Work Group Name

DSRIP Project Approval and Oversight Panel

Meeting Time, Date, Location

January 12, 2015 / 10:30 am / Empire State Plaza Meeting rooms 2-4

Members in Attendance:

Ann F. Monroe, *Co-Chair,* William Toby Jr., *Co-Chair*

Steven Acquario, John August, Kate Breslin, William Ebenstein, Robert E. Fullilove, Lara Kassel, Mary McKay, Philip Nasca, Sherry Sutler, Chau Trinh-Shervin, Jaime R. Torres, Mary Louise Mallick, William Owens, Cesar Perales, Courtney Burke, Guthrie S. Birkhead, Patrick Roohan, Ann Marie T. Sullivan, Rob Kent, Daniel Sheppard, Kerry Delaney, Paul T. Williams, Maryiln Pinsky (via phone)

Health Commissioner, Department of Health and Independent Assessor Staff in Attendance:

Jason Helgerson, *serving as Executive Director*

Peggy Chan, Greg Allen, Sean Huse, Matthew Sorrentino, Joseph Weber, Howard Zucker

Summary of Key Meeting Content:

Co-chair Ann Monroe opened the meeting with introductions and an overview of the agenda. Commissioner of Health, Dr. Zucker, introduced the goals of New York State healthcare, the Delivery System Reform Incentive Payment, and provided a statement of purpose to the panel. The purpose of this meeting was to familiarize the panel with the DSRIP Project Plan Application process and to explicate the expectations of their role in reviewing the application scores. A brief history on the state of Medicaid Redesign was provided by the Department, providing context for a description of DSRIP and DSRIP Projects.

The second portion of the meeting involved an introduction to Public Consulting Group (PCG), the independent assessor tasked with creating and scoring the DSRIP Project Plan Application and Review Tool. PCG is additionally responsible for conducting the midpoint assessment and monitoring performance of PPSs. Members of PCG described how the Project Plan Application was organized, breaking down projects into their scored components. They also provided context regarding their team members completing the scoring. Additional details are provided below.

Core Tasks of the Project Approval and Oversight Panel:

The panel will reconvene on February 17-20, 2015 in the Empire State Plaza to make recommendations on the Project Plan Application scores generated by PCG. At this time both the public and Performing Provider System (PPS) representation will have the opportunity to address the panel. The panel members are broken into voting and non-voting members, and have all been chosen to provide professional expertise. The panel will approve the application scores, accept the scores with modifications, or reject the application scores by majority vote, as a means of acting as a check on the work of the assessor. Prior to February 17th, the panel members will receive a summary of each Project Plan Application per PPS, reflecting the subjective portions of the Project narratives.

DSRIP Project Plan Overview & Scoring:

There are a total of 44 projects outlined in the Project Plan Application. A PPS must chose a minimum of five projects or a maximum of 11 projects. The PPS should not be implementing projects that they are already actively receiving funding for. There are various criteria for selecting projects, as the projects are broken down into three domains: Domain 2: System Transformation Projects, Domain 3: Clinical Improvement Projects, Domain 4: Population Health Projects. There are both objective and subjective components of each score, requiring the panel's input on those subjective portions.

Regarding the Application scoring process, there are two main components:

1. Organizational Application (30%): consists of 10 distinct components that vary in value and will overarch each Project selected.

2. Project Plan Application (70%): This is section four within the organizational application, and dictates which projects a PPS choses to engage and how they will implement them. Projects and Domains are weighted differently.

A six member team from PCG will provide the initial scores to the panel. The final score will be produced by taking the median, average, and trimmed average of the six scores per application section. Of the three the highest score will be used to produce a score per section. There are bonus points available specific to Projects 2.a.i, 2.d.i, as well as for workforce strategy.

Additional Information

Additional information regarding DSRIP can be found at:
http://www.health.ny.gov/health_care/medicaid/redesign/dsrip/

Questions may be directed to dsrip@health.ny.gov