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Department of Health Care
Policy & Financing

To: Improving and Bridging Systems Subcommittee

From: Carol Plock

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Subject: Guiding Principles for Information Sharing between LTSS Providers and RAEs

Improving and Bridging Systems (IBS) is currently investigating the best practices and challenges related to sharing information between long-term services and supports (LTSS) providers and Regional Accountable Entities (RAEs). During the first part of its conversation, IBS spoke with three RAEs that participated in the Medicare-Medicaid Demonstration (Demonstration) as Regional Care Collaborative Organizations (RCCOs) and RAEs that were beginning to implement their strategies and approaches. Below are key findings and themes related to best practices, outstanding challenges, and new opportunities that were identified from these conversations.

Best Practices: The following best practices emerged from the Demonstration:

- RCCOs developed formal memorandums of understanding (MOUs) with single entry points (SEPs) and community centered boards (CCBs) to share information.
 - MOUs were largely unidirectional and allowed RCCO staff to access SEP and CCB information.
 - Some RCCOs allowed SEP and CCBs access to their respective systems.
- RCCOs, SEPs and CCBs developed protocols to better care coordination across the collective parties involved.
- RCCOs used a service coordination plan (SCP) to test the use of a single care plan.
- Since the Demonstration, various RAEs have developed single points of contact, workflow charts, and written clear roles and responsibilities to help clarify sharing of information and care coordination.

Outstanding Challenges: The following challenges were outstanding from the Demonstration:

- Identification of which entity has primary responsibility for care coordination across the SEP, CCB, RAE and provider is difficult.
- SEP, CCB and LTSS information systems are cumbersome to access.
 - The primary system is the Benefits Utilization System (BUS).
 - RAEs need consistent access to the BUS care plans in order to identify shared members and their respective case manager and care coordination
- The current exchange of information is largely unidirectional.
 - SEPs and CCBs rarely have access to care plans developed by RAEs and subsequent claims, but RAEs would like to increase access to their systems and information for SEP and CCB staff.
- Though RAEs and SEPs are obligated to share information and coordinate care by contract, it's unclear whether CCBs have the same obligation, and LTSS providers have no similar contractual language.

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- It is also unclear the role and responsibilities of community providers, including skilled nursing facilities and hospitals.

New Opportunities: Based on the best practices and outstanding challenges, the following new opportunities exist for RAE, SEP, CCB and LTSS staff:

- Information sharing should lead to a holistic understanding of the system and the member.
 - Relevant staff should have information and training regarding different benefits and other resources involved and personnel with the member, including who is on the member's health team, who is the primary care coordinator, and where to go for Medicare or Medicaid questions.
 - Information sharing should also be inclusive of direct member and family preferences and feedback.
 - Information sharing should also include the necessary financial information related to financial assessments.
- The collective parties, including providers, need to clarify legal and regulatory information sharing principles and develop a coherent and consistent business case and processes for collaboration and information sharing.
 - SEP statute and HIPAA need to be compared to determine what information can be shared to improve health outcomes and care coordination.
 - Adjustments, revisions, and best practices regarding information sharing MOUs and business associate agreements need to be established.
 - These should include when a client release is and is not needed.
- Bi-directional information sharing pathways need to be developed.
 - RAEs need consistent access to the BUS.
 - SEPs and CCBs also need access to RAE roster reports, claims, and care coordination information.
 - Systems need to be amended and data needs to be standardized so information can be integrated.
- Care coordination protocols need to be revised to include best practices as they relate to processes, roles, and responsibilities.
 - The collective parties need to determine the members' health team, the lead care coordination, and other relevant information.
 - The collective parties involved need to prioritize member engagement and choice across all available resources.
 - RAEs, SEPs and CCBs need to determine the impact of conflict-free case management regulations.
 - RAEs, SEPs and CCBs need to consider specific team and care models to coordinate LTSS and RAE collaborations.
 - RAEs, SEPs, and CCBs should also participate in discharge planning for members transitions from hospitals, skilled nursing facilities, and other community providers.
 - The SCP needs to be revised to create a more person-centric document.

- Current systems and emerging technologies need to be assessed for pain points and long-term areas of potential efficiency and innovation.
 - RAEs need consistent access to and education on the Benefits Utilization Systems (BUS), which stores information on members and their care within the LTSS provider community
 - The Department needs to assess how the Testing Experience and Functional Tool (TEFT) can impact RAEs' efforts.

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