

## Improving and Bridging Systems Subcommittee

### Minutes

Meeting Information			
<b>Date</b>	Thursday, September 6, 2018	<b>Time</b>	1:00 – 2:30 PM
<b>Location</b>	303 E 17 <sup>th</sup> Avenue, 11 <sup>th</sup> Floor, Room 11C	<b>Call-in Number</b>	1-877-820-7831 // 946029#
<b>Committee Purpose</b>	Serve as a laboratory for strategic innovations and guidance that bridge and integrate systems for Health First Colorado members, particularly those with complex needs and who require services and care coordination across systems.		
<b>Meeting Purpose</b>	Identify successful information sharing practices and outstanding challenges between RAEs and LTSS providers (see back)		

Meeting Attendance	
Voting Members and Participants	Invited Guests
Louisa Wren, Lindsay Westlund, Mary Mangelsen, Helena Hufnagel, Marty Jansen, Ward Peterson, Mary Kay Kisseberth, Kathleen Homan, Krista Fuentes, Ben Harris, Richard Clark, Adela Flores-Brenna, Katie Jacobsen, Francine Haber, Allison Heyne*, Melissa Eddleman*, Brian Fife*, Diane Byrne*, Gary Montrose*, Tina McCrory*, Jamie Zisus*, Kellen Roth*, Candy Wolfe*	

\*Attended via phone.

Meeting Items					
Item No.	Time	Owner	Description	Attachment	Action No.
1	1:00 – 1:05	CP	<b>Roll call and August minutes' approval.</b> Carol called the meeting to order at 1:08PM. There was no quorum of voting members, so August minutes were not approved and held until October.	1	1
2	1:05 – 1:20	BH	<b>August meeting follow up.</b> Ben followed up on two outstanding items from August's meeting. The final MMP Demonstration report remained in internal clearance. The current reviewer was out on paternity leave. Ben thanked the subcommittee's membership for their comments on the corrections recommendations. Ben submitted the final version of the recommendations, and Carol asked for the subcommittee's approval. The subcommittee approved the recommendations. Ben clarified that the recommendations would now be brought to PIAC for approval at their September meeting.	2	2
3	1:20 – 2:25	CP/All	<b>Discuss information sharing practices and challenges between RAEs and LTSS providers.</b> Ben said that the results from the MMP statements of work priority survey showed that info sharing was the top priority. Therefore, the subcommittee would begin that work today. Given that the MMP demonstration primarily involved the RCCOs, Carol said that the subcommittee would be leaning on the experience of RAEs who were	3	3



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		<p>previous RCCOs. She asked of those RAEs to briefly share their lessons learned and outstanding challenges from the demonstration.</p> <p>Van began with CCHA's perspective. CCHA recently had a meeting with all the case management staff of SEPs and CCBs of El Paso county, and they were surprised by their level of understanding about the role of the RAE. However, the current data systems of SEPs and CCBs were very cumbersome. The demonstration created protocols for data sharing early on, but with the new RAEs, much of that had to be re-created. Many of the protocols relied on access to the benefits utilization system (BUS) to identify shared members. Currently, 40 care coordination applications to the BUS were pending for CCHA. Ben said he would investigate. Van added that the current exchange of info was only unidirectional and that CCHA would like to share claims data with SEPs, CCBs, and, in turn, LTSS providers. CCHA would also like to engage with member advocacy and trade groups and needed to consider forthcoming changes as a result of conflict-free case management.</p> <p>Carol asked what was essential from the BUS system. Van said consistent access to the care plans that identified the case manager and care coordinator would help create alignment and integration across agencies. Ben asked whether there was overlap in the care plan structure of the BUS and of those created by the RAE. Van tentatively said yes. Kathleen said it depended on the RAE's care coordination model and the specific services offered through the waiver. She also said that SEPs rarely have access to the care plans developed by the RAEs.</p> <p>Carol recapped that MOUs and subsequent protocols for information sharing, identification of case managers and care coordinators, and integrated care plans were the key areas for CCHA. Van agreed.</p> <p>Ward gave Colorado Access's perspective. While they were a SEP and a RCCO, they still needed to do some internal work to help align care coordination workflows and foster information sharing. Kellen added that they created a specific team that merged the SEP and RCCO requirements, including shared access to both case management platforms. It was challenging because SEPs had more stringent requirements for data</p>		
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sharing than outlined in HIPAA. Ben questioned what those requirements were because HIPAA and CFR Part 2 were very specific on what could not be shared. Kellen said that the SEP program had a long history of protective regulations. Colorado Access and the Department worked for six months to hash through the issues, but it yielded the most successful and holistic care coordination model. Carol asked why it ended. Kellen said the demonstration ended and the contractual requirements went away. Marty added that it wasn't just MOUs or agreements that were needed. The actual systems themselves needed to talk with one another. Ben asked his Office of Community Living colleagues if they could comment on the SEP requirements. Lisa said that they were aware that SEP case managers were having difficulties accessing the work of the RAE care coordinators but wanted Kellen to follow up with the specific requirements that prevented them from sharing this information. Ben requested that they be sent to him so the Department could take a look. Van suggested that the subcommittee take a look at these regulations.

Carol wondered whether the BUS could be integrated into another system. Marty said that their initial long term vision was to integrate it into the BIDM. Kathleen said some steps are being taken but it still didn't resolve the issue of connecting to LTSS providers.

Louisa gave the update from Rocky Mountain. They did a one way data sharing with agencies and had successful collaborations with CCBs. They often deferred to the SEP and CCB case managers to be the lead with members and served as a bridge to other resources. Rocky also echoed the clunky set-ups of the various systems and found that the service coordination plan (SCP) wasn't a user-friendly tool, especially since other screeners and tools were already asking them the same questions.

Van wondered if the Department would consider umbrella set-ups like Colorado Access, which is both a SEP and RAE, moving forward. Ward said the experience has been positive, and they were working to retool it now. Van also said that one of the issues with BIDM was that it required standardized data elements in order to integrate disparate data sources. He suggested giving guidance on care plans to help with future integration efforts. Gary also suggested doing a comprehensive SWOT analysis of all



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			systems and made a plug for the forthcoming TEFT system that allows for sharing of assessment and care planning information. Access to the TEFT tool would also be given to the RAEs.		
4	2:25 – 2:30	BH	<b>Sub-committee housekeeping.</b> Ben reminded the subcommittee that October’s meeting would be focused on criminal justice, so criminal justice SMEs would need to be in attendance. The meeting was adjourned at 2:31PM.		

#### Meeting Action Items

Date Added	Action No.	Owner	Description	Due Date	Date Closed
9/6/2018	1	All	Approve August minutes.	10/4/2018	
9/6/2018	2	BH	Follow up on MMP Demonstration Final Report.	10/4/2018	
9/6/2018	3	BH	Follow up on BUS access for RAE care coordinators.	10/4/2018	

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**1. Best Practices and Guiding Principles for Collaboration between LTSS Providers and RAEs:** One of the primary interventions of the Regional Accountable Entities (RAEs) will be their development of successful Health Neighborhoods, which includes Long Term Supports and Services (LTSS) providers and other community-based organizations (CBOs), especially those capable of addressing social determinants of health. During the initial phase of the Accountable Care Collaborative (ACC), RCCOs and LTSS providers experienced care coordination challenges. Many operational details need further guidance and development including, a) practices for sharing information across systems, and b) provider education materials regarding Medicare and other topics common to MMP and LTSS populations.

#### *a. Information Sharing across Systems*

Project Statement: Create policy guidance for sharing information and data between LTSS providers and RAEs.

#### Process:

- Identify successful information sharing practices between RAEs and LTSS providers, including best practices and outstanding opportunities.
- Examine innovative approaches to sharing information through updated data and IT systems for case management and care coordination.
- Monitor progress and successes.

#### Deliverables:

Policy guidance articulating best practices and outstanding challenges for how RAEs and LTSS providers share information on members across systems

#### 9/6/2018 Discussion Questions

- What were successes and challenges when it came to information sharing during the Demonstration?\*
- Please try to provide specific instances of members or providers that highlight these lessons.
- How do LTSS providers and RAEs create a collective business case for collaboration and coordination that necessitates information sharing?\*
- What are the advantages to collaboration?\*
- What specific sub-populations are addressed within these collaborations?\*
- How are members involved in the development of these collaborations?\*
- How is member consent built into these collaborations and conversations?\*
- How are RAEs including LTSS providers in their network development and contracting processes?\*
- How are information sharing strategies developed as part of this contracting work?\*
- How do we include these strategies in standard business practices moving forward?\*

\*For RAEs who previously participated in the Medicare-Medicaid Demonstration, we will rely heavily on your expertise and experience.

