# Attachment B

# Delivery System Reform Incentive Payment (DSRIP) Program

# Community Partner (CP) BP2 Annual Report Response Form

# Part 1: PY2 Annual Report Executive Summary

## General Information

| **Full CP Name:** | Care Alliance of Western Mass |
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| **CP Address:** | 4 Valley Mill Road Holyoke MA 01040 |

## Part 1. PY2 Annual Report Executive Summary

The period for the LTSS Community Partner program was the first full year of implementation (January 1 2019 to December 31, 2019) following the March 1, 2018 initial assignment of Mass Health members to ACOs and MCOs. For Care Alliance of Western MA (CAWM), LTSS CP, approximately 1/3 of the members continue to be non-English speaking and over 30% of the panel are children. Bilingual Care Coordination staff are available for Spanish speakers as well as Arabic and Russian. Member facing materials are available in several languages.

Relationship building continued with ACO/MCO partners. Collaborative work to revise Care Plan documented processes was a joint effort during the second half of BP2 with partner ACOs/MCOs. It has taken a sustained effort of the core management staff to build rapport and relationships with ACO/MCO partners as well as demonstrated competency of care coordinators to build working relationships at the practice and member levels. Interdisciplinary Team (IDTs) meetings and a regular cadence of case conferencing with multiple practices has built stronger integration and coordinates responsiveness to member needs. We look forward to the Learning Collaborative Project with 2ACO partners in BP3.

A significant investment continued with regard to technology resources during BP2 in quality management including systems that provide electronic tracking, quality reporting, internal data sets (outcomes measures and metrics). This information is vital to monitor and improve performance based on value-based measures. eHana has been a responsive partner with the platform and this reliability continues to be a positive experience. The first TA project was completed which provides claims level data directly in the member’s chart within eHana. This allows staff to understand a member’s medical history and total cost of care and have a more comprehensive view of their medical and LTSS profile in light of their social determinants of need. The second project, which is approved, will provide quality reports coinciding with approved quality measures as well as additional quality reports and dashboards in eHana.

A primary goal of this LTSS CP initiative is to improve the quality of care coordination for those in need of these supports integrating clinical and community care. Member needs have proven to be complex with both a part of the panel having medically complex profiles, members needing basic self-sufficiency and resource support as well as navigation of systems, Mass Health related matters and addressing multiple social determinants of health. Additionally, there are many reasons affecting members’ Mass Health eligibility and enrollment and/or changes in ACO/MCO. EOHHS completed their site visit on October 30, 2020 and CAWM was cited for best practices in several areas of program operations. Member experience has been positive via their feedback and that of the Consumer Advisory Board members.

CAWM has maintained capacity to accept new referrals throughout BP2. We are able to be responsive to ACO/MCO partner needs and requests via [info@carealliancewma.org](mailto:info@carealliancewma.org) and centralized telephonic coverage at all times by the Data Team. The Care Coordination workforce has remained stable with some staff changes as well as the lead Supervisor, which offered the opportunity to modify roles based on 18 months of experience. CAWM regularly participates in statewide initiatives to refine and improve this demonstration program. We maintain excellent relationships with the EOHHS/Mass Health teams with frequent communication with our Account Manager as the primary point of contact.