

Business Operations and IT Committee Meeting

Attachment A

Meeting Summary

May 23, 2016

199 Water Street, 31st Floor, New York, NY

4:30 PM – 6:00 PM

In Attendance:

- Michelle Daniels-DeVore (SUNY Downstate Medical Center)
- Sal Guido (NYC Health + Hospitals/IT)
- Christina Jenkins (OneCity Health Services)
- Richard Keller (All Metro Health Care)
- Richard Miller (SUNY Downstate Medical Center)
- Alina Moran (NYC Health + Hospitals/Metropolitan)
- Dilip Nath (SUNY Downstate Medical Center)
- Krista Olson (NYC Health + Hospitals/Corporate Budget)
- Inez Sieben (OneCity Health Services)
- *OneCity Health Services (Committee Support)*
 - *Alison Leung*
 - *Tatyana Seta*
 - *Wilbur Yen*
- *COPE Health Solutions (Committee Support)*
 - *Allen Miller*
 - *Lindsey Wallace*

Members Not In Attendance:

- Al Marino
- Mike Matteo
- Gary Stankowski
- Juan Maluf

Item	Notes
1. Review of the April 25, 2016 meeting minutes	<ul style="list-style-type: none"> • April 25, 2016 meeting minutes approved.
2. CEO Updates	<ul style="list-style-type: none"> • Updates provided by Christina Jenkins. <ul style="list-style-type: none"> ○ OneCity Health is continuing to move forward with creating contracts to distribute to partners. ○ NYC Health + Hospitals is continuing to develop and implement service lines and replace the previous organizational structure based on geographic networks. ○ The Commonwealth Fund hosted a webinar on “Lessons from New York’s Medicaid DSRIP Program” on May 12th, 2016, which included federal, state and delivery level speakers. OneCity Health represented the PPS perspective.

<p>3. DSRIP Demonstration Year 2 Partner Contracting</p>	<ul style="list-style-type: none"> • Updates provided by Inez Sieben. <ul style="list-style-type: none"> ○ Master Partner Data Survey <ul style="list-style-type: none"> ▪ Of 268 surveys administered, 159 responses were submitted as of May 16th, 2016. ▪ Partners who did not return a survey have been contacted through multiple channels to encourage participation. Data received thus far is being analyzed and added to the model used to develop the Comprehensive Schedule B. ○ Strategic Imperatives and the Role of DSRIP <ul style="list-style-type: none"> ▪ DSRIP is an incentive program to catalyze partner readiness for value-based contracting. ▪ As a complement to existing funding sources, DSRIP presents an opportunity to align the financial model to support the operational shift toward the future of healthcare. ○ DSRIP Partner Contracting Assessment <ul style="list-style-type: none"> ▪ OneCity Health leadership, with support from COPE Health Solutions, developed a strategically optimized future state contracting methodology, with the July 2016 – March 2017 contracting period serving as a “bridge.” ▪ Future state contracting, beginning April 2017 will have more refined process metrics, target specific outcomes and network development goals. ▪ The approach pays partners for outcomes and prepares them for value-based contracts.
<p>4. Reliable Revenue Analysis</p>	<ul style="list-style-type: none"> • Presentation by Lindsey Wallace (COPE Health Solutions) <ul style="list-style-type: none"> ○ Committee members reviewed and discussed estimation of reliable revenue and 5 Year Projected Income Statement performed by COPE Health Solutions.
<p>5. Funds Flow Allocation and Schedule B Design</p>	<ul style="list-style-type: none"> • Update provided by Inez Sieben. <ul style="list-style-type: none"> ○ Foundational Principles <ul style="list-style-type: none"> ▪ Aligns with implemented and executed frameworks at other PPSs in NY ▪ Transparent and based on an objective set of criteria ▪ Dynamic and iterative, allowing for continued refinement of metrics and allocations. ○ Accounting for Low and No Attribution Partners <ul style="list-style-type: none"> ▪ OneCity Health is committed to ensure access to quality care and wellness promotion services for Medicaid, uninsured and members of our communities with other coverage types. ▪ OneCity Health is developing a framework to flow funds to our low attribution and non-Medicaid billing partners utilizing the same Comprehensive Schedule B process. ○ Key Components of the Contracting Framework <ol style="list-style-type: none"> 1. Funds Flow Allocation Process <ul style="list-style-type: none"> • Total dollars available to be earned by a partner are formula driven based on: <ul style="list-style-type: none"> ○ Projects selected ○ Patient attribution for performance ○ Total available dollars ○ Funding for low and zero attribution partners

	<ul style="list-style-type: none"> ○ Partner performance <p>2. Comprehensive Schedule B Design</p> <ul style="list-style-type: none"> • Metrics are being designed to advance broader PPS strategy, build better understanding of network partners, ensure milestone achievement and promote holistic transformation. • Partners indicated in which projects they would like to participate. OneCity Health has reviewed partner project selection to ensure reasonable yet inclusive participation. • The contract is populated with relevant metrics based on project selection, in addition to some standard global requirements. <p><i>Decision Item</i></p> <ul style="list-style-type: none"> • Committee recommends approval of the Funds Flow Allocation Process and Comprehensive Schedule B Design by the Executive Committee.
<p>6. Next Steps</p>	<ul style="list-style-type: none"> • A webinar will be held on May 24th, 2016 to present performance metrics and obtain feedback from partners; feedback is due by 5 p.m. May 26th, 2016. • A June webinar will be held to educate partners on the details of the final Comprehensive Schedule B. • In the June Committee meeting, finalized dollar amounts will be presented for approval. • Next meeting: June 13, 2016