clinical documentation should justify the diagnosis provided</li> <li>• eQ will Pend and request info if discrepancy is identified</li> </ul>	
<p>The Next JOC is scheduled for March 6, 2020.</p> <p>Agenda Items</p> <ul style="list-style-type: none"> <li>• Updated Surgical Par's How to Guides</li> <li>• MGC Inpatient 24<sup>th</sup> Edition updates</li> </ul> <p>*If you have any agenda topics, please email <a href="mailto:UM_HCPF@state.co.us">UM_HCPF@state.co.us</a></p>		