AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: July 10th, 2014
Time: 12:00 PM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES

- ***June 12, 2014***

CHIEF MEDICAL OFFICER REPORT — **DR. WILSON**

METROPLUS HEALTHPLAN — **DR. SAPERSTEIN**

CHIEF INFORMATION OFFICER REPORT — **MR. ROBLES**

INFORMATION ITEMS:

1. **EMR Implementation Update** — **DR. CAPPONI**
2. **Health Information Exchange** — **MR. CONTINO**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

MINUTES

MEDICAL AND
PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
BOARD OF DIRECTORS

Meeting Date: June 10, 2014

ATTENDEES

COMMITTEE MEMBERS
Vincent Calamia, MD, Committee Chair
Ramanathan Raju, MD, President
Josephine Bolus, RN
Amanda Parsons, MD (representing Health Commissioner, Mary Bassett, MD, in a voting capacity)

OTHER BOARD MEMBERS
Emily A. Youssouf

HHC CENTRAL OFFICE STAFF:
Sharon Abbott, Assistant Director, Corporate Planning and HIV Services
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Janette Baxter, Senior Director, Risk Management
Jen Bender, Associate Director, Media Relations
Gary Belkin, MD, Senior Director, Office of Behavioral Health
Suzanne Blundi, Deputy Counsel, Office of Legal Affairs
Nicholas V. Cagliuso, Assistant Vice President, Office of Emergency Management
Louis Capponi, MD, Chief Medical Informatics Officer
Eunice Casey, Senior Management Consultant, Corporate Planning
Deborah Cates, Chief of Staff, Board Affairs
Maria Arias-Clarke, Assistant Director, Corporate Budget
Paul Contino, Chief Technology Officer
Nelson Conde, Senior Director, Office of Professional Service & Affiliation
Megan Cunningham, Associate Director, Accountable Care Organization
Robin Dasilva, Associate Director, Quality Performance and Innovation
Barbara Deiorio, Senior Director, Internal Communications
Christine Desrosiers, Office of Legal Affairs
Joel Font, Consultant, Enterprise IT Service (EITS)
Denise Dudley, Director/Affiliation Administrator, NYU Affiliation
Juliet Gaengan, Senior Director, Clinical Affairs
Marisa Salamone-Greason, Assistant Vice President, EITS
Sal Guido, Assistant Vice President, Infrastructure Services
Terry Hamilton, Assistant Vice President, Corporate Planning Services
Mark Hartman, Senior Counsel, Legal Affairs
Lauren Haynes, Assistant System Analysis, President Office

Lydia Isaac, Assistant Director HIV
Caroline Jacobs, Senior Vice President, Safety and Human Development
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Christina Jenkins, MD, Senior Assistant Vice President, Quality, Performance and Innovation
Imah Jones, Senior Director, Research
Mei Kong, Assistant Vice President, Patient Safety
Patricia Lockhart, Secretary to the Corporation
David Larish, Director Procurement, Operation
Ronald Low, MD, Senior Director, Office of Statistic and Data analysis
Katarina Madej, Director, Marketing
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Karen Mattera, Director, Office of Emergency Management
Kathleen McGrath, Senior Director, Communications & Marketing
Randall Mark, Chief of Staff, President Office
Andreea Mera, Director, Office of Healthcare Improvement
Charlotte Neuhaus, Senior Management Consultant, Corporate Planning Services
Deirdre Newton, Office of Legal Affairs
Praveen R. Pannala, Associate Director, Research Office
Joseph Quinones, Senior Assistant Vice President, Operations
Bert Robles, Senior Vice President, Chief Information Officer
Deborah Rose, Director, Medical and Professional Affairs
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Steven Van Schultz, Director, Internal Audits
Loru Schomp, Senior Consultant MIS
David Shi, Senior Director, Primary Car/Medical and Professional Affairs
Pat Slesarchik, Assistant Vice President of Labor Relations
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Nicholas Stine, MD Chief Medical Officer, Accountable Care Organization
Yolanda Thompson, Asst. Director, IT
Diane Toppin, Senior Director, M&PA Divisional Administrator
Steven Van Schultz, Director, IT Audits
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Rick Walker, Chief Finance Officer, North Bronx Health Network
Tony Williams, Director of Information Services
Ross Wilson, Senior Vice President/Corporate Chief Medical Officer, Medical and Professional Affairs

FACILITY STAFF:
Steve Alexander, Executive Director, Bellevue Hospital Center
Ernest Baptiste, Executive Director, King County Hospital Center
David Baksh, Assistant Executive Director, Queens Hospital Center
Yolanda Bruno, Medical Director, Coler-Carter Specialty Hospital
Joseph Carter, Associate Director, Bellevue Hospital Center
Aaron Cohen, Chief Financial Officer, Bell

Chris Constantino, Senior Vice President, Queens Health Network
Marie Elivert, Senior Associates, Executive Director, Queens Hospital Center
Elizabeth Gerdts, Chief Nurse Executive, North Central Bronx Hospital
Neal Glaser, Affiliation Administrator, Coler-Cater Specialty Hospital
Carolyn Harvey, Associate Executive Director, Queens Hospital Center
Robert Hughes, Executive Director, Coler –Carter Specialty Hospital
George Leconte, Assistant Executive Director, Queens Hospital Center
John Maese, MD, Medical Director, Coney Island Hospital Center
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Seth Marine, Coordinating Manager, Bellevue Hospital Center
Ellen O'Connor, Chief Nurse Executive, Jacobi Medical Center
Lillian Rodriquez, Finance Associate Director, Bellevue Hospital Center
Richard Stone, MD Medical Director Metropolitan Hospital
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Anushka Dufresne, Special Assistant to the President, MetroPlus Health Plan
Marie Elivert, Senior Assistant Executive Director, Queens Hospital Center
Rajiv Pant, MD, Assistant Medical Director, Woodhull Medical and Mental Health Center
Denise Soares, Senior Vice President, Generations+/No. Manhattan Network, Harlem Hospital Center
Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island Network
Marcellus Walker, MD Medical Director East New York D&TC
Meryl Weinberg, Executive Director, Metropolitan Hospital
Maurice Wright, MD, Medical Director, Harlem Hospital Center

OTHERS PRESENT
Moira Dolan, Senior Assistant Director, DC37, Research & Negotiations Department
Denise Dudley, Director/Affiliation Administrator, NYU Affiliation
Simon Herelle, EMC Corporation
Scott Hill, Account Executive, QuadraMed
Gerald Cohen, MD NYC Department of Mental Health
Richard McIntyre, Siemens
Thomas J. Petrone, President of Petrone Associates Medical Physicists
Samantha ReBurne, Assistant Administrator, NYU
Kristyn Raffaele, Analyst, OMB
Lori Schomp, OMB

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, June 12, 2014

Dr. Calamia, Chair of the Committee, called the meeting to order at 9:00 am. The minutes of the June 12, 2014 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:

DSRIP

As has been recently discussed, preparation of HHC's response to the 1115 waiver requirements has involved a large amount of effort from central office and facility leaders. Finance has led the application for the IAAF (Interim Access Assurance Fund), "to stabilize the financial position of safety net hospitals". The application process for DSRIP (Delivery System Reform Incentive Payment) is being coordinated by Dr Christina Jenkins in Medical & Professional Affairs, with support from KPMG. Executive sponsorship of the process currently rests with Mr. Antonio Martin and myself; with enormous input from Finance and Intergovernmental Relations. Selection of partners, partnership structures and projects is being managed through an Executive Steering Committee that also includes network Senior Vice Presidents, as well as the central office leadership, including the CIO.

We are on track to have an application for planning dollars lodged by the due date of June 24. This is non-binding, and NYS DOH will provide feedback on both projects and partnerships (PPS) which will then form the basis for our final application in December 2014. DSRIP dollars are expected to flow in April 2015

HHC ACO

On May 21st, ACO Clinical Leads at all acute facilities and D&TCs reconvened for their second Leadership Retreat. This meeting was a valuable opportunity to share data, best practices, and compare notes on approaches to optimally manage the ACO's patients through the High Risk Patient Review process now occurring at all 17 facilities.

The ACO is ramping up its partnership with our HHC Health Homes, reaching out and identifying dual Medicare-Medicaid eligible beneficiaries who will benefit from the support of Health Home care coordinators. Sixty-nine ACO patients have been enrolled in Health Home thus far, with many more being screened for eligibility by facility ACO leadership.

We have received final quality performance results for 2013 for 22 quality measures in domains of preventive care and chronic disease management. The HHC ACO performed better than national ACO medians in 21 of 22 measures, placing in the 74th percentile overall in a cohort of the nation's highest performing health systems. 2013 performance results in the remaining areas of patient satisfaction and care coordination are expected by the end of the summer.

In order to support quality performance improvement from this 2013 starting point, ACO leadership is working closely with IT colleagues to enhance EMR functionality for ACO performance workflows. Quadramed enhancements will begin pilots this summer to support standardized falls risk screening, screening and counseling for obesity and depression, and medication reconciliation post-discharge. The ACO is also finishing a draft set of customized workflows to support ACO performance in Epic.

The ACO is required by federal regulation to notify Medicare fee-for-service patients about the ACO at the point of care. On June 2nd, we launched a pilot of an in-person notification process and a new field in the Unity registration system at Woodhull, which has been a success so far. The ACO expects to expand this notification process across HHC facilities this summer.

The ACO recently received its expenditure data from CMS for the first quarter of calendar year 2014. While these data are preliminary and subject to adjustments, there were some promising indicators of progress toward the ACO's core goals of better health, better care, and lower costs. Compared to the prior quarter, the ACO's emergency department utilization rate was down by 4.5%, hospitalization rate was down by 6.5%, 30-day readmissions rate down 0.5%, with stable outpatients costs and utilization. Overall per-beneficiary costs, our ultimate ACO performance measure for shared savings, were down a total of 7%. We will continue to work closely with our CMS data at it evolves over the course of the year, and remain vigilantly focused on keeping our ACO patients healthy and out of the hospital with robust primary care.

Tobacco Cessation
Treatment guidelines updated to target 'harder core' smokers through providing 1-week nicotine replacement supplies at point of care by primary care physician or nurse. Funding has been provided to all facilities to support NRT purchases. Implementation of POC NRT distribution is under way at DTCs and will be rolled out to the acute care facilities over the next 2 months

Emergency Management
Central Office Emergency Management has begun its comprehensive assessment of the Corporation's emergency management status, to answer the question, "how prepared are we?" Key steps include the formation of an Emergency Management Council, development of a strategic plan, charter and balanced scorecard that detail and assess the Corporation's all-hazards approach to emergency management; focused visits to our 11 acute care facilities and 4 long-term care facilities, and meetings with key internal and external stakeholders to place the Corporation front and center in the healthcare emergency management sphere.

Work continues on the Central Office Emergency Operations Center (EOC), which will serve as the hub for real-time facility operational status before, during and after emergency incidents. The expected date of completion is July 1, 2014.

Deployment of the Corporation-wide mass notification system continues. Initial contact information is being uploaded to the system, core users are being trained, and expansion options are being assessed.

Hypertension

All acute care facilities are enacting PI projects for presentation at the HHC Board QA committee. Particular areas of focus are implementation of Treat to Target for all uncontrolled hypertensives and outreach to patients who have not been seen in over 6 months.

As the role of the RN in the PCMH grows to meet its full potential as the team member most focused on helping our patients engage in effective self-care, we are developing a training program consisting of skills-based workshops and on-site simulation with standardized patients.

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 May 30th, 2014 was 466,480. Breakdown of plan enrollment by line of business is as follows:

Medicaid	368,976
Child Health Plus	11,908
Family Health Plus	22,724
MetroPlus Gold	3,362
Partnership in Care (HIV/SNP)	5,227
Medicare	8,134
MLTC	540
QHP	44,989
SHOP	620

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.

As of May 30th, 2014, MetroPlus has over 46,000 paid individual and SHOP members. We have also added over 45,000 new Medicaid and Child Health Plus (CHP) members, who enrolled through the Exchange website. This 91,000 member enrollment is approximately 10% of the state's exchange enrollment, to a plan that operates in only four counties. While the addition of 45,000 Medicaid and CHP is positive, there are technical issues with auto-assignment through New York State Of Health (NYSOH). The Department of Health (DOH) has acknowledged issues with auto-assignment for individuals enrolling through NYSOH. Health plans have not received the appropriate proportions of auto-assignments, and some plans that did not qualify to receive members based on their quality performance have received auto-assignments. Some individuals have been assigned to plans that do not participate in their counties, as well. DOH will attempt to rectify the situation moving forward and ensure that plans eventually receive the correct proportion of auto-assignees that they should have initially received, but offered no estimated date or details on the solution.

This month, key MetroPlus staff members have been preparing for the submission of the MetroPlus Qualified Health Plans application for the New York State of Health, due June 13th, 2014. During the week of May 19th, 2014, the Department of Financial Services (DFS) released template notices that insurers should use when drafting initial notices of proposed rate increases that must be sent to

policyholders at the time an insurer submits a rate adjustment application to DFS. This notice, required by New York's prior approval law, informs consumers of the proposed rate adjustments and directs policyholders where they can get more information about the proposed rate adjustment and how they can submit comments to DFS. At this point, notices will need to be sent to policyholders no later than June 13, 2014.

Also in May, the MetroPlus Quality Management (QM) Department has been has been focused on HEDIS/QARR data collection. Data has been collected, entered, and reviewed across HHC and non-HHC locations over the past 3 months. The MetroPlus QM department completed reviews for approximately 13,000 medical records. Additionally, the QM department successfully passed the HEDIS audit in collaboration with many other MetroPlus departments. The HEDIS audit is completed on a yearly basis by an outside party to ensure that the plan is meeting all the necessary NCQA data collection requirements and standards. Also, significant progress has been made towards the improvement of MetroPlus Medicare Star Ratings. The most significant effort was the execution of the Medication Adherence Program (MAP). MAP is an outreach campaign aimed at improving member's medication adherence in the areas of anti-hypertensive medications, oral diabetic medications and statin medications that began in May and continues through August 2014. In addition to the MAP, work also began on a high touch telephonic campaign to our membership. The high touch member campaign aims to improve the member experience and prevent issues before they arise.

As I have reported previously, in order to meet the comprehensive requirements of the Health and Recovery Plan (HARP) for the severely mentally ill population as well the additional requirements to assume behavioral health coverage for the previously carved out SSI population, we have done an RFP for a Behavioral Health Organization to assist us in meeting these requirements. We received four responses to our RFP, and the vendor that was chosen was Beacon. The contract will be brought to the MetroPlus Board of Directors on June 10th and to the HHC Board of Directors on June 26th.

CHIEF INFORMATION OFFICER REPORT

Bert Robles, Senior Vice President, Information Systems provided the Committee with the following updates:

Meaningful Use (MU) Stage 2 Update

On Tuesday May 20th, Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health IT announced a proposed rule that would give providers an additional year to upgrade electronic health record systems to meet reporting requirements for Stage 2 of the Medicare Meaningful Use program.

The proposed rule includes a provision that would extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

Additionally, the proposed rule would allow for relaxed attestation criteria (valid only for the 2014 reporting year) that would provide the option to attest with the updated 2014 Stage 1 objectives.

The 2014 Participation Options that apply to HHC are as follows:

Providers currently working on Stage 2 in 2014 would be able to attest using:
Stage 1 (2014+ Definition) using 2014 Edition Certified Electronic Health Record Technology (CEHRT); or
Stage 2 (2014+ Definition) using 2014 Edition CEHRT.

The 2014 Stage 1 objectives were updated to include:

Provide patients the ability to view online, download and transmit information about a hospital admission. More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or Critical Access Hospitals (CAH) have their information available online within 36 hours of discharge.

2014 Stage 1 objectives do not include the TOC (Transition of Care) - Measure 12 Objective which has been the most difficult measure to meet due to the immaturity of the technology needed to support this measure (i.e., lack of direct addresses amongst providers, unavailable HISP functionality and lack of provider directories).

However, I strongly suggest we stay the course and continue with push for Stage 2. We will be required to meet these measure and objectives in 2015 and we need to ramp up our volumes so we can sustain the measure thresholds. If during the attestation window, we find facilities are not going to make Stage 2 criteria we can attest with 2014 Stage 1criteria.

ICIS Update
The ICIS team continues facilitating Work Group meetings for work flow and content build. To date, over 110 individual meetings with clinicians, administrators, corporate office and ancillary staff have been conducted. Several meetings have been conducted with inter-department and inter-disciplinary teams to support patient flow throughout their admission/ visit.
For example, discussions were facilitated on the integrated workflow between Radiology and Cardiology Nuclear Stress departments. A key discussion point addressed: Is it appropriate for the Cardiology portion of the Nuclear Stress test report to be released to the ordering physician before the Radiology report is completed? The final report is a combined report of both portions of the Cardiology and Radiology test.

To enhance the foundational knowledge of our clinicians at our facilities, the ICIS leadership team facilitated the May monthly Physician and Nurse Champion call focusing on education that would be beneficial for the Champions. This education is offered by Epic. It includes both on-line and on-site EPIC courses at the Verona, Wisconsin campus. The goal of the educational sessions is to provide our Champions a more in-depth knowledge of Epic functionality. This will foster informed decision making and provide our Champions with a solid knowledge base when addressing their colleagues in the field.

As we plan for our initial sites to come up on the Epic EMR the following planning and analysis activities are in progress:

Reviewing the credentialed EPIC /ICIS training program as well as planning how best to develop and execute a curriculum for basic computer skills training required prior to Epic training for our end users. Preparing to work with Cerner laboratory team post kick off in early June to draft, review, finalize and incorporate the Lab implementation work plan

In addition, as we move forward, we continue to work closely with both Soarian and Laboratory restructuring leadership to ensure open communication, planning and design collaboration.

Active Directory (AD) Upgrade Status
Enterprise IT Services continues to complete the Active Directory (AD) upgrade at all HHC facilities. The AD system allows for the authentication and authorizes all HHC users and computers throughout all HHC facilities and sites. AD creates user accounts, assigns and enforces security policies for all computers on the HHC network and installs and/or updates software. For example, if an HHC user logs into a HHC computer that is part of the HHC domain, AD would check the submitted password and determine whether the individual logging in would be a normal user.

To date, the AD upgrade is 85% complete with no significant problems identified. The next sites to be upgraded are North Bronx, South Manhattan and North Brooklyn networks along with Central Office. The project timeline has been accelerated so that the project can be completed by mid-October 2014. This upgrade is a pre-requisite for the Corporation to migrate from the current Groupwise email system to Microsoft Exchange email system. EITS anticipates that the migration to Microsoft Exchange will be completed by the end of second quarter calendar year 2015.

INFORMATION ITEM:

Lauren Johnston presented on Health Home and Transfer Center

*Health Home Medicaid State Update**:***
Type of home health and Early Results

HEALTH HOME
Criteria:
Medicaid eligible individuals must have: Two chronic conditions or one chronic condition-HIV/AIDS or serious persistent mental health condition (SPMI) and Eligible individuals are also frequent users of Medicaid services.

Services:
Comprehensive care management; Health promotion: Transitional care including appropriate follow-up from inpatient to other settings; Patient and family support; and Referral to community and social support services.

HHC Health Home Design

One HHC Health Home, multi focal; Care coordination for high-need, high-cost Medicaid recipients with chronic conditions; Single care coordinator; Unified care team; Linage to PCP; Shared Care Plan; Integrated approach to meet medical, behavioral health, substance abuse and social needs; and Per member/per Month (PMPM) capitated rate.

HHC Health Home Enrollments

As of March, 2014	Enrolled	Trying to Engage
Bellevue	170	61
Coney Island	75	3
EHC/QHN	301	15
Harlem	99	14
Jacobi/NCB	22	115
Kings	206	208
Lincoln	204	3
Metropolitan	100	15
Woodhull	509	36
Total	***1686***	***470***

What's next? Expansion:
Infrastructure; MRT Housing Pilot; Accountable Care Organizations (ACOs); Adult Homes/Olmstead Mandate; Delivery System Reform Incentive Program (DSRIP); Health and Recovery Plans (HARPs) and Beyond Medicaid

TRANSFER CENTER

I need to send a patient:
Contact the Transfer Center at: 844-HHC-BEDS if you need to initiate a transfer; The Transfer Center will contact the receiving provider and connect them to the referring provider for clinician report; Once accepted, the coordinator will confirm where accepted, if updates needed, type of transport required; if an update requested, the transfer center will update with an ETA and bed assignment when known; HHC Transfer Center will take care of bed placement, transportation, connecting nurse report, faxing

paperwork, notifying other facility of incoming transfer as necessary and All communications are completed on a recorded line.

Goals and Objectives:
Establish a 24 hour transfer center that will; Expedite transfers involving HHC Hospitals with one call; Increase efficiencies; Service differentiation; Transportation coordination and Comprehensive Reporting and Minimize leakage.

How does this happen
Dedicated staff to answer transfer requests coming into our transfer center line; Access to on line physician on call schedules, phone lists, etc.; Coordinate physician to physician communication; Coordinate bed placement with admitting and bed management and Follow escalation policies put in place by our administration; Coordinate transportation for patients and Uses existing contracts and methods of transportation

Reporting Capabilities
Direct Call Provides a We Based Reporting Solution; Analyze Trends; Access to Current Protocols; Reference any transfer Data 24/7 and Data, outcomes and trends reviewed at Councils

Activity to date: 3/17/2014 – 6/8/2014
783 Patient Transfers
All but 55 patients bypassed receiving ED
268 cardiology Transfers
32 transfers left HHC to other systems
19 Transfers not completed
171 Medicaid Patient Transfers
24 were MetroPlus

What's Next: Expansion
Reduce Total Transfer time (current average was: 5 hours 17 minutes; Enhance transportation capacity and contracts; Expand service to: Psychiatry transfers, skilled nursing facilities, Community providers and Market to broader audience

There being no further business, the meeting was adjourned at 11:00 am**.**

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
July 10, 2014

Total plan enrollment as of June 1, 2014 was 469,843. Breakdown of plan enrollment by line of business is as follows:

Medicaid	374,326
Child Health Plus	11,855
Family Health Plus	20,127
MetroPlus Gold	3,382
Partnership in Care (HIV/SNP)	5,214
Medicare	7,944
MLTC	577
QHP	45,754
SHOP	664

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.

One of the challenges we are currently facing is that the NYSOH website does not allow applicants to choose a Primary Care Provider (PCP). MetroPlus must auto-assign the PCPs. This has generated some member dissatisfaction and excessive call volume for members to choose or change their PCPs. The State is aware of this issue and claims that addressing it is a priority.

We are beginning to see a minor decrease in the number of members due to non-payment. Members are billed monthly and are given either a 30- or 90-day grace period to pay based on their income and APTC status. Only when the grace period is exhausted are the members disenrolled. As of May 1, 2014, the number of members who were disenrolled due to non-payment is 2,202.

The Finance Department has been working on a variety of projects in the month of June. The Medicare Bid for 2015 was due the beginning of the month. This was successfully submitted and will now undergo Desk Review.

On June 13th, 2014, MetroPlus successfully submitted the Exchange bid that included a rate increase (to meet costs based on actuarial predictions). Our Silver rates were increased by 17% (from $359.26 to $421.52). This submission includes all actuarial data and exhibits as well as all Contract Language. The rate increase was due to a significant increase in pharmacy costs and network inpatient costs.

The FIDA 2015 Plan submission was also completed. On February 21, 2013, MetroPlus completed our application of supporting documents for the New York State Demonstration to Integrate Care for Full Dual Eligible Individuals (FIDA). The FIDA program will be available starting October 2014, marketing for FIDA begins September 2014. Under the program, care will be coordinated for Medicare, Medicaid and Managed Long Term Care eligible individuals who require 120 days or more of long term support services. Medical Management completed the Model of Care component of the application in February 2014. MetroPlus received a three

year approval for our FIDA demonstration plan, scoring a 91.67% on the MOC, the highest MOC submission MetroPlus has received for one of our Medicare programs.

Metroplus underwent virtual systems testing in April 2014, where we had to demonstrate our internal system's preparedness for FIDA. Our system's testing demonstrated overall we were on target in preparation for this product launch. We received feedback that our home grown Case Management program met the needs of the requirements of FIDA and the IDT team expectations. R eviewers were very impressed with our DCMS system and the Care Plan developed within the software for FIDA.

During the month of June, CMS/DOH made revisions to the requirements of the FIDA IDT policy. These changes required modifications to some of our policies and procedures in Medical Management and MIS Core, from a systems perspective to meet the requirements of the revised policy. O n June 24, 2014, MetroPlus will undergo another Remote Systems Testing to demonstrate our "system readiness" to support the final IDT policy. We (internal departments and external vendors), have been meeting over the past weeks to prepare for this initiative and are confident we will do well. We have completed "test cases" and our interactive sessions have been very positive in preparation for this initiative.

New York State Department of Health released the 2013 Consumer Guide to Medicaid Managed Care in New York City, based on preventive and well-care for adults and children, quality of care provided to members with illnesses, and patient satisfaction with access and service. MetroPlus came in second place, tied with EmblemHealth and Health Plus (Amerigroup).

In order to meet the comprehensive requirements of the Health and Recovery Plan (HARP) for the severely mentally ill population, as well as the requirements to assume behavioral health coverage for the plan's SSI population, MetroPlus has published an RFP for a Behavioral Health Organization to assist us in meeting these requirements. The project was awarded to Beacon. The contract was approved by the MetroPlus Finance Committee on June 10, 2014.

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

June-2014

		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Total Members	Prior Month	421,391	421,700	432,772	431,894	435,016	445,448	468,752
	New Member	15,353	33,052	15,979	19,580	29,014	40,308	18,735
	Voluntary Disenroll	2,605	2,008	1,121	1,856	2,137	268	2,047
	Involuntary Disenroll	12,439	19,972	15,736	14,602	16,445	16,736	15,597
	Adjusted	18	1	-7	-114	498	2,051	0
	Net Change	309	11,072	-878	3,122	10,432	23,304	1,091
	Current Month	421,700	432,772	431,894	435,016	445,448	468,752	469,843
Medicaid	Prior Month	359,279	359,423	364,069	359,993	358,514	363,392	370,910
	New Member	12,567	17,631	10,019	11,826	18,844	20,650	16,644
	Voluntary Disenroll	2,194	1,564	706	1,553	1,811	55	1,668
	Involuntary Disenroll	10,229	11,421	13,389	11,752	12,155	13,077	11,560
	Adjusted	19	3	-4	-105	475	1,950	0
	Net Change	144	4,646	-4,076	-1,479	4,878	7,518	3,416
	Current Month	359,423	364,069	359,993	358,514	363,392	370,910	374,326
Child Health Plus	Prior Month	12,092	12,062	11,895	11,648	11,566	11,621	11,914
	New Member	476	302	214	343	464	791	465
	Voluntary Disenroll	26	34	18	25	37	53	49
	Involuntary Disenroll	480	435	443	400	372	445	475
	Adjusted	-2	1	0	-1	0	6	0
	Net Change	-30	-167	-247	-82	55	293	-59
	Current Month	12,062	11,895	11,648	11,566	11,621	11,914	11,855
Family Health Plus	Prior Month	33,430	33,509	26,496	26,483	26,216	24,595	22,793
	New Member	1,859	1,104	1,146	1,216	1,030	205	110
	Voluntary Disenroll	212	147	31	119	123	0	108
	Involuntary Disenroll	1,568	7,970	1,128	1,364	2,528	2,007	2,668
	Adjusted	1	-2	-4	-12	12	69	0
	Net Change	79	-7,013	-13	-267	-1,621	-1,802	-2,666
	Current Month	33,509	26,496	26,483	26,216	24,595	22,793	20,127

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

June-2014

		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
HHC	Prior Month	3,323	3,327	3,547	3,342	3,359	3,393	3,401
	New Member	38	236	31	30	50	34	6
	Voluntary Disenroll	0	1	181	0	0	0	0
	Involuntary Disenroll	34	15	55	13	16	26	25
	Adjusted	3	3	4	10	18	39	0
	Net Change	4	220	-205	17	34	8	-19
	Current Month	3,327	3,547	3,342	3,359	3,393	3,401	3,382
SNP	Prior Month	5,357	5,324	5,312	5,317	5,306	5,274	5,227
	New Member	74	81	84	70	88	68	101
	Voluntary Disenroll	41	25	22	27	40	21	57
	Involuntary Disenroll	66	68	57	54	80	94	57
	Adjusted	-2	-3	-1	-1	-1	-2	0
	Net Change	-33	-12	5	-11	-32	-47	-13
	Current Month	5,324	5,312	5,317	5,306	5,274	5,227	5,214
Medicare	Prior Month	7,477	7,611	7,858	7,951	8,019	8,011	8,120
	New Member	298	529	286	253	280	329	331
	Voluntary Disenroll	107	223	127	122	125	139	165
	Involuntary Disenroll	57	59	66	63	163	81	342
	Adjusted	-1	-1	-1	-1	-1	-6	0
	Net Change	134	247	93	68	-8	109	-176
	Current Month	7,611	7,858	7,951	8,019	8,011	8,120	7,944
Managed Long Term Care	Prior Month	433	444	465	477	509	514	542
	New Member	41	39	28	44	16	38	52
	Voluntary Disenroll	25	14	11	9	0	0	0
	Involuntary Disenroll	5	4	5	3	11	10	17
	Adjusted	0	0	0	-1	0	2	0
	Net Change	11	21	12	32	5	28	35
	Current Month	444	465	477	509	514	542	577

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

June-2014

		Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
QHP	Prior Month	0	0	13,032	16,368	21,098	28,152	45,230
	New Member	0	13,032	3,953	5,684	8,161	18,051	962
	Voluntary Disenroll	0	0	25	1	1	0	0
	Involuntary Disenroll	0	0	592	953	1,106	973	438
	Adjusted	0	0	-1	-3	-5	-8	0
	Net Change	0	13,032	3,336	4,730	7,054	17,078	524
	Current Month	0	13,032	16,368	21,098	28,152	45,230	45,754
SHOP	Prior Month	0	0	98	315	429	496	615
	New Member	0	98	218	114	81	142	64
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	1	0	14	23	15
	Adjusted	0	0	0	0	0	1	0
	Net Change	0	98	217	114	67	119	49
	Current Month	0	98	315	429	496	615	664

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 06/14/2014

Other Plan Name	Category	2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_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	
AETNA	INVOLUNTARY	3	116	0	5	0	2	0	3	1	3	1	5	1	1	1	2	0	3	0	1	0	1	0	1	150
	VOLUNTARY	2	0	0	0	0	1	0	3	0	1	1	0	0	0	0	0	0	0	1	0	0	0	0	0	9
	TOTAL	5	116	0	5	0	3	0	6	1	4	2	5	1	1	1	2	0	3	1	1	0	1	0	1	159
Affinity Health Plan	INVOLUNTARY	0	3	1	2	0	0	0	1	1	2	0	3	0	4	3	29	0	3	1	15	11	82	0	23	184
	VOLUNTARY	11	113	13	76	17	113	15	118	14	125	14	100	9	77	7	52	10	78	10	104	0	0	4	79	1,159
	TOTAL	11	116	14	78	17	113	15	119	15	127	14	103	9	81	10	81	10	81	11	119	11	82	4	102	1,343
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	0	13	0	9	6	9	2	2	0	11	0	7	4	6	5	54	1	12	0	18	11	159	1	35	365
	VOLUNTARY	27	233	12	177	17	221	18	170	18	189	11	220	15	159	1	74	9	143	6	180	0	0	10	148	2,058
	TOTAL	27	246	12	186	23	230	20	172	18	200	11	227	19	165	6	128	10	155	6	198	11	159	11	183	2,423
BC/BS OF MNE	INVOLUNTARY	0	206	2	4	1	5	0	8	0	6	0	5	2	1	0	4	0	5	0	7	0	4	0	3	263
	VOLUNTARY	1	1	0	0	0	4	1	0	0	0	1	0	0	1	0	0	1	1	0	1	0	0	1	1	14
	TOTAL	1	207	2	4	1	9	1	8	0	6	1	5	2	2	0	4	1	6	0	8	0	4	1	4	277
CIGNA	INVOLUNTARY	0	322	1	5	0	2	0	1	0	4	0	3	0	1	1	4	0	3	0	3	0	2	0	0	352
	VOLUNTARY	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	0	0	3
	TOTAL	0	322	1	5	0	2	0	1	0	4	0	5	0	1	1	4	1	3	0	3	0	2	0	0	355
Fidelis Care	INVOLUNTARY	0	10	1	17	0	11	0	13	1	5	0	8	2	6	19	191	0	29	3	43	48	421	0	100	928
	UNKNOWN	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3
	VOLUNTARY	92	672	66	495	55	669	43	468	60	534	71	576	40	424	8	162	40	404	34	454	0	0	42	416	5,825
	TOTAL	92	683	67	512	55	681	43	481	61	539	71	584	42	430	27	354	40	433	37	497	48	421	42	516	6,756
GROUP HEAL	INVOLUNTARY	0	133	2	4	0	1	1	2	0	5	0	0	0	0	0	6	0	5	0	6	0	1	0	2	168

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 06/14/2014

		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_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	
GROUP HEALTH INC	VOLUNTARY	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	0	0	0	1	1	0	0	0	0	6
	TOTAL	0	133	3	5	1	1	1	2	0	5	0	1	0	0	0	6	0	5	1	7	0	1	0	2	174
Health First	INVOLUNTARY	1	31	1	14	0	21	2	11	1	11	6	15	0	15	32	309	1	41	1	69	41	668	3	171	1,465
	UNKNOWN	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	92	1,050	57	768	76	1,052	74	768	71	834	83	902	58	596	8	275	47	633	48	755	0	1	39	753	9,040
	TOTAL	93	1,081	58	782	76	1,074	76	779	72	845	89	917	58	611	40	584	48	674	49	824	41	669	42	924	10,506
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	157	0	0	0	3	3	3	1	1	1	0	0	0	0	2	1	1	0	2	0	0	0	0	175
	VOLUNTARY	0	0	1	1	1	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
	TOTAL	0	157	1	1	1	5	3	5	1	1	1	0	0	0	0	2	1	1	0	2	0	0	0	0	182
HIP/NYC	INVOLUNTARY	0	3	0	5	0	0	0	2	0	2	0	3	0	4	1	33	1	5	0	15	4	58	0	21	157
	VOLUNTARY	4	67	5	71	8	88	6	68	8	75	11	74	5	75	2	39	2	55	5	81	0	0	2	58	809
	TOTAL	4	70	5	76	8	88	6	70	8	77	11	77	5	79	3	72	3	60	5	96	4	58	2	79	966
OXFORD INSURANCE CO.	INVOLUNTARY	0	45	0	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	0	0	1	2	0	0	52
	VOLUNTARY	0	0	1	0	1	1	0	0	0	0	0	2	0	0	0	0	0	0	0	1	0	0	0	0	6
	TOTAL	0	45	1	0	1	1	0	1	0	2	0	2	0	1	0	0	0	0	0	1	1	2	0	0	58
UNION LOC. 1199	INVOLUNTARY	0	232	1	5	0	10	0	5	3	3	0	2	0	5	7	22	0	7	3	6	4	10	0	1	326
	UNKNOWN	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	11	15	11	21	10	26	5	15	13	14	5	9	9	7	0	0	1	12	5	18	0	0	1	10	218
	TOTAL	11	247	12	27	10	36	5	20	16	17	5	11	9	12	7	22	1	19	8	24	4	10	1	11	545
United Health	INVOLUNTARY	1	343	1	10	0	8	0	12	0	6	0	3	1	10	0	47	0	10	1	21	2	81	0	25	582

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 06/14/2014

		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_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	VOLUNTARY	5	140	8	111	8	119	13	78	9	84	8	102	7	75	2	30	4	99	8	82	0	1	7	66	1,066
	TOTAL	6	483	9	121	8	127	13	90	9	90	8	105	8	85	2	77	4	109	9	103	2	82	7	91	1,648
Wellcare of NY	INVOLUNTARY	2	5	0	1	0	6	1	8	1	6	0	7	1	6	1	17	2	1	0	14	1	19	1	12	112
	VOLUNTARY	3	30	3	18	0	29	0	22	7	20	3	38	0	23	2	9	2	16	1	20	0	1	0	12	259
	TOTAL	5	35	3	19	0	35	1	30	8	26	3	45	1	29	3	26	4	17	1	34	1	20	1	24	371
Disenrolled Plan Transfers	INVOLUNTARY	7	1,619	10	81	7	78	9	72	9	67	8	61	11	60	70	720	6	125	9	220	123	1,508	5	394	5,279
	UNKNOWN	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	5
	VOLUNTARY	248	2,321	178	1,739	194	2,325	175	1,712	200	1,876	208	2,026	143	1,437	30	641	117	1,441	119	1,697	0	3	106	1,543	20,479
	TOTAL	255	3,941	188	1,821	201	2,405	184	1,784	209	1,943	216	2,087	154	1,497	100	1,362	123	1,566	128	1,917	123	1,511	111	1,937	25,763
Disenrolled Unknown Plan Transfers	INVOLUNTARY	5	190	3	26	1	26	3	32	3	39	2	37	1	24	3	73	0	25	5	28	1	61	3	31	622
	UNKNOWN	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	2	68	0	58	1	49	3	41	2	35	2	53	1	56	1	19	0	35	1	33	0	10	0	53	523
	TOTAL	7	258	3	84	2	76	6	73	5	75	4	90	2	80	4	92	0	60	6	61	1	71	3	84	1,147
Non-Transfer Disenroll Total	INVOLUNTARY	919	9,193	1,002	9,766	982	10,155	925	9,257	1,287	10,886	1,005	9,382	1,060	10,879	742	11,885	799	10,713	1,016	11,459	959	11,271	898	11,071	137,511
	UNKNOWN	2	2	0	2	3	4	5	1	1	0	1	2	45	0	2	6	2	1	13	13	14	8	1	1	129
	VOLUNTARY	2	71	0	110	12	121	3	114	5	123	2	115	3	71	0	46	2	78	3	81	0	43	2	71	1,078
	TOTAL	923	9,266	1,002	9,878	997	10,280	933	9,372	1,293	11,009	1,008	9,499	1,108	10,950	744	11,937	803	10,792	1,032	11,553	973	11,322	901	11,143	138,718
Total MetroPlus Disenrollment	INVOLUNTARY	931	11,002	1,015	9,873	990	10,259	937	9,361	1,299	10,992	1,015	9,480	1,072	10,963	815	12,678	805	10,863	1,030	11,707	1,083	12,840	906	11,496	143,412
	UNKNOWN	2	3	0	3	3	7	5	1	1	1	1	2	45	0	2	7	2	1	13	13	14	8	1	1	136
	VOLUNTARY	252	2,460	178	1,907	207	2,495	181	1,867	207	2,034	212	2,194	147	1,564	31	706	119	1,554	123	1,811	0	56	108	1,667	22,080

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 06/14/2014

		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_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 MetroPl	TOTAL	1,185	13,465	1,193	11,783	1,200	12,761	1,123	11,229	1,507	13,027	1,228	11,676	1,264	12,527	848	13,391	926	12,418	1,166	13,531	1,097	12,904	1,015	13,164	165,628

MetroPlus Health Plan

New Member Transfer From Other Plans

	2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_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	
AETNA	2	24	2	12	4	29	5	15	3	14	1	18	1	17	4	13	3	6	1	6	0	4	1	4	189
Affinity Health Plan	13	172	13	137	18	188	15	157	12	154	14	156	6	145	5	114	6	106	10	119	9	113	7	113	1,802
Amerigroup/Health Plus/CarePlus	27	250	21	191	35	256	25	201	22	211	26	230	16	189	7	166	11	205	17	173	8	142	7	186	2,622
BC/BS OF MNE	1	24	5	25	3	26	4	33	1	20	1	35	0	37	4	19	2	14	6	15	0	6	2	10	293
CIGNA	3	29	4	19	2	15	0	11	2	9	1	19	1	15	2	10	2	3	3	7	0	3	0	5	165
Fidelis Care	25	215	14	167	15	173	21	170	10	182	16	232	4	152	3	131	15	151	10	189	5	163	11	143	2,217
GROUP HEALTH INC.	3	32	1	13	3	29	3	17	3	17	2	14	2	20	0	11	1	10	1	14	0	10	0	11	217
Health First	31	288	23	224	26	280	15	179	13	196	17	199	8	189	9	123	5	151	15	167	7	129	8	159	2,461
HEALTH INS PLAN OF GREATER N	4	19	4	22	4	27	8	12	2	15	3	23	0	13	0	14	2	7	2	8	2	2	0	5	198
HIP/NYC	3	81	2	67	3	73	8	104	2	74	10	93	2	55	2	69	1	60	2	74	2	64	1	74	926
Neighborhood Health Provider PHPS	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
OXFORD INSURANCE CO.	2	13	1	13	0	23	2	7	1	10	1	12	1	14	0	3	1	5	0	6	0	3	0	2	120
UNION LOC. 1199	16	63	12	27	9	37	4	16	8	21	6	20	7	38	3	20	5	6	8	27	4	20	1	23	401
United Healthcare of NY	15	132	12	96	14	111	7	112	5	129	7	142	4	89	7	77	10	72	4	94	3	56	5	66	1,269
Unknown Plan	1,848	10,258	1,646	8,747	2,023	10,813	1,550	7,633	1,601	8,615	1,731	10,262	1,044	14,813	1,112	6,294	1,137	5,654	943	7,265	160	4,752	70	6,027	115,998
Wellcare of NY	22	117	25	109	6	134	12	113	17	104	27	100	10	97	5	98	11	82	9	122	6	103	6	83	1,418
TOTAL	2,015	11,722	1,785	9,869	2,165	12,214	1,679	8,780	1,702	9,771	1,863	11,555	1,106	15,883	1,163	7,162	1,212	6,532	1,031	8,286	206	5,570	119	6,911	130,301

Report ID: MHP1268C
Report Run Date: 6/15/2014

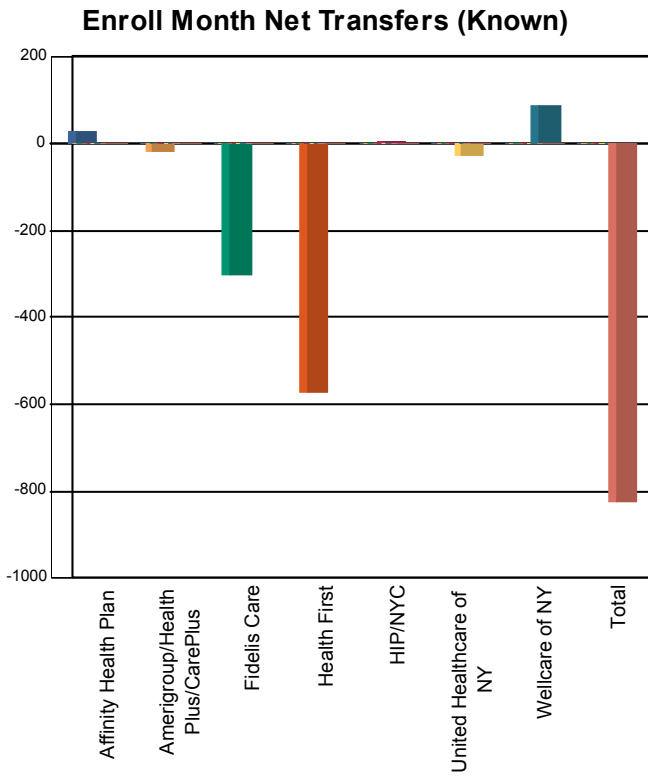
Indicator #1A for Enrollment Month: May 2014

Disenrollments To Other Plans

		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	INVOLUNTARY	11	82	93	18	154	172
	TOTAL	**11**	**82**	**93**	**18**	**154**	**172**
Amerigroup/Health Plus/CarePlus	INVOLUNTARY	11	159	170	32	333	365
	TOTAL	**11**	**159**	**170**	**32**	**333**	**365**
Fidelis Care	INVOLUNTARY	48	421	469	82	806	888
	TOTAL	**48**	**421**	**469**	**82**	**806**	**888**
Health First	INVOLUNTARY	41	668	709	96	1271	1367
	VOLUNTARY		1	1	684	8445	9129
	TOTAL	**41**	**669**	**710**	**780**	**9716**	**10496**
HIP/NYC	INVOLUNTARY	4	58	62	6	134	140
	TOTAL	**4**	**58**	**62**	**6**	**134**	**140**
United Healthcare of NY	INVOLUNTARY	2	81	83	8	580	588
	VOLUNTARY		1	1	90	1032	1122
	TOTAL	**2**	**82**	**84**	**98**	**1612**	**1710**
Wellcare of NY	INVOLUNTARY	1	19	20	16	122	138
	VOLUNTARY		1	1	23	254	277
	TOTAL	**1**	**20**	**21**	**39**	**376**	**415**
Disenrolled Plan Transfers	INVOLUNTARY	123	1508	1631	302	4867	5169
	VOLUNTARY		3	3	1818	19107	20925
	TOTAL	**123**	**1511**	**1634**	**2120**	**23974**	**26094**
Disenrolled Unknown Plan Transfers:	INVOLUNTARY	1	61	62	30	654	684
	VOLUNTARY		10	10	15	527	542
	TOTAL	**1**	**71**	**72**	**45**	**1181**	**1226**
Non-Transfer Disenroll Total:	INVOLUNTARY	959	11271	12230	11765	124307	136072
	UNKNOWN	14	8	22	94	40	134
	VOLUNTARY		43	43	40	1157	1197
	TOTAL	**973**	**11322**	**12295**	**11899**	**125504**	**137403**
Total MetroPlus Disenrollment:	INVOLUNTARY	1083	12840	13923	12097	129828	141925
	UNKNOWN	14	8	22	94	47	141
	VOLUNTARY		56	56	1873	20791	22664
	TOTAL	**1097**	**12904**	**14001**	**14064**	**150666**	**164730**

Net Difference

	Enrollment Mont			Twelve Months Period		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	-2	31	29	119	1,557	1,676
Amerigroup/Health Plus/CarePlus	-3	-17	-20	200	2,099	2,299
Fidelis Care	-43	-258	-301	72	1,351	1,423
Health First	-34	-540	-574	-598	-7,421	-8,019
HIP/NYC	-2	6	4	33	770	803
United Healthcare of NY	1	-26	-25	-1	-374	-375
Wellcare of NY	5	83	88	127	904	1,031
Total	-83	-741	-824	-1,113	-11,957	-13,070



Disenrollments From Other Plans

	FHP	*MCAD*	*Total*	*Y FHP*	*Y MCAD*	*Y Total*
Affinity Health Plan	9	113	122	137	1,711	1,848
Amerigroup/Health Plus/CarePlus	8	142	150	232	2,432	2,664
Fidelis Care	5	163	168	154	2,157	2,311
Health First	7	129	136	182	2,295	2,477
HIP/NYC	2	64	66	39	904	943
United Healthcare of NY	3	56	59	97	1,238	1,335
Wellcare of NY	6	103	109	166	1,280	1,446
Total	40	770	810	1,007	12,017	13,024
Unknown/Other (not in total)	160	4,752	4,912	16,464	104,497	120,961

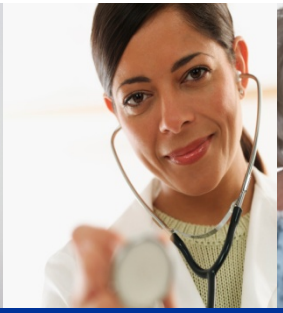
Epic Update

Board of Directors

MEDICAL & PROFESSIONAL AFFAIRS/INFORMATION TECHNOLOGY

THURSDAY, JULY 10, 2014




NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
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icis Integrated Clinical Information System

Agenda

- **Program Update**
- **Brief Demonstration of our Development System**

Program Update

- **Governance**
  - Monthly EITS Executive Meetings
  - Executive Triage Process and Escalation Monitoring
  - Watch Items (staffing and build progress, Soarian, Lab, procurement)
- **Build Progress**
  - Good Participation by Business (342 individual meetings!)
    - Workflow (81%)
    - Content (55 %)
- **Activation Planning**
  - Biomedical Integration
  - Infrastructure
  - Training Planning

Rounding Demo

1. Review Dashboard
2. Send Myself a Reminder
3. Review Patient Information
3. Manage Orders
4. Update the Problem List
5. Write a Progress Note

Demo: Patient Scenario

Mr. Hughes arrived in the ED with abdominal pain. The ED RN documented his vital signs and arrived him. The ED Provider placed orders through an abdominal pain order set. The patient was admitted and transferred from the ED to a Med Surg unit.

After the transfer, the gastroenterologist performed an endoscopy on the patient and wrote a procedure note. The RN documented several sets of vital signs, administered medications, and documented I/O for Mr. Hughes.

I am rounding and want to look at the information that has been documented on Mr. Hughes, so that I can manage his orders and write a daily progress note.

Health Information Exchange

HHC Update

Paul Contino
Chief Technology Officer
Enterprise IT Services

Medical & Professional Affairs
July 10, 2014

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Agenda

- Background on HIE
- RHIO landscape in NY (esp. NYC)
- HHC and Interboro RHIO
- NYeC as a Public Utility
- RHIO Consideration

Brief Background on HIE in New York

Since 2006, New York has lead the nation in its investments in Health Information Technology and executing on the vision to build a statewide, interoperable health information network.

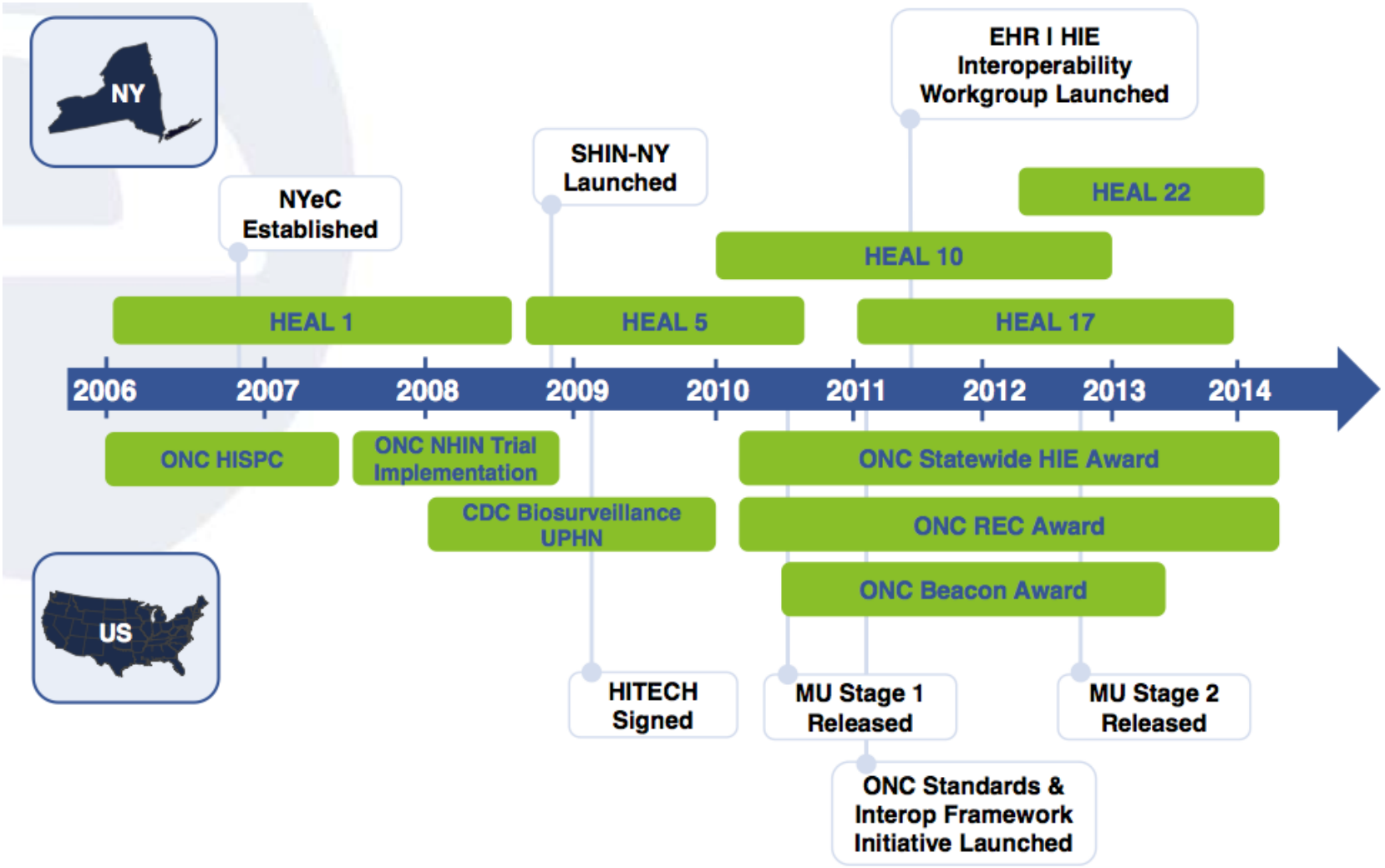
Over $960 million dollars has been invested

- $440 million in State HEAL grants
- $120 million in other State and Federal funding
- $400 million from hospitals, insurers and other stakeholders

The Health Care Efficiency and Affordability Law for New Yorkers Capital Grant Program (HEAL-NY)

- Heal 1: $52.9 million (HIE infrastructure)
- Heal 5: $105.7 million (Interoperable EHRs)
- Heal 10: $140 million (PCMH and care coordination)
- Heal 17: $140 million (Expanding care coordination)

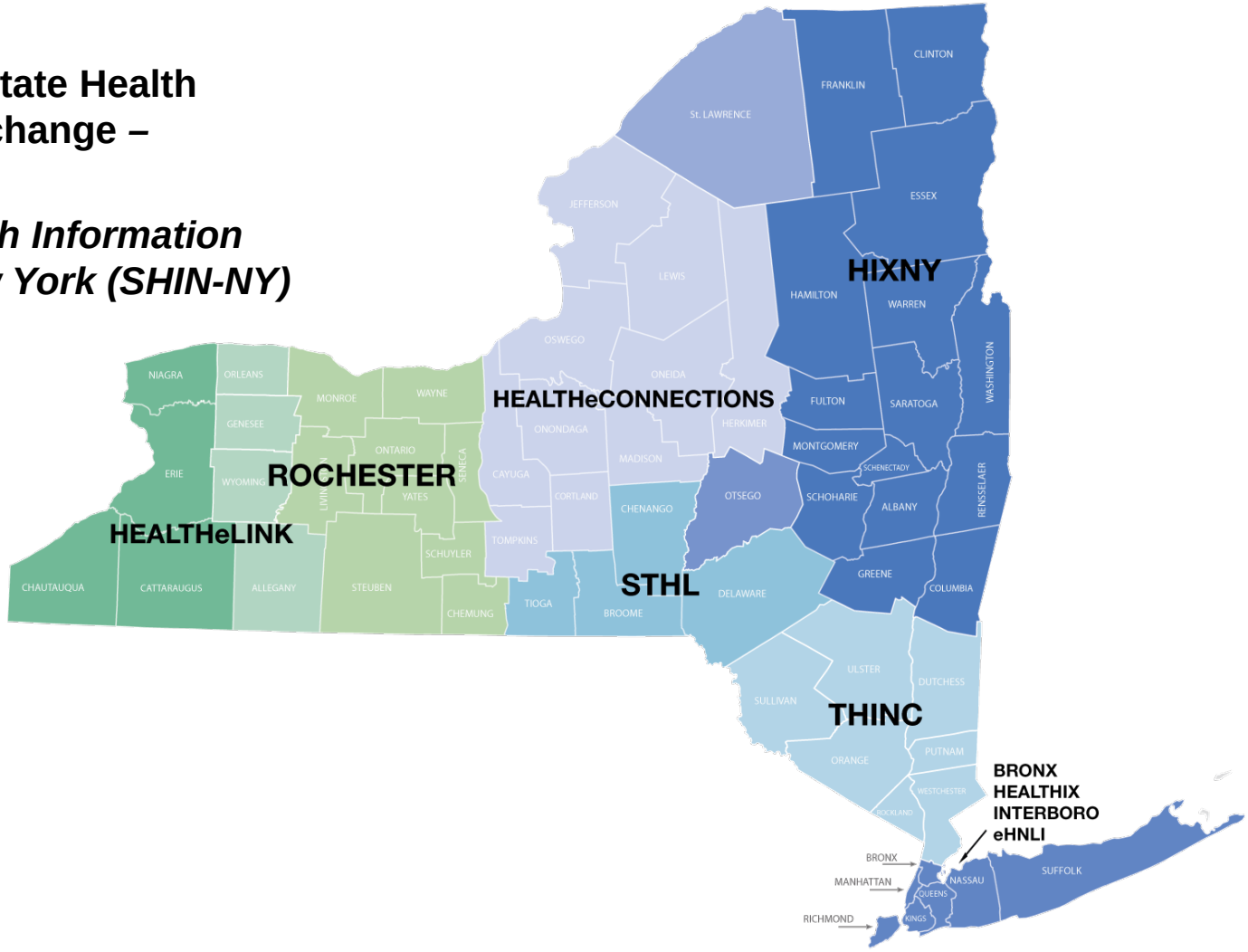
HIE Ecosystem : New York and National Milestones



SHIN-NY comprised of 10 RHIOs across New York State

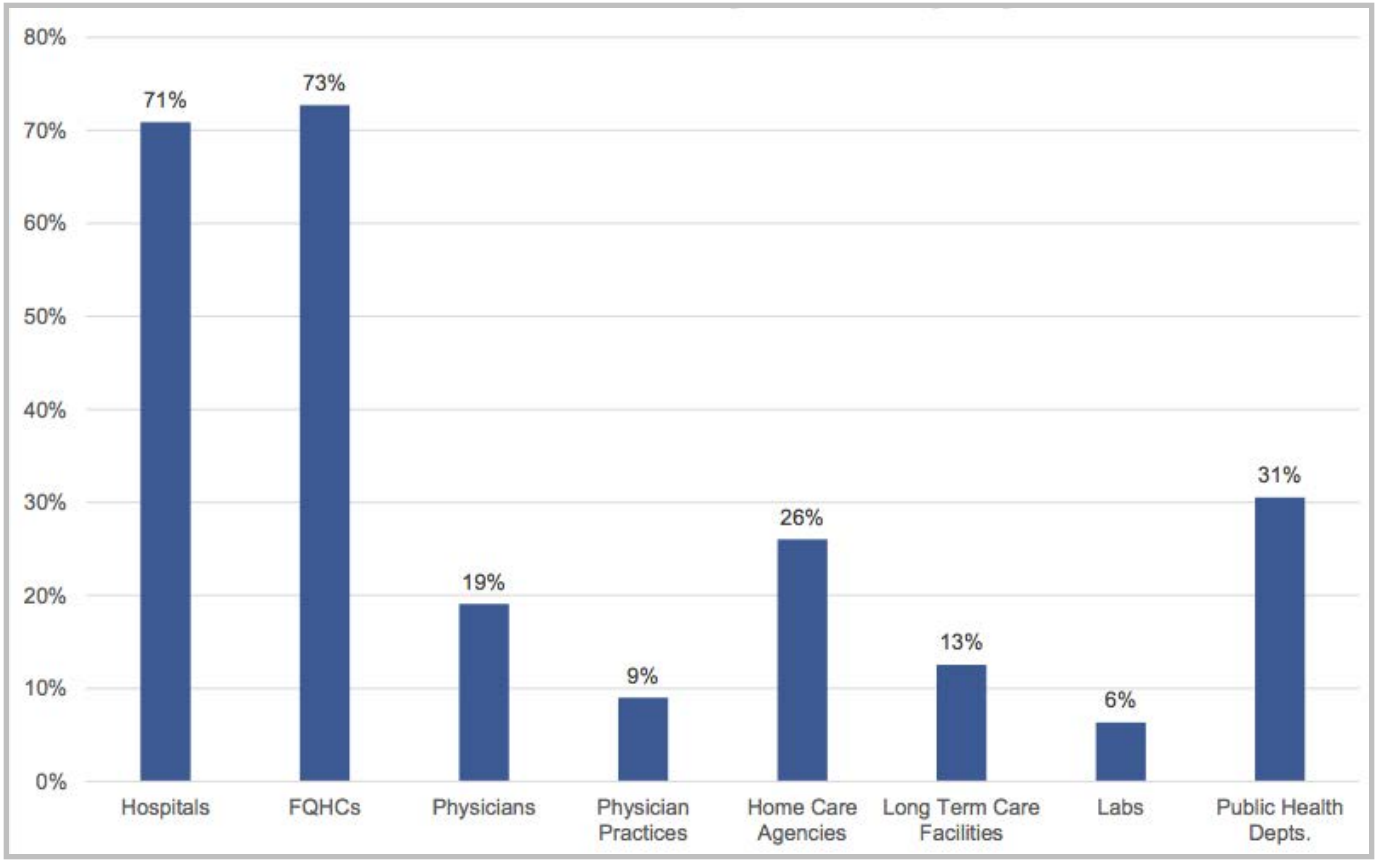
The New York State Health Information Exchange –

Statewide Health Information Network of New York (SHIN-NY)



SHIN-NY Stakeholder Adoption

Entities Accessing or Supplying Data



Data as of December 2013

Consolidation of RHIOs in the Downstate Area

4 RHIOs

BRONX
HEALTHIX
INTERBORO
eHNLI

BronxRHIO
Connecting for Better Health

AXOLOTYL

nyclix
Connecting for Quality

lipix
Long Island Patient Information eXchange

BHIX

Healthix

HealthShare

e-health network
of long island

HealthUnity

INTERBORO RHIO

AXOLOTYL

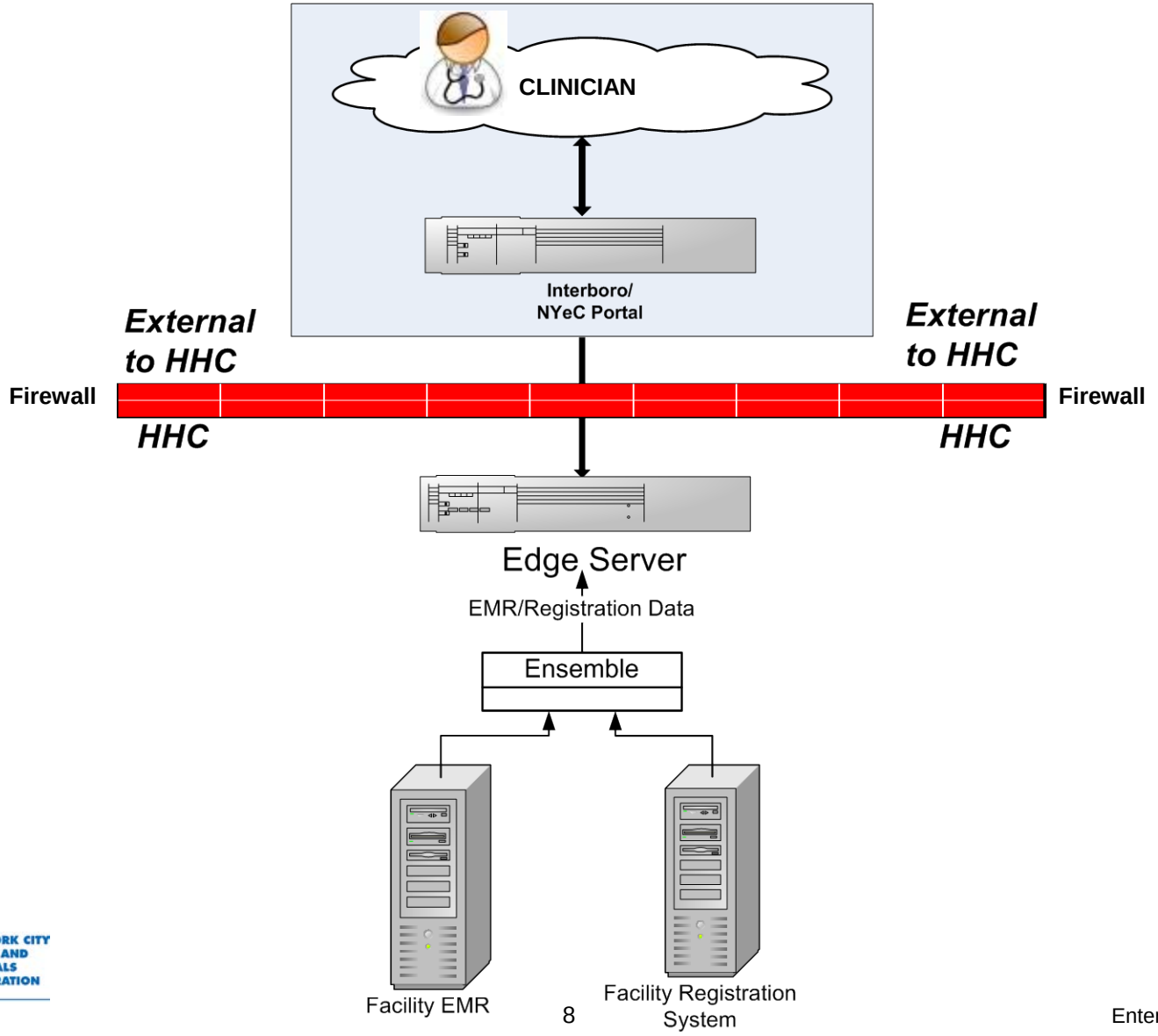
INTERBORO RHIO

Re-Platform of Technical Architecture

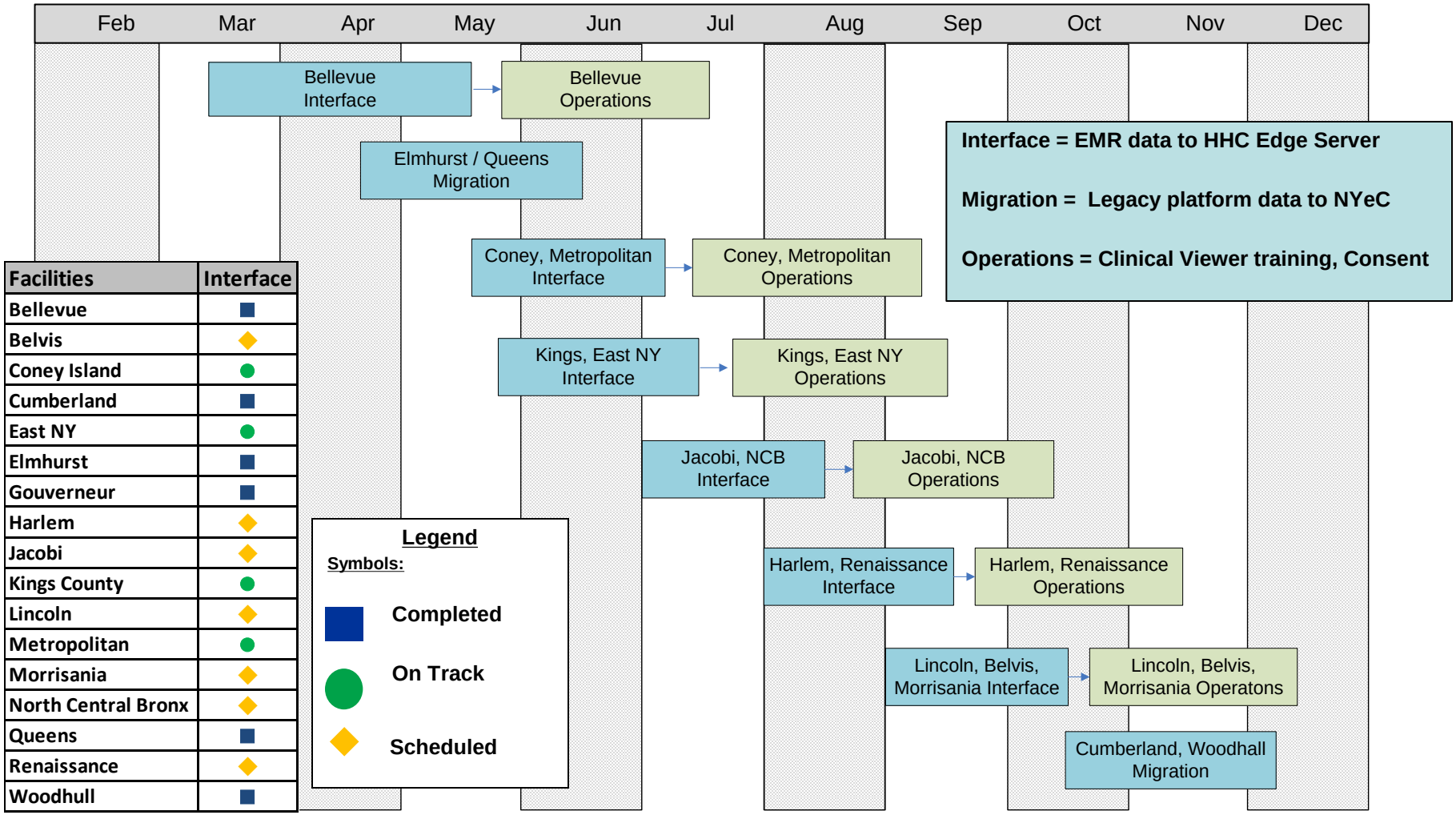
- **Interboro and NYCHHC have agreed to join the SHIN-NY and utilize their consolidated technical architecture.**
- **Interboro will fully convert over from Axolotyl to Intersystems HealthShare (NYeC HIE platform)**
- **Edge Servers to house HHC data have been setup**
- **HL7 Interfaces are in progress for all HHC facilities**
- **Migration of data for early RHIO participants (HEAL 5/17)**
- **HHC has agreed to comply with the state wide policy guidance and consent process.**

Note: NYeC's HealthShare infrastructure supports not only BHIX and Healthix, but also Southern Tier HealthLink (STHL), and the Tahonic Health Information Network and Community (THINC).

New HIE Architecture For HHC



2014 RHIO Project Timeline



Facilities	Interface
Bellevue	■
Belvis	◆
Coney Island	●
Cumberland	■
East NY	●
Elmhurst	■
Gouverneur	■
Harlem	◆
Jacobi	◆
Kings County	●
Lincoln	◆
Metropolitan	●
Morrisania	◆
North Central Bronx	◆
Queens	■
Renaissance	◆
Woodhull	■

INTERBORO RHIO

Participants + Over 200 Physician Practices

Bellevue Hospital Center*

Charles B. Wang Community Health Center*

Coler-Goldwater Hospital and Nursing Facility

Comunilife Inc.

Coney Island Hospital

Cumberland Diagnostic & Treatment Center (D&TC)*

Damian Family Care Centers, Inc.

Doshi Diagnostic Imaging Services*

Dr. Susan Smith McKinney Rehabilitation Center

East New York D&TC

Elmhurst Hospital Center*

FEGS*

Gouverneur Healthcare Services*

Harlem Hospital Center

HHC Health & Home Care

Howard Nass MD FAAP

Institute for Community Living*

Jacobi Medical Center

Jonathan W. Mohrer MD PC

Kings County Hospital Center

Lincoln Medical and Mental Health Center

MetroPlus Health Plan

Metropolitan Hospital Center

Morrisania D&TC

North Central Bronx Hospital

NY Medical & Diagnostic Center, Inc.

PSCH*

Q-Care Affordable Medical Care, PLLC

Quality NP Family Health

Queens Hospital Center*

Renaissance Health Care Network D&TC

Sea View Hospital Rehabilitation Center & Home

Segundo Ruiz Belvis D&TC

Services for the Underserved*

The Bridge*

The Floating Hospital, Inc.

Visiting Nurse Service of New York*

Woodhull Medical and Mental Health Center*

* Currently providing data

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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SHIN-NY As A Public Utility

NYeC
NEW YORK eHEALTH COLLABORATIVE

A Universally Accessible, Reliable, Public Utility

The Statewide Health Information Network of New York (SHIN-NY)

ALBANY, NEW YORK, March 31, 2014 —

The New York State Legislature approved $55 million in funding for the Statewide Health Information Network for New York (SHIN-NY) as part of its Fiscal Year 2014-15 budget.

The continued expansion of SHIN-NY, coordinated by the New York eHealth Collaborative (NYeC), will provide more effective coordination of care for an ever-growing community of patients across the entire state...

SHIN-NY As A Public Utility

NYeC
NEW YORK eHEALTH COLLABORATIVE

NYeC has $75 Million in State and Federal funding over 3 years.

"Dial Tone" Services to be provided by March 2015

- **Statewide Patient Record Lookup**
- **Statewide Secure Messaging (DIRECT)**
- **Notifications (Alerts / Subscribe and Notify)**
- **Provider & Public Health Clinical Viewers**
- **Consent Management**
- **Identity Management and Security**
- **Public Health Reporting Integration**
- **Lab Results Delivery**

No charge for these services beyond initial setup

RHIO Considerations

SAMHSA – Substance Abuse and Mental Health Services Administration

- Official position on HIO as trusted custodians of PHI
- No need for consent to upload for HIE

**Edge-Server Model - ** Encryption of Data at Rest and in Motion

Consent

- Transition from two step consent to single consent for access
- Consider multi-provider consent (Health Home model)
- HHC Wide Consent (Epic – one longitudinal patient record)

Q&A