

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:	Merrimack Valley Community Partner
CP Address:	280 Merrimack Street Lawrence, MA 01843

Part 1. BP3 Annual Report Executive Summary

This annual report is inclusive of the information from Budget Period 3 (January 1, 2020 to December 31, 2020). DSRIP funding was used to provide specific activities during this timeframe. These activities are outlined in detail in the Attachment A Document, Tab 1 Expenditure Report. DSRIP funding was used to fund activities under the following areas: care coordination, technology, workforce development, and operational infrastructure. Additional infrastructure funding was used to help fund workforce development and costs around technology infrastructure.

BP3 DSRIP funding has been budgeted for eHana modifications that have been deemed necessary beyond the core product of the care management platform. We have completed contract negotiations regarding these enhancements and eHana is working according to schedule to complete these ongoing enhancements. These enhancements were prioritized and vetted across community partners working within the eHana platform. During BP3, due to Mass Health mandated changes for both ACOs and CPs related to the LTSS Care Plan integration process, eHana added additional features and status options to the LTSS Care Plan document. These changes mainly allowed for there to be additional care plan status updates and the ability to set projected timelines and status of member goals. Another important update to the eHana system was the ability to check a member's CP status right on their member page to prevent unnecessary claim denials. These changes were both implemented during the reporting year and are now fully operational in the eHana system.

Merrimack Valley Community Partner's (MVCP) workforce development strategy was supported using DSRIP funding as well during BP3. MVCP has also used DSRIP funding through BP3 to fund the data quality specialist position to support the quality component of the program, as well as the oversight of the modifications to the care management platform that have helped support the program as the program shifts to a pay for performance model.

DSRIP funding continued to support the operational infrastructure needs necessary during BP3 in the form of billing and administrative program support. Due to the lack of a functional billing module, significant resources continue to be necessary to support the shared billing functions in conjunction with eHana.

One of the biggest successes of BP3 has been the relationship building between our navigator team and the CP members we have been able to actively outreach to and connect with. Despite the COVID pandemic challenges, the MVCP team was able to adapt to working remotely very easily and continued to work building relationships with members and ACO/PCP staff through telecommunications. The navigator team has reported numerous success stories that they have shared with our ACO/MCO partners, as well as MH Leadership. The program has matured to a point where we are starting to experience the true benefits of this integrated model. Members are successfully accomplishing their goals and becoming more engaged in their care planning. Collaborative relationships have formed with the ACOs/MCOs and care coordination between the ACOs/MCOs and the CP is improving.

We continue to have a consistent, competent team of navigators and an intake coordinator who bring to the program a wide range of expertise, skillsets, and diversity. We consider our care team one of our strongest assets. Our community partners and our shared members benefit greatly from what our team brings to the program.