

Written Protocols to Strengthen Relationships and Improve Coordination Between Behavioral Health Organizations (BHOs) and Regional Care Collaborative Organizations (RCCOs)

Intent

The protocols are designed to be bi-directional and collaborative. They are relevant to the Demonstration to Integrate Care for Full Benefit Medicare-Medicaid Enrollees (the Demonstration) and may also be useful to the Accountable Care Collaborative (ACC) Program as a whole. Initial protocols utilize systems and data currently available while reflecting a commitment to continuous improvement.

Process

- Facilitate a meeting between a small number of BHO and RCCO representatives who volunteer to participate and represent their broader interests.
- Discuss contractual roles and responsibilities, common and differing elements of care coordination, mutual definitions, and ways to work together to better serve their shared clients.
- Prepare a preliminary draft of protocols.
- Meet again or communicate electronically to review the draft, answer questions, and resolve outstanding issues.
- Revise the draft and share with broader constituencies for additional input and comment.
- Submit written protocols as recommendations to the Demonstration's Advisory Subcommittee and the Department of Health Care Policy and Financing (the Department).

Elements

The purpose of the protocols is to assist collaboration between BHOs and RCCOs to better serve their shared Medicare-Medicaid enrollees and Medicaid clients. These protocols foster the BHO and RCCO common aims of (1) improving health outcomes for individuals, (2) improving client experience through enhanced coordination and quality of care, and (3) decreasing unnecessary and duplicative services and resulting costs.

BHO and RCCO core activities include (1) identification of shared clients, (2) understanding coordination responsibilities, (3) prioritization of shared clients, (4) regular contact and communication, and (5) mutually agreed upon support functions.

Identification of Shared Clients and Overall Key Performance Indicator Data

The following process will occur monthly with the point of contact assigned by the BHO and the RCCO Contract Manager serving as the single points of contact:

- The Statewide Data and Analytics Contractor (SDAC) will provide each RCCO with a list of individuals currently enrolled in the RCCO who have also received services from the BHO in the past 12 months.
- To be compliant with the Health Insurance Portability and Accountability Act (HIPAA), the SDAC will provide a list to each RCCO that includes only the minimally necessary information for each individual: (1) Medicaid identification number, (2) last name, (3) first name, (4) date of birth, (5) county of residence, and (6) primary care medical provider (PCMP) if one is linked to the individual.
- Each RCCO Contract Manager will sort the list by BHO service area, noting county, and forward the list to the appropriate designated BHO contact.
- RCCOs and BHOs may collaboratively decide the flow of HIPAA-compliant information either from RCCO to BHO or BHO to RCCO.

Understanding Coordination Responsibilities

- BHOs will continue to fulfill their contractual responsibilities for clients, which include, but may not be limited to, activities such as performance measures review and other client support as needed.
- RCCOs will continue to fulfill their contractual responsibilities for clients, which include, but may not be limited to, activities such as key performance measures review and other client support as needed.

Prioritization of Shared Clients

- Monthly, BHOs and RCCOs will prioritize shared clients based on the needs of the client and each organization's knowledge of and experience with the clients.
- BHOs and RCCOs will schedule meetings to ensure that they organize coordination activities for individual clients appearing on each organization's priority list to the extent resources are available.
- Target groups for consideration may include, but are not limited to, persons with serious mental illness, co-morbid conditions, and depression or anxiety management in collaboration with primary care.

Contact and Communication

- As the client expresses choices in navigating service needs through the BHO, RCCO, or both, BHOs and RCCOs will incorporate the individual client's preferences whenever possible; discuss each priority client's care coordination needs; determine which organization fulfills the majority of those care

coordination needs; identify the appropriate primary care coordination manager; have additional conversations; and engage other resources as needed.

- BHOs and RCCOs will use data analysis and client feedback as appropriate to identify trends or types of situations where coordinated care management works well and does not work well; such consideration may include examining trends in health conditions, the number of comorbidities, emergency room visit frequency, or prior authorization requests.
- BHOs and RCCOs will utilize these discussions and trends to create, define and streamline care coordination activities in a way that maximizes client outcomes and permits the care management team to apply resources effectively and efficiently.
- BHOs and RCCOs will consider assigning care managers and workgroups from both organizations to shared clients in a way that facilitates conversations and activities between BHO and RCCO care managers and with the individual clients.

Mutually Agreed Upon Support Functions

- BHOs and RCCOs will continue to explore additional ways to support each other and the clients they serve.
- Such collaborative activities may include but are not limited to, collaborative data analysis and regular leadership or stakeholder meetings.

Timeline

BHOs and RCCOs support the following timeline:

- Develop and share protocols with their broader constituencies (November 2012).
- Present protocols in preliminary draft form to the Demonstration's Advisory Subcommittee (December 2012).
- Conduct preliminary testing and make any necessary adjustments (January-May 2013).
- Present protocols in final draft form to the Demonstration's Advisory Subcommittee (June 2013).
- Recommend protocols to the Department (July 2013).
- Implement protocols (August 2013).
- Assess protocols quarterly (October 2013 and thereafter).