

OneCity Health Executive Committee

March 30, 2015

Meeting Summary

In Attendance:

- Michael Bernstein (VNSNY)
- Claudia Calhoun (Immigration Coalition)
- Donna Colona (CBC)
- Elizabeth Howell (CHN) – by phone for first 30 minutes
- Christina Jenkins (HHC)
- Tony Martin (HHC)
- Pamela Sass (SUNY)
- Bill Walsh (HHC)
- Ross Wilson – Chair (HHC)
- *Manatt Health Solutions (Committee Support)*
 - *Bill Bernstein*
 - *Jon Glaudemans*
 - *David Rosales*
 - *Jared Augenstein*

Item	Notes
1. Review and Approve Committee Charters	<ul style="list-style-type: none">• All Committee Charters were distributed in advance of the meeting• No comments during the meeting on Committee Charters• <i>Committee Charters approved</i>
2. Preliminary Review of Draft State Implementation Plan	<ul style="list-style-type: none">• Submission date for State Implementation Plan (SIP) moved from April 1, 2015 to May 1, 2015• Members are encouraged to submit comments on all sections of the SIP, and to provide comment to Christina Jenkins via e-mail or phone – in particular, Members are invited to provide feedback on the Budget, Funds Flow, and Workforce sections of the SIP• Members are asked not to distribute this draft outside of members of the OneCity Health governance structure• A revised draft of the SIP, based on further work and comments received, will be distributed approximately one week in advance of the next Executive Committee meeting• The next meeting of the Executive Committee will be scheduled for no later than the third week of April• OneCity Health is open to harmonizing approaches with other PPSs where possible
3. Overview of State-Required DSRIP Budget and Funds Flow Tables	<ul style="list-style-type: none">• As part of the state-required DSRIP Implementation Plan, due May 1, OneCity Health is required to submit additional details on its planned use of DSRIP funds, including:<ul style="list-style-type: none">○ A year-by-year budget by spending category○ A year-by-year budget by partner category• OneCity Health’s December application included a state-required table arraying expected DSRIP expenses by spending category, largely defined by the State:<ul style="list-style-type: none">○ <u>Cost of Project Implementation</u>: Direct costs associated with administering OneCity Health, and partner expenses to project

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	<p>implementation</p> <ul style="list-style-type: none"> ○ <u>Revenue Loss</u>: Costs related to reimbursing our partners for revenue lost as a result of projects successfully re-directing care into communities and away from inpatient settings ○ <u>Internal PPS Provider Bonus Payments</u>: Incentive payments to partners for their contributions to OneCity Health’s overall success as a PPS, based on subjective and objective performance metrics, including an array of process and outcome metrics whose successful achievement will generate payments from the state to the PPS for allocation to partners ○ <u>Cost for Services Not Covered</u>: DSRIP-derived payments for services that are not paid for under current Medicaid payment rules but are required for DSRIP projects (may include care for the uninsured – Christina is confirming with the HHC CFO) ○ <u>Contingency Fund</u>: Given the considerable uncertainties associated with these estimates, eventual DSRIP performance payments, and unforeseen expenses, prudence dictates that we set aside a portion of expected revenues for unexpected contingencies <ul style="list-style-type: none"> ● HHC and SUNY, as public entities, will provide IGT funding to the state for DSRIP funding – they will “earn back” this funding based on DSRIP performance; thus the OneCity Health PPS is at greater risk than other non-public PPSs given their funding is all “net new funding” ● We do not have full information on various aspects of the DSRIP maximum valuation calculation, though we should know our maximum potential valuation by late-April, as the state and CMS release additional information ● All estimated draft funds flow distributions will be updated to reflect <i>actual</i> rather than <i>estimated</i> maximum valuation when this information is available, before the submission of the SIP
4. Update on Governing Committee Member Nomination and Approval Process	<ul style="list-style-type: none"> ● All governing committees are supported by the CSO ● The Care Models Subcommittee will be the first subcommittee that is populated, followed by the Stakeholder and Patient Engagement Subcommittee and the Business Operations and IT Subcommittee, and the Hub Operating Committees ● All candidates are interviewed twice by phone for 30 minutes; if both interviewers indicate the candidate is a good fit, that candidate is recommended to the Nominating Committee and then Executive Committee for approval ● <i>Six candidates were presented and approved by the Executive Committee to serve as members of the Care Models Subcommittee (Elizabeth Dubois, Cecilia Jordan, Rose Madden-Baer, Hillel Hirschbein, Chris Norwood, and Lauren Johnston).</i> ● <i>One candidate was presented and approved by the Executive Committee to serve as a member of the Stakeholder and Patient Engagement Subcommittee (Carmina Bernardo)</i>

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	<ul style="list-style-type: none"> • Those candidates approved today will be notified of their approval by April 1, 2015 • Agreement that the pipeline, interview, and nominations process needs to be condensed so that committees can begin their work and so that candidates are considered in a timely manner • The CSO will develop a high-level view of the slate of candidates and the Nominating Committee is empowered to continue with managing the screening, interview, and nomination process
5. Review of Draft Master Services Agreements	<ul style="list-style-type: none"> • Draft Master Services Agreements (Contracts) will be shared with all partners on April 1, 2015 • Partners will have ample time to provide comments on the contracts, which will be accepted, rejected, or discussed, prior to final contracts being presented to the Executive Committee for approval at the beginning of May • Going forward, we will have supplemental contracts to the Master Services Agreements (i.e. statements of work) that will delineate what is required of certain partners in a certain timeframe
6. CSO Job Postings	<ul style="list-style-type: none"> • The CSO has posted 13 jobs and is actively seeking candidates for these positions • Employees of the CSO will be employees of HHC
7. CBO Funding	<ul style="list-style-type: none"> • The CSO will continue conversations with CBOs related to initial planning funding