

## ATTACHMENT B

### DELIVERY SYSTEM REFORM INCENTIVE PAYMENT (DSRIP) PROGRAM COMMUNITY PARTNER (CP) BP3 ANNUAL REPORT RESPONSE FORM

#### PART 1: BP3 ANNUAL REPORT EXECUTIVE SUMMARY

##### General Information

<b>Full CP Name:</b>	Innovative Care Partners, LLC
<b>CP Address:</b>	200 Hillside Circle, Suite 7. West Springfield, MA 01089

#### Part 1. BP3 Annual Report Executive Summary

Regarding technology, in BP3 Innovative Care Partners (ICP) engaged a Technical Assistance consultant, Health Management Associates (HMA), to evaluate ICP's analytic platform and to recommend future enhancements to the platform. HMA provided a positive analysis of ICP's current analytic platform. HMA also recommended several enhancements including a risk stratification algorithm, a concise ACO dashboard, and health equity analytics. DSRIP funds were utilized to have ICP's data analytic vendor provide a variety of analyses of MassHealth and eHana EMR data for use by HMA in their analyses. ICP's data analytics vendor, Hexplora, developed the risk stratification algorithm and the concise ACO dashboard as recommended by HMA. ICP also developed an artificial intelligence readmission predictor. HMA was supportive of ICP developing this capability. The development of health equity analytics is being planned for BP4.

ICP also used Operational Infrastructure to hire a Data Analyst/Software Developer to enhance its internal data production capacity. This position was recruited and started work in June. The analytics produced by this position allows ICP to be more responsive to ACO's and MassHealth regarding a variety of data requests.

In spite of the Covid-19 pandemic, in March ICP staff training and development activities, with a few exceptions, were generally uninterrupted. All twenty-one trainings on the calendar for the first half of the year occurred on schedule, either in a live or remote format, with anywhere from 75 to 100 percent attendance. Also, ICP was able to maintain a live, in-person orientation format for twelve new employees in a socially distanced environment. Other successful adaptations include remote job shadowing and remote on-the-job training by supervisors.

The ICP Quality Management Committee met quarterly during this time frame. Attendees have included: ICP Quality Director, the ICP VP of Health Care Integration, the ServiceNet Chief Information Officer, the CHD Director of Compliance, the BMC HealthNet Plan/Well Sense Health Plan BH and LTSS Community Partner Program Managers, the C3 Director of Behavioral Health Programs and the BMC Health Systems/Mercy Alliance Senior Manager of Accountable Care Transformation.

Discussions during these Committee Meetings have included:

- Review of most recent data analytics related to tracking Quality Metrics
- Review of other dashboard data including:
  - Psychiatric admissions by quarter

- ED Visits
- Rehab Admits
- Readmissions Trends
- Hierarchical Condition Categories Member Count
- Risk Stratification Analytic
- Artificial Intelligence Readmission Predictor
- Discussion of ICP's plan to meet BH and LTSS Quality Metrics
- Ongoing review of eHana data generated from enrollment and care coordination activities
- Discussion of how ICP and MCOs/ACOs can improve collaboration in order to meet contract and quality metric requirements.
- Discussion of Technical Assistance Projects launched during this reporting period
- ICP's response to Covid-19 and EOHHS guidance; working from home.

It is important to note that the Covid-19 pandemic occurred during this budget period. The combination of MassHealth's Covid-19 accommodations and ICP's operational response resulted in enrollees receiving uninterrupted and comprehensive services. In fact, ICP operational analytics indicate strong performance in Outreach, Engagement, Care Coordination and quality metrics.

ICP is also pleased report improved health outcomes for enrollees who decided to participate in the program. An analysis of medical claims 12-months pre-post signing a Participation Form shows reductions in inpatient admissions and emergency department visits.