

AGENDA

**MEDICAL AND
PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY
COMMITTEE**

**Meeting Date: July 18, 2013
Time: 10:00 AM
Location: 125 Worth Street, Room 532**

BOARD OF DIRECTORS

CALL TO ORDER

DR. STOCKER

**ADOPTION OF MINUTES
*-June 20, 2013***

CHIEF MEDICAL OFFICER REPORT

DR. WILSON

CHIEF INFORMATION OFFICER REPORT

MR. ROBLES

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

INFORMATION ITEM:

1. Patient Satisfaction

MS. JOHNSTON

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

**MEDICAL AND
PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY
COMMITTEE
BOARD OF DIRECTORS**

Meeting Date: May 23, 2013

ATTENDEES

COMMITTEE MEMBERS:

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN
Amanda Parsons, MD (representing Health Commissioner, Thomas Farley, MD in a voting capacity)

HHC CENTRAL OFFICE STAFF:

Kevin Brown, Director of Information Services
Louis Capponi, MD, Chief Medical Informatics Officer
Deborah Cates, Chief of Staff, Board Affairs
Nelson Conde, Senior Director, Professional Services & Affiliations
Paul Contino, Chief Technology Officer
Barbara DeIorio, Senior Director, Internal Communication Group
Laura Free, Senior Director, Managed Care
Susan Fung, Director, Finance
Juliet Gaengan, Senior Director, Office of Clinical Affairs
Marisa Salamone-Greaseon, Assistant Vice President, EITS
Sal Guido, Assistant Vice President, Infrastructure Services
Terry Hamilton, Director, Corporate Planning & HIV Services
Lauren Haynes, Intern, Office of the President
Caroline Jacobs, Senior Vice President, Safety and Human Development
Christina Jenkins, MD, Assistant Vice President, Primary Care Services
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Irene Kaufmann, Senior Assistant Vice President, Ambulatory Care Redesign
Michael Keil, Assistant Vice President, IT Services
JoAnn Liburd, Senior Director, Patient Safety & Accreditation
Patricia Lockhart, Secretary to the Corporation
Tamiru Mammo, Chief of Staff, Office of the President
Glenn Manjorin, Director, IT Services
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Susan Meehan, Assistant Vice President, HHC Office of Emergency Management
Bert Robles, Senior Vice President, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Julio Santos, Senior Director, Information Services
David Stevens, MD, Senior Director, Office of Healthcare Improvement

HHC CENTRAL OFFICE STAFF (Cont'd):

Steven Van Schultz, Director, IT Audits
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Jaye Weisman, Ph.D. Assistant Vice President/COO, Accountable Care Organization
Manasses Williams, Assistant Vice President, Office of Affirmative Action/EEO
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer
Marlene Zurack, Senior Vice President/Chief Financial Officer

FACILITY STAFF:

Ernest Baptiste, Executive Director, Kings County Hospital Center
Janet Carr, MD, Director of UR/CM, Elmhurst Hospital Center
Robert Miller, Chief Operating Officer, Kings County Hospital Center
George Proctor, Senior Vice President, North & Central Brooklyn Network
Angelo Mascia, Executive Director, Sea View Hospital Rehabilitation Center and Home
Maria Pablo, MD, Medical Director, Sea View Hospital Rehabilitation Center and Home
Denise Soares, Senior Vice President, Generations +/Northern Manhattan Network

OTHERS PRESENT:

Rodney C. Adkins, Senior Vice President of Corporate Strategy, IBM Corporation
Joe Bergin, Siemens Enterprise Communications, Inc.
Tom Clifford, Senior Client Director, Dimension Data North America, Inc.
Ross Clinchy, the Vice Dean for Administration, SUNY Downstate Medical Center, College of Medicine
Moirra Dolan, Senior Assistant Director, DC37
Tom Hager, Regional Area Vice President, Allscripts Healthcare LLC.
Scott Hill, Account Executive, Quadramed
Jonathan Martin, Senior Enterprise Sales Executive, Allscripts Healthcare LLC.
Mike McHugh, Siemens
Richard McIntyre, Key Account Executive, Siemens
Megan Meagher, Analyst, Office of Management and Budget
Michele Medina, Client Executive, IBM Corporation.
Kristyn Raffaele, Analyst, Office of Management and Budget
Sri Srinivasan, VP & GM of HealthCare & Life Services, Big Data, IBM Corporation
Dhrunee Woodrooffe, Analyst, Office of Management and Budget

**MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, June 20, 2013**

Michael A. Stocker, MD, Chairman of the Board, called the meeting to order at 10:06 A.M. The minutes of the May 23, 2013 Medical & Professional Affairs/IT Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT:

Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer reported on the following initiatives:

1. Behavioral Health Annual Learning Session

On June 21, the Annual Corporate-wide Behavioral Health Learning Session will be held and is entitled "Collaborate and Implement: Standardizing Care to Achieve the Triple Aim". Presentations will focus on what consumers of behavioral health services want from their providers; effective strategies to redesign care in a managed care environment, changing culture; to standardize care; lessons learned from Kaiser Permanente; and expanding the continuum of ambulatory care. In addition, this year's annual award will be presented to Coney Island Hospital, Department of Behavioral Health acknowledging the overall improvement in the HHC Behavioral Health Key Indicators between 2011 and 2012 and the Best Performance in 2012. There are over 160 participants registered to attend.

2. HHC Presents at Statewide Readmission Learning Collaborative

On June 7, 2013 HHC had several facilities including, Kings County, and Coney Island Hospitals and Office of Behavioral Health at this statewide meeting on our work with regard to integrated mental health and substance abuse care, and engaging patients in care, and use of Peer Counselors running groups, as part of the interventions being used and tracked in this project. Early data indicates an overall reduction in readmissions to NYS hospitals, as identified by Medicaid claims data. All HHC facilities are participating.

3. NYS Hospital-Medical Home - Update

Facilities are on their way to strengthening integration of depression management in primary care, one of the objectives of the NYS Hospital-Medical Home Award. At least one multi-disciplinary team of nurses, social workers, internists and psychiatrists from all 17 facilities attended two day training by the University of Washington on how to improve depression, hypertension, diabetes and lipid outcomes using the collaborative care model - a team-based approach to manage care in patients with multiple chronic illnesses.

The NYS Department of Health has amended the funding disbursement schedule for the NYS Hospital-Medical Home Demonstration Award. The remaining 75% of the \$38 million Year One Funding will now be disbursed in September 2013, contingent on the submission of the facility quarterly data and progress report due August 1, 2013.

4. HHC Health Home Update

HHC Health Home enrollments have continued to grow. HHC Health Home currently has 1,375 enrolled patients - 15.7% or 217 of enrollees were recruited from the NYSDOH Roster. Of the 1,483 patients in HHC legacy COBRA, TCM and CIDP programs 1,046, or 70%, have transitioned to our Health Home Program.

In the last two weeks new hires have focused on outreach and engagement activities exclusively and have enrolled 17 patients (Last month we reported 1,206 HH patients; 176 from DOH roster).

On Friday, we learned that Gouverneur became our first site to receive NCQA Level III Recognition from NCQA with a score of 92.5 out of 100 points. The performance bar for this award was higher than with previous standards and required service elements for care management and screening for behavioral health conditions in primary care.

5. NYS Sepsis Regulations

All HHC acute facilities are preparing to meet the new State regulations to promote the early detection and standardized treatment for septic shock, which come into effect in August of this year. All facilities have been participating in a State-wide collaborative as part of our preparation, with benefits including standardized treatment protocols based on the sepsis bundle.

6. Opioid Prescribing

Based on ongoing work at HHC and then accelerated by the NYC Guidelines launched by the Mayor in January of 2013, HHC physicians have been able to reduce the number of prescriptions for opioids from our Emergency Rooms, by up to 20% over the last 12 months. This dramatic improvement is still the subject of ongoing effort, but should provide a significant public health benefit to New Yorkers.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan, Inc. presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of June 7, 2013 was 427,758. Breakdown of plan enrollment by line of business is as follows:

Medicaid	366,017
Child Health Plus	12,668
Family Health Plus	33,394
MetroPlus Gold	3,236
Partnership in Care(HIV/SNP)	5,446
Medicare	6,799
MLTC	198

Dr. Saperstein provided the Committee with reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

MetroPlus has submitted their 2014 Medicare bid on time. The MetroPlus finance team worked diligently to design a bid that was fiscally responsible and offered their membership the maximum benefits. For 2014, the products for their dual eligible population will remain stable and competitive with other plans, with little change to premiums or benefits. On the other hand, MetroPlus' Medicare HIV Special Needs Plan required significant increases to the premium rates, which will likely challenge the viability of that product line. This occurred due to very high HIV pharmacy costs, as well as a lowering of the HIV acuity scores by Centers for Medicare & Medicaid Services (CMS) which led to more than a 14% rate reduction, and a rate reduction due to the Affordable Care Act.

The New York State Department of Health (NYSDOH) has begun discussions with health plans regarding the carve-in of nursing home benefits for non-dual eligible members. The carve-in of the benefit and the transition of the population are scheduled to begin October 1, 2013. A workgroup consisting of plan, nursing

home and consumer representatives are scheduled to define the details in the coming months. This change is part of several provisions that were included in the State Fiscal 2013-2014 Budget as well as Medicaid redesign proposals that the state will pursue in 2013-2014. Dr. Saperstein will continue to report on these changes as the effective dates get closer.

In the past month, MetroPlus, along with twenty-six other plans State-wide received preliminary approval to move forward with the readiness review process to participate in the Fully Integrated Duals Advantage (FIDA) demonstration. MetroPlus is currently preparing for a readiness review, which will include a desk review, a site visit and systems testing. MetroPlus has been informed that the total review process will take approximately four to five months.

Until recently, MetroPlus had only one Health Home contract with HHC. At the request of the State, MetroPlus was required to contract with additional Health Homes. MetroPlus recently executed contracts with VNS and Maimonides for Health Home services. A review of their data identified over 500 members who qualified for Health Home services, were not affiliated with HHC, and had been receiving case management services from these additional two vendors.

Lastly, MetroPlus has started their full Article 44 licensing audit by the New York State Department of Health. This audit was started on June 17th, and should be concluding tomorrow.

ACTION ITEMS:

1. Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to purchase Cisco SMARTnet maintenance through a NYS Office of General Services (OGS) contract from Cisco’s authorized reseller, Dimension Data North America, Inc. in an amount not to exceed \$22,080,000, including a 15% contingency, over the term of three years.

Presenting to the Committee were Bert Robles, Senior Vice President/Chief Information Officer and Sal Guido, Assistant Vice President, Infrastructure Services; and Tom Clifford, Senior Client Director, Dimension Data North America, Inc.

This agreement is a purchase to provide Cisco SMARTnet Services and Maintenance for three years. This replaces the current contract scheduled to expire on June 30, 2013 and it applies to all Cisco network infrastructure devices enterprise wide. The Corporation’s network infrastructure devices have increased by 23% from 854 to 1,054 since the start of the current agreement in 2010. At this time, a new agreement is required for the Services and Maintenance of all Cisco equipment used throughout the Corporation’s facilities. The Corporation utilizes its Cisco hardware, which includes routers, switches firewalls, UCS servers and wireless controllers to link together the Corporation’s computers and data systems to capture and access business and clinical applications used for patient care.

The Cisco SMARTnet Services and Maintenance agreement is required to address Cisco equipment failures and operating system software issues. The Corporation benefits from network infrastructure optimization facilitated by Cisco software upgrades, which will also be provided by this agreement. Failure to obtain Cisco SMARTnet Services and Maintenance for the Corporation’s network infrastructure can result in system unavailability, which may have an impact on patient care.

This agreement will offer services and maintenance for all Cisco hardware enterprise wide by including the following scope in the agreement: hardware replacement; total care service 24x7x4 maintenance; optimization services for analytics and support services; and advance replacement parts delivered onsite 24x7x365.

The new agreement will cover the existing network equipment as well as 200 net new devices added to the Corporation's network infrastructure over the last three fiscal years as follows: Woodhull (20) for End of Support equipment; Cumberland (23) for End of Support equipment; Elmhurst (35) to replace Enterasys Switches; Gouverneur (31) for End of Support equipment; and Henry J. Carter (91) for this new location. The new agreement will also cover 4,020 wireless access points and approximately 5,000 VoIP phones, not included in the current agreement.

The Corporation has previously purchased SMARTnet maintenance services from the proposed vendor. Between FY2010 and FY2013, the Corporation has spent approximately \$17.2 million on these services. The proposed new contract continues to consolidate the Corporation's SMARTnet maintenance into a discounted, bundled pricing agreement. The non-bundled renewal cost of the requested maintenance and services would total \$26,177,617 over the three year term. The Corporation conducted a solicitation via NYS OGS contract for the requested services for a three year term. Dimension Data offered the lowest proposed price for the requested services, totaling \$19,200,000 over the three year term, approximately 36.6% off list price resulting in a savings of approximately \$7 million for the three year term. The Corporation has added a 15% contingency to this amount for any potential increases to the network hardware, which would result in additional maintenance.

The resolution was approved for consideration by the full Board of Director's.

2. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a contract with Allscripts Healthcare LLC. ("Allscripts") for a web-based case management, and denials management and discharge planning software solution accessible throughout the Corporation's acute-care and long-term care facilities for a three (3) year term with two (2) one year renewal options, exercisable solely by the Corporation, in an amount not to exceed \$5,201,225.

Presenting to the Committee was Marlene Zurack, Senior Vice President/Chief Financial Officer and Laura Free, Senior Director, Managed Care; Jonathan Martin, Senior Enterprise Sales Executive and Tom Hager, Regional Area Vice President, Allscripts Healthcare LLC.

HHC has contracted with Allscripts Healthcare, LLC ("Allscripts"), for their web-based Canopy Case Management Solution, and ECIN Referrals Management Solution since 2007, to better navigate inpatient admission authorizations established by insurance companies; manage patients' length of stay; and manage denials and appeals processes. Our contract for the Canopy system was originally with A4 Health Systems, which later merged with Allscripts.

Canopy was the first enterprise case management and denials management database that HHC has used. Canopy has been used by our acute facilities to communicate with payers on inpatient admissions for case management, insurance authorization, and denials management processes. Allscripts' ECIN Referral Management products has been used by our case managers and social workers for discharge planning options, at the acute, and long-term care SNF facilities.

Currently, Canopy provides automation for the following workflows: real time data feed to the financial registration system to eliminate data entry and ensure accuracy of patient insurance information; daily patient clinical care reviews with seamless access to InterQual and Milliman guidelines to justify medical necessity; electronic faxing of authorizations required by managed care payers; tracking of patients across HHC; forms to facilitate discharge planning options and referrals, via ECIN; and communication between Case Management, Social Work, Patient Accounts and Health Information Management.

Although Canopy has been used in this capacity by our facilities, there have been some limitations in its reporting capabilities, particularly for corporate-wide reporting needs. Also, Canopy does not interface with our electronic medical record system (EMR).

More recently, Allscripts has been devoting its enhancement resources to their newer product, the Allscripts Care Management Solution product. Many of Allscripts’ clients have moved away from Canopy to this new product during their contract renewal processes.

The new contract with Allscripts Care Management product will help address some of these issues as HHC will utilize Allscripts’ Transformation Services. Allscripts will designate Lean-certified staff to work with HHC core users to create a standardized baseline of current operational activities, gaps, and to identify solutions to standardize workflow processes. In the past, we focused on denial activity workflows but have not reviewed discharge planning and referral management workflows. This will be essential in providing continuity of care.

The system also comes with an ad hoc reporting tool that will enable HHC to create dashboards and customized reports. In addition, the new system will interface with QuadraMed, our current EMR, for medications, transcriptions, radiology, lab, vital signs, outbound discharge plan and configurable assessment and teletracking. Once EPIC is ready for implementation, the system will interface with EPIC. This will provide a seamless flow of information for the core users to better facilitate patient care. The contract will enable HHC to offer increased discharge planning capabilities to ensure the smooth transfer of patients from HHC to rehabilitation and long term care facilities.

The implementation schedule to be completed within 12 months is as follows: Phase 1: 4 hospitals (TBD), all LTCs and 1 rehab facility will implement on a rolling basis; and Phase 2: 7 hospitals and 7 rehab facilities

This proposed contract is for a term of three years with two one-year options to renew, solely exercisable by HHC, to not exceed \$5,201,225. The Allscripts five year projected contract amount is broken down as follows:

Pre-Implementation Assessment & Development	\$752,500
Trainings	\$200,960
Interfaces (QuadraMed)	\$275,000
License Fees	\$3,725,088
Total	\$4,953,548
	5% Contingency
	\$247,647
GRAND TOTAL	\$5,201,225

The resolution was approved for consideration by the full Board of Director’s.

3. Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to negotiate and execute a contract with IBM Corporation for the procurement of a performance analytics/business intelligence platform. The contract will be for an amount not to exceed \$10,054,721 for an initial term of one year, with three (1) one year renewal options, exercisable solely by the Corporation.

Presenting to the Committee was Bert Robles, Senior Vice President/Chief Information Officer, Paul Contino, Chief Technology Officer and Gad Malamed, Director of Business Intelligence Program; Rodney Adkins, Senior Vice President of Corporate Strategy, Sri Srinivasan, VP & GM of HealthCare & Life Services, Big Data, and Michele Medina, Client Executive, IBM Corporation.

The IBM Enterprise Health Analytics platform is an integrated suite of products and technology engineered to deliver all the necessary components needed to support enterprise data warehouse and business intelligence architecture. The system being acquired will standardize data integration into a common and proven platform, which will serve as our trusted source of information for the Corporation. This platform will provide the tools and capability to archive and migrate our legacy data from QuadraMed to Epic as well as master data management that will assist in standardizing multiple data sets and harmonize internal identifiers used across disparate systems such as patients, providers, locations, code sets and other terminologies.

This platform will enable HHC to more efficiently deliver quality metrics for Performance Analytics and Management, and meet the goals of the multiple healthcare programs in which we participate. Such programs include Health Homes, Patient Centered Medical Home, Accountable Care Organization, QARR, HEDIS, and so forth, each of which has a prescribed set of indicators needed to meet performance requirements. Current reporting methods are inefficient, manual processes that lack the ability to obtain the supporting detail, and lack the timeliness required to effectively serve the Corporation.

The integration of enterprise data from across HHC will allow for enhanced analytics and timely reporting as we bring together financial, human resources, supply chain, operations and clinical data to support key performance objectives for the enterprise.

HHC solicited five vendors via Third Party Contracts for the above system. IBM was selected based on evaluation criteria specified in HHC's solicitation. IBM is offering professional services via its Federal GSA contract, hardware via its NYS OGS contract and software via a direct agreement with IBM, in which the pricing is based on Federal GSA pricing for IBM software.

The resolution was approved for consideration by the full Board of Director's.

4. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an Affiliation Agreement with the State University of New York/Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at Kings County Hospital Center ("KCHC") for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

Presenting to the Committee were George Proctor, Senior Vice President, North & Central Brooklyn Network, Ernest Baptiste, Executive Director, Julian John, Chief Financial Officer and Robert Miller, Chief Operating Officer, Kings County Hospital Center; and Ross Clinchy, the Vice Dean for Administration, SUNY Downstate Medical Center, College of Medicine.

The proposed agreement allows for the continued provision of some services at KCHC, notably in Psychiatry, Radiology, Ophthalmology, Radiation Oncology, and Emergency Medicine. The agreement calls for a three-year term commencing July 1, 2013 and HHC will compensate SUNY/HSCB on costs. SUNY/HSCB will maintain all appropriate attending supervision coverage as required by state regulations

and national accreditation standards. The agreement also proposes a series of pay-for-performance indicators to align business goals and improve performance.

Key Achievements are: half century partnership between Kings County Hospital Center and State University of New York/Health Science Center at Brooklyn; continued oversight by Joint Coordinating Committee (JCC) to promote collaboration and timely communication; re-establishment of advanced Hepatobiliary surgery with outstanding outcomes; joint research projects in Endocrinology, Emergency Medicine, Oncology and Radiation Oncology; and major improvements in reducing hospital acquired conditions – KCHC received the President’s Safety Award for no Central Line Acquired Blood Stream Infection (CLABSI) in Medical Intensive Care Unit (MICU) over an 18-month period. Key initiatives are: reduce average length of stay in Behavioral Health by 50% over the next 6 months; and restructure Behavioral Health outpatient services to ensure increased access and increased patient engagement.

Financial overview is: the affiliate will continue to be paid for services provided based on the current cost-based methodology, not to exceed departmental spending limits; the FY 2014 budget is based on the final FY 2013 budget, adjusted for approved modifications; all changes to be budget must be approved by KCHC and as applicable by the Corporation; and the amounts reported assume no material change in patient volume or services provided and no additional impact for managed care or other third-party payer developments.

Proposed contract costs FY 2014 to FY 2016 are:

Contract Year	Annual Costs
FY 2014	\$17,085,818
FY 2015	\$17,381,996
FY 2016	\$17,692,709
TOTAL	\$52,160,523

Pay for performance quality indicator program includes: the pay-for-performance program seeks to maintain the highest quality of patient care by linking provider performance to some performance indicators; payment may be reduced annually up to \$100,000 if the Affiliate does not reach thresholds regarding SDOH citations, sentinel events, and malpractice claims; and payment may be increased annually up to \$100,000 if the Affiliate reaches thresholds regarding mammography readings, dictation of radiology reports, and reducing length of stay and readmissions in behavioral health.

Transfers and referrals of patient will occur when either the required services are not available at KCHC, if a third-party payer does not authorize reimbursement or the patient requests it; will be made to other HHC facilities if a service is not available at KCHC. If service is not available within HHC, then authorized to non HHC facility, subject to approval by the Executive Director; activity will be monitored monthly; and noncompliance results in a penalty for each event of 50% expected reimbursement.

Other significant relevant terms and conditions include: physician providers must participate in required training including customer relations and cultural and linguistic competency; the Affiliate will provide support to the Network in all efforts to meet regulatory and legislative state and federal requirements; physician providers will participate in and support quality and safety practices at KCHC; there shall be no change in the number of residents without prior discussion and approval of the Joint Coordinating Committee; the Affiliate will ensure supervision of residents, per State regulations and national accreditation standards, for compliance with both work hour coverage and attending supervision requirements; the Affiliate shall be represented on KCHC search committees when considering the appointment of new chiefs of service; and the affiliate will ensure compliance with all Health Insurance Portability and Accountability Act (HIPAA) regulations and amendments in effect during the term of the contract.

The resolution was approved for consideration by the full Board of Director's.

5. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an Affiliation Agreement with the Staten Island University Hospital ("SIUH"), for the provision of General Care and Behavioral Health Services at Sea View Hospital Rehabilitation Center and Home ("Sea View"), for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

Presenting to the Committee was Angelo Mascia, Executive Director and Maria Pablo, MD, Medical Director, Sea View Hospital Rehabilitation Center and Home

Sea View, a long-term care facility, has depended on local physicians to provide specialty services to their patients due to the difficulty of recruiting physicians to work at the Corporation's pay scale. Sea View previously contracted with SIUH to provide the needed specialty services because patients and their families prefer that they not leave Staten Island for care. Transportation for care off the island is costly and disruptive to the patients. Further, it is difficult for the elderly and infirm to make these trips, especially for those with dementia. Finally, it is important to establish a relationship with a hospital in the borough that can provide timely emergent care and whose doctors are knowledgeable about the patients' health condition. Thus, we seek to renew the existing agreement with the SIUH because it is the only health care organization on Staten Island capable of meeting the needs of our patients at Sea View.

The term of the proposed agreement for the provision of general care and behavioral health services at Sea View is for three years commencing July 1, 2013 and expiring on June 30, 2016. The proposed agreement, like the prior agreement, will compensate SIUH based on payments for services provided by the hour. Because of the small size of this contract and since SIUH will only provide services on a part time basis, additional performance indicators beyond those already being tracked as part of the corporate quality assurance program are not included.

Financial terms for the continued provision of existing mix of General Care and Behavioral Health Services are: the Corporation retains the right to bill all patients and third-party payers for services rendered; the total cost of the contract based on current estimates of needed services will be \$331,488 per year (\$994,464 for the contract term); and compensation is based on payments for non-workload services.

The annual financial terms per specialty is as follows:

Service Contract	Annual Costs
Gastroenterology	\$18,096
Endocrine	\$4,176
Neurology	\$41,496
Psychiatry	\$226,720
Laboratory	\$6,000
Miscellaneous Specialties	\$35,000
TOTAL	\$331,488

Other relevant terms and conditions include: all physicians will be Board certified or exam-admissible; the Affiliate will ensure that all medical providers are culturally and linguistically sensitive to our resident population; either party may terminate this Agreement, without cause, at any time during its term by giving twelve months written notice to the other party; and transfers and referrals will be in accordance with Corporate Policies and Procedures.

The resolution was approved for consideration by the full Board of Director's.

INFORMATION ITEM:

1. IT Disaster Recovery/Business Continuity Update

Michael Keil, Assistant Vice President, and Glenn Manjorin, Director, IT Services presented to the Committee. The Business Continuity Program (BCP) time line was presented. Mr. Keil informed the Committee that they are analyzing previously compiled BCP engagement documentation and applying industry wide best practices and standards. The team's objective was to determine gaps in the following areas: disaster recovery program development; disaster recovery capability inventory and assessment; plan documentation development; and training and awareness.

Findings in 2012 were: 1) lack of an established program charter or policy; and 2) no published governance or standardized repeatable processes. Actions taken to date include: policy & charter ratified & distributed to Senior EITS Management; Governance Council created under the direction of the Chief Information Officer. The purpose of the Governance Council is to obtain senior management commitment and direction for the Information Technology Disaster Recovery (ITDR) Program. 3) limited documentation of application information was available; 2) physical ability to recover key applications was untested; and 4) determined 19% of critical applications have recovery capabilities. Actions taken to date: created an application information matrix showing recovery capability and required remediation; application information matrix updates scheduled and reviewed with Governance Council; and infrastructure team has reviewed the gap has provided a resolution for all critical applications. 5) lack of standardized recovery plan or defined plan owner responsibilities and 6) Many Tier 1 (4 Hour Recovery Objective) and Tier 2 (24 Hour Recovery Objective) applications have no tested recovery plans. Actions taken to date: created a standardized format for all recovery plans and created ITDR plans to be used in an event of a test/disaster. 7) no formal training provided; 8) disaster recovery needs were not part of the Information Technology portfolio Management Committee (ITPMC) process; and 9) no passive testing done for disaster recovery (e.g. Tabletop exercise). Actions taken to date: conducted EITS training [3 technical audience training sessions; 1 Senior EITS management training session; and incident management tabletop conducted with Senior EITS Management]; created disaster recovery requirements definition to be completed for ITPMC; and published SMO newsletter interview with Director of IT.

Mr. Keil concluded the presentation by describing the response structure and the five key recovery plans developed. Next steps include: Phase II - further review of Business Impact Analysis and continued analysis of Tier 3 and Tier 4; investigate DR software options for automation; continue to explore communication tools with the HHC Office of Emergency Management; and prepare to test EPIC failover prior to 'go live'.

There being no further business the meeting adjourned at 11:40 A.M.

Bert Robles
Senior Vice President, Information Technology Services
Report to the M&PA/IT Committee to the Board
Thursday, July 18, 2013 – 10:00 am

Thank you and good morning. I would like to provide the Committee with the following updates:

1. **ICIS Electronic Health Record (EHR) Program Update:**

I wanted to update the committee on EITS' activities regarding the Epic implementation. Since my last report to the Committee at the May meeting, the following activities have been achieved:

- a. The Infrastructure group completed their Epic Chronicles training, data migration continued with an analysis being done on the scope of the extraction efforts and eLearning modules were made available to a select group of Subject Matter Experts (SMEs) in anticipation of our July 9-11 Workflow Preview Sessions.
- b. The Epic Database (Clarity) was installed on June 26 and 27 with test patient information.
- c. A meeting was held with Finance to review key points of integration between Epic and Soarian.

WorkFlow Preview Sessions:

Pre-Workflow Preview Session webinars were developed and conducted on July 1-3 for Subject Matter Experts (SMEs) attending the first preview week scheduled for July 9th through July 11th. These webinars were designed to

help SMEs understand what the sessions would entail and how their input would be used toward crafting the Electronic Health Record (EHR).

For the first Workforce Preview session which was held from Tuesday, July 9th through Thursday, July 11th, an average of 438 Subject Matter Experts participated in each of these three (3) day sessions. There were a total of 81 meetings held over the three (3) days, ranging from cardiology to billing. Following these meetings, a survey was developed and sent to all invitees to solicit their feedback. The input we receive will be used going forward to plan for Weeks 2, 3 and 4 of the Workflow Previews. The remaining dates for these sessions are: July 30-August 1, August 20-22 and September 23-25. I will keep you posted on outcome of this important activity.

HHC Operations ICIS EHR Kick-Off Meeting:

An Operations ICIS EHR Kick-Off Meeting for HHC Senior Leadership has been rescheduled for October 8th at Harlem Hospital Center. The goal of this event is to explain the program as well as delineate the individual and departmental roles for HHC Leadership within this program. HHC Board Members are also encouraged to attend.

ICIS Communications :

Within the area of program communications, I am happy to report the following:

- a. *ICIS Update*: A weekly communication about the Program's activities is sent and opened by approximately 10,000 regular readers.
- b. *ICIS News*: A full-color monthly newsletter has been developed in conjunction with HHC Internal Communications and is sent out to all HHC employees. It provides the reader with current activities,

- introduces ICIS team member roles and interviews with HHC staff that will use Epic going forward.
- c. *ICIS Communication SharePoint site*: This site is a repository for all program information. Since its launch, the site has been viewed by over 12,000 unique HHC visitors.

2. **Meaningful Use –Stage 2 (MU2) Update :**

I wanted to update the Committee on the following activities regarding Meaningful Use-Stage 2 (MU2):

- a. *Bar Code Medication Administration Project (BCMA)*: One of the MU2 objectives involves the implementation of the BCMA project at Bellevue, Coney Island, Harlem, Metropolitan Lincoln and Woodhull Hospitals. Preparation at each of these sites included the acquisition of new equipment (scanners and medication carts), database configuration and training. The goal is to go live at all the sites by July 31, 2013. To date, both Harlem and Lincoln have completed their go-lives.
- b. *Beta Software Agreement*: The Beta Software agreement with Jacobi Medical Center and QuadraMed has been fully executed and the QCPR 6.0 Beta Code was loaded as of Friday, June 16, 2013. A kick-off meeting was held to discuss both testing and training.

3. **Update on Deployment of the HHC Care Plan Management System (CPMS):**

Phase 1 of HHC's Care Plan Management System, which uses Amalga, HealthVault and Get Real Health InstantPHR, has gone live at seven (7) facilities including Kings, Woodhull, Lincoln, Coney, Metropolitan, Cumberland and East New York. The remaining facilities are scheduled and will be completed in the next two months.

The next phase of CPMS which will deploy in the fall of 2013 will allow HHC to provide patients with a Personal Health Record (PHR). The Patient Portal will allow patients to view their Care Plans and interact with their care team.

Providing Patients Access to their Health Information in support of Meaningful Use – Stage 2

For Meaningful Use Stage 2 (MU2), HHC is required to provide patients with the ability to view online, download, and transmit information about a hospital admission. 50% of HHC's patients must have the information available online within thirty-six (36) hours of discharge. Additionally, we must demonstrate that more than 5% of our patients have accessed this information within the MU2 attestation reporting period. There are four, 3 month attestation reporting periods that HHC can target for each facility. The first starts 10/1/2013 and the last start 7/1/2014. HHC has approximately 1.4 million admissions a year. Therefore, HHC needs to implement a patient portal supporting at least 110,000 patients with at least 11,000 logging in to use it. Additionally the system must be fully implemented and live before facility's MU2 attestation period can start.

EITS performed a review of several different possible portal solutions to meet the requirement. The solutions considered included QuadraMed's new

Patient Access Module (PAM) available in QCPR version 6.0, New York eCollaborative's (NYeC's) new patient portal, and HHC's Care Plan Management System (CPMS). The CPMS system provided the best solution considering time to implement, cost, risk, and quality of the portal experience.

In the next month, EITS will be working with other relevant departments to solidify the scope of the effort as well as defining the project team. Two (2) issues present the biggest challenges for the project at this time. First, the key to making the MU2 requirement involves getting the patients to actually log in and use the system. This will require analyzing and modifying existing admission and discharge processes as well as engaging the clinical staff in how to utilize the system. Second, the solution must be implemented in a very short timeframe. Scope will need to be managed such that non-essential portal design features and functions do not cause delays. A full plan is being developed for review.

This completes my report today. Thank you.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
July 18th, 2013

Total plan enrollment as of June 28th, 2013 was 427,758. Breakdown of plan enrollment by line of business is as follows:

Medicaid	366,017
Child Health Plus	12,668
Family Health Plus	33,394
MetroPlus Gold	3,236
Partnership in Care(HIV/SNP)	5,446
Medicare	6,799
MLTC	198

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

Our membership has declined by approximately 12,600 members in the last four months. This is due to a combination of multiple factors including a high rate of members losing eligibility and failing to recertify, a decrease in the number of new applicants, and losses to two competitor health plans. We have brought in a new class of marketing reps who will be going out in the field as of this month to ensure that we have a full quota of representatives. We are also frequently reassessing our marketing structure as well as increasing our outreach and touch campaigns to help with retention efforts.

In June, MetroPlus successfully completed our full Article 44 licensing audit by the New York State Department of Health. The review, which is normally completed over a 5-day period, was completed after only 3 days. The auditors were congratulatory about all of our in-house procedures and found no deficiencies in our internal processes. We will likely have one area of deficiency concerning letters that CVS Caremark sends on our behalf for initial pharmacy denials. A corrective action plan was immediately put in place and the appropriate changes have been made.

MetroPlus has submitted our 2014 Medicare bid on time. The CMS desk audit has commenced. The Finance Department has 48 hours to respond to all data requests and has all staff at the ready to ensure a successful audit.

As I have reported previously, we have completed and submitted applications, benefits, subscriber contracts and rates for the Health Care Marketplace (the Exchanges). We have recently received positive feedback from New York State on our network and they only offered very minor requests for adjustment to our providers in our network. We are eagerly awaiting release of the competitive rates, which are scheduled for release at the end of this month.



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
June-2013

		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total Members	Prior Month	439,011	440,717	445,274	442,554	433,250	432,874	430,808
	New Member	11,301	14,083	16,697	13,313	15,398	14,058	13,350
	Voluntary Disenroll	2,141	2,535	2,986	2,697	3,088	2,540	2,494
	Involuntary Disenroll	7,454	6,991	16,431	19,920	12,686	13,584	13,906
	Adjusted	6	-4	-37	-55	494	1,468	0
	Net Change	1,706	4,557	-2,720	-9,304	-376	-2,066	-3,050
	Current Month	440,717	445,274	442,554	433,250	432,874	430,808	427,758
Medicaid	Prior Month	373,677	375,126	379,977	378,410	370,513	370,257	368,642
	New Member	9,474	11,527	14,064	11,009	12,670	11,520	10,725
	Voluntary Disenroll	1,828	2,076	2,451	2,304	2,593	2,154	2,091
	Involuntary Disenroll	6,197	4,600	13,180	16,602	10,333	10,981	11,259
	Adjusted	0	-7	-37	-62	476	1,395	0
	Net Change	1,449	4,851	-1,567	-7,897	-256	-1,615	-2,625
	Current Month	375,126	379,977	378,410	370,513	370,257	368,642	366,017
Child Health Plus	Prior Month	14,664	14,473	13,471	13,101	12,939	12,859	12,761
	New Member	216	333	387	409	450	447	445
	Voluntary Disenroll	21	38	30	58	43	31	26
	Involuntary Disenroll	386	1,297	727	513	487	514	512
	Adjusted	6	6	5	5	1	10	0
	Net Change	-191	-1,002	-370	-162	-80	-98	-93
	Current Month	14,473	13,471	13,101	12,939	12,859	12,761	12,668
Family Health Plus	Prior Month	35,667	36,104	36,470	35,719	34,339	34,201	33,736
	New Member	1,280	1,497	1,829	1,481	1,871	1,644	1,757
	Voluntary Disenroll	151	205	239	193	283	198	216
	Involuntary Disenroll	692	926	2,341	2,668	1,726	1,911	1,883
	Adjusted	1	1	-1	1	6	38	0
	Net Change	437	366	-751	-1,380	-138	-465	-342
	Current Month	36,104	36,470	35,719	34,339	34,201	33,736	33,394

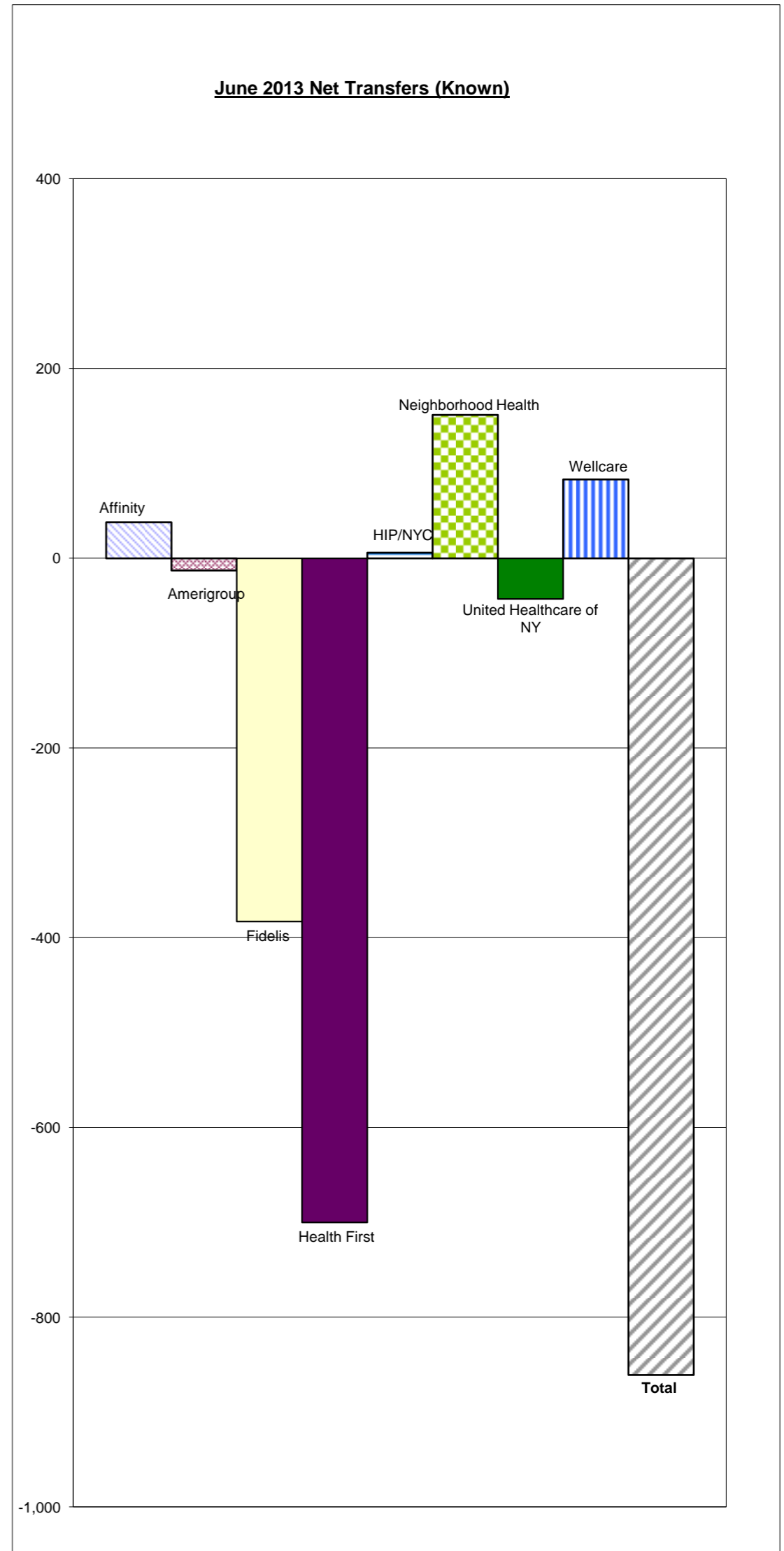


MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
June-2013

		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
HHC	Prior Month	3,123	3,123	3,338	3,219	3,230	3,247	3,242
	New Member	25	248	29	31	33	11	0
	Voluntary Disenroll	0	0	113	0	0	0	0
	Involuntary Disenroll	25	33	35	20	16	16	6
	Adjusted	0	-1	0	3	14	19	0
	Net Change	0	215	-119	11	17	-5	-6
	Current Month	3,123	3,338	3,219	3,230	3,247	3,242	3,236
SNP	Prior Month	5,742	5,701	5,660	5,600	5,559	5,522	5,502
	New Member	74	73	90	89	90	90	68
	Voluntary Disenroll	30	36	50	36	41	29	43
	Involuntary Disenroll	85	78	100	94	86	81	81
	Adjusted	-1	-3	-4	-2	-1	14	0
	Net Change	-41	-41	-60	-41	-37	-20	-56
	Current Month	5,701	5,660	5,600	5,559	5,522	5,502	5,446
Medicare	Prior Month	6,138	6,190	6,352	6,483	6,616	6,689	6,781
	New Member	232	399	281	262	239	292	290
	Voluntary Disenroll	111	180	102	106	128	128	118
	Involuntary Disenroll	69	57	48	23	38	72	154
	Adjusted	0	0	0	0	-1	-8	0
	Net Change	52	162	131	133	73	92	18
	Current Month	6,190	6,352	6,483	6,616	6,689	6,781	6,799
Managed Long Term Care	Prior Month	0	0	6	22	54	99	144
	New Member	0	6	17	32	45	54	65
	Voluntary Disenroll	0	0	1	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	9	11
	Adjusted	0	0	0	0	-1	0	0
	Net Change	0	6	16	32	45	45	54
	Current Month	0	6	22	54	99	144	198

Disenrollments TO Other Plans		Jun-13			July-12 to June-13		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOL.	0	0	0	1	7	8
	VOL.	13	114	127	167	1,445	1,612
Affinity Health Plan	TOTAL	13	114	127	168	1,452	1,620
	INVOL.	0	1	1	2	18	20
	VOL.	21	225	246	223	2,509	2,732
Amerigroup/Health Plus/CarePlus	TOTAL	21	226	247	225	2,528	2,753
	INVOL.	0	2	2	3	26	29
	VOL.	76	554	630	982	8,309	9,291
Fidelis Care	TOTAL	76	556	632	985	8,335	9,320
	INVOL.	0	0	0	1	43	44
	VOL.	69	815	884	858	10,214	11,072
Health First	TOTAL	69	815	884	859	10,259	11,118
	INVOL.	0	0	0	0	7	7
	VOL.	9	77	86	105	946	1,051
HIP/NYC	TOTAL	9	77	86	105	953	1,058
	INVOL.	0	0	0	1	4	5
	VOL.	0	0	0	93	1,012	1,105
Neighborhood Health	TOTAL	0	0	0	94	1,016	1,110
	INVOL.	0	0	0	1	9	10
	VOL.	19	128	147	178	1,353	1,531
United Healthcare of NY	TOTAL	19	128	147	179	1,362	1,541
	INVOL.	0	0	0	1	8	9
	VOL.	2	32	34	43	360	403
Wellcare of NY	TOTAL	2	32	34	44	368	412
	INVOL.	0	3	3	10	122	132
	VOL.	209	1,945	2,154	2,649	26,148	28,797
Disenrolled Plan Transfers:	TOTAL	209	1,948	2,157	2,659	26,273	28,932
	INVOL.	2	38	40	56	692	748
	VOL.	7	92	99	137	1,209	1,346
Disenrolled Unknown Plan Transfers:	TOTAL	9	130	139	194	1,902	2,096
	INVOL.	1,142	10,372	11,514	12,483	116,684	129,167
	UNK.	0	3	3	30	54	84
	VOL.	0	55	55	3	834	837
Non-Transfer Disenroll Total:	TOTAL	1,142	10,430	11,572	12,516	117,572	130,088
	INVOL.	1,144	10,413	11,557	12,549	117,498	130,047
	UNK.	0	3	3	31	58	89
	VOL.	216	2,092	2,308	2,789	28,191	30,980
Total MetroPlus Disenrollment:	TOTAL	1,360	12,508	13,868	15,369	145,747	161,116

Net Difference	Jun-13			July-12 to June-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	3	35	38	33	538	571
Amerigroup/Health Plus/CarePlus	-4	-9	-13	106	647	753
Fidelis Care	-60	-323	-383	-816	-5,863	-6,679
Health First	-56	-644	-700	-683	-8,191	-8,874
HIP/NYC	-7	13	6	-29	146	117
Neighborhood Health	10	141	151	74	717	791
United Healthcare of NY	-13	-30	-43	-85	-183	-268
Wellcare of NY	14	69	83	147	720	867
Total	-113	-748	-861	-1,253	-11,469	-12,722



Disenrollments FROM Other Plans	Jun-13			July-12 to June-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	16	149	165	201	1,990	2,191
Amerigroup/Health Plus/CarePlus	17	217	234	331	3,175	3,506
Fidelis Care	16	233	249	169	2,472	2,641
Health First	13	171	184	176	2,068	2,244
HIP/NYC	2	90	92	76	1,099	1,175
Neighborhood Health	10	141	151	168	1,733	1,901
United Healthcare of NY	6	98	104	94	1,179	1,273
Wellcare of NY	16	101	117	191	1,088	1,279
Total	96	1,200	1,296	1,406	14,804	16,210
Unknown (not in total)	1,697	9,570	11,267	19,738	126,096	145,834

Data Source: RDS Report 1268a&c Updated 06/27/2013



New Member Transfer From Other Plans

	2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Affinity Health Plan	21	180	21	199	21	212	15	202	15	190	7	128	19	152	19	139	15	141	21	170	11	128	16	149	2,191
Amerigroup/Health Plus/CarePlus	44	371	47	340	29	332	20	263	36	281	22	188	24	211	21	205	22	237	28	271	21	259	17	217	3,506
Fidelis Care	5	159	21	220	14	215	11	204	23	284	12	158	6	164	11	191	15	198	21	251	14	195	16	233	2,641
Health First	13	212	20	244	22	177	13	165	18	191	5	117	14	147	11	148	18	163	15	183	14	150	13	171	2,244
HIP/NYC	9	95	7	112	8	128	4	96	4	106	5	53	6	78	5	94	7	83	9	91	10	73	2	90	1,175
Neighborhood Health Provider PHPS	15	140	16	184	12	186	13	144	19	195	13	110	18	131	19	157	11	128	11	118	11	99	10	141	1,901
United Healthcare of NY	10	95	5	95	13	92	9	98	5	114	4	90	5	80	9	81	12	93	9	126	7	117	6	98	1,273
Unknown PAn	1,949	11,514	2,030	13,346	1,695	10,661	1,524	9,376	1,789	13,746	1,202	7,361	1,408	9,300	1,732	12,023	1,381	8,792	1,762	10,418	1,569	9,989	1,697	9,570	145,834
Wellcare of NY	19	84	32	137	12	90	16	79	18	85	8	70	5	91	16	108	18	90	18	102	13	51	16	101	1,279
TOTAL	2,085	12,850	2,199	14,877	1,826	12,093	1,625	10,627	1,927	15,192	1,278	8,275	1,505	10,354	1,843	13,146	1,499	9,925	1,894	11,730	1,670	11,061	1,793	10,770	162,044



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 06/14/2013

Other Plan Name	Category	2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Affinity Health Plan	INVOLUNTARY	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	2	0	1	0	1	0	1	0	0	8
	VOLUNTARY	10	112	14	113	11	133	11	93	21	152	7	86	9	85	24	123	12	155	17	154	18	125	13	114	1,612
	TOTAL	10	113	14	113	11	133	11	93	21	152	8	86	9	86	24	125	12	156	17	155	18	126	13	114	1,620
Amerigroup/Health Plus/CarePlans	INVOLUNTARY	0	1	0	2	2	1	0	1	0	0	0	2	0	2	0	1	0	1	0	3	0	3	0	1	20
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	11	243	19	240	11	235	14	180	18	210	11	167	22	162	25	207	18	192	33	221	20	227	21	225	2,732
	TOTAL	11	244	19	242	13	236	14	181	18	210	11	169	22	165	25	208	18	193	33	224	20	230	21	226	2,753
Fidelis Care	INVOLUNTARY	0	4	0	2	0	0	0	2	0	1	0	6	1	2	0	1	1	0	0	5	1	1	0	2	29
	VOLUNTARY	77	564	149	990	99	792	89	653	79	873	40	546	84	634	75	710	64	649	94	754	56	590	76	554	9,291
	TOTAL	77	568	149	992	99	792	89	655	79	874	40	552	85	636	75	711	65	649	94	759	57	591	76	556	9,320
Health First	INVOLUNTARY	0	5	0	4	0	0	0	5	0	1	1	5	0	8	0	0	0	2	0	10	0	3	0	0	44
	UNKNOWN	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
	VOLUNTARY	77	781	114	998	69	911	62	830	76	934	63	662	55	769	59	841	64	856	83	1,007	67	810	69	815	11,072
	TOTAL	77	787	114	1,002	69	911	62	835	76	935	64	667	55	777	59	842	64	858	83	1,017	67	813	69	815	11,118
HIP/NYC	INVOLUNTARY	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	2	0	2	0	0	0	0	7
	VOLUNTARY	11	84	6	85	10	90	12	53	17	90	5	68	5	82	13	80	4	85	10	83	3	69	9	77	1,051
	TOTAL	11	84	6	85	10	91	12	53	17	90	5	69	5	82	13	81	4	87	10	85	3	69	9	77	1,058
Neighborhood Health Provider PHPS	INVOLUNTARY	0	0	0	1	1	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	0	0	5
	VOLUNTARY	7	119	23	140	13	133	10	122	14	170	5	60	4	115	17	120	0	33	0	0	0	0	0	0	1,105
	TOTAL	7	119	23	141	14	133	10	122	14	171	5	60	4	117	17	120	0	33	0	0	0	0	0	0	1,110



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 06/14/2013

		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
United Healthcare of NY	INVOLUNTARY	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	2	1	1	0	1	0	1	0	0	10
	VOLUNTARY	13	110	18	129	11	91	7	84	21	143	12	75	17	84	13	138	17	113	16	151	14	107	19	128	1,531
	TOTAL	13	111	18	131	11	91	7	84	21	143	12	76	17	84	13	140	18	114	16	152	14	108	19	128	1,541
Wellcare of NY	INVOLUNTARY	0	2	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	2	0	1	0	0	9
	VOLUNTARY	4	15	2	38	3	30	3	31	3	45	2	24	5	27	3	38	3	21	9	26	4	33	2	32	403
	TOTAL	4	17	2	39	3	30	3	32	3	46	2	24	5	27	3	38	4	21	9	28	4	34	2	32	412
Disenrolled Plan Transfers	INVOLUNTARY	0	14	0	12	3	2	0	9	0	4	2	15	1	15	0	7	3	7	0	24	1	10	0	3	132
	UNKNOWN	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	3
	VOLUNTARY	210	2,028	345	2,733	227	2,415	208	2,046	249	2,617	145	1,688	201	1,958	229	2,257	182	2,104	262	2,396	182	1,961	209	1,945	28,797
	TOTAL	210	2,043	345	2,745	230	2,417	208	2,055	249	2,621	147	1,703	202	1,974	229	2,265	185	2,111	262	2,420	183	1,971	209	1,948	28,932
Disenrolled Unknown Plan Transfers	INVOLUNTARY	11	34	2	33	4	20	1	93	5	32	0	85	4	54	11	43	3	64	9	29	4	167	2	38	748
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	2
	VOLUNTARY	10	69	21	102	16	103	7	89	11	131	6	86	4	61	10	105	10	116	21	124	14	131	7	92	1,346
	TOTAL	21	103	23	135	20	123	8	182	16	163	6	171	8	115	21	149	14	180	30	153	18	298	9	130	2,096
Non-Transfer Disenroll Total	INVOLUNTARY	971	9,738	1,191	9,733	1,194	10,142	888	8,885	1,227	10,549	154	5,528	131	3,810	1,640	12,446	1,913	15,846	933	9,535	1,099	10,100	1,142	10,372	129,167
	UNKNOWN	8	6	5	2	2	4	4	15	2	2	0	5	0	2	7	7	1	2	0	5	1	1	0	3	84
	VOLUNTARY	0	76	0	69	0	81	0	55	0	81	0	53	0	57	0	88	1	84	0	73	2	62	0	55	837
	TOTAL	979	9,820	1,196	9,804	1,196	10,227	892	8,955	1,229	10,632	154	5,586	131	3,869	1,647	12,541	1,915	15,932	933	9,613	1,102	10,163	1,142	10,430	130,088
Total MetroPlus	INVOLUNTARY	982	9,786	1,193	9,778	1,201	10,164	889	8,987	1,232	10,585	156	5,628	136	3,879	1,651	12,496	1,919	15,917	942	9,588	1,104	10,277	1,144	10,413	130,047
	UNKNOWN	8	7	5	2	2	4	4	15	2	2	0	5	0	3	7	9	2	2	0	5	1	1	0	3	89



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 06/14/2013

		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Total MetroPlus Disenrollman	VOLUNTARY	220	2,173	366	2,904	243	2,599	215	2,190	260	2,829	151	1,827	205	2,076	239	2,450	193	2,304	283	2,593	198	2,154	216	2,092	30,980
	TOTAL	1,210	11,966	1,564	12,684	1,446	12,767	1,108	11,192	1,494	13,416	307	7,460	341	5,958	1,897	14,955	2,114	18,223	1,225	12,186	1,303	12,432	1,360	12,508	161,116

PATIENT SATISFACTION

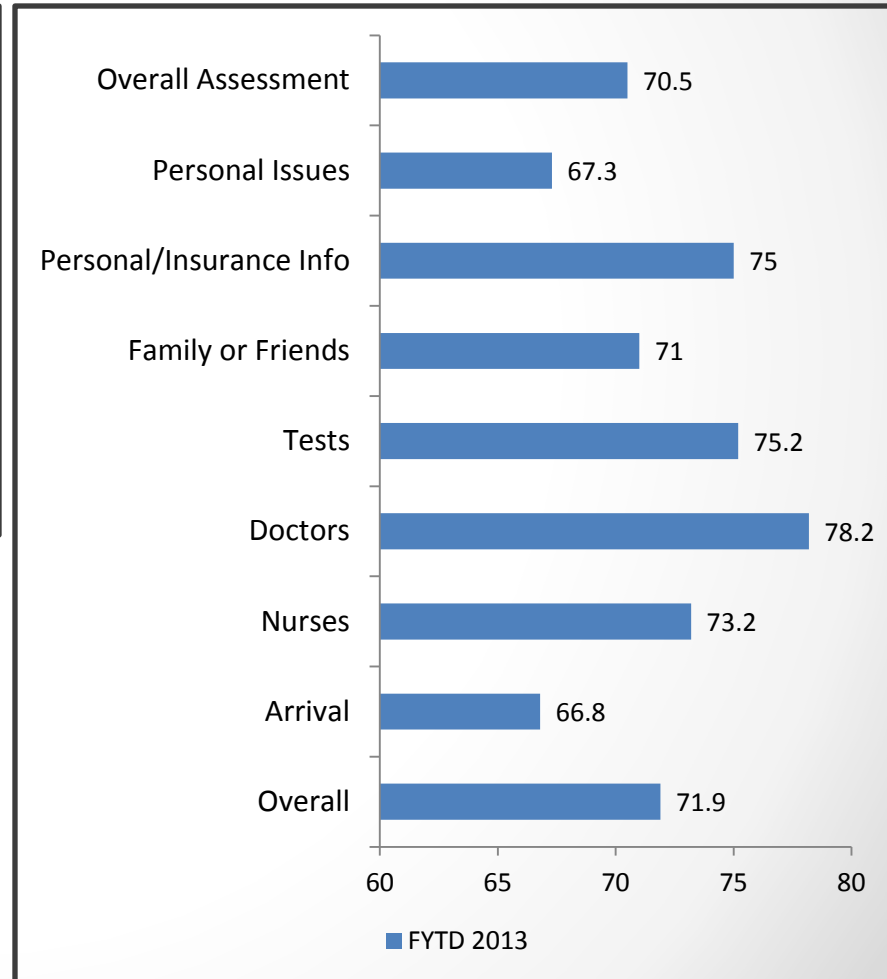
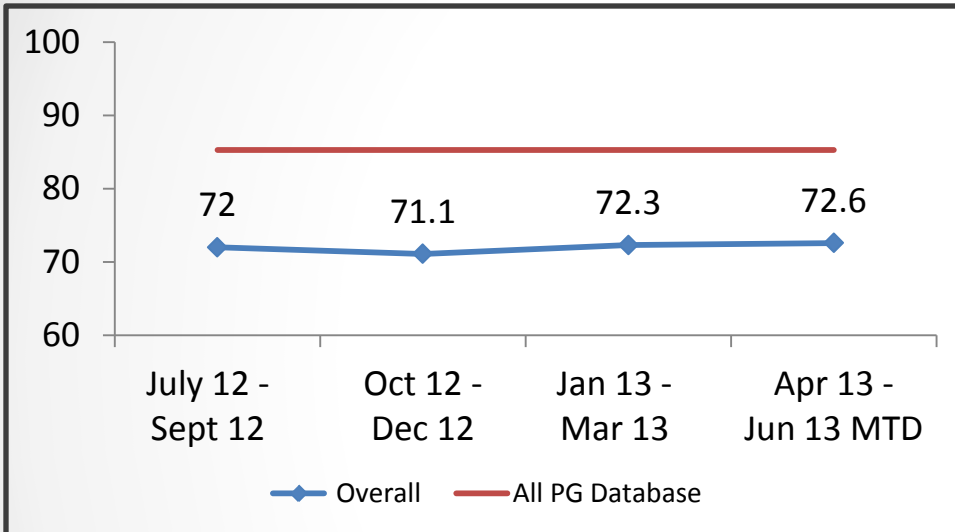
FY 2013 IN REVIEW

Medical and Professional Affairs Committee
NYCHHC Board of Directors
July 2013
Office of Patient Centered Care

Where Do We Survey?

- Acute Care
 - Inpatient HCAHPS
 - Inpatient Rehab
 - Inpatient Behavioral Health
- Outpatient
 - Emergency Department
 - Medical Practices (Primary Care, Medicine, Surgery, Women's Health, Pediatrics , other Sub-Specialties)
 - Dialysis - ICH-CAHPS (*Annual*)
 - Patient Centered Medical Home (*Annual*)
- Long Term Care
 - Sub Acute Rehab
 - Nursing Home Resident (*Annual*)
 - Nursing Home Discharge
- Home Care
- Employee Engagement
- Physician Engagement

Patient Feedback FY 13



**Data displayed by Date of Visit*
**FYTD 2013 as of June 25, 2013*
**All PG Facilities represents facilities throughout the US who use Press Ganey*

Patient Feedback Emergency Dept

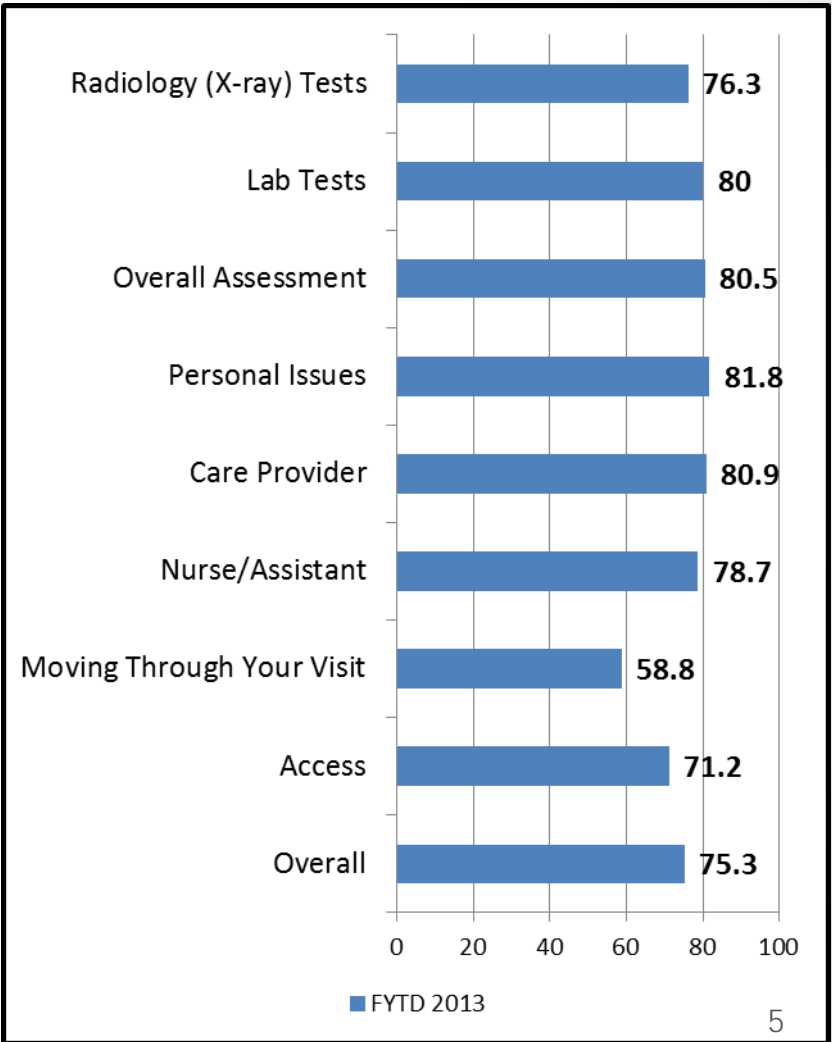
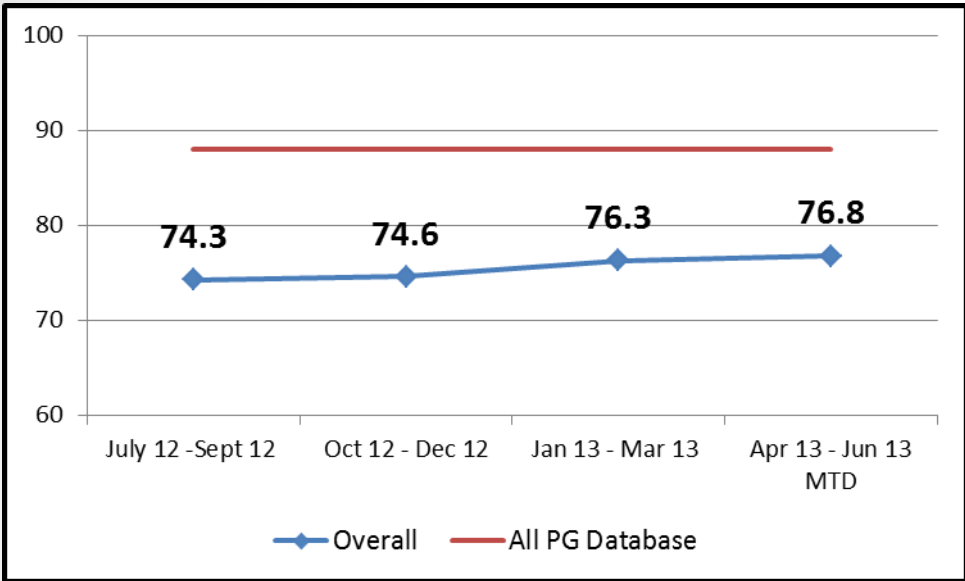
FY 13 by facility

Section	Lowest Scoring Facility	Mean Score	Highest Scoring Facility	Mean Score
Overall	Woodhull	68.3	Coney Island	78.4
Arrival	Kings County	63.1	Coney Island	76.3
Nurses	Woodhull	69.9	Coney Island	80.8
Doctors	Woodhull	73.3	North Central Bronx	82.3
Tests	Elmhurst	72.2	Coney Island	79.8
Family or Friends	Kings County	67	Coney Island	79.6
Personal/Insurance Info	Harlem	71.1	Coney Island	80
Personal Issues	Woodhull	63.3	Coney Island	75.9
Overall Assessment	Woodhull	66.6	Coney Island	77.8

**Includes patient visits from July 1, 2012 to June 25, 2013 who returned surveys on or before June 25, 2013*

HHC Out-Patient Feedback

FY 13



**Data displayed by Date of Visit*
**FYTD 2013 as of June 25, 2013*
**All PG Facilities represents facilities throughout the US who use Press Ganey*

HHC Out-Patient Feedback

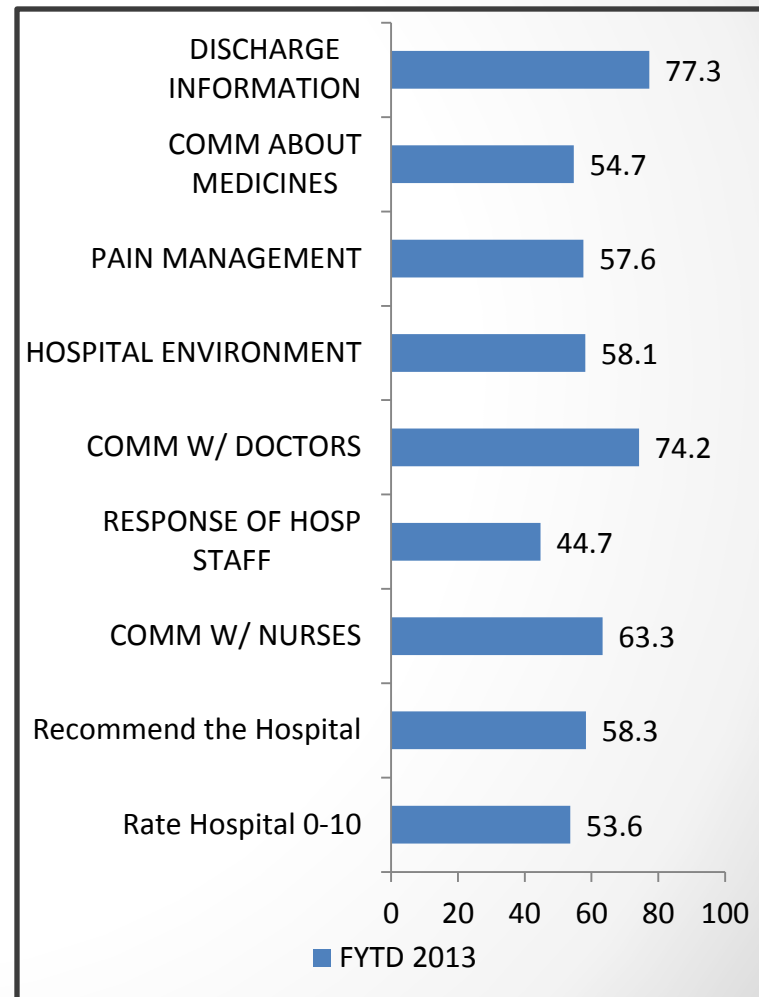
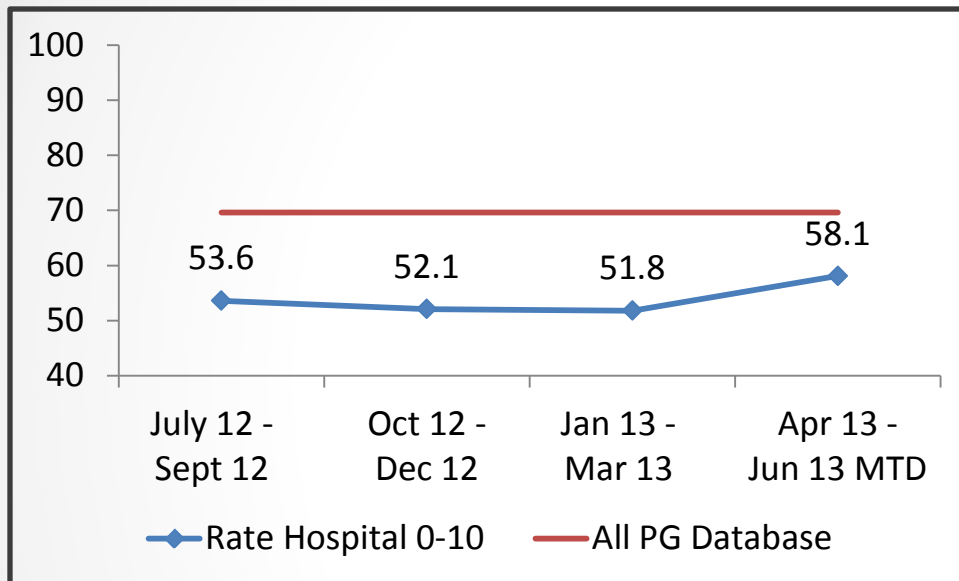
FY 13 by Facility

Section	Lowest Scoring Facility	Mean Score	Highest Scoring Facility	Mean Score
Overall	Harlem	71.5	Renaissance	78
Access	Bellevue	64.2	Renaissance	75.5
Moving Through Your Visit	Bellevue	52.1	North Central Bronx	64.5
Nurse/Assistant	Kings	74.5	Renaissance	81.5
Care Provider	Lincoln	77.4	North Central Bronx	83.6
Personal Issues	Harlem	79.1	Renaissance	83.5
Overall Assessment	Harlem	75.9	Cumberland	83.1
Lab Tests	Bellevue	75.7	Jacobi	84
Radiology (X-ray) Tests	Bellevue	71.8	Jacobi	78.9

**Includes patient visits from July 1, 2012 to June 25, 2013 who returned surveys on or before June 25, 2013*

HHC Inpatient Feedback

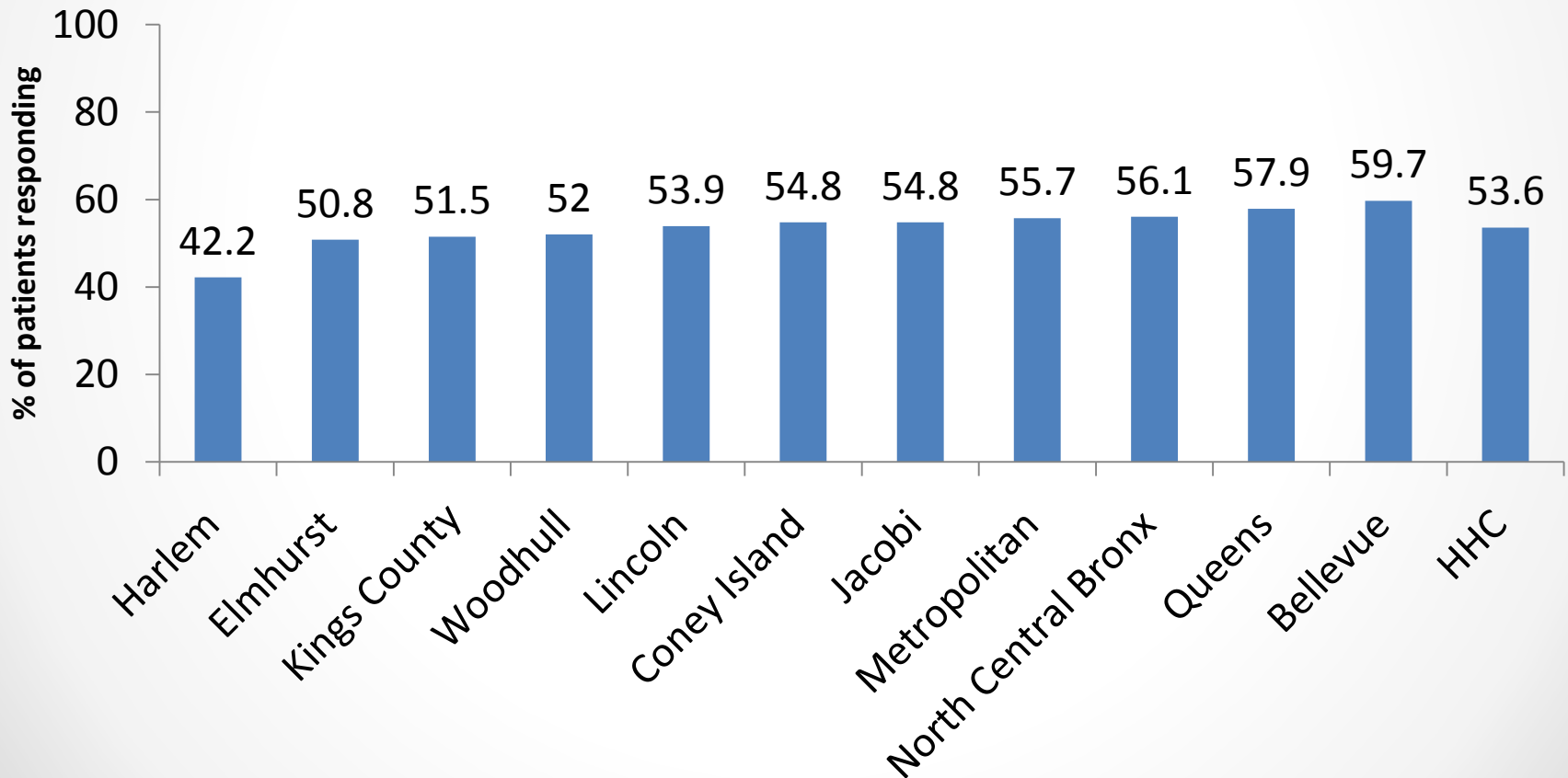
FY 13



**Data displayed by Date of Visit*
**FYTD 2013 as of June 25, 2013*
**All PG Facilities represents facilities throughout the US who use Press Ganey*

Inpatient Feedback (HCAHPS)

% rating 9-10 by facility

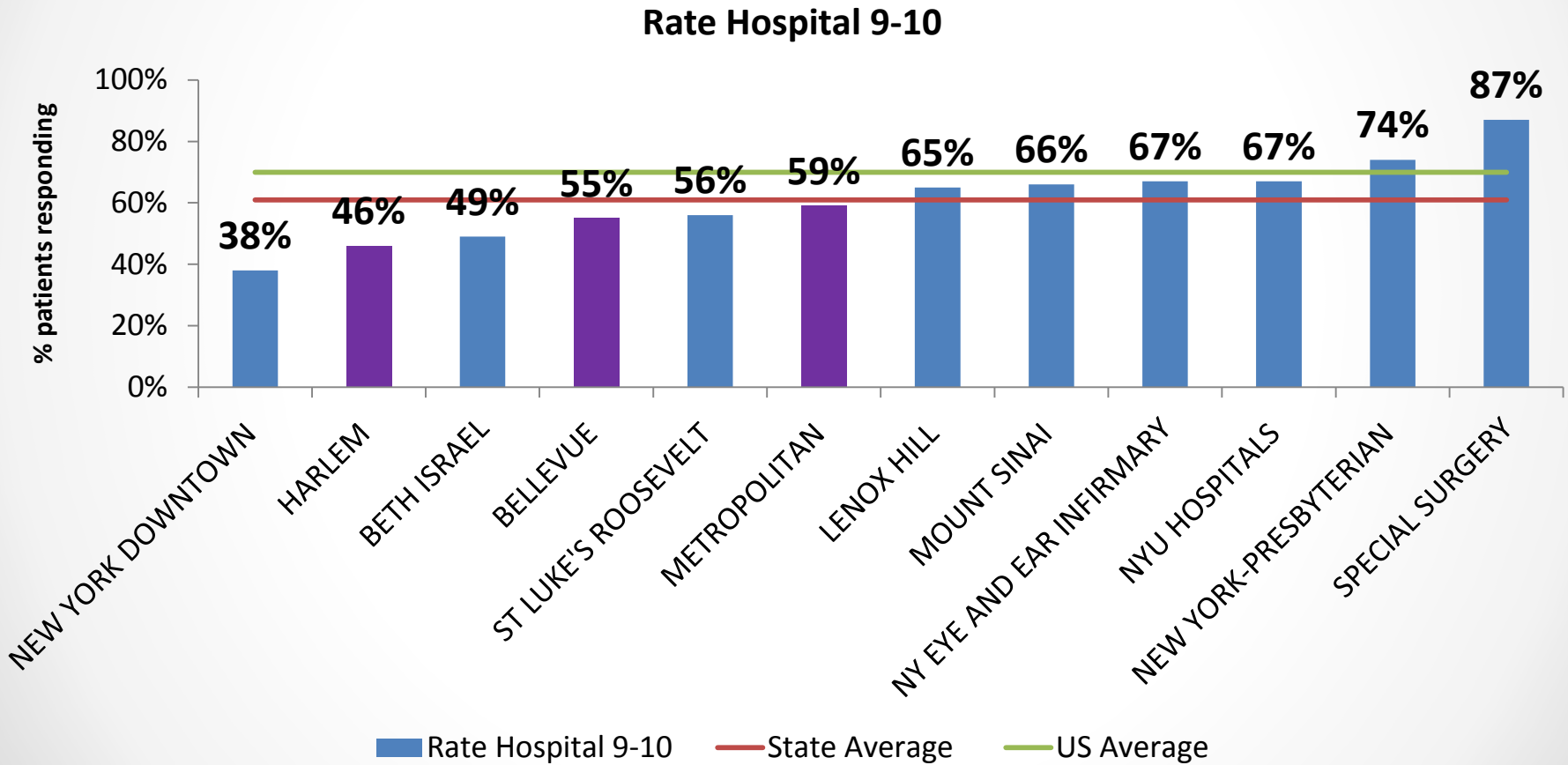


HHC Inpatient Feedback FY 13

Domain/Question	Lowest Scoring			
	Facility	Top Box Score	Highest Scoring Facility	Top Box Score
Rate Hospital 0-10	Harlem	42.2	Bellevue	59.7
Recommend the Hospital	Harlem	45.6	Queens	66.3
COMM W/ NURSES	Metropolitan	58.8	Coney Island	67.4
RESPONSE OF HOSP STAFF	Harlem	37.8	Coney Island	56.4
COMM W/ DOCTORS	Elmhurst	71	Kings County	78
HOSPITAL ENVIRONMENT	Elmhurst	53	Woodhull	64
PAIN MANAGEMENT	Elmhurst	53	Coney Island	62
COMM ABOUT MEDICINES	Harlem	51	Queens	58
DISCHARGE INFORMATION	Kings County	72	Woodhull	82

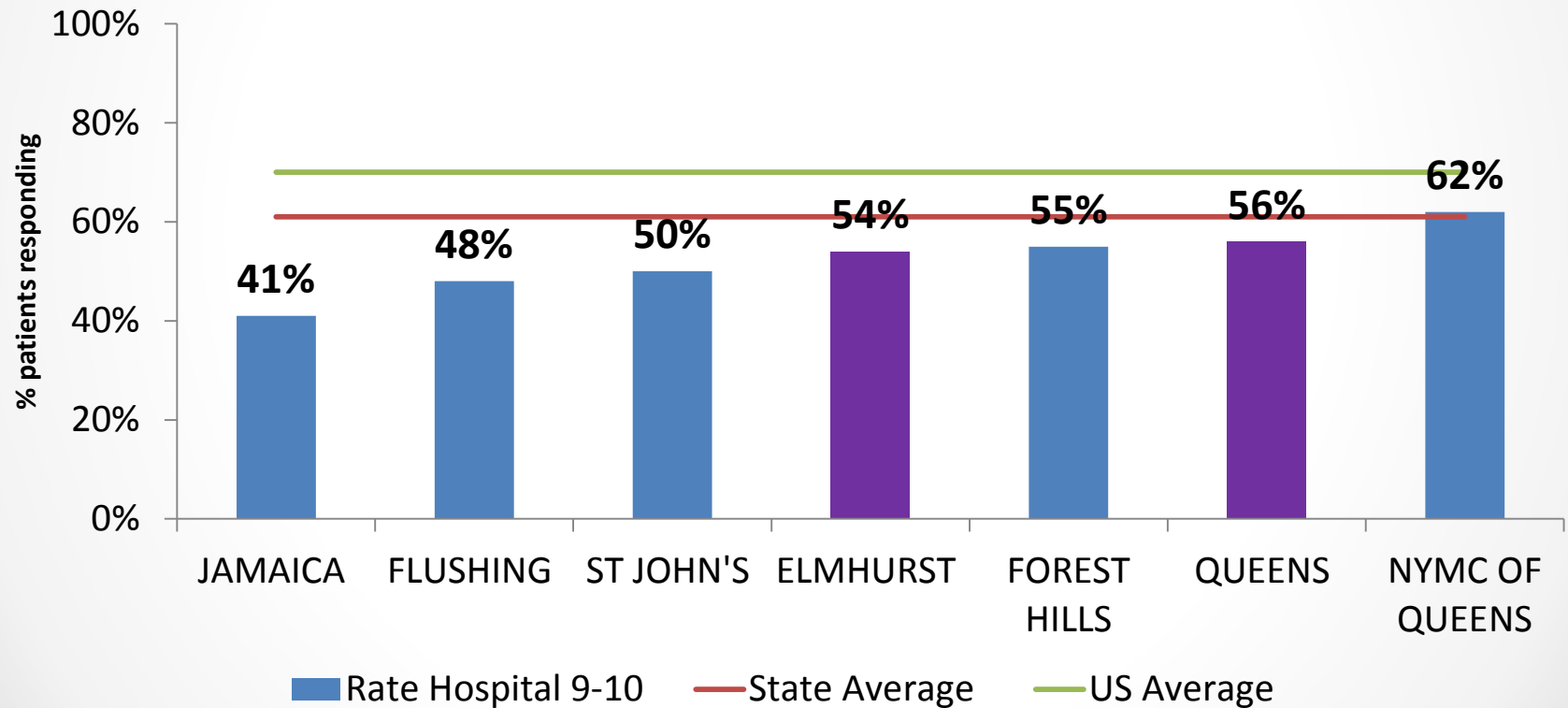
**Includes patient discharged between July 1, 2012 and June 25, 2013 who returned surveys on or before June 25, 2013*

Manhattan Hospitals Inpatient Feedback



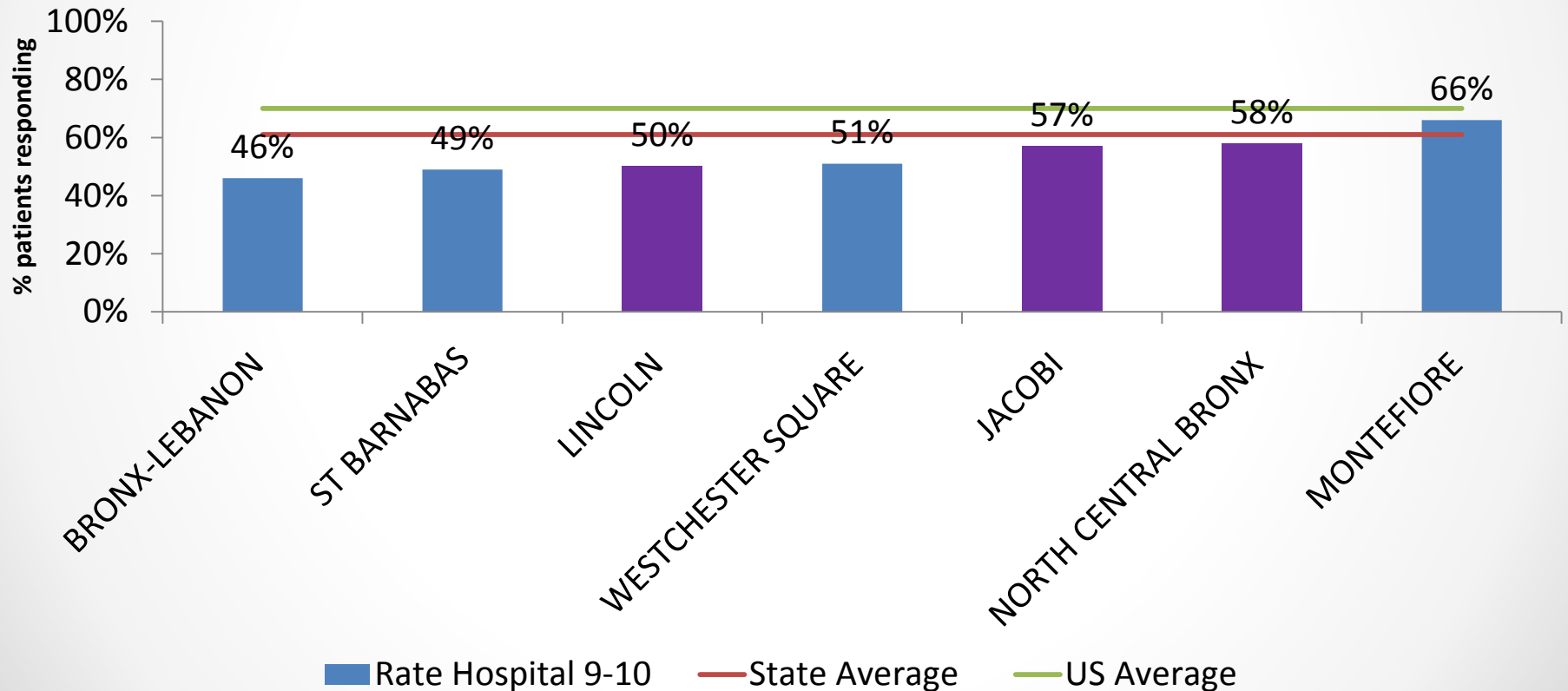
Queens Hospitals Inpatient Feedback

Rate Hospital 9-10



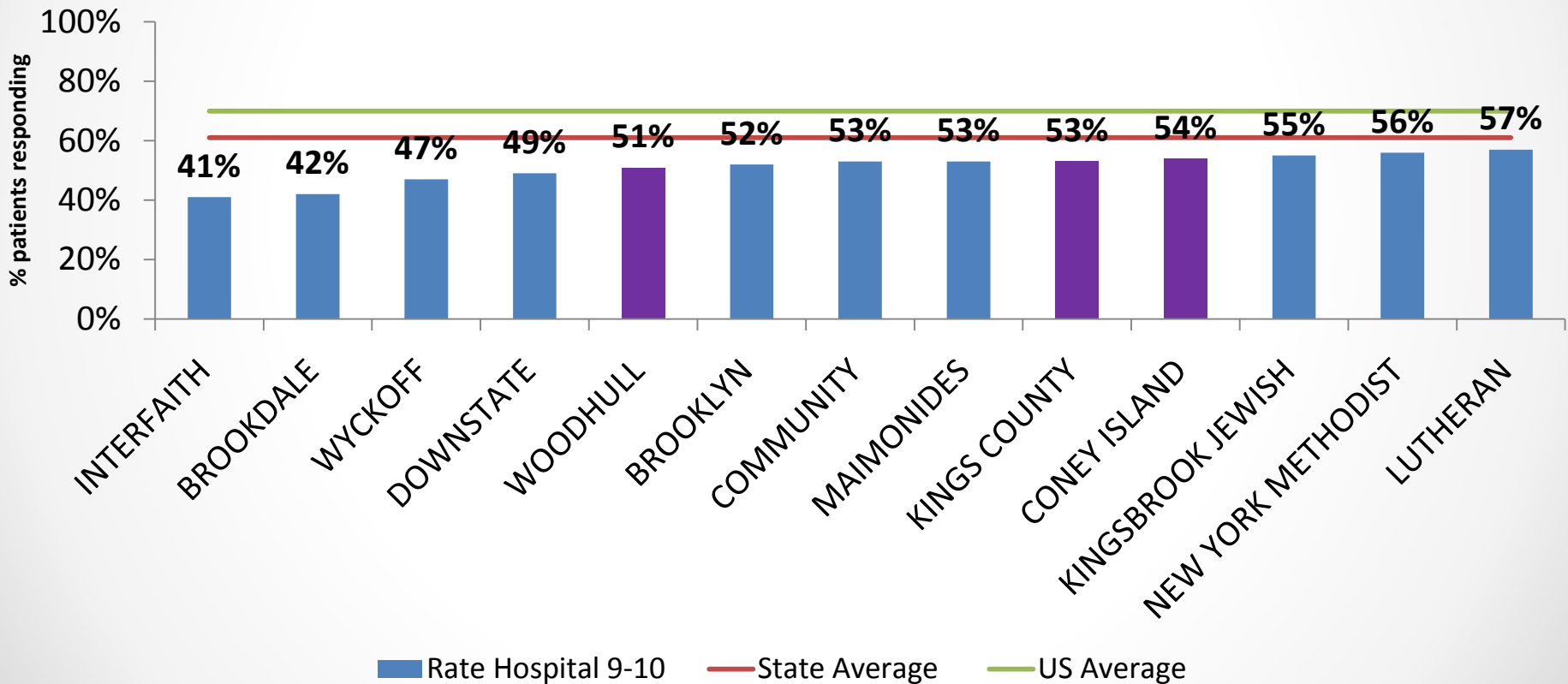
Bronx Hospitals Inpatient Feedback

Rate Hospital 9-10



Brooklyn Hospitals Inpatient Feedback

Rate Hospital 9-10



Inpatient System Wide Best Practices

- Hourly Rounding
- Leader Rounding
- RN/MD/Patient Conference On Admission RE: Plan Of Care
- Discharge Phone Calls
- Daily Multidisciplinary Huddles On Units

Focus Areas

INPATIENT

- Focus Question – ‘Rate 9-10’
- Goal – 50th Percentile All PG Database = 69.9 Top Box
- Key Drivers:
 - Nurse/MD Communication
 - Responsiveness of Staff

OUTPATIENT

- Focus Section – Access
- Goal – 50th Percentile All Facilities Database = 88.2 Mean Score
- Key Drivers:
 - Ease of getting through to the clinic on the phone
 - Ease of scheduling your appointment
 - Courtesy of staff in the registration area

Focus Areas

- Focus Section – Overall Assessment
- Goal – 50th Percentile All PG Database = 85.3 Mean Score
- Key Drivers:
 - Waiting time before staff noticed your arrival
 - Waiting time before you were brought to the treatment area
 - Waiting time in the treatment area before you were seen by a doctor
 - Information about waits and delays