

**STRATEGIC PLANNING COMMITTEE MEETING
OF THE BOARD OF DIRECTORS**

**JANUARY 15, 2013
10:00 A.M.
HHC BOARD ROOM
125 WORTH STREET**

AGENDA

I. CALL TO ORDER **JOSEPHINE BOLUS, RN**

**II. ADOPTION OF DECEMBER 11, 2012
STRATEGIC PLANNING COMMITTEE MEETING MINUTES** **JOSEPHINE BOLUS, RN**

III. SENIOR VICE PRESIDENT'S REPORT **LARAY BROWN**

IV. INFORMATION ITEM

i. METROPLUS HEALTH PLAN'S FOCUS AND DIRECTION FOR 2013

**ARNOLD SAPERSTEIN, M.D.
EXECUTIVE DIRECTOR, METROPLUS HEALTH PLAN**

V. ACTION ITEM:

RESOLUTION ACKNOWLEDGING Ms. JUDY WESSLER, DIRECTOR OF THE COMMISSION ON THE PUBLIC'S HEALTH SYSTEM (CPHS), FOR HER UNABIDING COMMITMENT TO SOCIAL JUSTICE AND LONGSTANDING ADVOCACY FOR QUALITY, ACCESSIBLE HEALTH CARE FOR ALL NEW YORKERS.

**ALAN D. AVILES
PRESIDENT**

VI. OLD BUSINESS

VII. NEW BUSINESS

VIII. ADJOURNMENT

JOSEPHINE BOLUS, RN

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

MINUTES

STRATEGIC PLANNING COMMITTEE MEETING OF THE BOARD OF DIRECTORS

DECEMBER 11, 2012

The meeting of the Strategic Planning Committee of the Board of Directors was held on December 11, 2012, in HHC's Board Room located at 125 Worth Street with Josephine Bolus, RN presiding as Chairperson.

ATTENDEES

COMMITTEE MEMBERS

Josephine Bolus, RN, Chairperson of the Committee
Alan Aviles
Robert F. Nolan
Bernard Rosen
Michael A. Stocker, M.D., Chairman of the Board
Ian Hartman-O'Connell, representing Deputy Mayor Linda Gibbs in a voting capacity

OTHER ATTENDEES

J. DeGeorge, Analyst, Office of the State Comptroller
M. Dolan, Senior Assistant Director, DC 37
M. Dubowski, Analyst, Office of Management and Budget
C. Fiorentini, Analyst, New York City Independent Budget Office
M. Meagher, Budget Analyst, Office of Management and Budget

HHC STAFF

M. Belizaire, Assistant Director of Community Affairs, Intergovernmental Relations
D. Cates, Chief of Staff, Office of the Chairman
H. Celebi, Student Intern Office of Special Projects
L. Chang, Data Center Administrator, World Trade Center Environmental Health Center
J. DeJesus, Administrator, World Trade Center Environmental Health Center
L. Guttman, Assistant Vice President, Office of Intergovernmental Relations
T. Hamilton, Director, HIV Services, Corporate Planning Services
E. Hernandez, Director, Media Relations, Communications and Marketing
C. Jacobs, Senior Vice President, Patient Safety, Accreditation and Regulatory Services

S. James, Coordinating Manager, Harlem Hospital Center
J. Jurenko, Senior Assistant Vice President, Office of Intergovernmental Relations
Z. Liu, Senior Management Consultant, Corporate Planning Services
P. Lockhart, Secretary to the Corporation, Office of the Chairman
A. Marengo, Senior Vice President, Communications, and Marketing
A. Martin, Executive Vice President and Chief Operating Officer, President's Office
H. Mason, Deputy Executive Director, Kings County Hospital Center
K. McGrath, Senior Director, Communications and Marketing
T. Miles, Executive Director, World Trade Center Environmental Health Center
I. Munarova, Assistant Director, Organizational Innovation, and Effectiveness
J. Omi, Senior Vice President, Organizational Innovation, and Effectiveness
K. Park, Associate Executive Director, Finance, Queens Health Network
G. Proto, Senior Director, Affirmative Action/EEO
E. Russo, Assistant Director, Corporate Planning Services
S. Russo, Senior Vice President and General Counsel, Office of Legal Affairs
W. Saunders, Assistant Vice President, Office of Intergovernmental Relations
J. Wale, Senior Assistant Vice President, Behavioral Health

CALL TO ORDER

The meeting of the Strategic Planning Committee was called to order at 10:00 a.m. by the Strategic Planning Committee Chairperson, Josephine Bolus, RN. The minutes of the October 16, 2012, meeting of the Strategic Planning Committee were adopted.

SENIOR VICE PRESIDENT REMARKS

Mr. John Jurenko, Senior Assistant Vice President greeted and informed the Committee that he would be presenting the Senior Vice President remarks on Ms. Brown's behalf. He announced that Ms. Brown had been appointed by Governor Cuomo to serve on New York State's Readiness Commission, and that Ms. Brown was attending a meeting of that Commission. He stated that his remarks would include brief updates on key HHC initiatives.

FEDERAL UPDATE

Mr. Jurenko reported that, on Friday, December 6, 2012, HHC had hosted a tour of Bellevue Hospital for House Energy and Commerce Subcommittee on Health Vice Chair, Michael Burgess, MD., (R-TX) and two staff members from the American Hospital Association (AHA). Dr. Burgess wanted to see, first hand, the impact of Hurricane Sandy; what preparations had been made in advance, the evacuation process; and what needed to be done to restore the hospital's operations. Mr. Jurenko reported that Dr. Burgess had said during the visit that he would not have understood the magnitude of the damage and requisite repair costs, if he had not seen it for himself. He and that, he would recommend to his Congressional Committee that they arrange a field trip for other Committee members to come to New York City for a tour of Bellevue Hospital. Congressman Burgess was also scheduled to tour NYU and Long Beach Hospital on Long Island later that day.

HHC INITIATIVESFederally Qualified Health Center (FQHC) Look-Alike Designation for HHC's D&TCs

Mr. Jurenko reminded the Committee that HHC is applying for Federally Qualified Health Center (FQHC) Look-alike designation from the Health Resources and Services Administration (HRSA) for HHC's six diagnostic and treatment centers (D&TC). He explained that this designation would result in enhanced reimbursement and would consequently strengthen HHC D&TCs' long-term financial viability. If designation is obtained, HHC would receive \$25 - \$30 million in new reimbursement by Fiscal Year 2014. The submission of the application to HRSA is slated for the week of December 17, 2012. Key actions that were required before application submission included the finalization of the incorporation of the Gotham Health FQHC, Inc., Board, establishment of its officers, convening of at least three Board meetings and the selection of Gotham Health's Executive Director. He noted that, as Ms. Brown had informed the Committee, the entire review and approval process from the time of application submission to designation by HRSA and the Centers for Medicare and Medicaid Services (CMS) would take at least seven months.

Mr. Jurenko announced that Dr. Walid Michelin, the Network Medical Director for the Generations Plus/Northern Manhattan D&TCs had been named the Executive Director of the Gotham Health FQHC.

Health Professional Shortage Area Designation

Mr. Jurenko reported that HHC had received notice from HRSA that applications that had been submitted to designate several key communities served by HHC facilities as Health Professional Shortage Areas (HPSAs) had been approved. These approved HPSA designation applications include:

1. Lower East-side Dental Health Professional Shortage Area (HPSA), an area served by Gouverneur Healthcare services and its satellite clinics;
2. Bedford Stuyvesant Medicaid-Eligible Primary Care Health Professional Shortage Area (HPSA), an area served by Woodhull Medical and Mental Health Center and Cumberland Diagnostic and Treatment Center;
3. Coney Island Medicaid-Eligible Primary Care Health Professional Shortage Area (HPSA), an area served by Coney Island Hospital and Ida B. Israel Health Center;
4. South Jamaica Medicaid-Eligible Primary Care Health Professional Shortage Area (HPSA), an area served by Queens Hospital Center; and
5. Long Island City Medicaid-Eligible Primary Care Health Professional Shortage Area (HPSA), an area served by Elmhurst Hospital Center.

Mr. Jurenko explained that HPSA designation would enable HHC's physicians who serve in those communities to participate in the National Health Service Corps (NHSC) scholarship/loan forgiveness program. It would also enable physicians from foreign nations who wish to practice at HHC facilities within these communities to apply for J-1 Visa Waiver status.

AmeriCares Grant Award

Mr. Jurenko reported that HHC had received an emergency response grant totaling \$168,000 from AmeriCares to purchase a refurbished mobile medical vehicle that would house pediatric and adult primary care services for the people of Coney Island, Brooklyn, who had been devastated by Hurricane Sandy. He informed the Committee that AmeriCares is a nonprofit global health and disaster relief organization that delivers medications, medical supplies, and humanitarian aid to people in crisis around the world and across the United States. Mr. Jurenko explained that the mobile medical unit would serve individuals who were patients of the Ida G. Israel Community Health Center, which was destroyed by the storm surge. The mobile medical unit will be stationed at the health center site for a period of 6-12 months, during which time final decisions will be made on the reconstruction of the Ida G. Israel Community Health Center.

INFORMATION ITEM

2012 Elections Update

Leonard Guttman, Assistant Vice President, Office of Intergovernmental Relations
Wendy Saunders, Assistant Vice President, Office of Intergovernmental Relations
John Jurenko, Senior Assistant Vice President, Office of Intergovernmental Relations

Mr. Jurenko informed the Committee that Mr. Guttman, Mrs. Saunders and himself would be providing a 2012 Elections Update, focusing on the outcomes at the federal and state levels. Mr. Guttman reported that President Barack Obama had been re-elected. As a result, the President's hand is strengthened concerning fiscal cliff negotiations and the Affordable Care Act (ACA). He reminded the

Committee that, only two months ago, one of the key issues in the campaign had been the future of the ACA. The Republicans were very vocal about their desire to repeal the ACA. With the election now settled, the ACA will remain law.

Mr. Guttman stated that, because of the Supreme Court decision of several months ago, the Medicaid expansion that is mandated as part of the ACA had become optional. He estimated that at least 20 or more states had made it known that they would not participate in the Medicaid expansion. He noted that New York State would be participating. Notwithstanding, New York State's Medicaid expansion would cover single, childless adults who are not now eligible under current New York State law. Many states with large uninsured populations, like Texas and Louisiana, are reported to many residents who would be eligible for Medicaid as a result of the ACA. Those residents would not have access to the program if their state chooses not to participate.

Dr. Stocker, Chairman of HHC's Board, commented that some states would be seeking permission to conduct a partial Medicaid expansion. He asked if those states would be allowed to do so. Mr. Guttman responded that some states had expressed interest in implementing pieces of the mandated Medicaid expansion. It is not clear what would happen because HHS has not made a decision. Mr. Aviles, HHC's President, clarified that a partial expansion would not result in the payment of federal matching funds. Mr. Guttman added that the way out of this could potentially be an 1115 Waiver. He commented that, many states would not comply with the mandate for ideological reasons, even though they would be forfeiting a significant amount of federal funding.

Mr. Hartman-O'Connell, representing Deputy Mayor Linda Gibbs in a voting capacity, asked if the Administration had taken the blended Medicaid rate proposal off the table. Mr. Guttman responded affirmatively. He added that there were many different proposals on how to cut both the Medicaid and Medicare programs. One such proposal was the blended Federal Matching Percentage (FMAP). The idea is to set one standard federal matching rate for all Medicaid programs. Under current law, some Medicaid expenses get matched at a higher enhanced rate than others. Mr. Guttman confirmed that the Administration had announced that the blended FMAP proposal is off the table. He commented that this is very good for New York State.

Turning to the fiscal cliff, Mr. Guttman reminded the Committee of the agreement that had been reached, earlier in the year, between Congress and the President. This agreement was to institute an automatic spending cut of \$1.2 trillion, unless an agreement was reached on how to reduce the federal deficit. This process is called the sequestration of funds. He explained that half of the cuts would come from Defense and the other half from domestic programs. He stated that the cut to the Medicare program would be limited to only two percent and that the Medicaid program would be exempt from cuts. He added that, from the perspective of the health care community, letting the automatic cuts go into effect would not be so detrimental because any alternative would include significant Medicaid cuts and larger Medicare cuts.

Mr. Guttman explained that a key issue in discussions concerning the fiscal cliff is that Republicans are vehemently opposed to tax increases. On the other hand, Democrats are insisting that taxes should be raised on the wealthy. Notwithstanding, both sides agree that health care entitlement spending would have to be reduced. Mr. Guttman added that, under current law, Medicare physician payments were supposed to be reduced on an annual basis. Nonetheless, every year, Congress comes up with an additional \$15 billion to ensure that this automatic reduction is not implemented. This is an issue for this year as well. There have been discussions about providing a long term solution. He noted that the bottom line is that solving this problem could potentially mean funding cuts for both the Medicaid and Medicare programs. There could be some risk for HHC in terms of what the "pay for" would be for the Medicare physician payment fix.

Mr. Rosen, Committee Member, commented that, if half the cuts would be taken from Defense and the remaining half from domestic programs, and Medicaid would be exempt, this could mean that education could be cut significantly. Mr. Guttman explained that entitlement programs are a large part of the domestic budget. Social Security would not be cut and the Medicare program would only be faced with a two percent reduction. Mr. Guttman clarified that the Medicare cut would be taken from what is paid to hospitals and other providers and would not directly impact beneficiaries. Mr. Guttman stated that, what could happen is that anything left over, including education or even HHC's World Trade Center Survivor Program, could be cut dramatically. The idea is that Congress would have to come up with a solution because the defense cuts were considered to be very large. For districts that rely heavily on defense spending, this would not be a good thing. He commented that cuts to discretionary domestic spending would also be overwhelming. The idea is that both sides from the right and the left in theory would have to come together.

Focusing on the recent elections, Mr. Guttman reported that Democrats had picked up a few seats in the US Senate, which has slightly strengthened the Democrats. It is also expected that the two Independents in the Senate would caucus with the Democrats. He noted that, in New York State, Senator Gillibrand defeated Wendy Long. This will be Senator Gillibrand's first elected full term.

Mr. Guttman reported that the House of Representatives would remain a bastion of GOP power. Republicans retained power, but lost at least eight seats. There are some seats that are still undecided. Speaker Boehner will remain in power. His hand is strengthened because in the previous Congress, the Speaker had a hard time corralling some of the Republican Tea Party members to get things done. The Speaker needed their vote. As such, they controlled a lot of the agenda. In the new Congress, it is unlikely that Republican Tea Party members would retain that level of control.

Mr. Guttman announced that, in the House of Representatives, New York City would be represented by two new members. Congressman-Elect Hakeem Jeffries will take over the seat that was formerly held, for at least two decades, by Congressman Ed Towns. He noted that Congressman Elect Hakeem Jeffries had a very good relationship with the Corporation. In Queens, Assemblywoman Grace Meng was elected to Congress. She has already been briefed on many of the federal issues facing HHC. Congresswoman Elect Meng will replace Congressman Gary Ackerman who had represented a district that originally was in Queens but also included a large section of Nassau County. In Staten Island, Congressman Michael Grimm, who is a Republican, won re-election. This is important for HHC because Congressman Grimm would be HHC's only point of access to the House Majority. Mr. Guttman informed the Committee that Congressman Grimm had also agreed to visit Coney Island Hospital on January 8, 2012, because Coney Island Hospital is now in his district. Mr. Guttman announced that Congressman Maffei won against former Congresswoman Buerkle, who had defeated him only two years ago. He commented that New York had several very close races upstate; and that, New York State was also viewed as an important battleground in terms of Congressional races.

Mrs. Saunders informed the Committee that she would be presenting the outcome of the state elections. She stated that, the important thing to know about the balance of power is that the Republicans will be in charge of the State Senate. In the Assembly, the Democrats have solid control. In the Assembly, there are a large number of Democrats from New York City, who are strong supporters of HHC. Mrs. Saunders reported that, prior to the elections, there had only been three Republicans from New York City in the Senate. Overall, there are significantly fewer representatives in the Senate that are New York City-based.

Mrs. Saunders stated that, in the Senate, there is an independent Democratic Conference (IDC) with four members. Two members are New York City-based and have a strong working relationship with

Senate Republicans. She added that, through re-districting, a Senate seat was added. The current configuration of the Senate is 62 members, but starting in January 2013, there will be 63 members.

Mrs. Saunders reported that, in New York City, there were some key races in the Senate and also many around the state. In Brooklyn, Simcha Felder, who ran as a Democrat, won against Senator David Storobin who had taken office amidst controversy. She reported that Brad Holyman replaced outgoing Senator Duane, who is now retired. Senator Duane was a member of the Health Committee and had a good working relationship with HHC. In Queens, Senator Joseph Addabbo won re-election against Councilman Eric Ulrich. Councilman James Sanders ran unopposed in a seat that was previously held by Senator Shirley Huntley.

Mrs. Saunders informed the Committee that the true breakdown of Democrats to Republicans remained undecided. There are two undecided upstate races, one in the Hudson Valley and the other in the Capital District. The Hudson Valley race will likely be won by the Democrat. The Capital District race is much closer. Mrs. Saunders explained that there were several thousand votes that are being contested. The courts are examining those votes. Mrs. Saunders added that, it is too close at this point to say who would ultimately win that seat, and what the breakdown would be in terms of control of the Senate.

Mrs. Saunders reported that the four independent Democrats including Senators Klein, Savino, Valesky, and Carlucci will join Senators Smith and Felder to caucus with the Republicans. It is likely that the Republicans will retain control of the Senate, but would work with the IDC to form a coalition government. She stated that the power sharing arrangement that had been discussed was one where Senator Klein would share the post of Temporary President of the Senate. Mrs. Saunders explained that, typically the Majority Leader and Temporary President of the Senate, is the same person. Notwithstanding, it is said that it is going to be a true sharing of power. They will work together on all committee assignments, the daily active list of bills that they take up and consider, and the state budget. Mrs. Saunders commented that it remained to be seen how effectively this would work.

Mrs. Saunders stated that three of the four members of the IDC would serve as committee chairs. Senator Klein chairs the Alcoholism and Substance Abuse Committee. Senator Savino is the Chair of the Families Committee; and Senator Valesky chairs the Aging Committee. All three of those Committees are viewed as being desirable for those who care about policy. Mrs. Saunders commented that these committees are not true power committees.

Mrs. Saunders reported that there are three Republicans who currently chair two committees, which is considered unusual. Committee chairmanships will expand beyond just the members of the IDC, and Senator Elect Felder. It is anticipated that Senator Joseph Addabbo and Senator-Elect James Sanders would obtain committee assignments. They were both named by Senator Klein to serve on a post Hurricane Sandy workgroup. Another name that is frequently mentioned is Senator Espallat.

Mrs. Saunders informed the Committee that Senator Hannon is likely to remain as Chair of the Health Committee. Mr. Hartman-O'Connell asked if that would be good for HHC. Mrs. Saunders responded that HHC had a very good working relationship with Senator Hannon. Mr. Jurenko added that, due to the technical nature and the complexities of current policy issues concerning health, it would be good for Senator Hannon to continue to chair that committee. Mrs. Saunders added that, one of the biggest issues that HHC would be working on the new Legislative Session will be reform of Disproportionate Share Hospital (DSH) funding. Mrs. Saunders commented that there are probably only two members of the Legislature who have strong knowledge of the issues concerning DSH. These individuals include Assembly Health Chair, Dick Gottfried and Senator Kemp Hannon. Mrs. Saunders stated that, these

issues are very complex and require an awful lot of tacked on knowledge. As such, having Senator Hannon as chair would be helpful for HHC.

Dr. Stocker asked how long had Assemblyman Gottfried and Senator Hannon served as chair of their respective committees. Mrs. Saunders responded that Assemblyman Gottfried became Chair of the Health Committee in 1987. On the other hand, Senator Hannon had served as chair since the early 1990s. She noted that Senator Hannon had always been engaged in conversations on policy even when the Democrats were in control. Mr. Rosen inquired if, in New York State, had there ever been a group identified as independent. Mrs. Saunders responded that, this is brand new and breaking new ground in New York. She noted that, they had said that they would actually change the Senate rules to reflect the different caucuses. Mr. Rosen commented that Senator Skelos must be a very smart man, a genius. Mrs. Saunders affirmed that he was very shrewd. Mrs. Saunders informed the Committee that there would likely be changes with regard to other committees such as Codes, Mental Health, Insurance, and Finance.

Concerning the Assembly, Mrs. Saunders reported that Democrats would retain control. There is a veto proof majority of 101 Democrats in the Assembly. There were some key races in New York in the Assembly as well. In the Bronx, there are two new Assembly members. Mark Gjonaj will replace Assemblywoman Naomi Rivera whom he defeated in a primary. Luis Sepulveda was elected to fill the seat that was occupied by Assemblyman Peter Rivera, who joined the Cuomo Administration. In Brooklyn, Walter Mosley will take Congressman-Elect Hakeem Jeffries' seat. In Manhattan, Gabriella Rosa will replace Assemblyman Ramirez, and Joseph Borelli will replace Assemblyman Tobacco on Staten Island. In Queens, there are two new members. Nily Rozic will replace Assemblyman Lansing who ran unsuccessfully for Congress against Congresswoman-Elect Grace Meng. Mrs. Saunders commented that Assemblywoman-Elect Rozic is the former chief of staff for Brian Kavanaugh. She is not new to Albany or the Albany scene.

Mrs. Saunders informed the Committee that, in the Assembly, while the Democrats will solidly retain control, there will be significant changes because of changes in leadership. It is expected that Assemblyman Sheldon Silver will continue in his role as Speaker of the Assembly. He will have 20 new members along with vacancies in some very important leadership posts. Mrs. Saunders explained that the 20 new members may not appear significant, but this is the single largest change-over of elected officials in a single election. It is typically seven or eight, so this is a significant change in Albany. Over the last 10 years, there has been almost a third of the Assembly that has turned over. There will be a lot of new faces and a lot of new growth in the Assembly.

Mrs. Saunders discussed key committee changes in the Assembly. First, Majority Leader, Ron Canestrari has retired. The Speaker Pro Tem was Assemblyman Peter Rivera, and the Majority Steering Committee Member was Assemblywoman Naomi Rivera. The Corrections Committee is currently chaired by Assemblyman Jeff Aubrey, who is expected to become the Speaker Pro Tem. The Insurance Committee is going to be chaired by Assemblyman Morelle from Rochester, who is favored for Majority Leader. The Housing Committee is vacant. The Labor Committee is still chaired by Assemblyman Wright, who is favored to chair the Housing Committee. The Libraries and Reapportionment Committees will likely become less significant. They are chaired by two outgoing members from the Capital District. Mrs. Saunders reported that, it is likely that Assemblyman Dick Gottfried will continue to serve as the Health Chair. Notwithstanding, there are many Members who are coveting that chairmanship.

Mr. Jurenko informed the Committee that the state and federal elections did have some ramifications for the New York City Council. A major change is Senator-Elect James Sanders' win over Senator Shirley Huntley in Queens. This change will open up a City Council seat. As such, the Mayor will have

to call a special election. Mr. Jurenko reported that, in the Bronx, Andy King won a special election for the vacancy that resulted from Councilman Larry Seabrook's conviction. Councilmember-Elect Andy King comes out of 1199 SEIU.

ADJOURNMENT

There being no further business, the meeting was adjourned at 10:45a.m.



MetroPlus Health Plan, Inc.

Presentation to the HHC Strategic Planning Committee

Arnold Saperstein, MD

Executive Director

January 15, 2013

Contents

- MetroPlus Background, Mission, and Values
- Relationship with HHC
- MetroPlus Membership
- Focus and Direction for 2013
- MLTC Overview
- MLTC Eligibility
- MLTC Covered and Non-Covered Services
- MLTC Advantages
- MLTC Plan of Care
- Role of the MLTC Care Management Team
- MLTC Enrollment Process
- Behavioral Health SNP
- NY Health Benefit Exchange Summary and Product Strategy
- Summary

MetroPlus Background

- Licensed since 1985 in New York State as a Managed Care Organization
- In 2001 the Plan converted from an HMO to a Prepaid Health Services Plan (PHSP)
- Wholly owned subsidiary corporation of the New York City Health and Hospitals Corporation (HHC)
- Lines of business include Medicaid Managed Care, Family Health Plus, Child Health Plus, Medicare plans, two Special Needs Plans (SNP) for the care of HIV+ members in Medicaid and Medicare, Managed Long Term Care and MetroPlus Gold

Mission

- The **MetroPlus Mission** is to provide our members with access to the highest quality, cost-effective health care including a comprehensive program of care management, health education and customer service. This is accomplished by partnering with the New York City Health and Hospitals Corporation (HHC) and our dedicated providers.

Vision

- The **MetroPlus Vision** is to provide access to the highest quality, cost-effective health care for our members, to achieve superior provider, member and employee satisfaction, and to be a fiscally responsible, ongoing financial asset to HHC. MetroPlus will strive to be the only managed health care partner that HHC will ever need. This will be accomplished by our fully engaged, highly motivated MetroPlus staff.

Values

- **Performance excellence** - hold ourselves and our providers to the highest standards to ensure that our members receive quality care
- **Fiscal responsibility** - assure that the revenues we receive are used effectively
- **Regulatory compliance** - with all City, State and Federal laws, regulations and contracts
- **Team work** - everyone at MetroPlus will work together internally and with our providers to deliver the highest quality care and service to our members
- **Accountability** - to each other, our members and providers
- **Respectfulness** - in the way that we treat everyone we encounter

Relationship with HHC

- Close collaboration with HHC at all levels of the clinical and administrative spectrum
 - Forward-thinking environment
 - Mutual population served: low-income, inner city communities, many racial minorities with higher health risk profiles
 - Mutual achievements
- The continued growth of MetroPlus and our expansion into new lines of business will allow for the capture of new populations
 - Assist HHC in maintaining their patient and revenue base

MetroPlus Membership

- Membership at 438,643 as of December 31st, 2012
- Growth in the last year: MetroPlus gained approximately 15,700 members in the past year

Line of Business	# of Members	
	Dec 31, 2011	Dec 31, 2012
Medicaid	354,520	372,942
Family Health Plus	35,549	35,938
Child Health Plus	18,698	14,486
Medicaid HIV SNP	5,541	5,741
Medicare	5,573	6,194
MetroPlus Gold	2,988	3,097

Primary Care Assignment	
HHC	54%
Community	46%

* In the last year, HHC has lost 1% of its primary care assignment to community providers.

Focus and Direction for 2013

- Managed Long Term Care (MLTC)
- Behavioral Health SNP
- Health Care Exchanges
- Target enrollment of Medicare/dual eligible population
- Retention of current membership

MLTC Overview

- MetroPlus was granted a license for operating an MLTC plan in the Fall of 2013
- MetroPlus will offer full services for enrolled members in January 2013
- Managed long-term care (MLTC) offers assistance to people who are chronically ill or have disabilities and who need health and long-term care services, such as home care or adult day care. The goal of the MLTC plan is to allow these individuals to stay in their homes and communities as long as possible. The MetroPlus MLTC plan arranges and pays for a large selection of health and social services, and provides choice and flexibility in obtaining needed services from one place.

MLTC Eligibility

Enrollee must be at least 21 years of age

Enrollee must be eligible for Medicaid



Enrollee must be capable of remaining in their home and community without jeopardy to their health and safety

Enrollee must be in need of community-based long-term services for at least 120 days from the effective date of enrollment

MLTC Covered Services

- Care Management
 - Home delivered or Congregate Meals
 - Social Day Care
 - Social & Environment Supports
- Nursing Home Care
- Home Care
 - Nursing
 - Home Health Aide
 - Physical Therapy (PT)
 - Occupational Therapy (OT)
 - Speech Pathology (SP)
 - Medical Social Services
- Adult Day Health Care
- Personal Care
- DME
- Medical/Surgical Supplies
- Enteral & Parenteral Formula
- Hearing Aid Batteries
- Prosthetics, Orthotics & Orthopedic Footwear
- Personal Emergency Response System
- Non-emergent Transportation
- Podiatry
- Dentistry
- Optometry / Eyeglasses
- PT, OT, SP or other therapies provided in a setting other than a home, limited to 20 visits of each therapy type per calendar year, except the developmentally disabled, MLTC may authorize additional visits
- Audiology / Hearing Aids including batteries
- Respiratory Therapy
- Nutrition
- Private Duty Nursing

MLTC Non-Covered Services

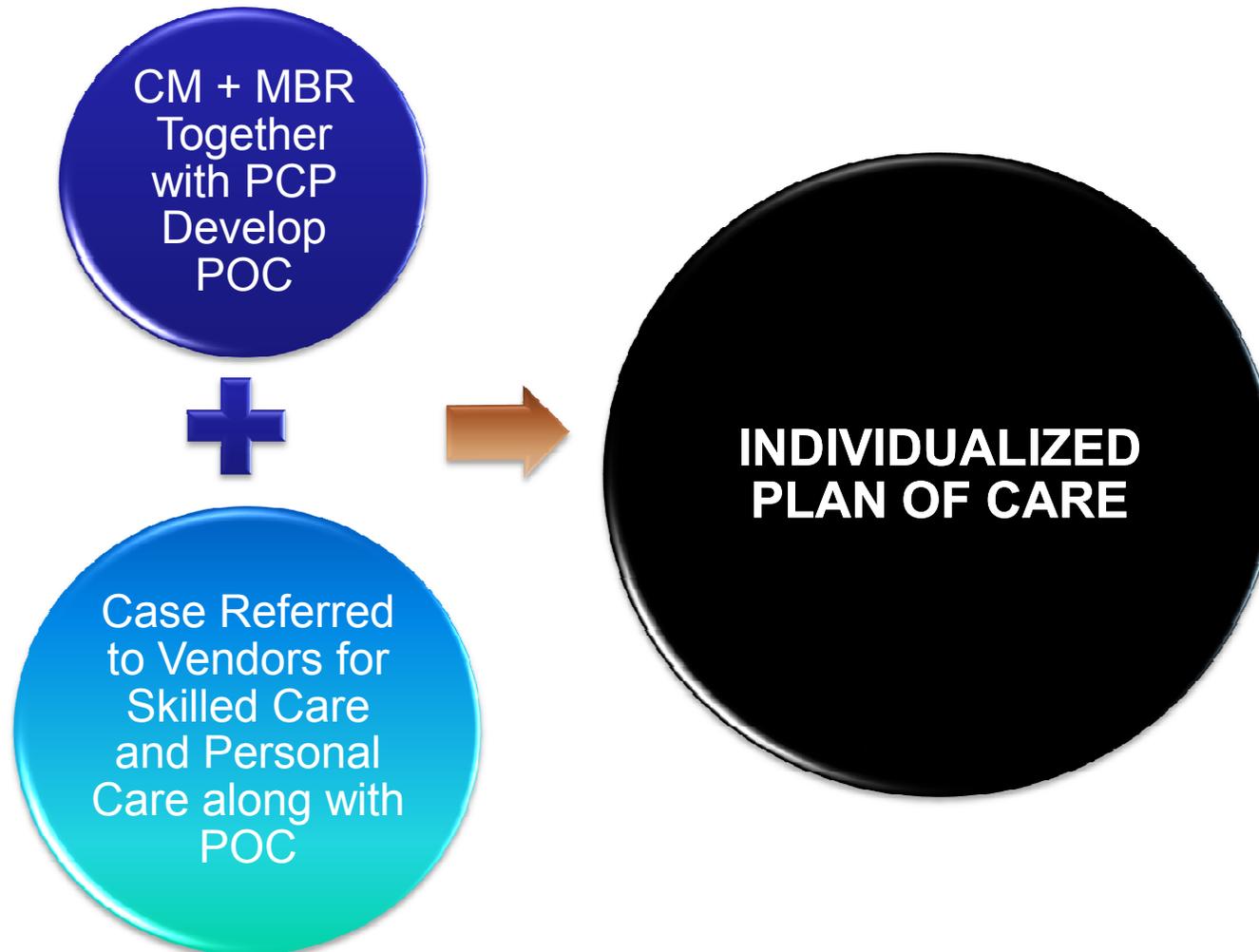
(covered by patient's primary insurance plan)

- Inpatient Hospital Services
- Outpatient Hospital Services
- Physician Services including services provided in an office setting, a clinic, a facility or in the home
- Laboratory Services
- Radiology & Radioisotope Services
- Emergency Transportation
- Rural Health Clinic Services
- Chronic Renal Dialysis
- Mental Health Services
- Alcohol & Substance Abuse Services
- OMRDD Services
- Family Planning Services
- Prescription & Non-Prescription Drugs, Compounded Prescriptions
- Assisted Living Program
- Hospice

MLTC Advantages

- Care manager arranges individualized long term care services through a Plan of Care
- One call connects the member to all of the services of the Program
- Member can keep their own PCP
- Greater coordination and flexibility
- Access to community based services

MLTC Plan of Care (POC)



Role of the MLTC Care Management Team

- Call and visit the member and family or other individuals who may be assisting the member on a regular basis to assure that member is satisfied with the care and services
- Work with the primary care doctor to obtain the medical orders needed for covered services in the member's Plan of Care
- Authorize covered services for the member based on medical necessity and the Plan of Care
- Speak with the primary care doctor about changes or updates to the member's Plan of Care
- Arrange and coordinate services that are covered by MetroPlus

MLTC Enrollment Process

- An Enrollment Nurse will arrange to visit the potential member to discuss the MLTC, to assist the individual with the details of applying for enrollment, and to gather and ask information about their health and long term care needs.
- During this visit, the Enrollment Nurse will complete a comprehensive clinical assessment using New York State (NYS) approved forms, and will discuss an initial Plan of Care.
- The Enrollment Nurse will also review the member's Medicaid and Medicare information, if applicable, and will discuss and provide information about Advance Directives, how to access covered and non-covered services, and rights as a MetroPlus member.

MLTC Enrollment Process

- The Enrollment Nurse will provide a copy of the Member Handbook and Provider Directory, and will explain the forms required for enrollment.
 - enrollment agreement/attestation form
 - authorization for release of medical information
 - notice of HIPAA privacy practices
- The enrollment agreement, once signed, is submitted to HRA for review and eligibility verification.
- If an enrollment agreement is received by Medicaid Choice/Maximus by the 20th of the month, membership will typically begin on the first day of the next month.

Behavioral Health SNP

- Phase I: In January 2012, New York State contracted with behavioral health organizations (BHOs) to monitor and manage fee-for-service mental health and substance abuse service with the goal of improving its fragmented and uncoordinated behavioral healthcare system
 - OptumHealth in New York City
- Phase II: The State anticipates this initiative will pave the way to fully-managed behavioral health entities

Behavioral Health SNP (Phase II)

- Phase II will complete the transition to fully-managed behavioral healthcare.
- The State envisions that risk bearing Medicaid managed care entities will manage, coordinate, and pay for both behavioral and physical health services for enrollees with serious mental health issues or substance use disorders.
- The statute requires the State to launch Phase II by April 1, 2013, though this is expected to be delayed until late 2013.

Behavioral Health SNP (Phase II)

- The State Behavioral Health Work Group developed a list of principles intended to apply to Phase II BHOs, which may vary in form across the different regions of the State and include:
 - Special Needs Plans (SNPs). Specialty managed care networks that manage physical and behavioral health services for a defined behavioral health population
 - Integrated Delivery Systems (IDS). Provider-operated risk-bearing entities that manage the physical and behavioral health services for a defined behavioral health population
 - Carve-out BHOs. Risk-bearing managed care entities with a specialization in behavioral health that would only manage behavioral health services.
- The state has yet to decide on a final methodology for this initiative.

New York Health Benefit Exchange

- The NYS Exchange will go live in the Fall of 2013.
- Insurers seeking to offer Qualified Health Plans (QHPs) will be asked to submit plan designs in March 2013.
- QHPs are classified into 4 types of product levels
 - Platinum, Gold, Silver, Bronze with progressively increased copayments and deductibles.
- Medicaid and CHP will not be offered into the NYS Exchange until late 2013/early 2014.
- MetroPlus will develop a minimum of 8 products to be offered in the NYS Exchange (Platinum, Gold, Silver, Bronze, Catastrophic, and 3 additional Silver plans with actuarial bands based on a member's income as compared to the federal poverty level).
- Facilitated enrollment could be eliminated as early as 2014, or as late as 2016.

New York Health Benefit Exchange

- Family Health Plus (FHP) will probably be discontinued when the NYS Exchange goes live.
- FHP represents about 8% of current MetroPlus membership.
- Eligibility into government programs as well as federal subsidies to individuals will be determined based on Modified Adjusted Gross Income (MAGI).
- MetroPlus' biggest opportunity/risk is that as individuals lose their eligibility; we must offer products that they can afford and will enroll in, to minimize membership loss.
- MetroPlus' target will be the Silver Plan with the four different levels based on income for individuals and SHOP's (Small Business Health Options)

New York Health Benefit Exchange: Product Strategy

- MetroPlus will offer products at all levels.
- Marketing focus will be on the Silver Plan with the actuarial bands based on the member's income.
- Low cost/high quality products
- HHC facilities and existing MetroPlus networks will be the core of these products.
- For other products, HHC plus an enhanced network will be the delivery network.

Summary

- MetroPlus has many growth opportunities in 2013, all of which are key to MetroPlus' continued success.
- We look forward to working with HHC and sharing our progress.

RESOLUTION

Resolution acknowledging Ms. Judy Wessler, Director of the Commission on the Public's Health System (CPHS), for her unabiding commitment to social justice and longstanding advocacy for quality, accessible health care for all New Yorkers.

WHEREAS, Ms. Wessler is one of the original coalition members who founded the Commission on the Public's Health System (CPHS) in 1991;

WHEREAS, Ms. Wessler will be retiring as Director of CPHS in February after 16 years as Director;

WHEREAS, Ms. Wessler has kept a watchful eye on the public's health system, particularly the New York City Health and Hospitals Corporation (HHC), and has forcefully spoken out at all levels of government reminding everyone of the essentiality of a viable, patient-centered and accountable health care system for all New Yorkers;

WHEREAS, Ms. Wessler has worked tirelessly to effectively engage consumers and community members so that they have a voice in policy discussions and decisions that affect them;

WHEREAS, as a critical leader in the City's health advocacy community, for more than 41 years, Ms. Wessler has been engaged in numerous campaigns to ensure that the City's most vulnerable residents have access to health care, which, among many changes, most notably led to the passage of Manny's Law which requires hospitals to provide discounted medical services on a sliding scale for uninsured and underinsured patients through a financial assistance program; and

WHEREAS, Ms. Wessler has been a stalwart advocate to ensure that indigent care funds in the State budget for services to uninsured patients are distributed to the providers that serve uninsured patients, and her unwavering efforts have resulted in proposed legislation to be taken up by the State Legislature in the 2013 Legislative Session;

NOW THEREFORE, be it

RESOLVED, that the President and members of the Board of Directors of the New York City Health and Hospitals Corporation hereby declare that Ms. Wessler has made outstanding contributions to the improved health and well-being of residents in New York City's most vulnerable communities and to the preservation of the mission of HHC.