**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

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| **Full CP Name:** | SSTAR-Care CP |
| **CP Address:** | 1700 B President Ave |

# BP3 Annual Report Executive Summary

Despite the pandemic the CP began realizing a profit each month for the latter half of PB3. Profit was due to several factors: development of a thorough and detailed plan/approach to claim denials, increased quality review of documentation and a more effective ‘buddy system’ among care coordinators to ensure there were never any gaps in service during period of staff absences. By evaluating all claim denials and seeking the source issues, care coordinators and nurses received targeted training to ensure correct documentation was completed for all encounters. Encounter data are reviewed on a weekly cadence rather than monthly now, creating a much greater level of quality documentation and reduced payment submission errors. The end results were that far less DSRIP ramp up funds were used in BP3 than anticipated. The surplus will allow for some final and significant DSRIP technology projects in year 4, the most salient of which is a training program from eHana for data analyst and quality staff so that they can understand the mapping structure for data in eHana- knowing where and how data are stored will reduce the time it takes for reports to be written to a fraction of the time it currently takes. At present analysts have no guidepost or plan on where to look for specific data points in the database.

Due to the pandemic funds that would typically cover enrollee engagement have been underutilized (e.g., SRTA bus system was free for several months reducing the cost of member 10-ride bus passes). With the expansion into Brockton and Quincy, these funds can be used to cover some member services in these area (e.g., different bus service). Members receive passes to aid in increasing attendance at scheduled health appointments. Underutilized DSRIP funds in this category will allow for increase member incentives in BP4.

The member cell phone program has undergone significant changes in order to keep the program cost-effective and viable. A decision was made to switch to a new monitoring program- ScaleFusion. The new company reduced the per member cost for phone monitoring. Further the newest anticipate phone rollout (early 2021) will now limit the number and type of apps members can download. Apps are limited to those related to telehealth, social connectedness, self-help, news, banking and other similar apps. Also, any apps that are related to member’s jobs are available (for example Uber, Uber Eats, Door dash). We have eliminated unlimited downloads because some members were downloading inappropriate dating, sites and hundreds of game apps that bogged down the entire network, crashing phones (bloatware). Phones are now limited to wellness activities. Phones still have unlimited talk, text and data and allow members to engage in social media, watch movies, etc.