



COLORADO

Department of Health Care
Policy & Financing

To: Improving and Bridging Systems Subcommittee

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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): Colorado Community Health Alliance (CCHA), Colorado Access (COA) and Rocky Mountain Health Plans (RMHP). Below are key findings and themes related to best practices, outstanding challenges, and new opportunities as it relates to this information flow. IBS will complete its conversation with the remaining RAEs, update the content below, and analyze the aggregated content in order to develop guiding principles and strategies for collaboration that include potential timelines for implementation.

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.

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

- 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.

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

- The collective parties need to clarify legal and regulatory information sharing principles.

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- SEP statute and HIPAA need to be compared to determine what information can be shared to improve health outcomes and care coordination.
- Adjustments and revisions in MOUs and business associate agreements need to be subsequently made.
- 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.
 - 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.
 - 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.
 - The Department needs to assess how the Testing Experience and Functional Tool (TEFT) can impact RAEs' efforts.

