

AGENDA

FINANCE COMMITTEE

MEETING DATE: JUNE 9, 2015
TIME: 9:00 A.M.
LOCATION: 125 WORTH STREET
BOARD ROOM

BOARD OF DIRECTORS

CALL TO ORDER

BERNARD ROSEN

ADOPTION OF THE MAY 12, 2015 MINUTES

SENIOR VICE PRESIDENT'S REPORTS

MARLENE ZURACK

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KRISTA OLSON/FRED COVINO

ACTION ITEMS

ANTONIO MARTIN

1. Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a management contract with Stericycle, Inc. ("Stericycle"). Stericycle will manage the carting and disposal of the Corporation's seven waste streams for each facility. The contract will be for an initial term of two years for the period from July 1, 2015 through June 30, 2017 with options to renew the agreement for two additional two-year periods at the sole discretion of the Corporation in an amount not to exceed \$38,990,448 over the potential six-year term of the contract.
2. Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute an amendment to the Corporation's existing contract with Surgical Solutions, LLC (the "Vendor") to provide laparoscopic/endoscopic video equipment, associated instruments, disposable supplies and preoperative, postoperative support services to expand its scope from Bellevue Hospital Center, Elmhurst Hospital Center and Kings County Hospital Center to also include Harlem Hospital Center, Coney Island Hospital, Lincoln Medical and Mental Health Center, Metropolitan Hospital Center, and Queens Hospital Center for a term of 6 years in an amount not to exceed \$65,000,000 inclusive of a 3% contingency of \$1,925,486 while extending the term of the existing agreement currently to expire September 2, 2019.

INFORMATION ITEM

HHC FEMA 428 Design and Construction Management – Program Financial Controls

ROSLYN WEINSTEIN

OLD BUSINESS
NEW BUSINESS
ADJOURNMENT

BERNARD ROSEN

MINUTES

MEETING DATE: MAY 12, 2015

FINANCE COMMITTEE

BOARD OF DIRECTORS

The meeting of the Finance Committee of the Board of Directors was held on May 12, 2015 in the 5th floor Board Room with Bernard Rosen presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Bernard Rosen
Ramanathan Raju, MD
Josephine Bolus, RN
Emily Youssouf
Patsy Yang, (Representing Deputy Mayor Lilliam Barrios-Paoli in a voting capacity)

OTHER ATTENDEES

J. Cassidy, Analyst, NYC OMB
K. Cherny, Unit Head, NYC OMB
T. DeRubio, Analyst, OMB
J. DeGeorge, Analyst, State Comptroller's Office
M. Dolan, Senior Assistant Director, DC 37
R. McIntyre, Account Executive, Cerner
K. Raffaele, Analyst, OMB

HHC STAFF

J. Bender, Corporate Media Relations
L. Brown, Senior Vice President, Corporate Planning, Community Health & Intergovernmental Rel
E. Casey, Assistant Director, Corp HIVS
D. Cates, Chief of Staff, Board Affairs

Minutes of the May 12, 2015 Finance Committee Meeting

E. Cosme, CFO, Gouverneur Specialty Care Facility
D. Collington, Associate Executive Director, Coney Island Hospital
F. Covino, Corporate Budget Director, Corporate Budget
J. Cuda, CFO, MetroPlus Health Plan, Inc.
V. Fleming, Director, Corporate Office of Medical Affairs
G. Guilford, Assistant Vice President, Office of the Senior Vice President/Finance/Managed Care
D. Guzman, Deputy CFO, Metropolitan Hospital Center
K. Garramone, CFO, North Bronx Health Care Network
J. John, Corporate Comptroller, Corporate Comptroller's Office
M. Katz, Senior Assistant Vice President, Corporate Revenue Management
B. Keller, Deputy General Counsel, Office of Legal Affairs
K. Kolodziejwski, Assistant Director, Workforce Development
P. Lockhart, Secretary to the Corporation, Office of the Chairman
P. Lok, Director, Corporate Reimbursement Services/Debt Financing
N. Mar, Director, Corporate Reimbursement Services/Debt Financing
A. Marengo, Senior Vice President, Corporate Marketing/Communications
A. Mirdita, CFO, PAGNY
R. Mark, Chief of Staff, Office of the President
A. Martin, Executive Vice President/COO, Office of the President
I. Michaels, Director, Corporate Communications/Marketing
A. Moran, CFO, Elmhurst Hospital Center
K. Olson, Assistant Vice President, Corporate Budget
P. Pandolfini, CFO, Staten Island Southern Brooklyn Network
C. Parjohn, Director, Office of Internal Audits
K. Park, Associate Executive Director, Queens Health Network
N. Petersen, Senior Associate Director, Woodhull Medical & Mental Health Center
S. Ritzel, Associate Director, Kings County Hospital Center
L. Sainbert, Assistant Director, Office of the Chairman
A. Saul, Deputy CFO, Central Brooklyn Health Network
C. Samms, CFO, Generations Plus/Northern Manhattan Network
B. Stacey, Chief Financial Officer, Queens Health Network
R. Walker, CFO, North Brooklyn Health Network
J. Weinman, CFO, South Manhattan Network
M. Zurack, Senior Vice President/CFO, Corporate Finance

Minutes of the May 12, 2015 Finance Committee Meeting

CALL TO ORDER

BERNARD ROSEN

The meeting of the Finance Committee was called to order at 9:05 a.m. The minutes of the May 12, 2015 were approved as submitted.

CHAIR'S REPORT

BERNARD ROSEN

SENIOR VICE PRESIDENT'S REPORT

MARLENE ZURACK

Ms. Zurack informed the Committee that her report would include an update of the City's Executive Budget, HHC's cash status and later on the agenda as an information item, a review of the gaps in HHC's financial plan that were identified and submitted to OMB. At the request of the Committee, the review will include an overview and highlights of those gaps that would be presented to the City in comparison to the previous plan. Before beginning the report, Ms. Zurack announced the appointment of Anthony Saul, CFO/Central Brooklyn Health Network replacing Julian John who was recently appointed Corporate Comptroller. HHC's cash on hand (COH) relates to the new gaps in the plan. At this Committee's last meeting it was reported that HHC was projected to end the current FY 15 with a cash balance of \$462 million; however, last month HHC received some disparaging news from the State on the UPL calculation that included some revenue and expense. Consequently, the current forecast for the FY 15 year end is \$150 million or 9.5 days of COH which is an extremely critical situation for HHC. HHC has been in discussions with the State on long term solutions which is due in part to the timing of the cash and budget issues. The City's Executive Budget was released last week and some of the highlights for HHC on the expense side relate to additional funding for collective bargaining for the unions that recently settled their contracts totaling \$17.5 million to \$28 million in FY 19. In addition HHC received \$2 million to \$3.3 million annually funding for a program to combat domestic violence in family justice centers. The City re-estimated HHC EBOLA costs that resulted in full funding for the initial costs estimate of \$10 million as oppose to \$20 million. The City and HHC have agreed to take some of the capital items that HHC would have used City capital and having HHC do its own lending and Corporate Finance will be seeking input from the Committee, particularly Ms. Youssouf and Mr. Page for assistance in creating a strategy for doing this type of action.

Ms. Youssouf asked for clarification of the change in HHC's cash position. Ms. Zurack stated that HHC had expected a certain amount of UPL funding and that amount was decreased. The details of that change would be discussed later on the agenda as part of the financial plan gap review as an information item.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KRISTA OLSON/FRED COVINO

Ms. Olson reported that utilization through the current FY 15 as of March 2015 showed a continuation of the slight downward trend in utilization that has been consistent during the year. Billed ambulatory care visits were down by 2.2%; D&TC visits were also down by 2.8%. Discharges were down by 1.9%

Minutes of the May 12, 2015 Finance Committee Meeting

but a slight improvement over the prior months. A large share of this reduction is due to a reduction in one day stays and re-admissions. Nursing home days were up slightly by 2.5% over last year. The average length of stay (LOS), all of the hospitals were below the corporate average with the exception of Coney Island Hospital. Coney Island is addressing this issue as part of a plan that focuses specifically on the problems involved in getting their LOS at the level it should be. The CMI was up by 2% over last year which is expected given the decline in one-day stays and readmissions.

Mr. Covino continuing with the reporting stated that FTEs were up by 246 year-to-date (YTD) compared to the 325 budgeted level of increase. During the month of March 2015 there was an improvement in the budget of \$40 million; however, receipts were \$60 million less than budget and disbursements were \$30.5 million overspent. A comparison of current year actual to the prior year for the same period, receipts were \$159 million better than last year due to an increase in the DSH and UPL payments of \$194 million. Medicaid and managed care were up by \$139 million; medical health home payments were up by \$23 million; risk pool payments were up by \$16 million. These increases were offset by SLIPA payments of \$88 million which was down by one payment due to an advancement of that payment in FY 14 to assist HHC with its cash flow problem. Additionally payments are down by \$16 million due to the 2% reduction in the full Medicaid rate which is scheduled to be restored in April 2015.

Ms. Youssof asked if there is any retroactivity on the 2% reduction to which Mr. Covino responded that there is none and that it was extended through March 2015 and is expected to be restored effective April 1, 2015 to a 100%. Continuing with the reporting, expenses were up by \$303 million versus last year. Personal services (PS) were up by \$174 million due to collective bargaining (CB) and \$8 million increase in FTEs in the budget plan as well as an increase in overtime. Fringe benefits were up by \$10.1 million due to FICA and CB increases. OTPS expenses were up by \$74.8 million due to a reduction in the number of days in accounts payable from 84 days to 64 days. One of the biggest contributors to that increase has been in pharmaceuticals, up by \$29 million due to the 340B pricing and a significant increase in generic drugs as well as an increase in usage by the DOH in purchases of pharmaceuticals through HHC for some of their medical services. City payments were up by \$15.7 million due to timing of payments for EMS services. Affiliation payments were up by \$24.9 million due to a change in payments from monthly to biweekly. Additionally there were two prior year payments in the Queens Health Network for performance indicators and a prior year recalculation payment at Bellevue Hospital Center. Affiliation costs are projected to increase by 4% or \$971 million in FY 15 compared to \$934 million last year.

Ms. Youssof asked what the affiliation increase was attributable to. Mr. Covino stated that it is due to an increase in some of the programs and growth in costs.

Mr. Martin added that it is due to an increase in beds at Lincoln and Gouverneur hospitals and the expansion of some programs have accounted for the majority of that increase.

Minutes of the May 12, 2015 Finance Committee Meeting

Ms. Youssouf asked if the plan target for a reduction in FTEs has been completed.

Ms. Zurack stated that HHC's plan includes a 1,000 FTE global reduction which is inclusive of overtime usage; temporary staff, etc. with a target date of completion in FY 16 from a base period of June 2014 to June 2016.

Mr. Covino stated that a comparison of the FY 15 actual to the budget, inpatient receipts were down by \$85.4 million due to a decrease in workload and Medicaid fee-for-service. Paid Medicaid discharges were down by 2,100; chronic and SNF days down by 17,000 and psych days were down by 4,100 against the plan. Outpatient revenues were up by \$39 million due to the distribution of the risk pool payments from MetroPlus that were higher than planned by \$20 million due to an increase in utilization and a reduction in prior year reserves which flowed to HHC. All other was down by \$14 million due to a 2% reduction in the Medicaid rate. Expenses with the exception of OTPS were on budget. As previously reported, OTPS expenses are up due to a reduction in the number of days in accounts payable.

Ms. Youssouf asked with the exception of the OTPS what the biggest contributor is. Mr. Covino stated that it is the Medicaid fee for service.

Mr. Rosen added that in terms of the OTPS there are few options available in terms of where and how HHC can reduce its payments due to the discount factor. Mr. Covino added that Cardinal is one of the primary discounts.

Dr. Raju asked how much of the FFS reduction was related to the mental health patients LOS issues. Mr. Covino stated that psych cases were down by 4,100 days.

Dr. Raju stated that HHC has an aggressive plan to reduce the LOS for psych patients and in a fee for service environment, HHC is getting penalized for doing the right thing given that the reimbursement is based on days. The reporting was concluded.

INFORMATION ITEM

MARLENE ZURACK

Ms. Zurack informed the Committee that included in their packet was a report that was used internally by Corporate Finance but not as a distribution to the Board and the Committee; however, in HHC's efforts to keep the Board informed in its process for updating its plan, an analysis was done on the prior plan to identify additional gaps or surpluses. The longer version of that process was not included but rather the shorter version consisting of the three pages included in the packet which is referred to as the "gap sheet." The summary includes revenue and expense changes. The highlights are consistent with the monthly reporting that Mr. Covino has been reporting each month to the Committee. One of the concepts used in the plan, "above the line" versus "below the line." The above the line consists mainly of the normal course of events, operations, revenues and expenses as part of doing business. The below the line items are mostly the prior gap closing programs. There were

Minutes of the May 12, 2015 Finance Committee Meeting

changes in the gap closing programs; changes in the baseline revenue assumptions and in the baseline expenses and moving those items after being achieved to the baseline. In 2015, the gap closing program were reduced as part of the below the line items. Those items that were achieved were zeroed out and assumptions were made regarding the remaining items in terms of whether those items are achievable. Based on those assumptions, the above the line items reflect those changes. The balance is basically things that will occur during the last quarter of the current FY 15 that were the gap closing items. A DSRIP payment of \$60 million and a MetroPlus risk pool payment are expected and remains in the below the line. Some of HHC's restructuring initiatives remains as part of the below the line items as these are actions that are yet to be achieved such as the labs reconfiguration; FQHC, etc. Of the HHC actions, some will be achieved this year; the next year value is \$300 million increasing to \$350 million each year thru the life of the plan. In the City's budget, HHC \$300 million in FY 16 was highlighted as a major contribution to the entire City's plan of \$500 million. HHC accounted for \$300 million of the \$500 million. Additionally, State and Federal actions were added in the out years to balance the plan. HHC's primary concern is FY 15 and 16. The plan does not include any updated assumptions due to the lack of information needed to change those projections.

Ms. Youssouf asked if the actions for the State and Federal were based on assumptions or requests in the out years. Ms. Zurack stated that there are some legislative requests that HHC is tracking that are included in those numbers.

Ms. Youssouf asked if those numbers were linked to any specific items that HHC can reasonable expect to receive or other assumptions. Ms. Zurack stated that there are specific items that will be forthcoming.

Dr. Raju added that those are targets set for HHC by HHC.

Ms. Zurack continuing with the gap analysis stated that the focus on the disclosure of the above the line changes and when there is improvement in the above the line, the below the line is reduced; however, when it worsens, HHC has to add things to the below the line which is not an easy task. Revenue changes since the January Plan includes a negative \$166.4 in FY 15, positive \$138 million in FY 16, positive \$101.7 in FY 17, \$102.2, FY 18 and positive \$104 in FY 19. There were some changes in Medicaid reductions in the current year and an increase in the out years and changes in DSH funding. The biggest item of importance for the Committee is the Upper Payment Limit (UPL) which has been a major factor in HHC's cash flow. One of the things that HHC has been in discussions with NYS who is supportive of HHC in negotiations with CMS is the actual required calculations that are statewide numbers; however, HHC plays a role in how much it will get in UPL funds. UPL funding was essentially created by Congress in recognition of the fact that safety net hospitals do not have a source of cross subsidization for Medicaid fee-for-service. Medicaid programs across the country are subsidized but safety providers do not have other care to subsidize those programs. In recognition of that factor for the safety net providers supplemental Medicaid was created by Congress several years ago to provide

full cost reimbursement for Medicaid and funding for the uninsured. Consequently, the UPL was the way in which the federal government recognized the cross subsidizing going on throughout the country but not applicable to the public hospitals. The administration of those types of payments can be subject to some manipulations by states to get actual gap closings for their budgets that have resulted in major criticism about those payments and have led to various levels of scrutiny of those payments. Those actions have resulted in efforts to reduce those payments by identifying issues that support those efforts by not recognizing certain expenses. Most recently, the problem surfaced whereby in the past CMS allowed providers to do a base year calculation of the UPL trended with rate changes to determine the UPL allocation. However, that concept has changed and CMS has changed the base year that would involve volume reductions against the base year. In the past the calculation was done on a base year given by CMS for a five-year period with a 2% CPI added. Now the base year has changed and all of the changes that could affect that base are being applied in that calculation. The biggest change affecting HHC as a result of that action is the fee-for-service (FFS) volume driven by the implementation of the Medicaid Redesign Team (MRT) that includes the movement of individuals to managed care. The UPL is only calculated on the FFS Medicaid. HHC has had a large portion of its Medicaid populations moved to managed care which has resulted in a volume decrease. Additionally, due to the storm, Hurricane Sandy there was a temporary volume decrease. What CMS did with NYS was to take the base year and reduce it by those volume decreases. HHC has argued that the level of acuity is higher and those remaining patients are sicker and more costly. However, CMS is insistent on reducing the payments largely due to a congressional review that resulted in two reports. Consequently, due to the current cash flow problem, HHC has decided to accept the reduction of \$203 million in the baseline.

Ms. Youssouf asked if the new base year was reduced by \$203 million trending downward going forward what is being accounted for in the future.

Ms. Zurack stated that what is being reflected in the plan is the change in a series of different payments, the UPL through 2011, the outpatient through 2013. All of the other retrospective payments will occur in 2015. There is one more that is reflected in the next FY 2016 which is part of the cash flow problem due to the delay resulting from the approval process.

Ms. Youssouf added that the UPL does not include the uninsured. Ms. Zurack stated that it does not and that it is only Medicaid FFS. One of the problems HHC has is that the UPL is not applied to managed care which is a major source of HHC deficit due to an inherent underpayment in managed care with the exception of HealthFirst and MetroPlus. The payments from the other managed care plans are grossly inefficient given that the premiums are based on FFS experience without UPL being included. The State is required to create a 5% saving by converting individuals to managed care. Therefore 95% of the FFS is the premium. HHC is working on alternative means through alternative programs to fund the losses in managed care.

Minutes of the May 12, 2015 Finance Committee Meeting

Dr. Raju stated that there is a lot of discussion regarding HHC's financial status, in that there is some speculation that HHC's costs are very high. Unlike other healthcare systems, HHC does not have a mechanism for shifting cost given that the majority of HHC population is Medicaid. Unfortunately the type of care HHC provides to its patients is not negotiable. The disease process is very costly and the care cannot be reduced without compromising the overall well-being of the patients. One of the ways to manage this is through the UPL that will allow HHC to provide the required level of care to its patients. This is a continuous problem and will be a huge risk for HHC's finances. HHC has been financially prudent in its spending and every step is being taken to reduce cost. However, the cost of care exceeds the amount being paid through the managed care plans. There is no subsidy for those underpayments. There is a large undocumented and unfunded population that has not been addressed.

Ms. Youssouf asked is there are any provisions to cover that cost. Ms. Zurack stated that the DSH was established to address that funding issue in recognition that the safety net hospitals do provide care to the uninsured and is not reimbursed for underfunding which is deficit funding for the hospitals.

Ms. Youssouf asked if it is based on actual numbers. Ms. Zurack stated that it is based on a methodology for allocating a fixed pool of monies that is split between the public and non-public hospitals and that split is arbitrary not necessarily based on any specific care and within those pools there is a number for the uninsured and the services provided to them. The formula has been updated slightly but is very complicated in terms of the transitional formula that include a hybrid of an old formula that rewarded the hospitals for bad debt and a new formula that allocates a fixed amount based on services to the uninsured. In that hybrid there are some very low providers that are getting significant funding. Different advocates will highlights those issues relative to the level of care provided to the uninsured compared to certain hospitals. Also the definition of a safety net hospital has changed significantly over the years.

Ms. Youssouf asked if HHC has data on the number of undocumented. Ms. Zurack stated that the number of uninsured patients HHC can identify but not the undocumented.

Ms. Youssouf asked if it is possible to get that number without violating individuals' rights that could result in HHC getting more money.

Dr. Raju stated that although HHC may not have that data it is widely known that HHC treats more of the uninsured than any of the other healthcare entities. Most of the uninsured are undocumented. What HHC is requesting is that as the DSH funding declines the charity care pool should be allocated to those hospitals that are actually providing charity care as opposed to a formula that was put into effect years ago. HHC will continue to argue this issue until HHC gets it fair share. The goal is to focus on the issues and how to argue those issues in a way that best represents the services HHC provides as a public system to ensure that those who are in need of care gets the care needed without compromising the overall well-being of the communities/population served by HHC.

Minutes of the May 12, 2015 Finance Committee Meeting

Ms. Youssouf asked if HHC had gotten what it should have what would that amount have been. Ms. Zurack stated that it would be more than the \$203 million.

Mr. Rosen asked what the UPL number in the January Plan was. Mr. Covino stated that the baseline in the financial plan was \$400 million.

Ms. Zurack added that the number consisted of two different UPL payments, inpatient was at \$400 million and outpatient was \$200 million. Currently, the inpatient is at \$300 million and outpatient is at \$150 million.

Mr. Rosen noted that in the out years the reduction is not as significant. Dr. Raju stated that this FY includes multiple years.

Ms. LaRay Brown, Senior Vice President, Corporate Planning, Intergovernmental Relations and Community Health in response to Ms. Youssouf concern about getting the message out about HHC, stated that yesterday the City Comptroller, Mr. Stringer, promulgated a report that speaks to the issues Ms. Zurack and Dr. Raju have articulated as to the role HHC plays in serving the uninsured and undocumented individuals as part of that and the financial challenges HHC is facing and will continue to face as those different reimbursement and funding streams change that do not recognize that essential role. The NY Immigration Coalition with the Hastings Institute also released a report which actually spoke to those concerns and underscored HHC's essentiality and who HHC serves. At a future Strategic Planning Committee Meeting a more robust conversation can be had to further expand on the issues relative to those policy issues by inviting HHC's colleagues such as the NY Immigration Coalition and others who are very involved and strong advocates on behalf of HHC at both the State and Federal levels and the need to re-address this issue even with the Affordable Care Act (ACA).

Ms. Youssouf stated that the undocumented issue was not addressed in the Comptroller's report which is a major issue for HHC.

Ms. Brown stated that it is important to note that given the current discussions around the country regarding the undocumented immigrants in particular, there are instances when HHC must decide how it overtly positions itself particularly when the discussion are at the federal level and not the NY delegation. However, if something is put forward that requires not just NY to vote and approval that has the highlight or the headline "immigrant" it will not get HHC where it would need to be in order to make an impact on the issue. If it was only NYS it would be a slightly different issue. It is important as Dr. Raju indicated for HHC to focus on how it messages certain issues relative to what is put out there given the political reality.

Mrs. Bolus noted that there appears to be a slight increase in Medicare. Ms. Zurack stated that HHC has recognized some improvement in its Medicare population largely due to the documentation and coding improvement initiative which as a below the line item in recognition of that improvement. The

Minutes of the May 12, 2015 Finance Committee Meeting

City services are predominately collective bargaining that corresponds to the increase in the personal services costs. Those two balance out. As part of the grants, the HRA Administration grant has been push out a few months. HHC carries the FDNY in its financials which is a change to balance out all of the numbers in the plan. The fringe benefit change is a technical item whereby HHC recognized the health savings in a prior plan and has become an offset to the collective bargaining and acknowledged as a cost but was actually a function of how it was addressed in the budget. The OTPS as part of the expense changes that were detailed in showing the health insurance savings. In the OTPS there are a number of changes that are not actually reflective of the work Paul Albertson, Assistant Vice President, Corporate Operation/Procurement has done that resulted in a \$31 million savings but was offset by a \$31 million increase in pharmacy costs. The pharmacy increase is due to two major factors, the change in the 340B regulations that impacted HHC's ability to get discounted pricing for mixed used areas such the emergency department (ED) and an increase in the cost of generic drugs. While there are savings as part of the supply chain there are other factors that are occurring at the same time these savings are being generated. Malpractice, there was a one-time benefit this FY 15. All other categories are the same as the January Plan.

Mr. Rosen asked if in the plan the DSRIP continues beyond FY 20. Ms. Zurack stated that it is beyond FY 19 into FY 20 extending beyond the life of the plan and there could be some residuals thereafter.

Dr. Raju stated that it was important to note that the 340B changes are a major issue for HHC that must be addressed on an ongoing basis given that there are some opinions that there is no longer a need for it. HHC has been in discussion regarding the inclusion of the 340B inpatient side but is now losing it on the outpatient side.

Mrs. Bolus asked for clarification of the 340B to which Ms. Zurack explained that it allows safety net provides to purchase with the veterans administration discounts only for outpatient and the FQHCs as well.

Dr. Raju added that it allows HHC to provide medications to its patients at a low or no cost on the outpatient side only and if that goes away it will be a major issue for HHC.

Ms. Zurack stated that for Medicaid the pharmaceutical companies are required to give rebates to the government for Medicaid which benefits HHC.

Mr. Rosen stated that it is a reasonable plan and as previous stated what is important in the plan is for the stakeholders to understanding what is being presented. It appears that FY 16 will be less challenging but the out years will be more challenging within those parameters. The report was concluded.

INFORMATION ITEM

KRISTA OLSON

PAYOR MIX REPORTS (INPATIENT, ADULT & PEDIATRICS 3RD QUARTER)

Ms. Olson reported that the inpatient payor mix report for the 3rd quarter of the current FY 15 showed that overall the improvements that were seen in the prior quarters were sustained with the reduction in the uninsured and an increase in Medicaid. However, the report showed that the increase in Medicaid was in FFS as opposed to managed care. The Exchanges began the 2nd quarter of last year. Therefore, in the report the exchanges would have begun to impact the baseline period and is no longer a pre and post comparison of the ACA. As always there is a lag in the processing of Medicaid applications and typically the uninsured rate decreases further as a result over a period of time due to timing. The Outpatient Adult Payor Mix report, the improvement in Medicaid has dissipated as compared to the previous quarter. There was a 3.1% improvement and a decline in the uninsured. The increase in commercial continued with a 1.1% increase. Pediatrics payor mix report there was less new opportunity from the ACA a slight improvement but little overall change.

Mrs. Bolus asked if HHC Options was supplemented by Medicaid.

Ms. Zurack stated that the Options program has two components, in that there are 570 application counselors who assist patients in applying for Medicaid coverage and other governmental insurances. HHC processes 70,000 applications per year. The second part is related to access as part of the fee scaling process based on income that determines the charge for the clinic visit that could be from \$0 to \$15. Before HHC Options there were Executive Orders issued by prior HHC Presidents that basically established the protocol for patients with certain conditions that required repetitive services that authorized the hospitals' administrators (Executive Directors) the discretion in determining whether the fee scaling could be lowered.

Mrs. Bolus asked who pays the difference in the actual fee and the charge. Ms. Zurack stated that the DSH is used to offset that difference. In the financial statement the charges charity care reflect the actual charges compared to the actual cost. At the Audit Committee meeting HHC's financial statement is presented and there are highlights of those charges in relation to the DSH and charity care funding.

ADJOURNMENT

BERNARD ROSEN

There being no further business to discuss the meeting was adjourned at 10:05 a.m.

KEY INDICATORS/CASH RECEIPTS & DISBURSEMENTS REPORTS

KEY INDICATORS
FISCAL YEAR 2015 UTILIZATION

Year to Date
April 2015

NETWORKS	UTILIZATION						AVERAGE LENGTH OF STAY		ALL PAYOR CASE MIX INDEX	
	VISITS			DISCHARGES/DAYS			ACTUAL	EXPECTED	FY 15	FY 14
	FY 15	FY 14	VAR %	FY 15	FY 14	VAR %				
North Bronx										
Jacobi	341,093	354,188	-3.7%	15,589	16,440	-5.2%	5.9	6.2	1.0208	0.9995
North Central Bronx	167,244	166,490	0.5%	4,435	3,660	21.2%	5.1	5.2	0.7882	0.8937
Generations +										
Harlem	256,986	272,462	-5.7%	9,302	9,143	1.7%	5.5	5.9	0.9695	0.9508
Lincoln	442,954	457,248	-3.1%	19,381	19,963	-2.9%	5.1	5.5	0.8522	0.8371
Belvis DTC	44,842	44,386	1.0%							
Morrisania DTC	67,601	68,415	-1.2%							
Renaissance	36,770	39,773	-7.6%							
South Manhattan										
Bellevue	469,855	481,300	-2.4%	19,635	19,122	2.7%	6.4	6.3	1.1214	1.1061
Metropolitan	324,823	325,401	-0.2%	8,093	9,312	-13.1%	5.0	5.4	0.8305	0.7697
Coler				223,625	229,949	-2.8%				
Goldwater/H.J. Carter				95,310	95,791	-0.5%				
Gouverneur - NF				60,755	42,000	44.7%				
Gouverneur - DTC	208,469	222,687	-6.4%							
North Central Brooklyn										
Kings County	562,755	570,356	-1.3%	18,224	18,736	-2.7%	6.4	6.3	1.0305	0.9864
Woodhull	389,638	406,113	-4.1%	9,512	10,709	-11.2%	5.2	5.3	0.8407	0.7954
McKinney				93,909	94,815	-1.0%				
Cumberland DTC	66,067	70,194	-5.9%							
East New York	66,144	60,781	8.8%							
Southern Brooklyn / S I										
Coney Island	266,828	283,573	-5.9%	12,543	11,717	7.0%	6.8	6.2	1.0108	1.0243
Seaview				89,530	88,314	1.4%				
Queens										
Elmhurst	513,932	517,114	-0.6%	16,945	17,707	-4.3%	5.9	5.5	0.9386	0.8935
Queens	336,683	339,974	-1.0%	10,380	10,081	3.0%	5.4	5.3	0.8521	0.8555
Discharges/CMI-- All Acutes										
Visits-- All D&TCs & Acutes	4,562,684	4,680,455	-2.5%	144,039	146,590	-1.7%			0.9568	0.9326
Days-- All SNFs				563,129	550,869	2.2%				

Notes:

Utilization

Acute: discharges exclude psych and rehab; reimbursable visits include clinics, emergency department and ambulatory surgery

D&TC: reimbursable visits

LTC: SNF and Acute days

All Payor CMI

Acute discharges are grouped using the 2013 New York State APR-DRGs for FY 14 and FY 15.

Average Length of Stay

Actual: discharges divided by days; excludes one day stays

Expected: weighted average of DRG specific corporate average length of stay using APR-DRGs

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

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KEY INDICATORS

FISCAL YEAR 2015 BUDGET PERFORMANCE (\$s in 000s)

Year to Date

April 2015

NETWORKS	FTE's VS 6/14/14	RECEIPTS		DISBURSEMENTS		BUDGET VARIANCE	
		actual	better / (worse)	actual	better / (worse)	better / (worse)	
<u>North Bronx</u>							
Jacobi	(44.5)	\$ 480,073	\$ (2,388)	\$ 480,850	\$ (20,392)	\$ (22,780)	-2.4%
North Central Bronx	<u>(14.0)</u>	<u>158,073</u>	<u>48</u>	<u>154,275</u>	<u>4,482</u>	<u>4,530</u>	<u>1.4%</u>
	(58.5)	\$ 638,146	\$ (2,340)	\$ 635,124	\$ (15,910)	\$ (18,250)	-1.4%
<u>Generations +</u>							
Harlem	30.0	\$ 310,535	\$ 12,485	\$ 315,595	\$ (21,701)	\$ (9,216)	-1.6%
Lincoln	48.5	476,988	15,544	430,465	13,548	29,093	3.2%
Belvis DTC	(1.0)	13,130	607	12,877	2,273	2,880	10.4%
Morrisania DTC	8.5	19,811	2,140	22,525	1,189	3,329	8.0%
Renaissance	<u>(2.0)</u>	<u>14,127</u>	<u>3,993</u>	<u>17,251</u>	<u>666</u>	<u>4,659</u>	<u>16.6%</u>
	84.0	\$ 834,592	\$ 34,769	\$ 798,713	\$ (4,024)	\$ 30,745	1.9%
<u>South Manhattan</u>							
Bellevue	86.0	\$ 619,766	\$ 2,772	\$ 655,831	\$ (26,493)	\$ (23,720)	-1.9%
Metropolitan	31.0	250,934	(21,853)	270,088	2,235	(19,618)	-3.6%
Coler	(34.0)	70,227	(6,364)	119,234	(10,683)	(17,047)	-9.2%
Goldwater/H.J. Carter	(25.0)	68,332	(24,502)	101,314	(11,296)	(35,798)	-19.6%
Gouverneur	<u>52.0</u>	<u>68,606</u>	<u>(2,055)</u>	<u>85,236</u>	<u>2,332</u>	<u>277</u>	<u>0.2%</u>
	110.0	\$ 1,077,865	\$ (52,002)	\$ 1,231,703	\$ (43,904)	\$ (95,907)	-4.1%
<u>North Central Brooklyn</u>							
Kings County	(49.0)	\$ 633,870	\$ 838	\$ 594,922	\$ 16,421	\$ 17,260	1.4%
Woodhull	57.5	346,315	7,671	350,957	(14,707)	(7,036)	-1.0%
McKinney	1.5	43,708	3,988	39,301	1,188	5,177	6.5%
Cumberland DTC	(16.0)	20,221	381	22,635	2,336	2,717	6.1%
East New York	<u>8.5</u>	<u>20,720</u>	<u>2,741</u>	<u>21,199</u>	<u>(113)</u>	<u>2,628</u>	<u>6.7%</u>
	2.5	\$ 1,064,833	\$ 15,620	\$ 1,029,015	\$ 5,125	\$ 20,745	1.0%
<u>Southern Brooklyn/SI</u>							
Coney Island	(7.5)	\$ 277,382	\$ (35,861)	\$ 336,169	\$ (8,976)	\$ (44,838)	-7.0%
Seaview	<u>2.5</u>	<u>40,612</u>	<u>(1,419)</u>	<u>46,349</u>	<u>1,663</u>	<u>244</u>	<u>0.3%</u>
	(5.0)	\$ 317,994	\$ (37,280)	\$ 382,518	\$ (7,313)	\$ (44,594)	-6.1%
<u>Queens</u>							
Elmhurst	44.0	\$ 483,798	\$ 14,715	\$ 481,886	\$ (11,992)	\$ 2,723	0.3%
Queens	<u>54.5</u>	<u>321,423</u>	<u>1,157</u>	<u>315,266</u>	<u>(6,466)</u>	<u>(5,309)</u>	<u>-0.8%</u>
	98.5	\$ 805,220	\$ 15,872	\$ 797,152	\$ (18,458)	\$ (2,586)	-0.2%
NETWORKS TOTAL	<u>231.5</u>	<u>\$ 4,738,651</u>	<u>\$ (25,362)</u>	<u>\$ 4,874,225</u>	<u>\$ (84,484)</u>	<u>\$ (109,847)</u>	<u>-1.1%</u>
Central Office	1.0	263,165	8,337	237,735	2,310	10,647	2.2%
HHC Health & Home Care	(5.0)	12,421	(14,391)	33,579	(5,896)	(20,287)	-37.2%
Enterprise IT	<u>46.0</u>	<u>13,334</u>	<u>(597)</u>	<u>156,087</u>	<u>13,203</u>	<u>12,606</u>	<u>6.9%</u>
GRAND TOTAL	<u>273.5</u>	<u>\$ 5,027,570</u>	<u>\$ (32,013)</u>	<u>\$ 5,301,625</u>	<u>\$ (74,867)</u>	<u>\$ (106,881)</u>	<u>-1.0%</u>

Notes:

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Henry J. Carter Specialty Hospital and Nursing Facility (HJC) began receiving patients on November 24, 2013; the Goldwater campus relocated its last patient to HJC on November 25, 2013.

New York City Health & Hospitals Corporation
Cash Receipts and Disbursements (CRD)
Fiscal Year 2015 vs Fiscal Year 2014 (in 000's)
TOTAL CORPORATION

	Month of April 2015			Fiscal Year To Date April 2015		
	actual 2015	actual 2014	better / (worse)	actual 2015	actual 2014	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 82,978	\$ 66,355	\$ 16,622	\$ 709,348	\$ 693,593	\$ 15,755
Medicaid Managed Care	63,280	53,007	10,273	550,384	533,072	17,312
Medicare	44,335	42,432	1,903	483,123	457,627	25,496
Medicare Managed Care	24,825	31,707	(6,883)	272,258	263,726	8,532
Other	<u>19,554</u>	<u>21,004</u>	<u>(1,450)</u>	<u>189,231</u>	<u>192,499</u>	<u>(3,268)</u>
Total Inpatient	\$ 234,971	\$ 214,505	\$ 20,466	\$ 2,204,346	\$ 2,140,518	\$ 63,828
Outpatient						
Medicaid Fee for Service	\$ 17,575	\$ 12,071	\$ 5,504	\$ 182,306	\$ 152,047	\$ 30,259
Medicaid Managed Care	31,604	32,634	(1,030)	478,551	461,598	16,953
Medicare	5,356	4,823	532	52,163	42,972	9,191
Medicare Managed Care	10,117	6,803	3,314	80,296	81,575	(1,280)
Other	<u>11,711</u>	<u>12,602</u>	<u>(891)</u>	<u>139,739</u>	<u>143,278</u>	<u>(3,538)</u>
Total Outpatient	\$ 76,362	\$ 68,933	\$ 7,429	\$ 933,054	\$ 881,470	\$ 51,584
All Other						
Pools	\$ 99,855	\$ 87,535	\$ 12,321	\$ 346,801	\$ 422,852	\$ (76,051)
DSH / UPL	200,000	-	200,000	1,296,946	902,550	394,396
Grants, Intracity, Tax Levy	8,037	10,216	(2,179)	180,145	196,568	(16,423)
Appeals & Settlements	(6,154)	1,528	(7,682)	19,127	45,414	(26,287)
Misc / Capital Reimb	<u>1,948</u>	<u>5,272</u>	<u>(3,324)</u>	<u>47,151</u>	<u>51,795</u>	<u>(4,644)</u>
Total All Other	\$ 303,686	\$ 104,551	\$ 199,136	\$ 1,890,170	\$ 1,619,179	\$ 270,991
Total Cash Receipts	\$ 615,019	\$ 387,988	\$ 227,031	\$ 5,027,570	\$ 4,641,167	\$ 386,404
Cash Disbursements						
PS	\$ 198,717	\$ 187,516	\$ (11,201)	\$ 2,236,838	\$ 2,051,136	\$ (185,702)
Fringe Benefits	99,632	71,957	(27,675)	936,532	898,785	(37,746)
OTPS	142,648	115,539	(27,109)	1,220,141	1,118,217	(101,924)
City Payments	-	-	0	35,100	19,403	(15,697)
Affiliation	79,228	73,135	(6,093)	806,475	775,436	(31,039)
HHC Bonds Debt	<u>7,022</u>	<u>7,178</u>	<u>156</u>	<u>66,540</u>	<u>63,429</u>	<u>(3,111)</u>
Total Cash Disbursements	\$ 527,247	\$ 455,325	\$ (71,922)	\$ 5,301,625	\$ 4,926,406	\$ (375,219)
Receipts over/(under) Disbursements	\$ 87,772	\$ (67,337)	\$ 155,109	\$ (274,055)	\$ (285,239)	\$ 11,185

Notes:

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

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New York City Health & Hospitals Corporation
Actual vs. Budget Report
Fiscal Year 2015 (in 000's)
TOTAL CORPORATION

	Month of April 2015			Fiscal Year To Date April 2015		
	actual 2015	budget 2015	better / (worse)	actual 2015	budget 2015	better / (worse)
Cash Receipts						
Inpatient						
Medicaid Fee for Service	\$ 82,978	\$ 67,222	\$ 15,756	\$ 709,348	\$ 745,754	\$ (36,406)
Medicaid Managed Care	63,280	55,753	7,527	550,384	549,887	498
Medicare	44,335	45,330	(995)	483,123	493,688	(10,565)
Medicare Managed Care	24,825	28,682	(3,857)	272,258	282,534	(10,276)
Other	<u>19,554</u>	<u>18,061</u>	<u>1,492</u>	<u>189,231</u>	<u>198,002</u>	<u>(8,770)</u>
Total Inpatient	\$ 234,971	\$ 215,048	\$ 19,923	\$ 2,204,346	\$ 2,269,865	\$ (65,519)
Outpatient						
Medicaid Fee for Service	\$ 17,575	\$ 10,915	\$ 6,660	\$ 182,306	\$ 180,945	\$ 1,361
Medicaid Managed Care	31,604	29,778	1,825	478,551	437,266	41,285
Medicare	5,356	4,900	455	52,163	49,362	2,801
Medicare Managed Care	10,117	7,537	2,579	80,296	76,998	3,298
Other	<u>11,711</u>	<u>11,079</u>	<u>631</u>	<u>139,739</u>	<u>137,357</u>	<u>2,382</u>
Total Outpatient	\$ 76,362	\$ 64,211	\$ 12,152	\$ 933,054	\$ 881,928	\$ 51,126
All Other						
Pools	\$ 99,855	\$ 100,676	\$ (821)	\$ 346,801	\$ 354,880	\$ (8,080)
DSH / UPL	200,000	200,000	(0)	1,296,946	1,296,946	(0)
Grants, Intracity, Tax Levy	8,037	11,987	(3,951)	180,145	176,567	3,578
Appeals & Settlements	(6,154)	(12,032)	5,878	19,127	23,128	(4,001)
Misc / Capital Reimb	<u>1,948</u>	<u>6,631</u>	<u>(4,683)</u>	<u>47,151</u>	<u>56,270</u>	<u>(9,119)</u>
Total All Other	\$ 303,686	\$ 307,264	\$ (3,577)	\$ 1,890,170	\$ 1,907,791	\$ (17,621)
Total Cash Receipts	\$ 615,019	\$ 586,522	\$ 28,497	\$ 5,027,570	\$ 5,059,584	\$ (32,013)
Cash Disbursements						
PS	\$ 198,717	\$ 196,192	\$ (2,524)	\$ 2,236,838	\$ 2,234,086	\$ (2,752)
Fringe Benefits	99,632	97,350	(2,282)	936,532	937,698	1,166
OTPS	142,648	113,877	(28,771)	1,220,141	1,147,377	(72,764)
City Payments	-	-	0	35,100	35,100	0
Affiliation	79,228	77,627	(1,601)	806,475	804,672	(1,802)
HHC Bonds Debt	<u>7,022</u>	<u>6,882</u>	<u>(140)</u>	<u>66,540</u>	<u>67,824</u>	<u>1,284</u>
Total Cash Disbursements	\$ 527,247	\$ 491,930	\$ (35,317)	\$ 5,301,625	\$ 5,226,758	\$ (74,867)
Receipts over/(under) Disbursements	\$ 87,772	\$ 94,593	\$ (6,821)	\$ (274,055)	\$ (167,174)	\$ (106,881)

Notes:

FY 14 utilization at Coney Island reflects a gradual reopening of services following the temporary closure due to Hurricane Sandy in October 2012. All services were fully restored as of April 10, 2014.

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RESOLUTION #1

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a management contract with Stericycle, Inc. ("Stericycle"). Stericycle will manage the carting and disposal of the Corporation's seven waste streams for each facility. The contract will be for an initial term of two years for the period from July 1, 2015 through June 30, 2017 with options to renew the agreement for two additional two-year periods at the sole discretion of the Corporation in an amount not to exceed \$38,990,448 over the potential six-year term of the contract.

WHEREAS, given the projected financial position of the Corporation and the need to close a substantial deficit in the Corporation's budget, waste services was a service that was reviewed and identified as a source of savings and cost avoidance in the Corporation's Restructuring Plan; and

WHEREAS, the Corporation has seven different waste streams and requires expert management of all seven waste streams to assure regulatory compliance; and

WHEREAS, a Request for Proposals was conducted and a selection committee reviewed and rated the submitted proposals using criteria specified in the Request for Proposal and gave Stericycle the highest rating of any other proposer; and

WHEREAS, the Stericycle proposal is estimated to save the Corporation \$2.5 million over the six years of the proposed contract; and

WHEREAS, the Corporation wishes to award a contract to Stericycle, an entity whose core business is waste management for the purpose cost reductions and assuring regulatory compliance; and

WHEREAS, the Executive Vice President/COO shall be responsible for monitoring and enforcing the contract terms and conditions.

NOW, THEREFORE, BE IT

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a management contract with Stericycle, Inc. ("Stericycle"). Stericycle will manage the carting and disposal of the Corporation's seven waste streams for each facility. The contract will be for an initial term of two years for the period from July 1, 2015 through June 30, 2017 with options to renew the agreement for two additional two-year periods at the sole discretion of the Corporation in an amount not to exceed \$38,990,448 over the potential six-year term of the contract.

EXECUTIVE SUMMARY

The Corporation reviewed and identified waste services as a source of savings and cost avoidance in order to close a substantial deficit in the Corporation's budget.

In 2008, HHC issued a solicitation in accordance with HHC Operating Procedure in order to have one vendor effectively manage all seven of the Corporation's waste streams, maintain regulatory compliance and reduce costs. HHC received proposals from qualified vendors and selected Stericycle, Inc. to perform the services. Stericycle has performed, in the last 6 years; all services related to the Corporation's waste management operations meeting all contractual and regulatory requirements and saved the Corporation \$4,026,915.

HHC in accordance with the Corporation's Policy and Procedure issued a Request for Proposal seeking to enter into a management contract with a waste services management company.

A selection committee reviewed and rated the submitted proposals using criteria specified in the Request for Proposal and gave Stericycle the highest rating of any other proposer. The Stericycle proposal is estimated to save the Corporation \$2.5 million over the six years of the proposed contract.

Stericycle will provide a compliant, environmentally friendly and cost effective solution to manage 100% of HHC waste streams:

- MUNICIPAL SOLID WASTE
- REGULATED MEDICAL WASTE INCLUDING SHARPS
- CONFIDENTIAL DOCUMENT DESTRUCTION
- HAZARDOUS PHARMECUTICAL WASTE
- HAZARDOUS CHEMICAL WASTE AND CHEMOTHERAPEUTIC WASTE
- UNIVERSAL WASTE and ELECTRONIC WASTE
- RECYCLING

The Resolution authorizes the President of the New York City Health and Hospitals Corporation to negotiate and execute a management contract with Stericycle, Inc. Stericycle will manage the Corporation's seven waste streams for each facility. The contract will be for a term of two years with an option to renew the agreement for two additional two year periods at the sole discretion of the Corporation. The contract shall be for an amount not to exceed \$38,990,448 over the six year term of the contract.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Waste Management Services
Project Title & Number: Waste Management Services DCN 2192
Project Location: HHC Facilities
Requesting Dept.: Contract Administration & Control

Successful Respondent: Stericycle, Inc.
Contract Amount: Not to exceed of \$38,990,448
Contract Term: 2 Years with options for 2 additional 2 year periods for a total of 6 years.

Number of Respondents: 2
(If Sole Source, explain in Background section)

Range of Proposals: \$6,464,759.47, not inclusive of all services to \$6,498,408.00/year

Minority Business Enterprise Invited: No, 3 vendors possessing the resources capable of serving HHC were invited to propose.

Funding Source: General Care

Method of Payment: Monthly Payment

EEO Analysis: In process

Compliance with HHC's McBride Principles? In process

Vendex Clearance In process

(Required for contracts in the amount of \$100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or \$100,000 or more if awarded pursuant to an RFB.)

CONTRACT FACT SHEET(continued)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

In 2008, HHC solicited a request for proposals in order to have one vendor manage the Corporation's waste streams, maintain regulatory compliance and reduce costs. The term of the current contract shall expire on June 30, 2015. Consequently, HHC issued a Request for Proposals for Waste Management Services in accordance with Operating Procedure 100-5. HHC received two proposals from qualified vendors and selected Stericylce, Inc. (formerly Healthcare Waste Services) to perform the services. The term of the agreement was two years with an option for two additional 2 year periods for a total of six years, which saved HHC \$4,026,915.

CONTRACT FACT SHEET(continued)

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date): May 13, 2015

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

No

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

Selection Committee:

Dean Mihaltses, Associate Executive Director, Elmhurst
David Baksh, Associate Executive Director, Queens
Demetrio Boyce, Assistant Manager, Kings
Erwin Morales, Associate Director, Jacobi
John Breimann, Senior Associate Director, Lincoln
Peter Ortiz, Assistant Director, Coney Island
Stephan Shaw, Assistant Director, Finance
Joseph Quinones, Senior Assistant Vice President, CAC

List of firms responding to RFP:

Stericycle, Inc.
Waste Management National Services

List of firms considered:

Clean Harbors, Inc.
Stericycle, Inc.
Waste Management National Services

The proposed contractor was selected based on the weighted average following criteria:

- Understanding of work and soundness of approach (27%)
- Firm's experience, organization, resources (24%)
- Management plan or program plan (26%)
- Cost of proposal (23%)

Stericycle was the highest rated proposer based upon an offering of management services for

all of HHC waste streams at a fixed not to exceed cost for the term of the agreement.

CONTRACT FACT SHEET_(continued)

Scope of work and timetable:

Stericycle will provide a compliant, environmentally friendly and cost effective solution to manage 100% of HHC waste streams:

- MUNICIPAL SOLID WASTE
- REGULATED MEDICAL WASTE INCLUDING SHARPS
- CONFIDENTIAL DOCUMENT DESTRUCTION
- HAZARDOUS PHARMECUTICAL WASTE
- HAZARDOUS CHEMICAL WASTE AND CHEMOTHERAPEUTIC WASTE
- UNIVERSAL WASTE and ELECTRONIC WASTE
- RECYCLING

Provide a brief costs/benefits analysis of the services to be purchased.

Waste Stream Services - \$5,897,196 NTE/year

Management Fee - \$ 601,212/year

Savings Model - If facilities spend is lower than the NTE, HHC will receive 75% of savings and Stericycle will receive 25%.

Provide a brief summary of historical expenditure(s) for this service, if applicable.

FY '14 Annual Fixed Waste Costs - \$5,551,033

FY '14 Annual Variable Waste Costs - 232,091

FY '14 Annual Fixed Management Costs - 601,212

FY '14 Waste Management Costs- \$6,384,336

Provide a brief summary as to why the work or services cannot be performed by the Corporation's staff.

HHC does not possess the resources, nor the capacity to effectively manage the waste streams.

Will the contract produce artistic/creative/intellectual property? Who will own it? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

N/A

CONTRACT FACT SHEET (continued)

Contract monitoring (include which Senior Vice President is responsible):

Antonio Martin, Executive Vice-President, COO

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O.: May 12, 2015
Date

Analysis Completed By E.E.O.: In Process
Date

Manasses Williams
Name

Finance Committee

*Stericycle, Inc.
Waste Management Services*

June 9, 2015

Contract Scope of Services

What Stericycle Provides to Facilities:

Stericycle will provide a regulatory compliant, environmentally friendly and cost effective solution to manage 100% of HHC's waste streams:

- MUNICIPAL SOLID WASTE
- REGULATED MEDICAL WASTE INCLUDING SHARPS
- CONFIDENTIAL DOCUMENT DESTRUCTION
- HAZARDOUS PHARMACEUTICAL WASTE
- HAZARDOUS CHEMICAL WASTE AND CHEMOTHERAPEUTIC WASTE
- UNIVERSAL WASTE and ELECTRONIC WASTE
- RECYCLING

Key Contract Service Indicators

Enhance Patient Experience /Quality & Satisfaction

- Identification and Mitigation of Potential Occupational and Patient Safety Risk Areas
- Provide potential safety risk reports, inspections in the areas of regulatory compliance and devises action plans for mitigating any risks to each facility.

Process Excellence

- Inspections of Equipment and Subcontractor Facilities and Performance.
- Constant assessment to improve operational efficiencies and reduce costs.

Operational Efficiencies

- Stericycle provided procedure for inspections and criteria for replacement of all proposed waste handling equipment and reusable containers.
- Provided quarterly, annually and on an ad-hoc basis Training Programs and education specific to the following topic: Worker Safety Education, Waste Prevention and Segregation Awareness, Recycling Awareness Education, Food Service Waste Education, Environmental Initiatives, Operational Risk Mitigation, Waste stream related regulations and advancements.

Flexibility

- Align service schedules to the needs of the facility.

Expertise

- Provide a continuous review of operation which includes waste diversion and increasing the overall sustainability of HHC.

Annual Costs and Savings

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	YEAR 6	Total
Confidential Documents	\$714,501	\$714,501	\$714,501	\$714,501	\$714,501	\$714,501	\$4,287,008
Electronic Waste	\$16,445	\$16,445	\$16,445	\$16,445	\$16,445	\$16,445	\$98,671
Hazardous Waste	\$405,956	\$405,956	\$405,956	\$405,956	\$405,956	\$405,956	\$2,435,738
Hazardous Pharmaceutical Waste	\$539,586	\$539,586	\$539,586	\$539,586	\$539,586	\$539,586	\$3,237,515
Municipal Solid Waste	\$2,003,876	\$2,003,876	\$2,003,876	\$2,003,876	\$2,003,876	\$2,003,876	\$12,023,254
Recycling	\$224,222	\$224,222	\$224,222	\$224,222	\$224,222	\$224,222	\$1,345,334
Regulated Medical Waste	\$857,639	\$857,639	\$857,639	\$857,639	\$857,639	\$857,639	\$5,145,836
Sharps Management	\$1,134,970	\$1,134,970	\$1,134,970	\$1,134,970	\$1,134,970	\$1,134,970	\$6,809,819
Sub-Total	\$5,897,196	\$5,897,196	\$5,897,196	\$5,897,196	\$5,897,196	\$5,897,196	\$35,383,176
Management Fees	\$601,212	\$601,212	\$601,212	\$601,212	\$601,212	\$601,212	\$3,607,272
Total	\$6,498,408	\$6,498,408	\$6,498,408	\$6,498,408	\$6,498,408	\$6,498,408	\$38,990,448
Recycling Cost Savings	\$245,802	\$245,802	\$245,802	\$245,802	\$245,802	\$245,802	\$1,474,812
Municipal Solid Waste Reduction Savings	\$110,847	\$110,847	\$110,847	\$110,847	\$110,847	\$110,847	\$665,082
Regulated Medical Waste Reduction Savings	\$57,460	\$57,460	\$57,460	\$57,460	\$57,460	\$57,460	\$344,760
Total	\$414,109	\$414,109	\$414,109	\$414,109	\$414,109	\$414,109	\$2,484,654

Thank You

RESOLUTION #2

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute an amendment to the Corporation's existing contract with Surgical Solutions, LLC (the "Vendor") to provide laparoscopic/endoscopic video equipment, associated instruments, disposable supplies and preoperative, postoperative support services to expand its scope from Bellevue Hospital Center, Elmhurst Hospital Center and Kings County Hospital Center to also include Harlem Hospital Center, Coney Island Hospital, Lincoln Medical and Mental Health Center, Metropolitan Hospital Center, and Queens Hospital Center for a term of 6 years in an amount not to exceed \$65,000,000 inclusive of a 3% contingency of \$1,925,486 while extending the term of the existing agreement currently to expire September 2, 2019.

WHEREAS, Operating Procedure 100-5 authorizes the Supply Chain Council to standardize products, services and methods of providing products and services that will produce savings for the Corporation without sacrificing quality or safety; and

WHEREAS, July 25, 2013 the Corporation's Board of Directors authorized the execution of an agreement with the Vendor but only for Bellevue Hospital Center, Elmhurst Hospital Center and Kings County Hospital Center requiring that the contract be extended to other facilities of the Corporation only upon a further authorization of the Board based upon a demonstration by the Vendor of successful performance at the initial three sites; and

WHEREAS, the Vendor has been successfully providing laparoscopic and endoscopic instruments, and the management of the preoperative and postoperative scope procedures at Bellevue Hospital Center, Elmhurst Hospital Center and Kings County Hospital Center; and

WHEREAS, the administrative and clinical staff at Bellevue Hospital Center, Elmhurst Hospital Center and Kings County Hospital Center have reviewed the Vendor's performance under its existing contract, found it to be good and concluded that the Vendor's scope management model will increase patient access; and

WHEREAS, the Executive Vice President/COO shall be responsible for the management and enforcement of the proposed contract.

NOW, THEREFORE, BE IT RESOLVED, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute an amendment to the Corporation's existing contract with Surgical Solutions, LLC to provide laparoscopic/endoscopic video equipment, associated instruments, disposable supplies and preoperative, postoperative support services to expand its scope from Bellevue Hospital Center, Elmhurst Hospital Center and Kings County Hospital Center to also include Harlem Hospital Center, Coney Island Hospital, Lincoln Medical and Mental Health Center, Metropolitan Hospital Center, and Queens Hospital Center for a term of 6 years in an amount not to exceed \$65,000,000 inclusive of a 3% contingency of \$1,925,486 while extending the term of the existing agreement currently to expire September 2, 2019.

EXECUTIVE SUMMARY

Bellevue Hospital has been receiving instrument and scope management services from Surgical Solutions since July 2008. Bellevue Hospital presented to the Supply Chain Committee the program they currently have with Surgical Solutions and, consequently, the Supply Chain Committee authorized Surgical Solutions to conduct an evaluation of interested HHC acute care centers to ascertain the costs and benefits of an instrument and scope management program. The findings were presented to Supply Chain Committee on May 30, 2012 and the Supply Chain Council voted to approve the facility's evaluation and potential standardization to Surgical Solutions, LLC for instrument and scope management throughout the Corporation.

Elmhurst Hospital and Kings County Hospital were selected by the New York City Health and Hospitals Corporation Board of Directors to implement the Surgical Solutions' program as a pilot program on July 25, 2013.

The Bellevue Hospital Center program was expanded to King County Hospital and Elmhurst Hospital to assure that the vendor can successfully replicate the program. A review of the program was conducted by all three hospitals after a full year of implementation to determine whether the program should be expanded to the remaining eight acute care hospitals. The program review validated a significant increase in the volume of endoscopic and laparoscopic procedures, as well as, capital and operational cost avoidance for each facility. Jacobi Hospital, North Central Bronx Hospital and Woodhull opted to not participate in the program due current contract obligations or insufficient volume.

The results of the pilot have shown an increase in patient access for Elmhurst Hospital and Kings County Hospital.

The Resolution authorizes the President of the New York City Health and Hospitals Corporation to negotiate and execute a contract amendment with Surgical Solutions, LLC to provide laparoscopic/endoscopic video, other associated instruments and disposable supplies and both equipment repair and preoperative, postoperative support services to Bellevue Hospital, Coney Island Hospital, Elmhurst Hospital, Harlem Hospital, Kings County Hospital, Lincoln Hospital, Metropolitan Hospital, and Queens Hospital for a term of 6 years in an amount not to exceed \$65,000,000 inclusive of a 3% contingency of \$1,925,486 while extending the term of the existing agreement with the Vendor that previously covered only Bellevue Hospital, Elmhurst Hospital and Kings County Hospital.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Instrument and Scope Management
Project Title & Number: Instrument and Scope Management
Project Location: Bellevue, Coney Island, Elmhurst, Harlem, Kings, Lincoln, Metropolitan, and Queens,

Successful Respondent: Surgical Solutions, LLC.

Contract Amount: Not to exceed \$65,000,000 inclusive of a 3% contingency of
\$1,925,486.

Contract Term: 6 Years

Requesting Dept.: Central Office Operations

Number of Respondents: N/A
(If Sole Source, explain in Background section)

Range of Proposals: \$ N/A

Minority Business Enterprise Invited: If no, please explain: Only One Respondent

Funding Source: General Care

Method of Payment: Other: explain, Invoiced, Net 90, based upon facility's purchase order.

EEO Analysis: Yes

Compliance with HHC's McBride Principles? Yes

Vendex Clearance In Process

CONTRACT FACT SHEET(continued)

Background (include description and history of problem; previous attempts, if any, to solve it; and how this contract will solve it):

HHC facilities presently have agreements with multiple manufacturers of endoscopes and laparoscopes equipment and instruments. The various agreements have proved to be a challenge to manage effectively and efficiently.

Surgical Solutions' offers:

- Vendor-Neutrality
- State-of-the-Art equipment based on surgeons' preferences
- 24-hour / 7-day case coverage
- Specialized Endoscopy services
- CRCST or CST certified technologists
- Use of supplies when needed supplied by vendor. No inventory needed by HHC for trocars, obturators, veres needles, clip appliers, and shears

CONTRACT FACT SHEET (continued)

Contract Review Committee

Was the proposed contract presented at the Contract Review Committee (CRC)? (include date):

Yes, May 13, 2015

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC? If so, please indicate how the proposed contract differs since presentation to the CRC:

The scope of work and contract deliverables has not changed since presentation to the CRC. The budget has been increased due to an increase in the number of facilities included in the resolution.

CONTRACT FACT SHEET (continued)

Selection Process (attach list of selection committee members, list of firms responding to RFP or NA, list of firms considered, describe here the process used to select the proposed contractor, the selection criteria, and the justification for the selection):

A Request For Expression of Interest (RFEI, issued April 1 – April 12, 2013). Surgical Solutions was the sole respondent to the RFEI for a qualified supplier for Laparoscopic / Endoscopic Video Equipment, Instruments, Rigid Scopes, Flexible Scopes, Disposable Supplies and management and repair. In addition, ECRI and The Advisory Board were not aware of any competing companies.

Scope of work and timetable:

Pre-Operative Set Up

- Technicians set up the room with the required scope(s) for the procedure. The scope is tested under the supervision of the Nursing Department for proper functioning of video, suction and air/water output so that it is ready for the physician without any further preparation.

Intra-Operative Support

- Our technicians are available for video and scope troubleshooting throughout the procedure, including printer and photo support and picture-in-picture set up for procedures such as Endoscopic Ultrasound. The technicians will also perform scope switches as necessary so that the Corporation's doctor can perform multiple scope procedures such as EGD/Colonoscopy.

Post-Procedure Room Turnover

- Technicians coordinate with the housekeeping staff to expedite the room turnover process, including cart cleaning, endoscope pre-cleaning, removal of the soiled instrument(s) and returning any equipment configurations to the correct setting for the next procedure is done at this time. The technician will transport the instrument(s) to the Sterile Processing Department of the facility.

Equipment Maintenance and Repair Management

- Technicians troubleshoot malfunctioning scopes and equipment and work with the repair vendor to arrange loaner instrumentation, repairs and repair record keeping.

Decontamination and Disinfection of Equipment

- Technicians wipe down the scope prior to taking to Sterile Processing Department.

Physician Preference

- Technicians work closely with the physicians, endoscopy techs and nurses to ensure that each physician has available to them their preferred model scope and other instrumentation/equipment for all standard and specialty procedures. This allows for a smoother transition when the physician working in a room completes their cases and the next physician arrives.

Repair

- Pull defective endoscopes and send out for repair. Repairs billed to Surgical Solutions, LLC. Provide loaners as needed.

Implementation Schedule

Hospital	Timing	
	Start	Estimated Completion
Metropolitan	7/1/2015	8/15/2015
Harlem	7/1/2015	8/15/2015
Woodhull	8/1/2015	9/15/2015
Queens	8/1/2015	9/15/2015
Lincoln	9/1/2015	10/15/2015
Coney Island	9/1/2015	10/15/2015

The schedule is an estimated time frame. The program will only begin upon the written approval of the facility. The contract term is 6 Years to allow for a co-terminous expiration of participating facilities.

CONTRACT FACT SHEET (continued)

Contract monitoring (include which Senior Vice President is responsible):

Antonio Martin, SVP, COO

Equal Employment Opportunity Analysis (include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):

Received By E.E.O. April 22, 2015


Analysis Completed By E.E.O.: April 27, 2015

Manasses Williams

30839B

Manasses C. Williams
Senior Assistant Vice President
Affirmative Action/EEO
manasses.williams@nychhc.org

TO: David Larish, Director
Procurement Systems and Operations
Division of Materials Management

FROM: Manasses C. Williams 

DATE: April 27, 2015

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Surgical Solutions, LLC** has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents. This company is a:

Minority Business Enterprise Woman Business Enterprise Non-M/WBE

Project Location(s): Corporate-wide

Contract Number: _____ Project: Instrument and Scope Management

Submitted by: Division of Materials Management

EEO STATUS:

1. Approved
2. Approved with follow-up review and monitoring
3. Not approved
4. Approved Conditionally - Subject to EEO Committee Review

COMMENTS:

MCW/srf

Finance Committee

Surgical Solutions

Instrument and Scope Management Program

June 9, 2015

Contract Scope of Services

What Surgical Solutions Provides to Facilities:

Capital Equipment for Endoscopic and Laparoscopic Procedures

- Surgical Solutions provides the surgeon's preference of surgical towers, video processors, scopes, light sources, cables, and workstations facilitating doctors preferences and assuring the doctors have the equipment that best serves the needs of the patient.

Disposable Supplies for Laparoscopic Procedures

- Surgical Solutions provides all supplies necessary for the procedure thereby allowing nurses to focus on patient care.

Technical Support

- Doctors and nurses are able to complete patient procedures as equipment failures are resolved during the procedure.

Equipment Maintenance and Repair Management

- Doctors and nurse are assured of having the equipment they need as Surgical Solutions technicians repair malfunctioning equipment to manufacturer's specifications and provide loaner instrumentation if required to assure procedures are performed on schedule.

Off-Site and Bedside Procedures

- Doctors and nurses are provided equipment support by Surgical Solutions for endoscopy procedures in the ICU, OR, ER and other patient units as requested to conduct procedures.

Program History

- Bellevue Hospital has received the above services from Surgical Solutions since July 2008. The Nursing Department has been very satisfied with Surgical Solutions performance as it increased the amount of time they spend with patient and increased the amount of procedures the facility is able to perform.
- “We have doubled our bariatric volume over the last 3-4 years and Surgical Solutions has been instrumental in providing infrastructure support including equipment .” – Dr. Manish Parikh, Bellevue Hospital
- Elmhurst Hospital and Kings County Hospital were selected by the New York City Health and Hospitals Corporation Board of Directors to implement the Surgical Solutions’ program as a pilot program on July 25, 2013.
- Surgical Solutions commenced the program at Elmhurst Hospital on September 23, 2013.
- “Surgical Solutions takes care of the equipment and supplies and we now spend 100% of our time and energy on patient care.” – William McDonagh, Elmhurst Hospital, AED Nursing
- Surgical Solutions commenced the program at Kings Hospital on January 20, 2014.
- “The overall impression by the clinicians is that there is improved work flow. The clinical team feels they can focus on patient care.” - Dr. Michael H. Mendeszoon, Kings County Hospital

Key Contract Service Indicators

Enhance Patient Experience /Quality & Satisfaction

- Gives Nursing ability to focus on patient care and patient safety.

Clinical and Process Excellence

- Gives doctors their preferences of equipment.
- Assures completion of the procedure.
- Bellevue Hospital, Elmhurst Hospital and Kings County Hospital experienced 100% readiness of Operating Room start time and on schedule Operating Room turnover.

Operational Efficiencies

- Improved operational efficiency and workflow by achieving over all increase in patient procedures.
- The program has not impacted HHC union labor as no union member has been attrited or laid off.

Flexibility

- Allows Corporation to preserve capital dollars for other needs by having vendor pay for capital equipment cost .

Expertise

- Maintenance of equipment is maintained to manufacturer's preventative maintenance standards.

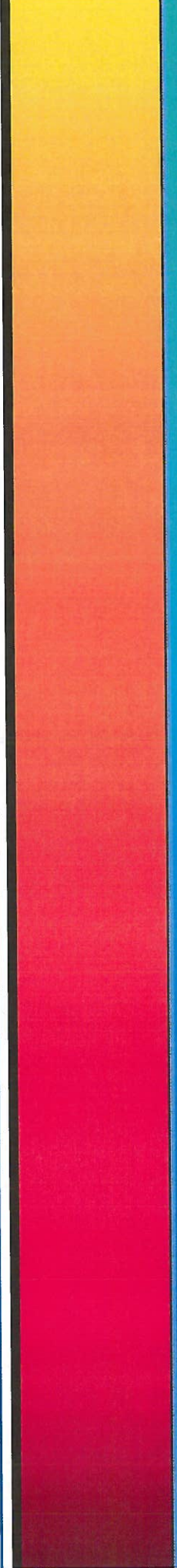
Key Contract Service Indicators

Access

- Bellevue Hospital laparoscopy scope procedures increased 75% from 2100 to 3684 procedures (1584) in Fiscal Year '14 – '15 (April 13, 2014 – April 12, 2015) from the baseline of Fiscal Year 2008.
- Bellevue Hospital endoscopy scope procedures increased 39% from 4250 to 5924 procedures (1674) in Fiscal Year '14 – '15 (April 13, 2014 – April 12, 2015) from the baseline of Fiscal Year 2008.
- Elmhurst Hospital's laparoscopy scope procedures has increased 38% from 1621 to 2237 procedures (616) in Fiscal Year '14 – '15 (April 13, 2014 – April 12, 2015) from the baseline of Fiscal Year 2013.
- Elmhurst Hospital's endoscopy scope procedures increased 30% from 2657 to 3464 procedures (807) in Fiscal Year '14 – '15 (April 13, 2014 – April 12, 2015) from the baseline of Fiscal Year 2013.
- Kings County Hospital's laparoscopy procedures has increased 2% from 1100 to 1125 procedures (25) in Fiscal Year '14 -'15 (April 13, 2014 – April 12, 2015) from the baseline of Fiscal Year 2013.
- Kings County Hospital's endoscopy procedures has increased 13% from 4500 to 5094 procedures (594) in Fiscal Year '14 -'15 (April 13, 2014 – April 12, 2015) from the baseline of Fiscal Year 2013.

Thank You

INFORMATION ITEM





New York City Health and Hospitals Corporation

New York City Economic Development Corporation

HHC FEMA 428 Design and Construction Management –
Program Financial Controls

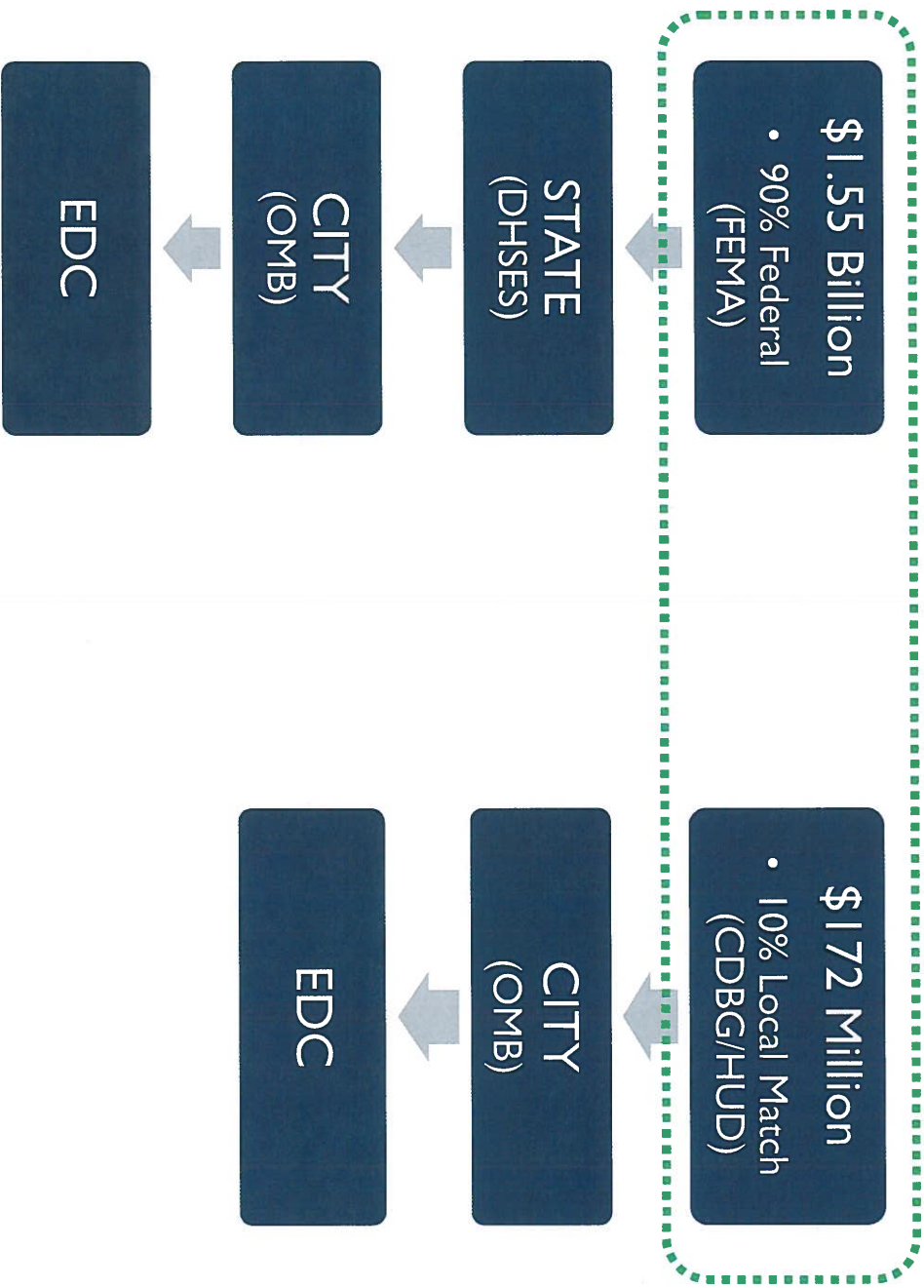
June 9, 2015



New York City Economic Development Corporation

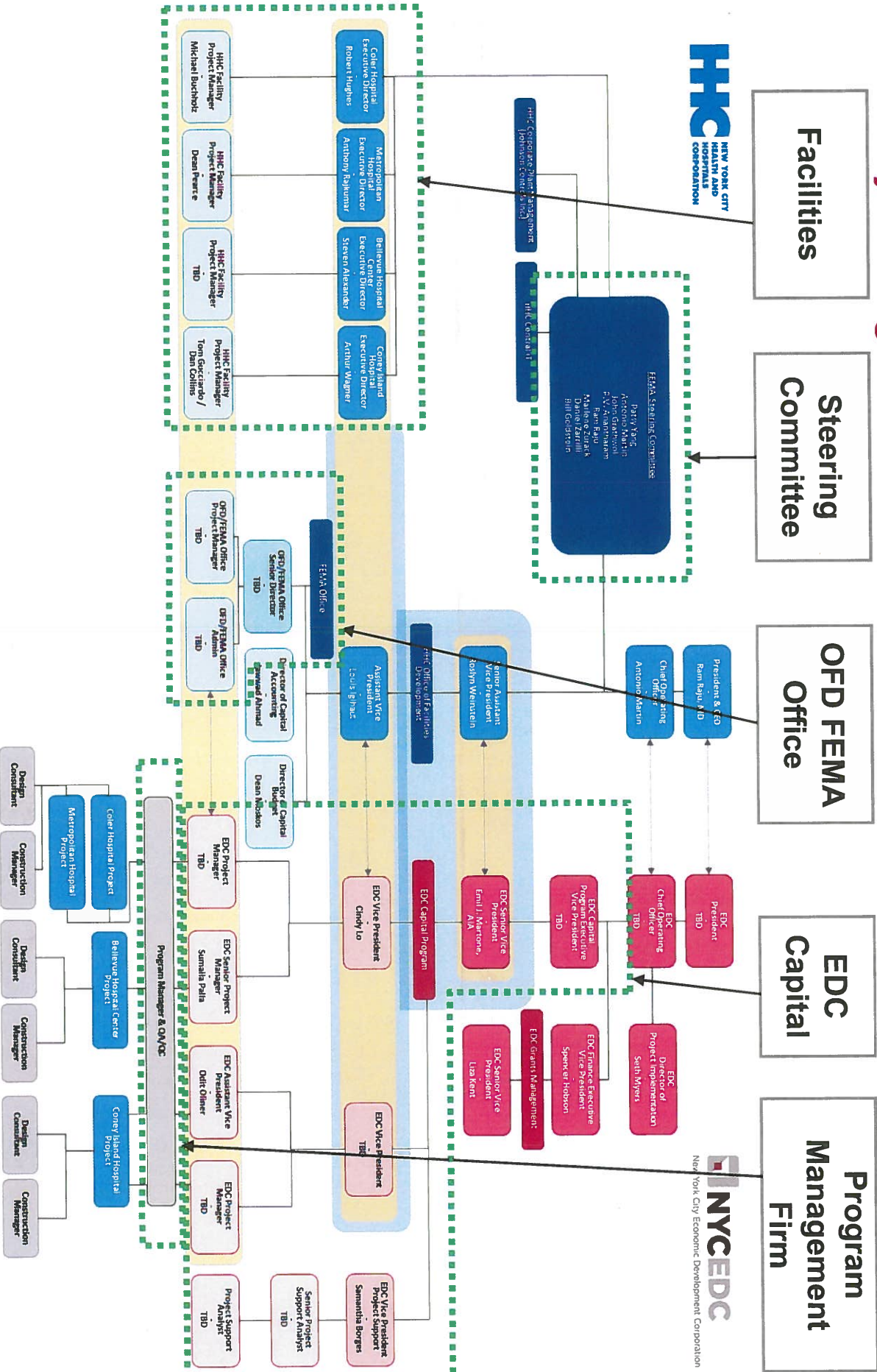
Following the Funds

\$1.72 BILLION FEMA CAPPED GRANT

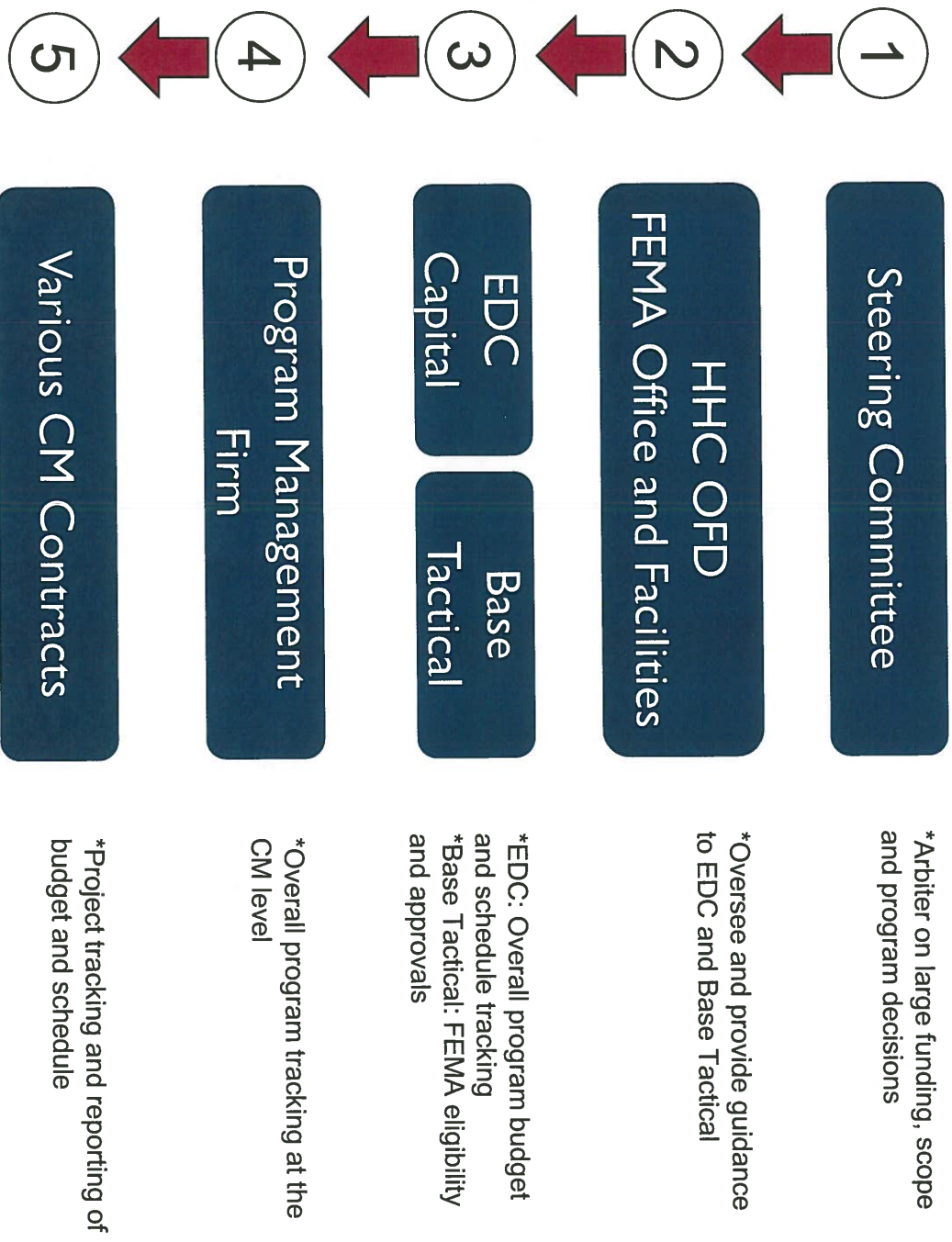


*NOTE: Excludes Drapper Hall 428 Funding however would follow same flow.

Project Organization Chart



Financial Controls Process



HHC Steering Committee & OFD Program Staff

Steering Committee

- An advisory board that reports back to the Board Chair and City Hall on the program;
- Final arbiter on all large funding, scope, and other program wide decisions to ensure they fit within the larger corporate vision;
- Have a sub-set of Working Groups tailored to specific areas of focus that report back to the Committee on the status of various projects.

HHC OFD Program Staff

- Dedicated HHC Program Staff to oversee coordination with EDC and the implementation of the projects;
- Anytime access to information and details at the project level;
- Provide guidance and oversight of EDC and its contracted team on all matters (funding, scope, and other program wide decisions);
- Facilitate internal decisions at HHC;
- Attendance at all design and construction status meetings.

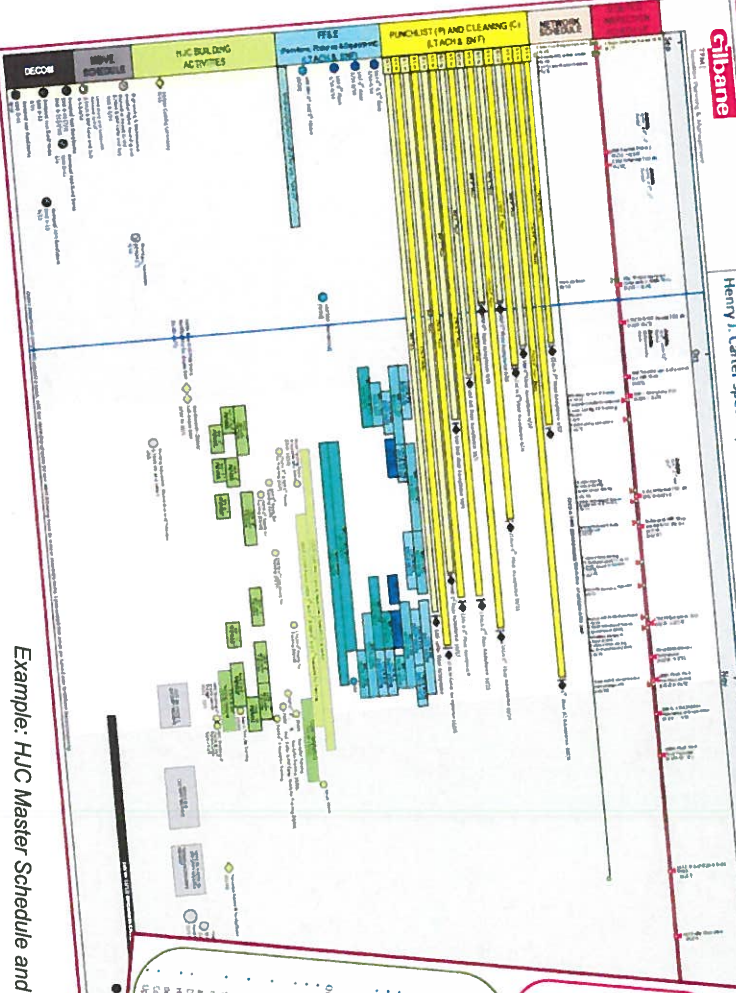
EDC Capital Program

Budget and Cost Control

- Monthly financial reporting to HHC FEMA Steering Committee on all projects, overall program budget and schedule tracking;
- Quarterly program updates to HHC Capital Committee and Board Chair;
- Bi-weekly design and/or construction meetings with HHC (OFD and Facilities) to review progress and any issues;
- Manage project documentation on EDC-held contracts, project budgets, CP's, payments, registrations, change orders, amendments, contracts, and compliance processes;
- Vet, review and process payments and change orders;
- Interface with senior staff level officials as related to City, State and Federal Agencies for status reports, approvals and compliance;
- Interface with contractors and consultants to ensure compliance with contractual obligations and required project documentation processes;
- Establishment of master budget and estimates.

Program Management Consultant

- Overall program tracking
 - Consolidation and monthly summary program schedule and budget reporting;
 - Constant communication and oversight of the CM to confirm budget is current;
 - Project manager assigned to each CM to ensure all project information is current including change order and potential change order logs.
- Third-party semi-annual audit of cost expenditures to date;
- Pre-scoping / estimating services.



Henry J. Carter Specialty Hospital and Nursing Facility ACTIVATION TIMELINE

Gilbane 9/25/2013

Henry J. Carter Transition and Activation Dashboard

Transition Steering Committee

Hours and Budget: 2013-2014
 - Review and report on transition planning and implementation
 - Review and report on project progress
 - Review and report on project budget
 - Review and report on project risks
 - Review and report on project quality
 - Review and report on project safety
 - Review and report on project security
 - Review and report on project compliance
 - Review and report on project sustainability

One Month Look Ahead

- Facility remaining work items
- Finalize the procurement of furniture and fixtures
- Finalize the procurement of IT equipment
- Finalize the procurement of medical equipment
- Finalize the procurement of patient room furniture
- Finalize the procurement of patient room equipment
- Finalize the procurement of patient room furniture
- Finalize the procurement of patient room equipment

One Month Look Ahead

- Finalize the procurement of patient room furniture
- Finalize the procurement of patient room equipment
- Finalize the procurement of patient room furniture
- Finalize the procurement of patient room equipment

One Month Look Ahead

- Finalize the procurement of patient room furniture
- Finalize the procurement of patient room equipment

Project Milestones

Milestone	Due Date	Status
Finalize the procurement of patient room furniture	12/15/13	Submitted (28)
Finalize the procurement of patient room equipment	12/15/13	Submitted (28)
Finalize the procurement of patient room furniture	12/15/13	Submitted (28)
Finalize the procurement of patient room equipment	12/15/13	Submitted (28)
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Finalize the procurement of patient room furniture	12/15/13	Submitted (28)
Finalize the procurement of patient room equipment	12/15/13	Submitted (28)

Priority 1 Due Date: 12/31/13

Priority 2 Due Date: 12/31/13

Priority 3 Due Date: 12/31/13

Outstanding (13)

Submitted (28)

Outstanding (11)

Submitted (5)

Outstanding (35)

Example: HUC Master Schedule and Dashboard