

February 18, 2015

Updates

Item	Notes
<p>1. Independent Assessor Application Scores</p>	<ul style="list-style-type: none"> • OneCity Health’s composite application scores were recently received, including total project score, organizational score and bonus points • On 2/18, Christina Jenkins attended an in-person meeting in Albany to present a short overview of the OneCity Health PPS application before the DSRIP Project Approval and Oversight Panel (PAOP), a state-appointed panel which reviews all DSRIP applications, followed by a short presentation by the Independent Assessor and a short panel discussion <ul style="list-style-type: none"> ○ Takeaways from the Independent Assessor’s report about OneCity Health’s application: <ul style="list-style-type: none"> • Excellent Community Needs Assessment (CAN) • Opportunities to have elaborated more fully on its collaboration with other PPSs and its strategy to reduce excess bed capacity • Open possibility for increased scores for Integrated Delivery System (IDS) section • Organizational application scores: OneCity Health received over 95% on every section and passing scores on every pass/fail section, bringing the total score to ~97% • Project application scores were either subjective or objective and weighted differently depending on the Domain <ul style="list-style-type: none"> ○ Subjective Scores: OneCity Health’s weighted average is 96.92 ○ Objective Scores: OneCity Health’s weighted average is 75.72 <ul style="list-style-type: none"> • Objective scores represent Speed and Scale (how fast the PPS indicates it will penetrate its market in relation to other PPSs) • OneCity Health was deliberately conservative given its size and complexity • OneCity Health’s Scoring Conclusions: <ul style="list-style-type: none"> ○ OneCity Health produced high quality work ○ While the speed and scale components reduced OneCity Health’s overall score, its realistic approach is more consistent with the complexity that implementation will require ○ Final valuation will be determined once Project 11 bonus points are awarded and valuation attribution is released mid-March
<p>2. Subcommittee Nominations</p>	<ul style="list-style-type: none"> • The Executive Committee is responsible to nominate individuals to the Nominating Committee, which will appoint individuals to the following committees: <ul style="list-style-type: none"> ○ Executive Committee ○ Care Models Committee ○ Business Operations and IT Committee ○ Stakeholder and Patient Engagement Committee ○ Hub Steering Committees

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	<ul style="list-style-type: none"> • The CSO is in the process of aggregating bios and applications as well as reaching out to partners seeking nominations to the committees • Each committee will consist of 15-18 members. • Appointing of members to the Care Models Committee is rapidly moving forward ; other committees will be populated in a <i>matter of weeks</i> • A conference call with Executive Committee members will be held to approve the Care Model nominees over the next 2-3 weeks
3. Capital Application Request	<ul style="list-style-type: none"> • Total NYS fund is \$1.2BN to fund capital projects that support long term sustainability of DSRIP projects • HHC is serving 2 roles: <ul style="list-style-type: none"> ○ HHC as lead fiduciary: HHC is acting as administrator to aggregate, rank and submit applications <ul style="list-style-type: none"> • HHC provided feedback to partners, where appropriate, on how to strengthen applications, and all partners were given an opportunity to submit revised applications (however, scoring was not altered) ○ HHC as partner: HHC is developing its own projects/applications to submit • Across the OneCity Health PPS, ~30 capital applications will be submitted for a total of ~\$750M grant dollars. These applications include: <ul style="list-style-type: none"> ○ HHC-led, Central/ IT-focused PPS-enabling projects ○ HHC-led Facility-based space construction projects focused on integration of behavioral health and primary care co-location, ED reconfiguration, and increased access to primary and ambulatory care ○ Non-HHC partner application: space/construction-related and health information technology • Prioritization of Capital Applications: <ul style="list-style-type: none"> ○ The State requires each PPS to submit a Prioritization List that ranks all of the applications it plans to submit ○ As fiduciary, HHC assembled a Prioritization Committee, an 11 member committee comprised of partners across the PPS, to evaluate the applications based on the following criteria outlined by the State: <ul style="list-style-type: none"> • Alignment with DSRIP (35% of overall score) • Relationship to community need and scale of impact (25%) • Cost effectiveness, project viability and sustainability (15%) • Quality of project Workplan (15%) • Quality of project Budget (10%) • <i>HHC did not evaluate an organization's matching funds or financial need as part of its overall score</i> ○ Each Committee Member individually reviewed and scored 10-12 applications and met as a group to determine consensus scores ○ Committee agreed to modified approach for three HHC-led applications with delayed submission: these applications were scored by non-HHC members of the Prioritization Committee ○ A conference call was held on 2/17 to finalize the project ranking,

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	<p>which orders the projects from highest to lowest scores based on weighted score averages</p> <ul style="list-style-type: none"><li data-bbox="552 304 1443 367">○ Executive Committee approved the ranking on 2/18 without any changes<li data-bbox="552 373 1443 443">○ <i>Note: The State will be evaluating each application on its own merits and is the ultimate arbiter of any funding decisions</i>

Next steps:

- Identify potentially duplicative capital requests among submitted capital applications to share with the Executive Committee and indicate to the State
- A conference call will be held with the Executive Committee once the members of the Care Models Committee are confirmed,
- The Executive Committee will meet in late March to review Care Model Committee recommendations