

PIAC Improving & Bridging Systems Subcommittee:
Guiding Principles for Information Sharing between LTSS Providers and
RAEs

Priority #1: Good legal clarification around information sharing: How it can be done

Overview:

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."

Why:

Having clear legal clarification from the State so that people know exactly what they can share, and how, is **essential** for good care and care coordination for those who are in both the Medicare and Medicaid programs.

Process:

- Compile all applicable laws and regulations from the various entities
- Determine how information sharing can happen under current laws and regs (what is currently possible (e.g. under 'covered entity'); what is possible with tools (e.g., MOUs, BAAs, OHCAs, consent, etc.); can a single consent work; what needs to be included in consent; etc.). Be sure to include facilities (hospitals, SNFs, etc.) in consideration of information sharing; sharing back and forth with them is one of most critical needs. Use existing federal guidance where it exists; where it does not, compile the consensus from a variety of organizations' legal experience.
- Determine whether some of the current barriers could be overcome with wording or policy changes
- Understand how 42CFR, which is most restrictive, impacts information sharing. Be sure people understand the recent changes in the past year, and both the opportunities and limitations.
- Create written overview of findings. Key questions: Can we share information? If so, what and how?
- Consider return on investment (ROI) to help make the business case
- Create either a list of possible solutions and sources, or a single source of information to go to in order to understand and properly apply information-sharing processes.
- Do extensive training for all relevant parties

Discussion:

- For example, what exactly is the language in a SEP contract, and does it really lead to the barriers that some think it does?
- Which groups are 'covered entities,' and what does that allow?
- What does a 'business associate agreement (BAA)' allow?
- Do SEPs have BAAs with the state? Should they?
- When is it ALWAYS ok to share information regarding treatment, payment, and operations?

Priority #2 - Care Coordination for those enrolled in Medicaid and Medicare: Who's on First When?

Why:

Provide the best care and care coordination to an MMP member, assuring that it is coordinated, nonduplicative, and that when multiple care coordinators are involved, a lead is identified, and clear communication processes between care coordinators, providers, and members exist.

Process:

- Learn the requirements for each entity (RAEs, SEPs, BH, etc. regarding what they must perform due to regs, contracts, or payment; what they can and cannot do)
- Identify the type and level of care coordination each entity provides (e.g., SEPs don't do intensive care coordination)
- Determine how other entities (SEPs, RAEs) would know when BH is involved; how and when to share information.
- Create the protocols, roles, and responsibilities regarding who takes the lead when
- Develop a Collaborative Agreement Tool
- Assure that it is clear who all care coordinators (or other key contacts) are, with contact information
- Determine whether it is possible to have the entities report to the state in a consistent way

a) Who Needs to be Involved?

- HCPF
- Office of Community Living (CCBs) – Jim Martinez or Tim
- _____
- SEPs
- RAEs
- Region 6 has good examples (LTSS & SEPs share data; BAA mechanism)

- BH
- LTSS providers should be covered because they bill claims – but – need to involve hospitals, SNFs

b) Consider the party's experiences

If we get to the point where we have streamlined info sharing, does it work – is it helpful, and does it feel good to the:

- Member
- Staff members?