

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:	Innovative Care Partners, LLC
CP Address:	200 Hillside Circle, Suite 7. West Springfield, MA 01089

Part 1. PY2 Annual Report Executive Summary

Innovative Care Partners (ICP) has been successful in engaging Assigned Enrollees in the Community Partner (CP) program. Please see the table below for ICPs engagement metrics effective December 31, 2019.

ICP Long Term Supports and Services Engagement Data 12/31/19	
Case Load (Assigned Enrollees)#	830
Cumulative Participation Form #	697
Cumulative Participation Form %	84%
Cumulative ICP LTSS Assessments #	668
Cumulative ICP LTSS Assessments %	80%
Cumulative ACO Comprehensive Assessment #	632
Cumulative ACO Comprehensive Assessment %	76%
Cumulative Signed Care Plans #	597
Cumulative Signed Care Plans %	72%

When possible, ICP segments Care Coordinator job responsibilities in an effort to improve performance. When ICP began operations it had a defined and Enrollment Team and that team has been expanded. The team is led by an Enrollment Manager and is staffed with Enrollment Specialists. At the end of BP2 Q4, ICPs had a 84% rate of having Enrollees sign Participation Forms.

ICP Care Coordinators complete LTSS Social Service Assessments and Care Plans. Clinical Care Managers manage the process of obtaining PCP signatures on the Care Plans. As of December 31st, ICP achieved an 80% LTSS Social Service Assessment rate and a 72% rate of PCP Signed Care Plans. At ICP, ACO's achieved a 76% rate of completing Comprehensive Assessments.

ICP uses data analytics to drive achievement in these activities. Since August 2018 ICP has utilized Engagement dashboards to inform its daily operations to the Enrollee and Care Coordinator level. Dashboard analytics are reviewed weekly, usually Monday mornings, by the Vice President and all Directors and Managers. Managers then review these data with individual Care Coordinators on a daily basis. In addition, ICP's Director of Quality and Training Specialist implement quality improvement and training programs to build skill levels of all staff, and improve operational workflows and processes.

ICP's analytics dashboards serve a function beyond ICP's internal engagement and quality metrics, the dashboards have been built to be an integration platform with ACO's. Comprehensive Medicaid claims analytics and HEDIS Analytics serve to align ICP with its ACO partners in their efforts to improve HEDIS metrics, monitor PMPM claims expense trends along with a host of utilization trends. These analytics also quickly identify high utilizer enrollees in terms of ED utilization, acute care admissions and short admission (defined as admissions 2 days or less in duration). ICP wants to be a community-based care coordination resource to ACO's to assist them in meeting their health outcome and medical expense goals for their Enrollees assigned to ICP. At no cost, ICP provides rule-based access to its analytic dashboards for its ACO partners.

ICP is using DSRIP funding to develop and utilize cutting-edge tools to drive and focus care coordination to maximize Enrollee health outcomes and reduce cost of care.