

Business Operations and IT Committee Meeting

Meeting Summary

January 25, 2017

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

5:30 PM – 7:00 PM

In Attendance (in-person or by conference call)

- Gerardo Escalera (OneCity Health Services)
- Sal Guido (NYC Health + Hospitals/IT)
- Christina Jenkins (OneCity Health Services)
- Richard Keller (All Metro Health Care)
- Al Marino (NYCIG RHIO)
- Alina Moran (NYC Health + Hospitals/Metropolitan)
- Dilip Nath (SUNY Downstate Medical Center)
- Krista Olson (NYC Health + Hospitals/Corporate Budget)
- Inez Sieben (OneCity Health Services)
- Roy Sookhoo (SUNY Downstate Medical Center)
- *OneCity Health Services (Committee Support)*
 - Tatyana Seta
 - Wilbur Yen
- *COPE Health Solutions (Committee Support)*
 - Carla D’Angelo
 - Shoshana Graff
 - Lindsey Wallace

Members Not In Attendance:

- Michael Ahuja (Visiting Nurse Service of New York)
- Richard Miller (SUNY Downstate Medical Center)
- Gary Stankowski (NADAP)
- Mike Matteo (CenterLight Healthcare System)

Item	Notes
1. Review and Approve November 21, 2016 and December 15, 2016 Meeting Minutes	<ul style="list-style-type: none"> • Meeting minutes from November 21, 2016 and December 15, 2016 approved.
2. DSRIP Phase II Funds Flow & Contracting	<ul style="list-style-type: none"> • Updates provided by Inez Sieben <ul style="list-style-type: none"> ○ Status Updates <ul style="list-style-type: none"> ▪ Phase II Contract Metrics <ul style="list-style-type: none"> • Metrics were developed with input from clinicians, Care Models Committee, and representative community partners.

- Partner performance during the Phase II contracting period will be evaluated to determine eligibility for Phase III contracts.
- Partner List
 - All 183 partners that received a Phase I Schedule B will be offered a Phase II Schedule B.
 - 20 additional partners will be offered a Schedule B based on demonstrated interest and identified network gaps.
 - Partners that did not engage with the PPS were removed from the PPS network and will not receive a Phase II Schedule B, which was approved by the Executive Committee.
- Approach for Non-Medicaid Billing Partners
 - Metrics for all partners, including those that are non-Medicaid billing, were developed to support network engagement and referrals.
 - The minimum eligible allocation will be used to support funding for low/no attribution partners.
 - Four representative community partners are serving as strategic advisors to identify how CBOs can improve implementation and sustainability of DSRIP projects.

The Phase II Contracting & Funds Flow Framework was recommended for approval on December 15, 2016 and approved by the Executive Committee on December 19, 2016. Today we request that the Committee recommend for approval the final inputs required to execute the Phase II Contracting & Funds Flow model.

- *Decision Item: Partner Share of Funds*
 - Committee reviewed 5-year DSRIP reliable revenue projection and 5-year DSRIP funds flow projection including proposed partner payment and other components such as centralized project implementation, cultural competency and health literacy strategy, and workforce training.
 - The partner share of funds was calculated based upon updated reliable revenue estimates that reflect:
 - Actual revenues received to date, including high performance funds
 - Updates made by NYS DOH to particular outcome measures
 - The proposed partner share of funds for Phase II is \$85M for the 9-month contracting term (April 1, 2017 – December 31, 2017). This is an increase over \$55M that was approved for Phase I Schedules B. This increase is due to:
 - An increased number of partners that will receive a Comprehensive Schedule B
 - Continued implementation of projects and more time and resource intensive metrics

Decision Item: Committee recommends approval of partner share of funds of \$85M for the Phase II 9-month contracting term by the Executive Committee.

- *Decision Item: Effective Minimum Allocation*
 - All partners will be assigned a proposed floor of \$10,000 ± 20% as their minimum allocation.
 - This will ensure a minimum threshold for meaningful participation for all partners, regardless of the number of metrics they receive, their attribution and whether or not they are Medicaid billing.
 - *Decision Item:* Committee recommends approval effective minimum allocation of \$10,000 ± 20% by the Executive Committee.

- *Decision Item: Patient Engagement Methodology*
 - A partner’s ability to earn Patient Engagement funds is relative to the PPS achieving project specific Patient Engagement targets, which is the same approach that was utilized in Phase I.
 - Dollars earned per partner are calculated at the end of the performance period based on PPS performance, and partner performance relative to other partners.
 - *Decision Item:* Committee recommends approval of patient engagement methodology by the Executive Committee.

- *Decision Item: Contracting and Metrics Approach*
 - Eligible partner allocation:
 - Partner will receive 10% of their eligible allocation upon signing the Comprehensive Schedule B within 45 days of the effective date.
 - The remaining 90% will be split between Process Metrics and Outcome Measures:
 - Process Metrics = 75%
 - Outcome Measures = 25%
 - Partners will only be eligible to earn dollars associated with Outcome Measures if:
 - The partner successfully achieves greater than 50% of their Process Metrics and the PPS successfully achieves the Outcome Measures as determined by NYS DOH.
 - *Decision Item:* Committee recommends approval of contracting and metrics approach by the Executive Committee.

- Next Steps
 - Pending final approval from the Executive Committee, February and March will be spent on finalizing and issuing partner contracts.

	<ul style="list-style-type: none"> ▪ There will be continued partner education on Phase II contracting during the February and March PPS partner webinars. ▪ The target date to begin releasing partner contracts is March 20th.
3. CEO Report and Informational Items	<ul style="list-style-type: none"> • OneCity Health and other PPSs will be presenting to the DSRIP Project Approval and Oversight Panel (PAOP) in early February. Materials presented will be shared with Committee members.
4. PPS Financial Report	<ul style="list-style-type: none"> • Update provided by Tatyana Seta. <ul style="list-style-type: none"> ○ Committee members reviewed and discussed DY2 budget and actuals through DY2 Q3. ○ The OneCity Health Services budget is reviewed and approved by the NYC Health & Hospitals (H+H) Central Services Organization Board, which reports to the H+H Board. ○ Revenues and expenses are presented on a cash basis consistent with quarterly reporting to NYS DOH.
5. Committee Updates	<ul style="list-style-type: none"> • Mike Matteo (CenterLight Healthcare System) has stepped down from the Committee. Committee members were encouraged to submit potential candidates for consideration by the Nominating Committee.
6. Next Steps	<ul style="list-style-type: none"> • Next meetings: <ul style="list-style-type: none"> ○ Tentative: February 22, 2017 5:30PM – 7:00PM