

Written Protocols to Strengthen Relationships and Improve Coordination Between Hospice Organizations 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 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 Hospice Organizations and RCCO representatives who volunteer to participate and represent their broader interests.
- Discuss contractual roles and responsibilities, common and differing elements of care coordination, 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).
- Develop process for RCCOs and Hospice Organizations to collectively service client needs within a RCCO region of residence as well as when client needs are coordinated by two or more RCCOs.

Elements

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

Hospice Organizations and RCCO core activities include (1) identification of clients who are transitioned from a RCCO to a Hospice Organization for care coordination, (2) identification of clients who may have care coordination needs beyond those related to terminal illness, (3) an understanding of coordination responsibilities, (4) prioritization of shared clients, (5) contact and communication, and (6) mutually agreed upon support functions.

Identification of Shared Clients

RCCOs will generate a list of all Medicare-Medicaid clients who received hospice services from the raw claims data for the past six months to determine which Hospice Organizations are currently used in their regions. This stratified list of organizations will serve as a starting point for establishing relationships.

The following process will occur as needed but no less than quarterly with the Hospice Organization representatives and the RCCO Contract Manager or designee serving as the points of contact.

- Hospice Organizations will notify the appropriate RCCO at the time that eligibility verification for services is obtained and reflects that a client is enrolled in the RCCO.
- The RCCO Contract Manager or designee and Hospice Organization representative will review their shared client list together to verify accuracy and ensure hospice and non-hospice care needs are being met.
- To be compliant with the Health Insurance Portability and Accountability Act (HIPAA), the Statewide Data and Analytics Contractor (SDAC) will provide a list to each RCCO that includes only the minimally necessary information for each client: (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 client.

Understanding Coordination Responsibilities

- Hospice Organizations will continue to fulfill their responsibilities for clients, which include, but may not be limited to, activities such as providing client physical, emotional, spiritual, and social support relating to the terminal illness and coordinating with the RCCO for 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 coordinating care needs that are not covered under the hospice benefit and coordinating with the Hospice Organization for other client support as needed.

Prioritization of Shared Clients

- Monthly, the Hospice Organization representative and RCCOs will prioritize shared clients based on each organization's knowledge of and experience with the clients.
- Hospice Organizations and RCCOs will schedule meetings to ensure that they organize coordination activities for the clients currently enrolled in hospice who have care coordination needs beyond hospice-covered needs; clients who may benefit from hospice care; and clients who are discharged from hospice and require care coordination by the RCCO.

Contact and Communication

- As the client expresses choices in navigating service needs, Hospice Organizations and RCCOs will incorporate the individual client's preferences whenever possible; discuss each priority client's care coordination and transition needs; determine which organization fulfills the majority of those needs; identify the appropriate primary care coordination manager; have additional conversations; and engage other resources as needed.
- Hospice Organizations and RCCOs will use data analysis and client feedback to identify trends or types of situations where coordinated care management works well and does not work well; such consideration may include review of shared coordination clients and live discharged clients who are transitioned to a RCCO for ongoing care coordination.
- Hospice Organizations and RCCOs will utilize these discussions and trends to streamline care coordination and transition activities in a way that maximizes client outcomes and permits the care management team to apply resources effectively and efficiently.
- Hospice Organizations and RCCOs will consider assigning care managers from both organizations to shared clients in a way that facilitates conversations and activities between Hospice Organization representatives and RCCO care managers and with the individual clients.

Mutually Agreed Upon Support Functions

- Hospice Organizations and RCCOs will continue to explore additional ways to support each other and the clients they serve.
- Such collaboration activities may include other health care and community-based providers who are participating in the client's end-of-life care.

Timeline

Hospice Organizations and RCCOs support the following timeline:

- Develop and share protocols with their broader constituencies (June-August 2013).
- Present protocols in final draft form to the Demonstration's Advisory Subcommittee (September 2013).
- Recommend protocols to the Department (no later than October 2013).
- Implement protocols for testing (no later than November 2013).
- Assess protocols quarterly and make any necessary adjustments (January 2014 and thereafter).