

## Riverside Community Partners Budget Period 1 Annual Report

### Summary

BP1, June – December 2018, was a high-activity period for all participants of the MassHealth DSRIP initiative, including Riverside Community Partners. The seven Riverside CP Affiliated Partner teams launched our BH CP program operation with 2,191 assigned enrollees spanning 14 ACO/MCO organizations. As expected of any start-up program, this initial period was one of constant program development, adjustments, and learning for all stakeholders participating in the innovative transformation of the MassHealth program. At Riverside Community Partners, BP1 was a period of high focus on refining operational supports in response to frequent adjustments in program requirements, leading to a conservative approach to spending Infrastructure funds.

A few major state-wide changes to expected plans across all BH CP programs, and specifically within Riverside Community Partners, impacted our Infrastructure expense in BP1. First, the duration of actual program activity in BP1 was reduced from seven to six months when the statewide program start date was pushed to July 1, 2018. Second, the care coordination system selected to support Riverside Community Partners was not completed in time for program launch and required continuous development throughout the budget period. Finally, one of our Affiliated Partners determined the BH CP program was incompatible with their business model and decided to withdraw from Riverside Community Partners.

Additionally, the BH CP program activity ramped up at a slower pace than originally anticipated and as a result the majority of planned Infrastructure support was not needed as early in the period as was budgeted. Despite aggressive recruiting, due to the tight labor market, all Affiliated Partner teams had difficulty finding candidates to completely fill budgeted positions in the early months of the period. The lower staffing levels had a cascading impact on other planned Infrastructure expenditures, most of which were intended to support the new hires. For example, the timing of training schedules and implementation of retention strategies were delayed; the number of laptops and furniture for office set-ups was not needed at originally planned levels and corresponding spending was slowed. Outdated and missing contact information for the assigned enrollees significantly slowed Outreach activity and corresponding program revenue.

The circumstances listed above had a cumulative effect on the DSRIP Infrastructure spending in BP1. With one major exception, spending was lower than budgeted in all categories. The one logical exception is Ramp-Up Costs which had a sizable overspend, directly attributable to the slower program activity and lower than expected program revenue.