

- Have begun aligning payment with performance in certain areas.
- About 3 areas implemented a pilot with all 7 RCCOs (regions do not overlap). RCCOs are responsible for supporting providers, working to help perform or obtain care coordination, and primary care involvement.
- Now have over 600000 people enrolled and over 1 million FTE
- Incentive payments recently have been boosted to well child initiatives and others. Set payment for performing (PMPM) the base activities and incentive pay based on performance metrics.
- Patient centered primary medical providers (PCMP) also involved; based on relationship identified in the claim, but many do not come over with a provider
- 3-4,000 duals, and ACC is the full program in which the benefit population is enrolled starting in September.
  - Received a dual eligible grant from CMMI and some will go towards infrastructure building, and other funds are 51/49 benefit match from the State. Operate as PCCM (voluntary managed care model). CMS calls them an enhanced PCCM. Operates under 1902(A) authority
  - Have explored 2703 of ACA and have considered moving forward, but are moving from procurement to implementation with MMIS vendor so this has brought about some complications.
  - Looking at what funds would allow the program to be sustainable.
- Have begun working with SEP/CCBs on the LTC side, which has not previously occurred. RCCOs will get funds to perform the care coordination activities.
  - Thinking about writing an RFP for the re-bid and are well aware of the importance of incorporating LTC.
  - Cannot enroll LTC individuals in MCO environment according to statute.
- Governance includes a performance improvement advisory committee with a number of subcommittees, but Susan agreed that it is quite siloed and it would be helpful to have a cross agency. Doing work with CBTDT (?) to map out care coordination activities for children.
- Not known yet whether they will be pursuing a waiver; are considering SPA.
- Anticipates changes to State regulations.
- There needs to be in the assessment process mechanisms for RCCOs to send referrals to SEPs or other intake points. Certain populations RCCOs will be targeting, and potentially use tool to do that.
- Have not developed any tool for the non-demonstration population. Tool for demo pop. was developed in-state, but Susan is not sure how it started. Built off of comprehensive stakeholder involvement. Barb Rydell said that it started off with a CCT format. Very unique; has CCT, basic service care planning, and intent is that all the different areas are captured and update every 6 months. RCCOs will be putting it into their own systems and will most likely tweak it themselves. It is called the SCP (skip)
  - and is a service care plan. *Barb Rydell will send copy.*
    - Includes goals; provides both an assessment and support plan format.
    - RCCOs are more medically focused.
- *Will set up follow-up meeting with Susan in the September time frame.*
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