

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

Full CP Name:	Massachusetts Care Coordination Network
CP Address:	81 Hope Ave. Worcester, MA 01603

Part 1. BP3 Annual Report Executive Summary

The Massachusetts Care Coordination Network (MCCN) is a Long Term Services and Supports Community Partner (LTSS CP) operating in the Northern, Central, and Southern regions using a Lead Agency model with strong Affiliated Partners and Material Subcontractors.

During Budget Period 3, MCCN successfully transitioned from CareManager to the eHana care coordination platform. The switch has positively impacted MCCN's outcomes across all domains. We are now able to more closely monitor care coordination activities, measure quality metrics and report the impact of our work to our ACO partners. The change has been well received by MCCN staff who have found eHana to be an improvement from a user perspective. As of December 31st, 2020 MCCN has 899 engaged members.

MCCN has found that having dedicated outreach staff in the form of Associate Care Coordinators has been effective. These staff are adept at outreaching to members, finding members information and liaising with ACO collaterals on locating individuals. The care coordinators are able to dedicate themselves to member supports and care planning. This has led to positive feedback from both members and staff.

MCCN has greatly reduced the rate of staff turnover during BP3. Through Budget Period 3, only one care coordinator resigned and new employees have been hired into newly created roles. MCCN Partner organizations continue to offer competitive salaries and a wide range of attractive benefits to mitigate this challenge. In addition, MCCN has been offering bonuses to Care Coordinators based on tenure and these have been very well received. We are also offering bonuses based on meeting performance metrics which has not only helped with retention but also has increased overall QA completion rates.

MCCN continues to work with the ACOs and MCOs to improve the approach to data sharing in a more standardized way. Our Care Coordinator staff are faced with a large number of varied processes as we work with 12 ACOs and 2 MCOs. Each of these entities has its own specified documented processes in regarding the exchange and sharing of information and

ongoing communication. The implementation of monthly meetings with our largest referral sources has improved communication and ease of information exchange. MCCN advocates for adopting the model of the BHCPs in which the Community Partners is completing the member comprehensive assessment.

MCCN has pivoted services to support members remotely during the COVID-19 pandemic. As an incentive to participate in video-chat based home visits members were offered a gift certificate for sendameal.com to order home-delivered meals. This provided necessary assistance for at-risk and homebound members facing food insecurity as a result of the pandemic and associated risks and restrictions. MCCN's affiliated agencies donated PPE supplies to members as needed.

With the implementation of eHana, and deployment of Office 365 MCCN continued peer collaboration, trainings and regular team meetings virtually. MCCN has found staff to be effective and successful at working remotely, and is exploring more flexible office-space options for staff post-pandemic.