

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:	Community Healthlink (CHL) BH CP
CP Address:	199 Chandler St. Worcester, MA

Part 1. PY2 Annual Report Executive Summary

In Budget Period 2, Community Healthlink's Behavioral Health Community Partner (BH CP) both continued and expanded the DSRIP investments we began in the previous two Budget Periods (Prep and BP1). Our activities focused on (1) Technology – Electronic Record Development, IT Staffing and Technology for Service Delivery; (2) Workforce Development – Recruitment Staffing and Training; (3) Ramp-up Costs; (4) Operational Infrastructure – Operation Staffing and Expenses.

In Budget Period 2 DSRIP funding supported Community Healthlink's Electronic Medical Record Development. IT, System and Report Writing staff improved forms, created reports and worked on the billing work flow and analysis of claims. The reports allow the managers to track key indicators for the program related to service activity, completed PCTPs, incomplete documentation and claims errors. They also worked on setting up a system for CHL to be able to accept and read 834 documents. The development work was done by CHL IT staff who have expertise in working with our Electronic Medical Record.

The EHR does not have the capacity to upload excel files so CHL utilized a data entry specialist through DSRIP funds to load the large MassHealth referral files in the beginning of the year. We purchased some additional mobile devices and equipment for video conferencing.

We allocated time of a recruitment specialist to assist the BH CP managers in both recruiting and hiring care coordinators and administrative staff as the program had turnover, particularly in the first six months. They were able to successfully match applicants with program positions, verify credentials and follow-up on references. While we did have gaps of time when positions were vacant, the use of the recruitment specialists decreased those gaps. Funds were used for training in Motivational Interviewing and Mental Health First Aid in the fall of 2019.

In Budget Period 2 we continued to use a significant portion of the DSRIP allocation for Ramp-up-Costs as the PMPM payments received from MassHealth for Qualifying Activities do not yet cover the program's operational costs.

Operation staffing for this year included time of billing staff to assist with both QA submission as well as reimbursement analysis. We increased our operational infrastructure with additional dollars added to DSRIP for outreach. We hired temporary help to increase outreach to members we had not been able to reach. They used Patient Ping, MassHealth Claims Data and information from Primary Care Electronic Records to help track down clients. We added funding to cover expenses of Patient Ping and for client incentives. As part of improving engagement rates, we gave gift cards to Enrollees who completed an assessment and PCTP and to those who received their annual physical.