

BOARD OF DIRECTORS MEETING
THURSDAY, JUNE 27, 2013
A-G-E-N-D-A

<p>Call to Order - 4 pm</p>	<p>Dr. Stocker</p>
<p>1. Adoption of Minutes: May 30, 2013</p>	
<p><u>Chairman's Report</u></p>	<p>Dr. Stocker</p>
<p><u>President's Report</u></p>	<p>Mr. Aviles</p>
<p>>>Action Items<<</p>	
<p><u>Corporate - Affiliations</u></p>	
<p>2. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute an Affiliation agreement with the State University of New York/Health Science Center at Brooklyn for the provision of General Care and Behavioral Health Services at Kings County Hospital Center for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; AND further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will see approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A. <i>(Med & Professional Affairs / IT Committee – 6/20/2013)</i></p>	<p>Dr. Stocker</p>
<p>3. RESOLUTION authorizing the President of the New York City Health and Hospitals to negotiate and execute an Affiliation agreement with the Staten Island University Hospital for the provision of General Care and Behavioral Health Services at Sea View Hospital Rehabilitation Center and Home for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; AND further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will see approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A. <i>(Med & Professional Affairs / IT Committee – 6/20/2013)</i></p>	<p>Dr. Stocker</p>
<p><u>Corporate - IT</u></p>	
<p>4. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to purchase Cisco SMARTnet maintenance through a NYS Office of General Services contract from Cisco's authorized reseller, Dimension Data North America, Inc. in an amount not to exceed \$22,080,000, including a 15% contingency, over the term of three years <i>(Med & Professional Affairs / IT Committee – 6/20/2013)</i></p>	<p>Dr. Stocker</p>
<p>5. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute a contract with IBM Corporation for the procurement of a performance analytics/business intelligence platform. The contract will be for an amount not to exceed \$10,054,721 for an initial term of one year, with three (1) one year renewal options, exercisable solely by the Corporation. <i>(Med & Professional Affairs / IT Committee – 6/20/2013)</i></p>	<p>Dr. Stocker</p>
<p>6. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute a contract with Allscripts Healthcare LLC for a web-based case management, and denials management and discharge planning software solution accessible throughout the Corporation's acute-care and long-term care facilities for a three (3) year term with two (2) one year renewal options, exercisable solely by the Corporation, in an amount not to exceed \$5,201,255. <i>(Med & Professional Affairs / IT Committee – 6/20/2013)</i> EEO: / VENDEX: Approved</p>	<p>Dr. Stocker</p>
<p>(over)</p>	

Corporate – Requirements Contracts

7. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to execute construction requirements contracts with six (6) firms: **Gridspan Corporation; Vastech Contracting Corporation; Volmar Construction, Inc.; Sierra Mechanical Contracting, Inc.; Jemco Electrical Contractors, Inc.; and Charan Electrical Enterprises, Inc.** to provide construction services on an as-needed basis at various facilities throughout the Corporation. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$6,000,000. The total authorized value of these contracts is \$36 million.
(Capital Committee – 6/13/2013)
EEO: Approved / VENDEX: Gridspan, Volmar-Approved; Remaining Vendors-Pending

Ms. Youssouf

8. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to execute construction requirements contracts with four (4) firms: **Par Plumbing Co., Inc.; Richard Plumbing and Heating Co., Inc.; Empire Control Abatement, Inc.; and New York Environmental Systems, Inc.**, to provide construction services on an as-needed basis at various facilities throughout the Corporation. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$2,000,000. The total authorized value of these contracts is \$8 million.
(Capital Committee – 6/13/2013)
EEO: / VENDEX: Approved

Ms. Youssouf

Southern Brooklyn/Staten Island Health Network

9. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to **modify the scope and budget** for the existing **Boiler Plant project at Coney Island Hospital** to add an additional \$2,935,845, increasing the total project budget to an amount not to exceed \$9.94 million.
(Capital Committee – 6/13/2013)

Ms. Youssouf

Generations+/Northern Manhattan Health Network

10. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to execute a revocable **license agreement** with the **American Academy McAllister Institute of Funeral Service** for its use and occupancy of space to provide instruction in the techniques of mortuary science on the campus of **Harlem Hospital Center**.
(Capital Committee – 6/13/2013)
VENDEX: Pending

Ms. Youssouf

Queens Health Network

11. RESOLUTION authorizing the President of the New York City Health and Hospitals Corporation to execute a revocable **license agreement** with the **American Cancer Society, Eastern Division, Inc.**, for its continued use and occupancy of space to provide non-clinical patient support services on the campuses of **Elmhurst Hospital and Queens Hospital Centers**.
(Capital Committee – 6/13/2013)
VENDEX: Pending

Ms. Youssouf

Committee Reports

- Audit
- Capital
- Equal Employment Opportunity
- Finance
- Governance
- Medical & Professional Affairs / Information Technology
- Strategic Planning

Ms. Youssouf
Ms. Youssouf
Rev. Lacey
Rev. Lacey
Mr. Rosen
Dr. Stocker
Mrs. Bolus

Facility Governing Body / Executive Session

- Queens Hospital Center

>>Old Business<<
>>New Business<<

Adjournment

Dr. Stocker

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of the New York City Health and Hospitals Corporation (hereinafter the "Corporation") was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 30th of May 2013 at 4:00 P.M., pursuant to a notice which was sent to all of the Directors of the Corporation and which was provided to the public by the Secretary. The following Directors were present in person:

Dr. Michael A. Stocker
Mr. Alan D. Aviles
Josephine Bolus, R.N.
Dr. Jo Ivey Boufford
Dr. Vincent Calamia
Dr. Adam Karpati
Ms. Anna Kril
Rev. Diane E. Lacey
Mr. Robert F. Nolan
Mr. Bernard Rosen
Ms. Emily A. Youssef

Andrea Cohen was in attendance representing Deputy Mayor Linda Gibbs; Dr. Amanda Parsons was in attendance representing Commissioner Thomas Farley; and Linda Hacker was in attendance representing Commissioner Robert Doar, each in a voting capacity. Dr. Stocker chaired the meeting and Mr. Salvatore J. Russo, Secretary to the Board, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on April 18, 2013 were presented to the Board. Then, on motion made by Mrs. Bolus and duly seconded, the Board unanimously adopted the minutes.

1. **RESOLVED**, that the minutes of the meeting of the Board of Directors held on April 18, 2013, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Dr. Stocker received the Board's approval to convene an Executive Session to discuss matters of quality assurance and personnel.

PRESIDENT'S REPORT

The President's remarks were in the Board package and made available on HHC's internet site. A copy is attached hereto and incorporated by reference.

ACTION ITEMS**RESOLUTION**

2. Authorizing the President of the New York City Health and Hospitals Corporation to seek the Board of Director's approval of twelve (12) facilities' Implementation Strategies. These Implementation strategies are informed by the results of **Community Health Needs Assessments** conducted by the facilities.

Dona Green, Vice President, Corporate Planning, explained that the Affordable Care Act added a new requirement for practicing hospitals to complete a community health needs assessment and assessments were conducted in a majority of HHC's 11 acute care facilities and one long-term care hospital. The community assessments have to be conducted every three years. The goal is to create and adopt a written implementation strategy that includes a description of the process and methodology used by the community health needs assessment. Senior Vice President

LaRay Brown explained that public hospitals had previously been exempt from the requirement to conduct community assessments.

Mrs. Bolus moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

3. Authorizing the President of the New York City Health and Hospitals Corporation to execute a contract with **Siemens Enterprise Communications, Inc.** via NYS Office of General Services (OGS) contract for the enterprise with **PBX Consolidation of services and maintenance for all telecommunications platforms** used throughout the Corporation's facilities. The contract will be for an amount not to exceed \$21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

Dr. Stocker moved the adoption of the resolution which was duly seconded and adopted by the Board by a vote of 13 in favor with Mr. Rosen abstaining.

RESOLUTION

4. Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute a sole source Agreement with **Cablevision Lightpath** via New York State Office of General Services (OGS) to **provide enterprise wide voice and data circuits** for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed \$9,249,235, which includes a 20% contingency.

Dr. Stocker moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

5. Authorizing the President of the New York City Health and Hospitals Corporation to negotiate and execute contracts with **Elsevier BV, McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc.** to provide **electronic medical reference and knowledge-based information subscription service products for HHC's medical libraries** for a term of one year each, with four one-years options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: Elsevier BV-\$2,750,000; McGraw-Hill Education-\$872,459; Truven Health Analytics Inc.-\$2,525,000 and UpToDate, Inc-\$1,899,068, for an aggregate amount not-to-exceed \$8,046,527.

Dr. Louis Capponi, Chief Medical Informatics Officer, explained that four contracts will provide medical resources and reference materials for doctors, nurses and other clinicians who are taking care of patients in HHC facilities. Four vendors have been selected because there are different components of products that are needed to provide the resources.

Dr. Stocker moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

6. **Reappointing Dan H. Still** as a member of the Board of Directors of **MetroPlus Health Plan, Inc.**, a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

Mr. Rosen moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

RESOLUTION

7. **Reappointing Mendel Hagler** as a member of the Board of Directors of **MetroPlus Health Plan, Inc.**, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

Mr. Rosen moved the adoption of the resolution which was duly seconded and unanimously adopted by the Board.

BOARD COMMITTEE AND SUBSIDIARY REPORTS

Attached hereto is a report of the HHC Board Committees and Subsidiary Boards that have been convened since the last meeting of the Board of Directors. The reports were received by the Chairman at the Board meeting.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

The Board convened in Executive Session. When it reconvened in open session, Dr. Stocker reported that the Board of Directors as the governing body of Jacobi Medical Center and North Central Bronx Hospital discussed and adopted the facility's reports presented.

The Board also approved the appointment of Denise Soares to the position of Senior Vice President of Generations Plus Northern Manhattan Network.

ADJOURNMENT

Thereupon, there being no further business before the Board,
the meeting was adjourned at 6:51 P.M.

A handwritten signature in black ink, reading "Salvatore J. Russo". The signature is written in a cursive style with a large initial 'S' and a long horizontal flourish extending to the right.

Salvatore J. Russo
Senior Vice President/General Counsel
and Secretary to the Board of Directors

COMMITTEE REPORTS

Audit Committee – April 11, 2013 As reported by Ms. Emily Youssouf

Ms. Youssouf moved on to the information items on the agenda stating that Mr. Telano will give an update on audits.

Mr. Telano addressed the Committee by saluting them and stated that the first item on the agenda is internal audit's review of the Operating Procedures 100-5 (OP 100-5). He stated that over a year ago Board Chairman, Dr. Michael Stocker and the Audit Committee requested that audits of the procurement function be conducted at all of the facilities during Fiscal Year 2013. One of the primary objectives of these audits was to gauge adherence to OP 100-5 which was rolled out in January 2012. It was requested at that time that a summary of our findings, as it relates to the OP 100-5, be presented to the Committee when all the purchasing audits were complete. The first audit began in September 2012. Since the remaining audits are now essentially complete, the memorandum in front of you discusses areas not addressed in the OP 100-5 and also sections that we believe need clarification. It should be noted that this memorandum was primarily produced from issues and information obtained during our audits and it should be considered a separate item. It is simply a list of observations made during the purchasing audits at the facilities. Also, these observations are not all inclusive. There may be other topics not addressed in OP 100-5 that Internal Audit did not come across. On the second page, there are some areas listed that are not addressed in this policy. For example, For Payment Only purchase orders. Also, it is not clear as to what contracts should be loaded into GHX and also the type of contracts that Corporate Materials Management is responsible for. In one of our audits, for example, we found that Baxter Health Care, which is an HHC corporate contract, had expired the year before for that facility. When we went to GHX to look for it, there was only the expired one. The facility said that it was not their responsibility because it's an HHC contract, so it's unclear as to who's responsible for loading the contract when it expires. The use of blanket orders are not indicated in the procedure and whether bids and/or contracts being presented to the CRC and the Board as a whole should be based on accumulated activity or individual activity is not clear. The seventh item on page 2 is a list of standard operating procedures which is more or less a step-by-step guide as to how to process transactions which are not addressed at all.

Ms. Youssouf asked other individuals to the table. They introduced themselves as: Joseph Quinones, Senior Assistant Vice President of Contract Administration and Control; and Jeremy Berman, Deputy Counsel. Dr. Stocker continued by stating that four years ago the Public Authorities Accountability Act established a principle that the Board should oversee procurement. The Board looked at it and then management looked at it in January 2012. About 15 months ago there was an operating procedure revision which replaced a whole bunch of previous operating procedures. When OP 100-5 was adopted they all realized that this was a complicated and decentralized process and there were going to be changes made. What you see here is kind of the next step in the process in making the changes of having unified procurement operations. What comes to mind is that we've had enough people who do procurement at the facility level attend the Audit Committee meetings, but it's clear that there is confusion about how you follow the various operating procedures. He said that one of the things that strikes him, based on the audit, is that there is yet again another set of about 20 operating procedures called Standard Operating Procedures in an Administrative Procedure Manual which some of them are inconsistent with OP 100-5. Some of them refer back to operating procedures that no longer exist because they are replaced by OP 100-5. It is his understanding that the people who do purchasing at the facilities are guided by these standard operating procedures and his question is why it was not changed so that they were consistent.

Mr. Quinones responded that the first thing he would have to do to answer that question is look at the objectives of the new OP 100-5 with the objectives of the group that came together to put it in place. We had 14 procedures that were incorporated into this operating procedure. Many of those procedures went in what he would call a "procedural way of what people had to do in various, very detailed steps". One of the objectives was not to have that and instead have what is called the Supply Chain Council in the procedure. He said that the Supply Chain Council existed prior to OP 100-5 was put in place. Between the Contract Review Committee, which oversees RFPs, negotiated acquisitions and sole sources, and the Supply Chain Council which does a transactional piece of the supply chain, which is a slow bid solicitations. All other small transactions that we do have the Supply Chain Council guidelines, answer questions to the supply chain and they have done that over the course of the year. He said that he was shocked at a lot of the comments made and had spoken to Mr. Telano about it. Further, he expressed that it was his understanding that this is a memorandum not an audit per se.

Mr. Quinones continued by addressing the Standard Operating Procedures (SOPs) – these SOPs were actually issued at the time that GHX was rolled out. About four years ago, way before the revised OP 100-5 was put in place, these SOPs were necessary in order to understand how we were going to have Global Healthcare Exchange (GHX) operationalized. At that time the Supply Chain Council came into existence because we needed to upgrade as one organization to actually make GHX work and the Council did not feel it was necessary to establish operational procedures that change and evolve over time again and again and have the President issue amendments to the procedures multiple times. One of the issues that we talked about in the Supply Chain Council was how many procedures we had that were actually out of sync with what we were really doing because they were never amended. So we issued these SOPs as it related to GHX and did not include them in a procedure or in any of the procedures in place at the time.

Ms. Youssouf stated that some of these look very important, like approval overrides or contract management or freight payment procedure. She then asked if the Supply Chain Council did not want to do this, maybe these items should be brought back to the Board with an explanation as to why the group thinks it's not important to have these procedures. To which Mr. Quinones replied that these procedures were in place. Ms. Youssouf asked for further explanation. Mr. Quinones responded that they are not in OP 100-5 but they are in place and people follow them.

Ms. Youssouf stated that she thought OP 100-5 was supposed to be the central place and that is where staff would look. Mr. Quinones said that the group that put together OP 100-5 believed that we should have "in-the-weeds" type of details like this but they should be issued by the Supply Chain Council – which were issued and currently followed. They have not been eviscerated – have not gone away.

Dr. Stocker then referred to one which he thought was pretty important – the open market incomplete purchase order procedure, procurement process for handling market incomplete purchase orders, has no date on it so you cannot tell if is before or after OP 100-5. This document does not circumvent the set HHC policy requiring dated contracts into the approval process. In references it says HHC's bid procedure found in Operating Procedure 110-6 which clearly is not in existence anymore. Mr. Quinones responded that in that particular case OP 100-5 supersedes. Dr. Stocker stated that if he were a purchaser in a facility and he knew about these things, it's got to be confusing if you have contradictory policy. Mr. Quinones stated that again, the theory was that the Supply Chain Council would give guidance in those instances and it has given guidance. There is a task force now, put together by the Executive Vice President/Chief Operating Officer, Mr. Antonio Martin that has a grasp of what these issues are. In fact, we've already had our first meeting with all the procurement staff. This task force is going to bring these issues to light. If there are amendments that need to happen for OP 100-5 we intend to make them, but we need to flush these out and understand what should stay and what should go. The procedure was over 100 pages and the task was to get it down to a very small amount of pages and if we started including everything that's in here right now we might go back to where we were before.

Ms. Youssouf said that she thought the task was to reduce the pages and to have it written in simple English so it's easy to follow. There are a few things here that are not clear, and we talked about this, specifically number 7, the RFQ for these different buckets. It does need to be reviewed as you are saying and you're absolutely doing the right thing, but it seems like a lot of these implementations were not carried out.

Mr. Martin said that he agreed and that he thinks that the crosswalks from the operating procedures to OP 100-5 need to be looked at again. We have made a commitment to the Board and also the President that we are going to get this right. We are doing a very thorough review of all of the operating procedures and we are engaging all of the procurement executives throughout the Corporation. Mr. Martin said that he has visited the Greater New York Hospital Association – because they're the experts, and from our visits to North Shore and Continuum, they are the ones that really have driven change and progress throughout their organization.

Mr. Martin continued by stating that they have a plan and that there is a body of work that is going to occur between now and July, that gets us ready to consolidate and then there is a body of work from July on out.

Ms. Youssouf asked about a timetable to report back. To which Mr. Martin responded that he will be doing a presentation, along with Joe Quinones in May to update the Board as to where they are in their plans. Clearly one of their plans is really to again recruit and bring on a procurement executive, somebody that will be entirely responsible for procurement and will be accountable directly to him. In May he will be presenting to Finance. Ms. Youssouf interrupted and stated that it should be the Audit Committee. Committee member Mrs. Josephine Bolus said that would be in June.

Dr. Stocker asked when they do an operating procedure, how is that seen by the rest of the organization. To which Mr. Quinones responded that he thinks the person at the facility sees patient care as their number one obligation, to make sure that supplies get to the point of use to insure that they have patient care, patient safety. He thinks that we can do a better job in making that job for them easier and he thinks this task force is going to accomplish that. Dr. Stocker commented that if we do procurement right you can save a lot of money, multiple millions of dollars given the nature of the organization's finances that directly translates to patient care.

Ms. Youssouf stated that she was going to make a similar comment. Everybody from the Board on down knows and appreciates and believes patient care is first. If we are wasting money through an inefficient process or processes it does not help in patient care. The intent of those who are refining the procurement process is not to withhold any products from anybody, but to make sure we are getting the best price, the most timely delivery and it is being done in the most fiduciary, correct manner.

Mr. Martin stated that he does not think they did a good job in terms of this procedure, he does not think they did the appropriate amount of training that should have been done for the staff. The training is actually going to occur now. He thought there was ambiguity in the procedure that is just coming to light now and if we had been more attentive that would have come to light sooner.

Dr. Stocker stated that he remembered a comment made by a director when he asked him what you do when there is this confusion about the procedure. He responded that he calls up two or three other directors and whatever the vote is that's what we do. Mr. Martin said that we need to do a better job; that that's our job as management and that's what I'm committing to you we will fix.

Mr. Berman stated that at the time they adapted OP 100-5 revision they anticipated a need for fixes. He has maintained a running list of suggestions that have been made, and errors pointed out to him that he is encouraging people to give him because they're looking to make those corrections. As Mr. Quinones was explaining, there also needs to be a kind of consensus within the Corporation about the functioning of the operating procedures as opposed to some other sources of rules that are operated at a lower level. He thinks that the point of OP 100-5 was to try to get us up here, not to abandoned more granular level rules that operate below the level of the operating process that can be changed more easily rather than having to go through the whole process of bringing it up to the President then to the Board.

Ms. Youssouf stated that they are not trying to create more bureaucracy – they are trying to make a more efficient and cost effective function. Mr. Berman commented that some of these points were never addressed in a prior OP. They were dealt with at a level below the OP level. When we are looking to simplify and make more streamlined and clear the OP it did not seem to be within the mandate to start loading into the OP subjects that were never addressed at the OP level before. For example, the manner in which who has responsibility for issuing a contract, whether that's something done at the central office level or at the facility level, there was never an OP that addressed that, that is an operational matter.

Ms. Youssouf asked what OP stands for. To which Mr. Martin responded Operating Procedure. Ms. Youssouf then said thank you and that it is going to be better because it is an operation.

Dr. Stocker stated that he wanted to talk a little bit about internalizing in general because there is a lot of attention to this. One of the things that struck the Board was that another institution in the City who was audited by the Office of the Medicaid Inspector General (OMIG), their findings was that they had all the right policies in place; they just were not following them. Naturally we do not want to get into that position. It's a little disconcerting when you have that much energy around a change in operating procedures and you find it's not working very well when you do an internal audit. That is in part the function of an internal audit, the focus of which is to self-correct.

Mr. Quinones stated that he needed to say a few things about that – the Supply Chain Council has answered many questions that have come from across the Corporation. Some of these questions have been answered by the Council, the Contract Review Committee gets questions from its authority and those questions have been answered. His office, Materials Management has answered many questions; he thinks a lot of these things, while on paper and may be assumed to be systematic are in fact not. Again, this is a memorandum, as he understands it, of comments that were made from particular individuals, but again I talked to Chris Telano and do not know if these are systematic. It is not to say that they are not going to be addressed, clarified and made clear and if we need an amendment to the procedure we intend to do it. If we need to issue clarifications in writing we intend to do it and if we need to issue at the granular level, where we issue these other procedures and guidelines that are outside the procedure or that we can bring to the Board. Ms. Youssouf thanked him.

Dr. Stocker asked if there is a timeline on the revisions. To which Ms. Youssouf responded that he said in June.

Mr. Quinones stated absolutely, that he intends to present to the Committee exactly what they've issued as it relates to clarification, non-OP 100-5 procedures and amendments that they would like to see in OP 100-5. Ms. Youssouf thanked him again and asked Chris Telano to continue.

Mr. Telano said that with regard to the presentation of the audit reports, there is only one today, the audit of purchasing, at Lincoln and Harlem. He asked the representatives from the sites to come to the table. They introduced themselves as follows: Richard Marin, Network Director for Procurement and Contracts; Gail Lewis, Associate Executive Director; Peter Joss, Associate Executive Director for Procurement Management and Chris Provenzano, Associate Director of Contract and Finance at Lincoln.

Mr. Telano continued by stating that the first issue found was regarding a vendor which we were doing business with which VENDEX approval was not yet obtained. They found that the individual who ran the organization of the vendor had some conflict of interest that needed to be resolved.

Ms. Lewis said that Mr. Telano is correct and as of yesterday the delay is still in legal. When we originally had this vendor – this is a renewal – he was not a partner. Then they became a corporation with the name change and he became a partner. The issue was that this is a security system for a building. If we let go without having security there, we could have left the building without protection. It never dawned on us that it would take six months to get the VENDEX approval.

Mr. Russo asked if it's in Legal Affairs or in the Mayor's Office of Contract Services (MOCS). To which Ms. Lewis answered it is in Karen Rosen's office (in Legal Affairs).

Mr. Russo asked if Karen Rosen was reporting to you that it was in MOCS and that we had not gotten the report back. Ms. Lewis responded that it is in her office. Mr. Russo said that he would double check.

Mr. Provenzano stated that this was a vendor that had prior VENDEX approval and it had expired and this was a renewal and as Ms Lewis said, so as not to keep the building unsecured, we renewed the contract with the same vendor but the vendor caused the conflict.

Dr. Stocker stated that in hearing the previous conversation and asked if they have any comments, that this was their opportunity. Mr. Provenzano responded by saying that they are part of that group that's meeting to try to and review OP 100-5. This is sort of a separate issue but there are some issues with VENDEX in terms of the processing and the speed at which we get these responses. A lot of times we are caught between a rock and a hard place; a patient care issue or a safety issue, whether to go with the vendor or we wait, in this case we had to make a decision.

Ms. Youssouf commented that those decisions, the one you just described, obviously you have to keep on top of VENDEX and on top of Legal. Mr. Russo commented that the Mayor's office is very fastidious about the completion of the forms. Our office does a pre-screen to try to make sure things are in order, but then we lose control of it. He said that he would do a follow-up with the facility to see what the actual facts are. He knows in light of the Board's concern, particularly the Chair, the importance of following up on VENDEX information very carefully, and have highlighted the same to his colleagues. He is interested in hearing more about this and he wants to see if this is actually Legal Affairs or MOCS.

Ms. Youssouf then turned to Chris Telano and asked him if he wanted to point out other things that are most important. Mr. Telano said that the next couple of bullet points are related, again to the issue and the interpretation of OP 100-5. Based on our interpretation, we believe that nine vendors should have been bid out because their activity exceeded \$5,000 during a 12-month period. In the next audit item, six vendor contracts are not loaded to GHX and once again, this is confusing between OP 100-5 and what they believe locally. Because of those six contracts, three of them were local contracts and the facilities believed that they should not have to send local contracts to GHX. In conversations with Materials Management corporate office they indicated that all contracts should be going to GHX – so there is the disconnect. The last issue on the report is about returning goods advices and that also was on the memorandum and not addressed at all in OP 100-5. It just seems to be a disconnect between the various departments.

Ms. Youssouf commented that all of these items are important because the only way the Corporation can have a true accounting is if everything is on GHX and that return goods are monitored somehow.

Mr. Telano said that in the memorandum previously discussed, the majority of those issues are from the audits. It was not based just on a conversation we had with the purchasing directors. The majority of them, 17 out of 27 were directly a result of doing our audits.

Dr. Stocker asked when you are trying to figure out how you are supposed to be guided by this procedure; you have your operating procedures, but are you also guided by this administrative procedure manual.

Mr. Provenzano responded that he thinks that that is the problem. The buyers who are on the front line that have to sort of deal with everyone that's ordering stuff have to make decisions as to what to do. They use the policy as a guideline and I think with the change in the policy they sort of get a little confused.

Dr. Stocker asked if there's a single place that you can go to be guided in terms of how you do purchasing. Ms. Lewis responded yes, there's OP 100-5, but we do look at the SOPs and also call our colleagues to get clarification and consensus from them because there is a lot of ambiguity. We are trying to work it the best way we can.

Ms. Youssouf commented that the whole point of this was to make this easier and better functioning for everybody, especially the people that work for you on the front line.

Mrs. Bolus asked how often they have meetings to discuss the SOPs. To which Ms. Lewis responded that she has staff meetings twice a month with the entire procurement staff. She also has individual staff meetings once a month, her managers have meetings once a week with their staff. If we see something happening or get a new directive we immediately call.

Ms. Youssouf asked if you find a problem through one of these meetings would you boot it up eventually to somebody at central office. Ms. Lewis said yes. Ms. Youssouf asked who that would be. Ms. Lewis responded that normally she boots her concerns to Richard Olah and she also ccs Joe Quinones. She's constantly calling Richard's office or emailing him for confirmation.

Mrs. Bolus asked in how many places is there a full book with all the OPs that people can actually go and check. Ms. Lewis said that there is one online but there are three manuals in the office. Her staff has no problem running into her office and asking for clarification.

Ms. Youssouf thanked them for coming in and that she really appreciates it and hopefully, with their assistance, we will try to get this procedure so it's more functional for all. Ms. Lewis thanked the Committee.

Mr. Telano said that there was nothing else and that concluded his presentation.

Ms. Youssouf stated that they were going to discuss Jacobi but they have the Joint Commission in and are not able to be here today. Then she turned to Wayne McNulty, Chief Corporate Compliance Officer, Office of Corporate Compliance ("OCC"), for his presentation.

Mr. McNulty saluted everybody and introduced himself. He started with page three of the report and discussed corporate-wide compliance training. Mr. McNulty provided that compliance training via the computer-based health care professionals' compliance training module had commenced. He informed the Audit Committee that, to date, 15,000 HHC employees were enrolled. He explained to the Committee that the health care professional's module covered all nursing personnel, adding that over 9,600 nursing staff members were enrolled to date. He told the Committee that the Health Professional's module covers licensed professionals under the Education Law such as nurses, respiratory therapists, physical therapists, and occupation therapists. Mr. McNulty stated that there was also a separate physician's module, which went live last year around June or July, as well as a Board of Directors' compliance module, which Dr. Stocker and Ms. Youssouf both have completed. He added that all members of the Board will be enrolled in the Board compliance module and will be able to complete testing off-site through their iPads. He informed the Audit Committee that he was working out the details with Chief Information Officer Bert Robles to facilitate remote access to the course by the Board.

Mr. McNulty continued by advising the Committee that the content for the general workforce module, which will cover all group 11 employees and designated group 12 employees, was also completed. He commented that over 3,000 group 11 employees were enrolled in the course. He stated that group 12 employees would be enrolled once designated by group 11 employees. Lastly, he added that, the HIPAA compliance training module was complete and the entire HHC workforce would be enrolled within the next couple of weeks, pointing out that the enrollment of workforce members in several Networks had already commenced.

Ms. Youssouf asked out of the 15,000 and the 3,000 how many additional people have to be enrolled in these two courses. Mr. McNulty answered that no additional personnel would require enrollment. In addition, he explained that the OCC has a physician's module, which the physicians have been enrolled in since last year. He stated that, upon belief, another 150 group 12 employees may be designated (who carry out) coding functions. Mr. McNulty explained that by June 30th all covered personnel would be trained; such training would be required in the next fiscal year and every year after. He told the Committee that once July 1st starts - -from July 1st to June 30, 2014 - - there would be supplemental training for all covered personnel. He further commented that New York State compliance program regulations require the subject training. He advised the Committee that covered personnel were sent notices of this mandatory requirement.

Mr. McNulty continued with item #2 – the Corporate Compliance Work Plan. He advised the Committee that the 2012-2013 Corporate Compliance Work Plan (the "Work Plan") was approved by President Aviles in December. He stated that the Work Plan would remain in effect until June 30, 2013. Thereafter in July, the fiscal year 2014 Corporate Compliance Work Plan would be released. He said that he would go into great detail as to the progress of the current Work Plan items and findings in an executive session at the June Audit Committee. Right now there were four items that were closed or pending, including excluded providers, advanced beneficiary notices, brachytherapy reimbursement and Edits 760 denials. He provided that the excluded providers item would remain as a standard item on his report to the Committee. He closed by stating that he would go into full detail with regard to OCC's findings with all Work Plan items in his report to the Committee during executive session.

Mr. McNulty continued onto page four of the agenda - - the calendar year 2013 Corporate-wide Risk Assessment ("Risk Assessment"). Mr. McNulty started by explaining that, pursuant to the New York State Compliance Program regulations, federal sentencing guidelines, and federal agency guidance, HHC/OCC was required to conduct an annual risk assessment to identify any potential corporate risks. He stated that OCC had started the Risk Assessment process. He advised the Committee that the Risk Assessment document examines why a risk assessment process is necessary; discusses the different sources that the OCC reviewed to develop the Risk Assessment process; and discusses how (the examination of) particular threats and vulnerabilities will be used to assess what items would be required on the fiscal year 2014 Corporate Compliance Work Plan. He added that the OCC will conduct surveys of the Executive Compliance Work Group and the Network Compliance Committee members to ascertain the top risks that may affect HHC; he also added that OCC would review predefined lists of potential risks from various internal and external sources such as OIG guidance, OMIG guidance, fraud alerts, and OIG and OMIG work plans, as well as compliance complaints received by the OCC. He explained that once OCC identifies these risks, the risks will be scored based on three categories: (a) reviewing the impact of the risk - - whether there is a legal, financial or reputation impact to HHC; (b) how the risk makes HHC vulnerable, which means we will look at the likelihood of the risk occurring and whether or not the risk would be detectable if it did occur; and (c) the assessment of internal controls, controls includes policies, procedures, practices, automated controls, audits and monitors - - which means conducting an assessment of the presence of internal controls that could mitigate and identify risks.

Mr. McNulty continued by explaining that, once a score is established, the risk will be prioritized and the risks with the highest scores will make the fiscal year corporate compliance work plan. The full update of the risk assessment process and the results that we have will be communicated to the Audit Committee in June. He asked if there were any questions with regard to the risk assessment process.

Mr. McNulty moved on to the compliance index – in the fourth quarter calendar year 2012, October 1, 2012 to December 31, 2012 and reported that the OCC received 69 compliance-based reports; two of these were classified as priority A, 24 as priority B and 43 as priority C. He stated that 65 percent of these reports came through OCC's compliance hotline. He advised the Committee that the detail of these reports and the first quarter reports, January 1, 2013 to March 31, 2013, will be discussed in executive session during the next Committee in June. He continued by discussing the privacy index from the same period: from October to December of 2012, OCC received 15 complaints. He reported that ten of the 15 complaints were found to be violations of the HIPAA policy's procedures.

Mr. McNulty continued on to the next page of the agenda by reporting a breach at Coney Island Hospital's Ida G. Israel Community Center in Brooklyn. He advised the Committee that the breach took place during the remnants of Hurricane Sandy. He further advised the Committee that the lease was terminated due to the destruction of the clinic but the landlord prematurely allowed access into the clinic and certain documents and items were removed such as computers. He informed the Committee that breach notifications were sent to nearly 10,000 patients. Mr. McNulty continued by explaining the breach notification process. The breach notification process began on January 31, 2013 and concluded on February 13, 2013. The New York State Department of Cyber Security, the New York State Attorney General's office and United States Department of Health and Human Services Office of Civil Rights ("OCR") were all notified about the breach. Additionally, notification was sent to the following consumer reporting agencies: Equifax, Experian, and TransUnion. He advised the Committee that OCR, which is the agency responsible for enforcement of HIPAA, responded to OCC/HHC's report and concluded that HHC responded appropriately to the breach.

Ms. Youssouf asked if the landlord let random people in to take the computers. Mr. McNulty responded that he believed the landlord let people in to remove what the landlord thought were remnants of the destruction from the hurricane, and then people from the community came and took things from the site. After being queried by Mr. Russo for more detail, Mr. McNulty clarified that items were removed by random people only once said items were placed on the curb (outside of the site).

Ms. Youssouf asked if anyone had been sent there anticipating that we had all these files and stuff there. Mr. McNulty answered that he was not aware of any individual being sent to the site for such a purpose.

Ms. Youssouf suggested that in an emergency readiness plan, there should be measures where the facility has damage that contains these types of records; HHC should have some kind of plan how to secure that information. Mr. McNulty commented that part of HHC's response to the OCR was to develop a policy and procedure with regard to implementing controls during emergencies.

Ms. Youssouf asked that the Committee be informed when this policy/procedure is done.

Mr. McNulty moved on by providing the Committee with an OCC staffing update. He informed the Committee that the OCC had one vacant compliance officer position. He stated that the recruitment process for this position commenced and was expected to be filled by May.

Mr. McNulty moved on to the next item on the agenda, reporting that there were no disclosures with regard to excluded providers to report to the Committee.

Mr. McNulty discussed the last item on the agenda - - compliance program certifications. He informed the Committee that Mr. Aviles certified that HHC had an effective compliance program under the Department of Social Services regulations. Mr. McNulty further advised the Committee that he (Mr. McNulty) certified compliance with the Deficit Reduction Act of 2005. Both of these certifications were made in December of 2012.

Mr. McNulty concluded his report and asked if there were any questions.

Dr. Stocker commented that he wanted to report that Ms. Youssouf and he passed the compliance (training module).

Ms. Youssouf thanked them for the report.

Community Relations Committee – May 7, 2013
As reported by Josephine Bolus, RN

Chairperson's Report

Mrs. Bolus welcomed members of the Committee and invited guests.

Before proceeding with a presentation on Community Health Need Assessments and the annual Activities Reports from the Generations Plus and Northern Manhattan Network CABs, Mrs. Bolus highlighted some notable events that have occurred since the last meeting in March.

Mrs. Bolus reported that the final Annual Public Meeting of HHC's Board of Directors had taken place at Coney Island Hospital on April 9, 2013. Mrs. Bolus reminded the Committee that this meeting had been postponed from December of last year to enable staff and the community to focus on immediate post-Sandy recovery and restoration efforts.

Mrs. Bolus reported that there was widespread appreciation expressed by the speakers for the hard work undertaken over the past few months by hospital leadership and staff to restore services at Coney Island Hospital.

Mrs. Bolus reported that the Board heard from City Council Member Michael Nelson and Assembly Member Alec Brook-Krasny whose districts cover a large portion of Coney Island Hospital's catchment area. Each of the elected officials had emphasized their strong support for Coney Island Hospital.

Mrs. Bolus reported that Council Member Nelson noted that he would be working with his colleagues in the City Council to secure capital funding for the hospital. She added that Assembly Member Brook-Krasny had spoken of his gratitude toward hospital staff that had provided exceptional care to a sick relative.

Mrs. Bolus stated that the Board had also heard from several individuals who are members of the local Community Board and residents of the Coney Island Community. She reported that most of their comments have been focused on the community's reliance on the services provided by Coney Island Hospital and the urgent need to replace the Ida G. Israel Community Health Center which had been destroyed by the storm. In addition, many of the speakers had expressed a strong concern that the Center's new location be in or near the original neighborhood.

Mrs. Bolus reported that several CAB Chairpersons or CAB representatives from Kings County Hospital Center, East New York Diagnostic and Treatment Center, Woodhull Medical and Mental Health Center and Dr. Susan Smith McKinney Nursing & Rehabilitation Center had spoken at the meeting. Mrs. Bolus added that they have spoken proudly about the programs and services provided at their respective facilities and the work that their CAB's have done over the past year. In addition, CAB members had also expressed their concerns about the impacts that State budget cuts have had on HHC and other healthcare providers in Brooklyn.

Moving from Brooklyn to the other boroughs, Mrs. Bolus reported that on April 19, 2013, Queens Hospital Center had celebrated the opening of its newly expanded Geriatrics Center. She noted that this Center will help to address the growing health care needs of elderly residents in the borough.

Mrs. Bolus also reported that last month, the New York State Department of Health had announced that Elmhurst Hospital leads all Queens's hospitals, and most hospitals in New York State, with the best overall safety rating for cardiac catheterization, or angioplasty procedures. She acknowledged both Elmhurst and Queens's hospitals on these accomplishments.

Mrs. Bolus announced that Lincoln Medical and Mental Health Center in the Bronx will be showcasing the artwork and performances of artists from three Bronx senior centers on May 14, 2013. She added that this event is sponsored by the Bronx Council on the Arts, the New York City Department for the Aging and the Lincoln Arts Exchange, with funding from the Department for the Aging and City Council Member Maria del Carmen Arroyo.

Mrs. Bolus reported that she had attended the Commission on the Public's Health System Gala last month. She noted that the gala had featured a tribute to Judy Wessler for her steadfast advocacy on behalf of responsive, accessible and quality health care for all New Yorkers. In addition, one of the CAB Chairpersons, Mrs. Jackie Rowe Adams, the Chair of the Renaissance Network CAB, had been recognized for community activism and her dedication to reducing gun violence in New York City.

Before concluding her remarks, Mrs. Bolus announced that the Annual Marjorie Matthews Award Recognition Ceremony is scheduled for mid-July and will be held at the Dr. Susan Smith McKinney Nursing & Rehabilitation Center. She recalled that each year a member of the CAB and the Auxiliary from each facility is being recognized for exemplary community advocacy and leadership. She ended her remarks stating that she looks forward to seeing everyone at the recognition ceremony and that the weather will be a lot cooler than 100 degrees, as it was last year.

Mrs. Bolus turned the meeting over to Mr. Antonio Martin, Executive Vice President, to present the President Remarks.

Mr. Martin greeted Committee members and invited guests. He informed them that Mr. Aviles was away at a conference. He commended Mrs. Bolus for a thorough report. Mr. Martin noted the information item and Generations Plus/Northern Manhattan Network CAB reports on the agenda and chose to defer his comments to accommodate the meeting's lengthy agenda.

Ms. LaRay Brown, Senior Vice President, Corporate Planning, Community Health and Intergovernmental Relations, reminded Committee members and invited guests that Ms. Dona Green, Senior Assistant Vice President, had briefed the Community Relations Committee in March on the Affordable Care Act upcoming mandates and the resulting changes in the IRS requirements for all hospitals in the country. Ms. Brown informed the Committee that Ms. Green's presentation today will be an update on HHC Facility Community Health Needs Assessment (CHNA) 2013.

Ms. Brown commended all Executive Directors and facility planning staff who have stepped up to the plate worked tirelessly in identifying the required community needs assessment and the relative implementation plans due by June 2013. Ms. Brown commented that some of the CAB chairs are familiar with community needs assessment processes that the facilities have undertaken over the years and that many of them have been involved in the facility's community needs assessment process. However, Ms. Brown noted that the IRS Community Health Needs

Assessment requires some changes in what the facilities had to do to meet the IRS mandates. Without further delay, Ms. Brown invited Ms. Green to proceed with her presentation.

Ms. Green began her presentation by giving an overview of her last presentation. She reiterated that the Affordable Care Act requires that all tax exempt hospitals complete CHNA and implementation strategies. She stated that each hospital has to pay for its own CHNA which has to be completed by June 30, 2013. She added that the IRS goal is to improve community health by identifying opportunities to improve the delivery system that meets the need of the community. The requirements are designed as a way for Congress to assess whether tax-exempt hospitals are fulfilling their responsibilities as not for profit organizations. Ms. Green noted that not completing the requirement will result in a \$50,000 fine per hospital. Therefore, it was HHC's best interest to make sure that the community needs were identified to avoid the penalty.

Ms. Green reported on the required elements of a CHNA. Ms. Green stated that a CHNA is considered "conducted" when a full report of its findings is made widely available to the public. She explained that "conducted" means a link to the report on the hospital website with clear instructions on how to access the report. Ms. Green added that each hospital must create and adopt a written implementation strategy. She noted that the implementation strategy is considered adopted when approved by the Board of Directors. Other elements of a CHNA are:

- ▶ A description of the community served by the hospital;
- ▶ A description of the process and methodology used for the CHNA;
- ▶ The process for gaining input from broad community stakeholders;
- ▶ A Delineation of health needs identified through the CHNA; and
- ▶ A Listing of the existing healthcare facilities and other resources in the facilities service community.

Ms. Green reported on the process and methodology that were used in the CHNA. Ms. Green reported that 10 Facilities (excluding Lincoln & Metropolitan) have identified their community health needs through 90 minute focus group sessions: 1 provider, 1 patient, and 1 community stakeholder focus group. Five questions were asked to identify the community health needs. They are:

1. What are the greatest healthcare strengths in the facility's community?
2. What are the greatest healthcare weaknesses in the facility's community?
3. What are the greatest healthcare needs in the facility's community?
4. How might you rank the facility's responses to the priority community health needs?
5. How might the facility better respond to these needs?

Ms. Green stated that, once identified, the health needs were submitted to facility leadership for prioritization. She added that the responses from the three focus groups were used for content in the CHNA.

Ms. Green reported on variations in process & methodology undertaken by Lincoln Medical and Mental Health Center and Metropolitan Hospital Center. These two facilities took a different approach as described below:

- ▶ At Lincoln Medical and Mental Health Center, patient and community stakeholder focus groups conducted throughout 2011 led to the development of a community survey tool with 22 primary questions. 353 (30%) of these surveys were completed by community stakeholders and patients. Consequently, on March 2013, a provider focus group was convened to get their input on these needs.
- ▶ At Metropolitan Hospital Center, a survey to patients, community members and providers was administered between June and October 2012. The data was collected at scheduled outreach events and hospital clinics. The participants were asked to identify most pertinent medical issues.
- ▶ There were 556 surveys administered and completed by patients and community members and 128 providers.

Ms. Green reported on the top priority health needs identified on the table below. She noted that the table only shows the most common health needs identified. She added that it is not comprehensive for all facilities and may not include other priorities described in the facility's specific CHNA.

Top Priority Health Needs Identified

	Diabetes	Mental / Behavioral Health	Substance Abuse	Cancer	Obesity	HIV/AIDS	Asthma	Cardio-vascular Disease	Hypertension
Bellevue	✓	✓	✓	✓	✓	✓			✓
Coney Island	✓	✓			✓		✓	✓	✓
Elmhurst	✓	✓		✓				✓	✓
Goldwater Hospital	✓	✓							
Harlem	✓			✓	✓	✓		✓	✓
Jacobi	✓	✓	✓		✓	✓	✓	✓	
Kings County	✓	✓	✓	✓	✓	✓		✓	✓
Lincoln	✓		✓	✓			✓		
Metropolitan	✓	✓	✓	✓	✓		✓	✓	✓
North Central Bronx	✓	✓	✓		✓	✓	✓	✓	✓
Queens	✓	✓		✓				✓	
Woodhull	✓	✓			✓				

Ms. Green reported on the CHNA's Implementation Plan (IP) process as follows. First the priority health needs must be identified together with a description of the strategies that the hospital will put in place to address those specific health priorities. In addition, the implementation process must be adopted by the end of the same year in which the facility conducts the CHNA.

Ms. Green reported on common strategies for 2013 identified across HHC Facilities as listed below:

- ▶ Implement Patient Centered Medical Homes to improve patient access & patient experience in primary care setting.
- ▶ Deploy Lean/Breakthrough to improve access and efficiency.
- ▶ Ongoing participation in HHC's Chronic Disease Collaborative to improve care, patient outcomes and efficiency.
- ▶ Expand screening, early detection and preventions services (e.g. HIV, cancers, mental health, diabetes).
- ▶ Offer "One Stop shopping" access to comprehensive range of specialized services.
- ▶ Strengthen collaborations with CBOs, community groups, schools, etc.
- ▶ Continue Diabetes Registry
 - Tracks clinical outcomes of patients for physicians who are caring for diabetic patients and facilitates the coordination of follow-up care and patient education
- ▶ Continue Project R.E.D (Re-Engineered Discharge)
 - Improve discharge planning and increase successful community transitions and reduce re-admissions
- ▶ Enhance Behavioral Health Services:
 - Comprehensive Psychiatric Emergency Program (CPEP) – evidenced based crisis model to reduce Emergency Department visits & hospitalization for individuals experiencing a psychiatric crisis
 - Assertive Community Treatment (ACT) – evidence based service delivery model for providing comprehensive community-based treatment to individuals 18+ years with severe and persistent mental illness. Reduces emergency room visits and hospitalization for mental health issues, and increases housing stability for patients

In addition to the above common strategies, Ms. Green reported on select programs and services at specific HHC facilities.

Bellevue Hospital Center

Obesity:

The Bellevue Nutrition and Fitness Program (BENEFIT) provide comprehensive evaluation and treatment for children and youths with weight management issues. It also ensures continuity of care with personalized physician and/or care team. In addition, it improves access to weight management clinic, dietary services for “at risk” patients, and bariatric surgery services.

Coler-Goldwater Specialty Hospital and Nursing Facility

Mental/Behavioral Health and Diabetes: Workgroup Development

This workgroup includes internal and external stakeholders that will meet monthly to further assess and support the current and future needs of the community served (e.g. housing for disabled persons, mental/behavioral health, diabetes management, dementia care, patient satisfaction).

Coney Island Hospital

Obesity: Farmer's Market

The Farmer's Market is located in front of the Hammett Pavilion on Ocean Parkway between mid-June and mid-November. Educators conduct open air classes on strategies for healthy cooking.

Elmhurst Hospital Center (EHC)

Cancer Care: Hope Pavilion Cancer Center

The Hope Pavilion Cancer Center is a State-of-the-art comprehensive cancer care facility that provides a full range of diagnostic and treatment services. EHC's Breast Service and Oncology Department offers underserved women “one stop shopping” access cancer screenings, consultations and treatment, second opinions, access to clinical trials, individual and family counseling and patient education.

Harlem Hospital Center

Gun Violence: “Circle of Safety” Violence Reduction Program

This program, whose target population is 18-24 years, provides adolescents, young adults and their families who are the victims of violence with medical, social support and conflict resolution resources to interrupt the cycle of violence

Obesity

- *Harlem Healthy Eating and Living in Schools:* This program addresses the childhood obesity epidemic by teaching children aged 9-12 and their parents decision-making strategies to use in making healthy eating and lifestyle choices.
- *Alvin Ailey Dance Workshops:* This program provides free dance workshops and body conditioning for seniors.
- *Shape Up:* This program is a free fitness program offered in collaboration with Equinox and NYC Department of Health & Mental Hygiene.
- *Harlem Walk it Out:* This program offers walking groups for people aged 50 and over. It also hosts healthy eating tours in the community.

Jacobi / NCB

HIV/AIDS: Behavioral Intervention-Rapid HIV Testing Education & Follow Up (B.R.I.E.F) Method

This program redesigns traditional counseling and testing by redefining the role of counselor as an active Public Health Advocate. It also uses integrated multimedia to deliver health information and education to increase testing rates and impart skills and motivation needed to adopt safer sex practices. It is to be noted that this program was adapted and integrated into Jacobi's community pharmacy testing initiative to reach a larger number of HIV+ patients who need to be linked to care. In addition, the program will be expanded to incorporate testing for Hepatitis C and sexually-transmitted diseases as part of HIV testing platform.

Kings County Hospital Center

Chronic Diseases: Staff Wellness Program (SWP)

Considering that 70% of staff resides in surrounding communities of KCHC and health needs are consistent with community needs, SWP provides on-site exercise/fitness classes for staff several times a week. Wellness Fair provides staff with free health screenings and additional health information and counseling. In addition, in conjunction with the American Heart Association, “Go Red” Program highlights heart disease awareness for women. It is a one day event that includes cooking demos, nutrition education, and health screenings) and special discounts for YMCA membership.

Lincoln Medical and Mental Health Center

Substance Abuse: Program to Address Substance Abuse (PASA) / Mentally-Ill Chemical Abusers (MICA) Program

The PASA team conducts assessments and motivational interviewing and refers patients to appropriate chemical dependency, detox, or in-patient rehabilitation programs. The team is present every day of week and additional referrals and treatment are offered in the ED through the SBIRT (Screening, Brief Intervention, and Referral to Treatment) Program.

The MICA program provides services via referrals to patients at the ED. These services include psycho-social/psychiatric assessments, medication evaluation and monitoring, drug screening, counseling services, education about substance abuse, and case management coordination, etc.).

Metropolitan Hospital Center

Obesity: Get Fit! (aerobics, yoga classes)

These services are open to all members of the hospital community, in partnership with Shape Up NYC. The nutritionists and other health educators also utilize the weekly Farmer's Market to provide periodic classes on healthy food choices.

North Central Bronx Hospital

Substance Abuse/Mental Health: Partial Hospitalization Program (PHP)

This program provides short term, acute intensive day treatment service in lieu of psychiatric hospitalization for adults 18+ years. The patients attend daily with an average length of stay at 4-6 weeks.

Queens Hospital Center

Diabetes: Pediatric Healthy Lifestyle Program

This program targeted to preschoolers, pre-teens and teens, addresses key lifestyle changes needed to prevent or mitigate insulin resistance and Type II Diabetes, acquired hypertension and coronary artery disease. The program runs in 12-week cycles. The enrollees are given access to Rehab Gym where they participate in supervised activities by physical therapists. Preventive messages and healthy habits counseling are included in regular health maintenance visits for all patients beginning at birth.

Woodhull Medical and Mental Health Center

Obesity:

- *Artist's Access Program - Allows Local Artists To Trade Services For Health Care Credits*

This program offers sliding fee scale for uninsured artists, with doctor visits starting at \$15. These uninsured artists earn healthcare credits by applying their artistic skills to a variety of tasks (e.g., dance and movement classes). For example, one hour of service merits \$40 worth of healthcare (minimum hourly rate set by the actor's union).

- *Kids Ride Club*

The club is designed to develop healthy lifestyles among youth by encouraging them to incorporate regular physical activity into their daily lives. It also gives low-income children with little opportunity for exercise a chance to bike safely and exercise while having fun. The club's total membership is 189 active members: 123 children ages 9-21 years and 66 adult leaders/volunteers who chaperone the rides. The youths are recruited from local school districts surrounding Woodhull Medical and Mental Health Center. The club's elements include education, nutrition, and physical activity.

Ms. Green reported on the CHNA's Next Steps. Upon the approval by HHC's Board of Directors on May 30, 2013, the CHNA will be adopted. The final CHNA report (pdf format) must be posted on each facility's website, by June 30, 2013.

Mr. Bobby Lee, Bellevue Chairperson commented that Obesity is a running theme across the Corporation and that Metropolitan Hospital Center has joined up with "Shape Up" in an attempt to address this widespread health need. Considering that "Shape UP" is a costless City initiative and can be easily implemented, Mr. Lee would like to know if the other facilities will follow suit.

Ms. Brown answered that the one great thing for having completed the CHNA is that it highlights for the whole HHC family what the implementation strategies that can be employed and are durable. She added that as the brothers and sisters of HHC know what their respective colleagues are doing, it will certainly have some replications. The other great thing is that there will not be any need to conduct a CHNA for three years. That does not mean that we cannot employ the strategies that have been tested in different facilities.

At the request of Ms. Brown, Ms. Debera added that Kings County Hospital stated that for the past two to three years, "Shape Up classes" have been offered at KCHC twice a week for both the staff and community. She noted that these classes are free of charge and are very well attended.

Stephanie Howze, Harlem Hospital CAB Chairperson that Harlem Hospital Center's participation in "Shape Up" includes: Kickboxing, Zumba and Pilates. She added that since everyone cannot Zumba, there are other low impact activities as well, such as "walk it out" to keep the individuals active and in good shape in the community.

Ms. Agnes Abraham, Chairperson of the Council of CABs and Kings County Hospital Center's CAB applauded Ms. Green and her staff for working on the CHNA. She commented that all the facilities are one family that can have a seamless transition into each other's best practices. She added that overall it abodes **stands** well with the facility and for the Corporation because as dysfunctional as we may look sometimes, it is not a bad dysfunction but one that can be fixed. Therefore, the CHNA is a great tool to help fixing it. She thanked Ms. Green for a job well done.

Mr. George Rodriguez, Lincoln Medical and Mental Health Center CAB Chairperson also thanked Ms. Green for a very comprehensive report.

Mrs. Bolus welcomed Mr. Milton Nunez, Lincoln Medical and Mental Health Center's new Executive Director; Stephen Lawrence, Ph.D., Deputy Executive Director, Harlem Hospital Center and Dinah Surh, Senior Executive Administrator, Segundo Ruiz Belvis Diagnostic and Treatment Center and invited the Chairperson, Mr. George Rodriguez, to present Lincoln Medical and Mental Health Center's CAB annual report.

Generations Plus/Northern Manhattan Network

Lincoln Medical and Mental Health Center (Lincoln) Community Advisory Board

Mrs. Bolus introduced Mr. George Rodriguez, Chairperson of the Lincoln Community Advisory Board and invited him to present the CAB's annual report.

Mr. Rodriguez began the Lincoln CAB's report by thanking the members of the Committee for the opportunity to present.

Mr. Rodriguez informed members of the Committee, CAB Chairs and invited guests that the Lincoln CAB and the Community Planning Boards 1, 2 and 3 look forward to a cohesive and working relationship with Milton Nunez, newly appointed Executive Director.

Mr. Rodriguez reported that one of the major concerns of the community is budget cuts that threaten the Medicaid and Medicare program. Mr. Rodriguez noted the importance of working together with local elected officials and the hospital's administration to maintain and protect the hospitals' vital services and programs.

Mr. Rodriguez concluded his report by commending the hospital's leadership on the recent unveiling of the TEEN Van (Teen Education and Empowerment Network). Mr. Rodriguez explained that the adolescents and young adults, in the community need and deserve a safe and nurturing environment to help them become healthy and productive members of society and he stated that "the CAB is proud that Lincoln can meet the needs of the community."

Mrs. Bolus asked Mr. Rodriguez about the CAB's recruitment efforts.

Mr. Rodriguez responded that the Lincoln CAB is proud to announce that they are in the process of recruiting three teenagers from the facility's catchment area. Mr. Rodriguez added that the teenagers have been invited to attend a CAB meeting for the purpose of learning and to become motivated to join the membership.

Morrisania Diagnostic & Treatment Center (Morrisania) Community Advisory Board

Mrs. Bolus introduced George Robinson, CAB Chairperson of Morrisania Community Advisory Board and invited him to present the CAB's annual report.

Mr. Robinson began his report with greetings to members of the Committee, CAB Chairpersons and invited guests.

Mr. Robinson reported that major improvements have been made to the facility and in customer services. Mr. Robinson continued and highlighted the facility's Rapid HIV Testing program. Mr. Robinson noted that Morrisania D&TC is committed to improving the quality of life for its patients.

Mr. Robinson conclude his report by informing members of the Committee and invited guests that the CAB works closely with the facility's administration and the CAB's recruitment efforts are ongoing.

Segundo Ruiz Belvis Diagnostic & Treatment Center (Belvis) Community Advisory Board

In the absence of Segundo Ruiz Belvis Diagnostic and Treatment Center's (D&TC) CAB Chairperson, Mr. Gaberial DeJesus, Mrs. Bolus introduced Antonio Montalvo, CAB Liaison and invited him to present the CAB's Annual Report.

Mr. Montalvo began the Belvis CAB's report by reading a statement prepared by Mr. DeJesus. Mr. Montalvo stated "in his excused absence, Mr. DeJesus wants the Committee to know that it's a pleasure working with Belvis D&TC's administration and staff to help provide the best possible quality healthcare to the community at-large."

Mr. Montalvo continued and noted that information regarding the services Belvis provides is distributed to the Community Planning Boards, Community Based Organizations and the Churches by the CAB members.

Mr. Montalvo concluded Mr. DeJesus statement by reporting the Belvis CAB looks forward to a continued working relationship with the administration and the community.

Mrs. Bolus suggested that the Lincoln, Morrisania and Belvis CABs to consider having a booth at this year's Crime Night Out for the purpose of recruiting new members.

Harlem Hospital Center (Harlem) Community Advisory Board

Mrs. Bolus introduced Ms. Stephanie Howze, Chairperson of the Harlem Hospital Center Community Advisory Board and invited her to present the CAB's Annual Report.

Ms. Howze began her presentation with a warm welcome to the Committee members, CAB's Chairpersons and invited guests. Ms. Howze expressed her gratitude's to fellow CAB member Bette White for attending the Council of CABs meetings in her absence.

Ms. Howze reported that the CAB uses the hospitals' Community Needs Assessment to look and make sure the hospital is aligned with the community's needs. Ms. Howze stated that "for the purpose of tonight's report she would like to highlight and focus on three (3) significant healthcare needs or concerns that is facing the Harlem community: Cancer, Diabetes and Homicide/Trauma."

Ms. Howze reported that Harlem Hospital Center has taken a proactive approach to prevention and treatment of Cancer. She noted that the hospital has implemented an aggressive early intervention and screening programs for breast, cervical prostate and colorectal cancers. She added that in addition the hospital has incorporated bilingual patient navigators to assist patients in negotiating the hospital's system. Ms. Howze emphasized how the CAB maintains open communication with the hospital's leadership on the number of vacancies within Oncology department.

Ms. Howze continued and reported the hospital works closely with patients who are enrolled in the Diabetes Registry. Ms. Howze explained that the Diabetes Registry helps the patients and providers to monitor the management of the disease and ensure patients have received the appropriate screenings. Ms. Howze noted that aggressive follow-up is done on those patients in the Diabetic Registry who are non-compliant with diabetes regimen.

Ms. Howze concluded her report by informing members of the Committee, CAB Chairpersons and invited guests that in Harlem there is "gun violence". Ms. Howze noted that Harlem Hospital has taken a proactive approach by implementing an award winning program "Circle of Safety." Ms. Howze explained that the program offers non-traditional support to victims and families of gun violence. Ms. Howze added the Circle of Safety was the theme for the Harlem's CAB Legislative Breakfast. Ms. Howze stated that the CAB decided on a new twist to address the gun violence and budget issues facing the hospital and the community.

Renaissance Health Care Network Diagnostic and Treatment Center Community Advisory Board

Mrs. Bolus introduced Ms. Jackie Rowe-Adams, Chairperson of the Renaissance Health Care Network Diagnostic and Treatment Center Community Advisory Board and invited her to present the CAB's Annual Report.

Ms. Adams began her presentation by thanking members of the Committee for the opportunity to give the Renaissance CAB's report and acknowledging the Renaissance's administration.

Ms. Adams stated that since the CAB's last report, the Renaissance Health Care Network has officially moved from 215 West 125th Street to its new location at 264 West 118th Street. Ms. Adams noted that the facility is beautiful and she commended Ms. Bernadette Brown, Senior Associate Executive Director for her leadership.

Ms. Adam reported that the Renaissance CAB is in the process of interviewing new members for the CAB. Ms. Adam added that the CAB is excited about bringing on new members.

Ms. Adams commended Ms. Denise Soares, on her recent appointment to Senior Vice President, Generations Plus/ Northern Manhattan Network and for her leadership skills.

Ms. Adams conclude her presentation by reporting that that the Renaissance and Harlem CAB held a joint Legislative Breakfast on Saturday, March 9th and she announce that the RHCN CAB looks forward to hosting a joint Annual Public Meeting with the Harlem CAB in the Fall 2013. Ms. Adam applauds the Network's leadership for making the recommendation for both CABs to work together. Ms. Adam added that Ms. Howze and she work well together as a team.

Mrs. Bolus reiterated her suggestion to Ms. Adams about recruiting new members during this year's Crime Night Out.

Finance Committee – May 14, 2013
As reported by Mr. Bernard Rosen

Senior Vice President's Report

Ms. Marlene Zurack informed the Committee that her report would include two updates beginning with the status of the Community Development Block Grant (CDBG). Last week Secretary Shaun Donovan, US Department of Housing & Urban Development announced that the NYC CDBG disaster plan was accepted and included in that plan is a significant share that allows HHC to claim the \$183 million that was requested. The original projection had assumed that Coney Island would be up and running at 100% sooner than it is now expected to be. The current plan for the facility to be fully operational is between July and August 2013; consequently, HHC will seek additional funding beyond the \$183 million.

Committee member, Emily Youssouf asked if HHC would be seeking 404 or 406 mitigation funding as well.

Ms. Zurack stated that there are two types of hazardous mitigation funding. The 406 funding which is connected to the permanent work which HHC is pursuing funding. The 404 funding which is the statewide grant which HHC has been participating as part of the Mayor's Resilience Committee, whereby, HHC has submitted recommendations that are yet to be confirmed as part of the inclusion in the final report which is scheduled to be announced by May 30, 2013. Included in that plan are large scale mitigation items that HHC is requesting funding and additional CDBG funding as part of the City's overall process. It is anticipated that by next month, June 2013 there will be a definitive update on the process which will be shared with the Committee.

Mr. Rosen asked if the \$183 million included revenue losses and expenses as part of HHC's plan. Ms. Zurack stated that is on the ongoing expenses only.

Ms. Youssouf asked how does the exclusion of those revenue losses impact HHC. Ms. Zurack stated that the funding would be labeled as an expense grant which Mr. Covino would explain.

Mr. Covino stated that the funding is based on the cost and expenses for keeping HHC prepared to be open as quickly as possible.

Mr. Rosen asked if HHC would receive those funds before the end of the current FY 14. Mr. Covino stated that there is a possibility that HHC will receive those funds on or before the end of FY 14.

Ms. Zurack moving to her next item, cash on hand (COH) stated that last month as reported HHC's COH was at 33 days currently at 56 days. The increase is due to the City's deferral of some of HHC payments and the State making some payments to HHC earlier than usual. HHC is projecting a closing cash balance of \$276 million which would be 26 days of COH. The reduction in the days of COH is due to the payment of a large pension payment of \$417 million that must be paid by June 30, 2013. The City has been very helpful in allowing HHC to delay some payments but if the pension payment is further delayed it will become a budget problem for next FY.

Ms. Youssouf asked what payments were delayed and the cost. Mr. Covino stated that the cost is over \$150 million.

Ms. Zurack stated that there were two major payments, debt service and malpractice payments that total approximately \$330 million. Ms. Zurack concluded her report.

Key Indicators & Cash Receipts & Disbursements Reports

Mr. Covino reported that utilization through March 2013 has remained unchanged from month to month. Acute discharges are down by 9.5% or 13,000 discharges of which Coney Island and Bellevue are major contributors to the decline due to closures resulting from the storm. By excluding those two facilities from the data, utilization is down less than a ½% or 411 discharges. The D&TCs visits are down by 12.5% and Nursing Home days are down by 14%. The ALOS, all of the facilities with the exception of Lincoln and Metropolitan are within a 1/3 day of the corporate average while Lincoln and Metropolitan are less than the average by 6/10 and 4/10 respectively. The corporate CMI is up by 8/10%.

Mr. Rosen asked if the D&TCs and the NHs were affected by the storm.

Mr. Covino stated that there was a minor impact in that the facilities sustained a loss of two days of visits due. At the NHs, the transition at Coler/Goldwater and the construction at Gouverneur have been the major contributing factors to the decline in days. Through March 2013, FTEs are down by 898 against the budget level of 527 FTEs which is 372 better than planned. Receipts were \$252 million worse than budget while disbursements were \$66 million worse than budget for a net total negative variance of \$319 million, of which \$208 million is related to the impact of the storm at Bellevue and Coney Island and \$70 million at Coler/Goldwater.

Ms. Youssouf asked what the positive FTE variance is attributable to. Mr. Covino stated that after the corporate VCB was discontinued, the facilities have managed the headcount locally and have done an exceptional job at keeping the FTEs under the targets and have created a cushion that allow them to hire with more flexibility.

Ms. Youssouf asked if any of the \$319 million deficit would be offset by the CDBG funding. Mr. Covino stated that a large portion of that would be offset by those funds.

Ms. Youssouf asked if the \$183 million is the total amount HHC would receive. Mr. Covino stated that the \$183 million is the first of a few more payments that HHC is planning to pursue funding from the City's \$1.77 billion initial funding for some of the excess costs related to the storm. Continuing with the reporting, page 3, comparing fiscal year-to-date (FYTD) expenses for the current FY to the prior FY through March 2013, receipts were \$112 million worse than last year due to a decline in the Medicaid fee-for-service which is down by \$184 million of which \$67 million is related to Coney Island and Bellevue closures. Included in the decline in the Medicaid fee-for-service, paid discharges are down by 12,000 cases and 42,000 psych days and IPRO denials/take backs have increased by 50% or \$10 million. Expenses are \$216 million better than last year due to the timing of the pension payments which is \$178 million and payments to the City of \$109 million; a FICA refund for residents of \$23 million. Those savings are offset by additional cost related to the storm of \$85 million in OTPS expenses.

Commissioner Robert Doar asked what the IPRO take backs are. Ms. Zurack stated that it is the Island Peer Review Organization (IPRO), a quality review peer review group for the Medicaid program. IPRO does retrospective reviews of Medicaid cases and as part of that review, determinations are made regarding the necessity of cases and the appropriate assignment of DRGs. As a result of those reviews, there are denials/take backs of those funds.

Commissioner Doar asked what has been the trend as it relates to the percentage of those take backs.

Mr. Covino stated that the take backs are up by \$9.5 million compared to last year which totaled \$17 million and \$27 million this year.

Commissioner Doar asked about the basis for those take backs that resulted in a substantial increase compared to the prior year. Ms. Zurack stated that the \$27 million is more of the average compared to the \$17 million which is very low. Over the years HHC has had significant issues with those reviews. Some of HHC's physicians have been addressing these issues and have argued that IPRO is making medical necessity determinations that are inappropriate in addition to second guessing the ER doctors.

Ms. Youssouf asked how the OTPS and City payments as part of the disbursements relate to the funding Ms. Zurack mentioned earlier and whether it was reflected in the projected deficit.

Mr. Covino stated it is a comparison of what was paid last year to the current year and included in that as Ms. Zurack reported the total pension payment of \$417 million compared to last year, \$178 million was paid.

Mr. Rosen asked much did the pension payments increase this year compared to last year. Ms. Zurack stated that payments increased by \$50 million.

Mr. Covino stated that on page 4 of the report, actuals compared to budget, inpatient receipts are down by \$250 million of which \$161 million is due to the disaster at Bellevue and Coney Island. Outpatient receipts are down by \$87.9 million of which \$36 million is related to Coney Island and Bellevue closures due to the storm. All other revenue is up by \$85.7 million due to the receipt of grants funding of \$62 million from FEMA for work done at Bellevue and Coney Island and Coler. Expenses include two major variances, fringe benefits are \$24.7 million better than budget due to \$23 million in FICA recovery and OTPS expenses are \$87 million worse than budget which is due to the \$85 million that has been expended for the storm related damages.

Ms. Youssouf asked how much of the \$87 million is related to the storm. Mr. Covino replied that \$85 million of that is related to the storm. The report was concluded.

Information Items:

Personal Services Key Indicators Quarterly Report

Mr. Covino reported that based on the actuals against the budget, disbursements were within the budget by \$660,000. Pages 3, FTES are down by 898 which include an increase of 69 FTEs in Enterprise IT due to hires for the implementation of the EMR.

Mr. Aviles added that the total FTE reduction as part of the cost containment plan has been achieved.

Ms. Youssouf asked if any of the FTE reduction was related to the closures at Coney Island and Bellevue due to the storm.

Mr. Covino stated that it did not include any reductions in staff due to the storm. Page 4, the allocation of the reduction in FTEs by major categories, the bulk of the reduction is in environmental services and clericals. Page 5, overtime expenses compared to budget reflects an increase of \$6 million which is primarily due to an increase at Coler/Goldwater relative to the decrease in staff of 110 FTEs as a result of the transitioning, whereby those positions are not being backfilled. However, to offset those vacancies, the facility has increased its use of overtime. The facility's overtime expense increased by \$400,000 compared to last years for the same period. Page 6, overtime expenses by major categories compared to last year are up by \$600,000 which includes expenses related to the storm. The majority of which was in nursing.

Mr. Rosen asked if HHC has an overtime program. Mr. Covino stated that the overtime monitoring is done locally at the facilities/networks levels.

Ms. Zurack added that through some of the major contracts, JCI, Crothall and Sodexo there are very rigorous methodologies for controlling overtime expenses and those areas have been major contributors to overtime expenses in the past. HHC monitors overtime and at the local level the facilities monitor overtime and one of the major issues in terms of the overtime assignment is the 1 to 1 nurse coverage which generates a large portion of the overtime.

Ms. Youssouf asked for an explanation of the 1 to 1 nurse coverage. Ms. Zurack stated that it is based on the physician's order when there are patients at risk of falling or need close monitoring, a patient care associate (PCA) is assigned to watch that patient 1 on 1. The fact that there might be an order placed by the physician for one to one coverage for a few days, the facilities are currently reviewing that process for appropriateness.

Mr. Covino stated that page 7, nurse registry expenses are down by \$1.7 million. Page 8, allowances are down by \$4 million. From a total overview perspective, the 898 FTE-reduction translates to \$53 million in savings with fringes it increases to \$82 million. Overall it is a very positive report.

Board Chairman, Dr. Michael Stocker added that it is an impressive report and finance deserves recognition for such positive outcomes.

Ms. Youssouf also added that the facilities should be commended and applauded for their efforts as part of that major achievement.

Mr. Rosen commented that it is reflective of the facilities understanding of the importance of the cost reduction plan and managing within their allocated resources.

Payor Mix Report Inpatient, Adult & Pediatrics Quarter Report

Ms. Maxine Katz stated that consistent with Mr. Covino's reporting, the data is fairly consistent with the exception that the major cause for the difference in the Medicaid applications, the decrease in the discharges and the decrease in the percentage of insured patients is related to the Bellevue and Coney Island closures and the decline in their volume. Excluding those two facilities, the data is consistent from one time period to the other.

Dr. Stocker noted that the self-pay category appear to be an exception. Ms. Katz stated that the data was rerun in order to reflect the conversion of the new data warehouse and because of that and to allow for consistency in the reporting compared to the prior year, as a result of that change in the data source, the data is showing an increase in the conversion while the self-pay decreased due to pending approvals from the various insurers.

Ms. Zurack stated that the 2013 data is two months old whereas the 2012 data is fourteen months old. As the hospital care investigators (HCI) work the cases, the self-pay accounts decrease as more patient are Medicaid eligible or have other health insurances.

Dr. Stocker pointed out that the asterisk for the footnote should be identified on the report. Ms. Katz stated that the correction was made and that the single asterisk reflects the 2013 data and the double asterisk is reflective of the 2012 data.

Dr. Stocker stated that the report is an important one given that it tracks the migration from Medicaid to Medicaid managed care, Medicare to Medicare managed care, etc. and with the Exchanges another column might be added.

Ms. Katz stated that the Exchange is unknown at this time. There is a workgroup in conjunction with HRA reviewing this issue.

Ms. Zurack stated that the health Exchange product is being considered as a commercial product so it would be included in the Commercial as opposed to adding a separate column.

Dr. Stocker stated that the payment structure will be different than the regular commercial product compared to the Exchange.

Ms. Zurack stated that HHC is not assuming a difference between the Commercial Advantage and the Commercial despite the industry request to have it identified as such. HHC is holding firm on its assumption.

Dr. Stocker added that it is viewed as a proxy for finances. Ms. Zurack stated that it would be very difficult to track it separately given that it is a product within a suite of products that companies are currently introducing which is not a payor group. Within any of the various payor mix categories are a number of different companies and within each of those companies there may be various products. That level of detail would be difficult to track.

Dr. Stocker stated that HHC would know how many patient it has and where the payments are from the enrollment Exchanges.

Ms. Zurack stated that it is currently being discussed and there is a huge debate between the provider and insurance communities. The insurance community wants to treat it as a government product and the provider community is insistent that it is a commercial product and should receive rates as such.

Ms. Youssouf stated that in terms of the self-pay, the percentage, 3,000 to 163,000 versus 8,000 to 147,000, the percentage differences are huge. Ms. Katz stated that it is due to the migration of the data and to get the actual self-pay total, the HHC options and the self-pay should be added together. However, it is related solely to the migration of the data.

Ms. Youssouf asked if that was the only reason for the huge variances.

Ms. Katz stated that it is related to the lag in the data from when the report was run and a number of those self-pay accounts became insured during that period.

Ms. Zurack added that when the data was rerun last year, the self-pay numbers were higher than when the data as subsequently rerun which impacted the self-pay account.

Ms. Youssouf pointed out that it is the same period, 2013 and 2012. Ms. Zurack stated that it is a "live" data base. Ms. Youssouf added that it is not a comparable comparison and as such it does not add value in terms of a comparison and there should be a better way of presenting this data.

Ms. Zurack agreed adding that corporate finance would review other options and report back to the Committee.

Commissioner Doar stated that by using the current year's data, the extent to which the percentage of discharges to insured gets closer to 100% over time is transparent and without that the data would be misleading in terms of the 94% versus the 95% which is a significant change.

Ms. Youssouf agreed in terms of showing that data but added that the comparison is not comparable and should be adjusted.

Ms. Katz stated that a review of the various options on how to better show the data for comparison purposes would be done. Finalizing the payor mix reporting, the shift from Medicaid fee-for-service to Medicaid managed care has continued to increase.

Commissioner Doar asked if the reimbursement is less than what it was when it was Medicaid fee-for-service compared to Medicaid managed care.

Ms. Zurack stated that it would vary in that it could be more or less.

Dr. Stocker added that not all of Medicaid is capitated such as emergency Medicaid.

Ms. Zurack stated that it would also depend on the rates and denial levels. In the fee for service it is at 100% but there are the IPRO denials later.

Commissioner Doar added that it is a different process but not necessarily less money.

Mr. Rosen asked what the difference is between the commercial and commercial managed care.

Ms. Zurack stated that the commercial as classified by HHC are somewhat outdated and could be updated includes the non-HMO products and commercial managed care include the HMOs such as HIP.

Mr. Rosen asked that a footnote be added to reflect that distinction between the commercials. Ms. Katz stated that the footnote would be added.

Medicaid Eligibility Processing Report

Ms. Katz, moving to the next and final report, Medicaid Eligibility, stated that the eligibility has remained consistent and was not affected by any data base changes. There has been some improvements in that the percentage of approvals to submissions.

Ms. Youssouf asked if it was the same issue as the previous reports whereby the data is "live."

Ms. Katz stated that there were no changes in the data base and that the data is from the City's Human Resource Administration. The report was concluded.

Medical & Professional Affairs / Information Technology Committee May 23, 2013 – As reported by Dr. Michael Stocker

Chief Medical Officer Report:

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

- National Doctor's Day 2013

A recognition event was held on May 21st at Baruch College's William & Anita Newman Conference Center. One physician per facility and one community physician per Network were presented an award "In recognition of their dedication, professionalism and compassion in the provision of high quality health care" [total of 28 physicians]. The honorees were selected by their local networks using the following criteria: continued pursuit of clinical excellence; dedication to patients; leadership and teamwork; and dedication to the vision of HHC.

Over 130 individuals attended, including executive staff, medical directors, chief nurse executives and family members. The attached booklet includes the bio and key achievements of each recipient of the 2013 Doctor's Day Award.

- Ambulatory Care Patient Access

The Corporate-wide initiative to improve patient access to ambulatory care is on track at month 4 of a 24-month engagement. Dr. Christina Jenkins and the team of McKinsey consultants have completed an in-depth assessment of 17 clinics within HHC's initial pilot sites: Harlem Hospital, Kings County Hospital Center and Gouverneur Hospital. The goal is dramatic improvement in appointment availability and patient satisfaction. Of note, last week, each site held a day-long workshop resulting in detailed work plans to execute potential access solutions. We expect the work plans to be executed by dedicated facility leaders in ongoing partnership with the access team and facility Breakthrough staff. We are encouraged by the enthusiasm and dedication of frontline staff and the ongoing support of facility and executive leadership. The access team will begin in-depth assessment of three new sites in early June.

- HHC Health Home Update

HHC Health Home enrollments have steadily increased through the last quarter. HHC Health Home currently has 1,206 enrolled patients - 14.7% or 178 of enrollees were recruited from the NYSDOH Roster. Of the 1,400 patients in HHC legacy COBRA, TCM and CIDP programs 958, or 68%, have transitioned to our Health Home Program.

In the last two months, HHC Health Home Program staff has also expanded. We have recruited and hired a new Director and Associate Director. We have also recruited and hired 6 Care Coordinators and 2 Social Work Supervisors who will be deployed to work in local facilities after they complete an orientation and training program.

The Care Plan Management System for Health Home end-users has been launched and training and deployment has been completed at Kings County and Woodhull Hospitals and initiated at Lincoln Hospital. At these sites, Health Home Care coordinators are using CPMS to profile the patients they target for outreach and document their outreach, enrollment and care planning activities on the system. The CPMS can be used to print a copy of the care plan for patient use. In the second release, planned for late August, the CPMS will have an activated patient portal which patients will be able to view their PHR and care plans. The CPMS is also designed to generate NYSDOH required reports and provide access to community based Health Home partners.

On May 10th, the Health Home Program hosted a successful site visit from NYSDOH Office of Health Insurance which operates the Health Home Program. The NYSDOH team met with Health Home Program management from HHC and MetroPlus and also visited the Health Home Care Team at Woodhull Hospital. The site visit covered HHC's service model, roster management, security, network development status and local outreach and engagement processes. The NYSDOH team was impressed with the size of the HHC Health Home and the number of transitioning legacy programs.

- PCMH Implementation

The PCMH application process for NCOA Recognition is well underway and on schedule. OACT is working with our local PCMH teams to prepare 41 different applications for PCMH practices in our acute care, D&TCs/FQHCs and selected CHCs for submission between April and the end of September. The first application has already been submitted by Gouverneur; Elmhurst and Woodhull Hospitals are scheduled to submit their applications in June.

In collaboration with the Ambulatory Care Leadership Council, OACT has continued to drive PCMH Implementation progressing achievements in patient assignment, currently at 90.5% up from 70.5% in January 2012; provider continuity currently at 57.8%, up from 55.7% in June 2012; meeting 90% of the challenge of extending PCMH practice hours into 4 weekday evenings and Saturdays.

- Enterprise Inpatient Psychiatry LOS Workshop

Office of Behavioral Health together with the Breakthrough Office held an event to reduce length of stay for inpatient psychiatry patients. From April 29th through May 2nd facility process owners identified solutions to redesign HHC's adult inpatient services to make them more patient-centered, efficient and effective. In early 2014 it is anticipated that all current Medicaid recipients will be enrolled in managed care plans. This event yielded a total of 39 facility rapid improvement tests of change and will aim to reduce LOS by 50% while not increasing readmissions during the six month project duration.

- HHC Presents

Peter Coleman, Senior Director presented at NYU's Addiction Research Dissemination and Implementation Sustainability (ARDIS) Discussion Series, which is supported by the Greater New York Node of the NIDA Clinical Trials Network, the NYULMC Fellowship in Addiction Psychiatry, and the NYULMC Department of Population Health, on April 24th. His talk was entitled, the HHC Evolution of Treatment: 90 Meetings in 90 Days to Recovery-Oriented Systems of Care.

Chief Information Officer Report:

Bert Robles, Corporate Chief Information Officer reported on the following activities:

- EITS ICIS EHR Kick-Off Meeting

A two (2) day project team meeting took place on April 29th and 30th at Lincoln and Harlem hospitals. Attendance was close to 200 each day, which included more than 20 Epic consultants visiting from Verona, Wisconsin. Presentations and demonstrations from both HHC and Epic speakers gave the attendees an overview on the project as well as more detailed information such as the project timeline, upcoming training schedules and certification requirements.

- HHC Operations Staff ICIS EHR Kick-Off Meeting

Planning is underway to hold an Operations Staff kick-off for key leadership across the Corporation. The goal of this event is to explain the program as well as delineate the individual and departmental roles for leadership within this project. This meeting is being scheduled for June. HHC Board Members are encouraged to attend.

- ICIS Newsletter

The ICIS newsletter was launched on April 16, 2013 as a mass email to all HHC staff. Close to 5000 "hits" were counted for the inaugural issue.

- ICIS Update

A weekly email blast was launched on May 2, 2013 to all HHC staff. It had over 2200 "opens". Its purpose is to keep HHC apprised of what is new, what has been accomplished and what lies ahead for the program.

In addition, other activities such as establishing the project management framework and intensive staff training are all underway. Application scope is being determined. Concurrently, the purchase of applications and tool sets for the migration of Qmed based patient histories that are required for integration with Epic is also underway.

- Data Center Build Readiness for Epic

The Epic non-production environment has been built and configured. Items which have been built and/or configured for the non-production environment include: eighteen (18) logical servers have been built and tested; two (2) terabytes of storage has been built and configured; application access server environment is up and running; printing has been configured and is currently being tested; and seven (7) databases have been configured. Finally, the Epic application installations are scheduled to be completed by the end of May 2013.

1. Care Plan Management System Demo

Paul Contino, Chief Technology Officer and Irene Kaufman, Sr. Assistant Vice President for the Office of Ambulatory Care Transformation will be demonstrating the Care Plan Management System. The application went live in March 2013.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan, Inc. presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of May 1, 2013 was 429,340. Breakdown of plan enrollment by line of business is as follows:

Medicaid	367,247
Child Health Plus	12,751
Family Health Plus	33,698
MetroPlus Gold	3,223
Partnership in Care(HIV/SNP)	5,488
Medicare	6,789
MLTC	144

Dr. Saperstein informed the Committee that the significant drops in membership have somewhat stabilized, however, we again decreased 3,040 members overall since last month. All of the effects after Hurricane Sandy on HRA and the member renewal process should have ended. Our enrollment numbers have been strong with 13,469 new applicants for May; however, we also had 14,000 involuntary disenrollments due to loss of eligibility. Our voluntary disenrollments due to transfer to other plans has remained stable at a low level of 2,500 or approximately 0.6%.

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

MetroPlus has completed and submitted applications, benefits, subscriber contracts and rates for the Health Care Marketplace (the Exchanges). MetroPlus submitted 32 benefit and rate packages. These include Individual subscriber, SHOP for small businesses, Child only products, a Catastrophic coverage plan, and non-standard products offering benefits above the basic required benefits. The current timeline is to begin enrollment in the exchanges as of October 2013, with the first effective date of membership to be January 2014.

The current New York State plan is to eliminate the Family Health Plus program and offer these members the opportunity to enroll in an Exchange plan. The State budget allows for subsidies to alleviate the potential of significant cost increases for these members. In addition there will be additional subsidies for all individuals under two hundred percent of poverty level to make these products more affordable. The current plan is to also have all Medicaid enrollment shift from the plan facilitated enrollment process to the exchanges. This will certainly change the plans ability to market to consumers, educate these consumers on their options and perform direct enrollment. MetroPlus is planning to revise their marketing and advertising strategies to be able to compete and succeed.

The Behavioral Health Care integration into managed care is still on schedule for April 2014. The New York State MRT Committee for behavioral health met again at the end of April. The strategy is to allow plans to apply as HARPs (Health and Recovery Plans) to provide comprehensive integrated medical and behavioral health care management and coverage. As long as the health plan will be able to meet the network and service requirements of a HARP, the plan will be permitted to provide all of the medical and behavioral health care needs of the members without the requirement of contracting with a separate Behavioral Health Organization (BHO). MetroPlus will be applying for certification as a HARP.

MetroPlus' move back to 160 Water Street was successfully completed by April 30th. They moved back in phases over three weekends with no disruption in their activities. Currently, their main data systems are housed at SunGard in Carlstadt, NJ. MetroPlus is currently building and will have a fully duplicate system at 160 Water Street as a backup.

MetroPlus has just completed their QARR data collection. MetroPlus had a successful data audit completed by IPRO, and they will be submitting their data to the State in early June. This year, the National Committee for Quality Assurance required that all medical record review and data collection end in early May, shortening the time period they had to collect our data.

Also, since late October, the New York State Department of Health has wanted to schedule MetroPlus' comprehensive Article 44 review. They have been very understanding of their displacement. MetroPlus now have a confirmed Article 44 review from June 17th through June 21st.

Action Items:

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to execute a contract with Siemens Enterprise Communications, Inc. via NYS Office of General Services (OGS) contract for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities. The contract will be for an amount not to exceed \$21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed \$9,249,235, which includes a 20% contingency.

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC's Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: \$2,750,000, for McGraw-Hill Education: \$872,459, for Truven Health Analytics Inc.: \$2,525,000, and UpToDate, Inc.: \$1,899,068, for an aggregate amount not-to-exceed \$8,046,527.

The resolutions were approved for the full Board of Director's consideration.

Information Items:

Progress: Healthcare Acquired Infections (HAI)

Presenting to the Committee was Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Office of Patient Centered Care. Ms. Johnston informed the Committee that the Center for Disease and Control (CDC) recently began using a "Standardized Infection rate" (SIR) to report infection, so that results can be compared between populations. Currently all of HHC acute care facilities infection control professionals are inputting data into CDC National Healthcare Safety Network (NHSN) database.

Ms. Johnston shared a HAI report published in December of 2012, presenting risk-adjusted data from 2011 from 177 hospitals throughout New York State (NYS). This is the fifth year that the report was published. The goal of the process was to drive down the incidence of HAI. NYS audits annually in 90% of reporting hospitals. HAI began being reported in 2008, the first year's data was published without hospital identifiers in order to give hospitals time to understand the process and begin the work needed to make an impact. The plan is to continue expanding the scope of what is reported. This year's report of 2011 data included SSI, CLAB and C Diff. Hysterectomy data will appear in the 2012 report. Reporting Cdiff infection is new this year, and NY was the first State to use the new NHSN protocol. Of note, all of these hospital acquired conditions are considered never events for which we will not be reimbursed.

Ms. Johnston provided the Committee with the following data:

- *Colon Surgical Site Infection (SSI) Rates 2010 & 2011:* In 2011, Woodhull Colon SSI rates were significantly above the State average. In 2011, Metropolitan did not conduct enough procedures in order to be added to the reporting data (must perform more than 20 procedures in the reporting period). In 2011, the NYS colon SSI rate was 5.3 infections per 100 procedures; this rate was 10% lower than the NYS 2007 baseline rate of 5.9 infections per 100 procedures. This decline occurred in 2008, and the NYS colon SSI rate has been stable since then.
- *Hip Replacement SSI Rates 2010 & 2011:* No sites were significantly above or below the range of the state average during this time period in HHC. In NYS only the HSS (4,068 procedures) was significantly below the rate in NYS. Hip replacement SSI rates are now being reported quarterly at the QA Committee as well. Queens and NCB not reported – do not perform Hip Replacements. In 2010, Lincoln, Woodhull, Harlem and Kings performed less than 20 procedures and were not included in the report. In 2011, Woodhull, Harlem and Kings performed less than 20 procedures and were not included in the report.
- *Hospital Acquired C. Difficile – 2010 & 2011:* The rates are intended to be used by hospitals as a baseline for tracking *C. difficile* within their own hospital over time. These data should not be used to compare rates between hospitals or to the state average. Some of the reasons are as follows:
 - Because data are not available on potential risk factors for *C. difficile* among the hospital's entire patient populations from which *C. difficile* infections are being reported, it is not possible to use risk adjustment to compare rates between hospitals. For example, we could not account for differences in average patient age between hospitals. Hospitals that see older patients might have higher rates merely because the patient population is more susceptible to the infection.

- Laboratory testing methods vary between hospitals. Hospitals that use more sensitive tests might have higher reported rates.
- The categorization of *C. difficile* cases These results are reported state wide, they are not risk adjusted and should not be used for comparison with national rates.

Interventions to improve the process include the following: 1) standardization of processes and equipment; 2) best practice bundles and interventions across all sites that include: clinical guidelines for central venous access devices (e.g.: insertion, maintenance, access and removal); standardized central line catheter; root cause analysis's for HAI; stop orders; enhanced technology – line days, infection reporting; enhancing and standardizing antibiotic stewardship; equipment and supplies; 3) HAI Prevention Steering Committee – multidisciplinary, multisite to set and monitor Corporate strategy; 4) IPRO HAI program - all facilities are participating in both the CAUTI and the CLABSI initiative; and using transparency, i.e., NYCHHC - www.nyc.gov/html/hhc/infocus, CMS - www.hospitalcompare.hhs.gov/hospital, NHSN - www.cdc.gov/nhsn, and NYSDOH - www.health.state.ny.us/.

Next steps include the following bulleted items but highlighted issues to point out are that currently less than 30% of sites in NYS have an IS that supports data collection. The Hospital-Medical Home (H-MH) project will provide financial incentives to hospital teaching programs to transform primary care teaching programs at hospital and community sites. Hospitals participating in the initiative must participate in at least two evidence-based quality and safety improvement projects and achieve certification by the National Committee for Quality Assurance as a patient-centered medical home (PPC®-PCMH™), a model to provide patients with improved access to high quality primary care services.

The Hospital-Medical Home (H-MH) project will provide financial incentives to hospital teaching programs to transform primary care teaching programs at hospital and community sites. Hospitals participating in the initiative must participate in at least two evidence-based quality and safety improvement projects and achieve certification by the National Committee for Quality Assurance as a patient-centered medical home (PPC®-PCMH™), a model to provide patients with improved access to high quality primary care services.

The State Department of Health (NYSDOH) plans to: focus on hospitals with the highest and lowest infection rates to identify risk factors for infection and opportunities for improvement; develop and disseminate to hospitals a policy describing how NYSDOH will respond when hospitals have high HAI rates for multiple years; monitor the accuracy and timeliness of data being submitted, discuss findings with hospitals, ensure corrective action is taken, and provide technical assistance as needed; provide hospitals with education and information about risk factors, strategies, and interventions and encourage adoption of policies and procedures to reduce risk and enhance patient safety; evaluate and monitor the effect of prevention practices on infection rates and seek opportunities to enhance patient safety; provide HAI data electronically on METRIX, and further develop the presentation of the data on the DOH website; and collaborate with other NYSDOH staff to investigate outbreaks and evaluate emerging trends.

NYSDOH received up to \$345 million to be distributed over a three-year period for initiatives to improve the quality, continuity and coordination of primary care that Medicaid patients receive at hospital outpatient departments operated by teaching hospitals, as well as at other primary care settings used by teaching hospitals to train resident physicians.

HHC's next steps, both at the Corporate and facility level include: integration/development of health information systems to support infection prevention and reporting; automation of central line days and reporting of positive cultures; and HHC's Hoshin Kanri plan includes reduction of CLABSI and CAUTI by 15% annually of which we are on track with.

Care Plan Management System - Update

Presenting to the Committee were Irene Kaufmann, Senior Assistant Vice President, Office of Ambulatory Care Transformation; Paul Contino, Chief Technology Officer; and Brian Maxey, LMSW, Associate Director, HHC Health Homes.

The Care Management System was established to meet regulatory requirement and clinical needs. It is a person-centered web-based interoperable care plan; supports care coordination services for HHC's Patient Centered Medical Home (PCMH) and Health Home (HH) patient populations; is accessible to all members of the care team; documents, integrates, and tracks progress of patients' clinical and non-clinical health-care related needs, goals, and services (ranging from current medications and appointments to housing or entitlement needs); and provides patient portal with access to PHR and care plan.

The functionality of the system: creates, updates and stores patient care plans; provides automatic alerts & flags; offers access to a provider portal and patient portal to patient's personal health record (PHR); provides a patient roster, panel and consent management; provides care transitions tracking and population based reports with drill-down to individual panels.

The presentation concluded with Mr. Maxey providing the Committee with a demo of the system what included the: patient roster screen; sample of patient profile, care plan module that lists the patients care team; provider view of the care plan module that has patient goals and actions,

current medications, discontinued medications, allergies etc. The Committee was also provided with a sample patient care plan that would be provided to the patient.

SUBSIDIARY BOARD REPORT

MetroPlus Health Plan, Inc. – May 7, 2013 As reported by Mr. Bernard Rosen

Chairperson's Remarks

Chair Rosen welcomed everyone to the MetroPlus Board of Directors meeting of May 7, 2013, the first meeting back at 160 Water Street since the storm. Chair Rosen stated that Dr. Saperstein would present the Executive Director's report and Dr. Dunn would report on Medical Management issues.

Mr. Rosen reported that there would be four resolutions presented at the meeting. The first was to authorize a contract with Treo Solutions to purchase a CRG Analysis tool; the next two resolutions were to nominate Dan Still and Mendel Hagler to serve additional terms as members of the MetroPlus Board of Directors. And finally, the last resolution was to increase the spending authority for the Plan's contract with MSA for advertising services.

Adoption of the Minutes

The minutes of the meeting of the Board of Directors held on March 12, 2013 were presented to the Board. On a motion by Mr. Rosen and duly seconded, the Board adopted the minutes.

Executive Director's Report

Dr. Saperstein reported that the total Plan enrollment as of April 1st, 2013 was 431,036. Breakdown of plan enrollment by line of business is as follows:

Medicaid	368,512
Child Health Plus	12,838
Family Health Plus	34,157
MetroPlus Gold	3,214
Partnership in Care (HIV/SNP)	5,523
Medicare	6,692
MLTC	100

Dr. Saperstein stated that the significant drops in membership have now ended, and Plan membership this month has remained stable. All of the effects after Hurricane Sandy on HRA and the member renewal process should have ended. MetroPlus is now looking forward to continued growth, and potentially assisting its prior members who have lost Medicaid to be recertified if they remain eligible.

The Plan has completed and submitted applications, benefits, subscriber contracts and rates for the Health Care Marketplace (the Exchanges). MetroPlus submitted 32 benefit and rate packages. These include Individual subscriber, SHOP for small businesses, Child only products, a catastrophic coverage plan, and non-standard products offering benefits above the basic required benefits. The current timeline is to begin enrollment in the exchanges as of October 2013, with the first effective date of membership to be January 2014.

Dr. Saperstein informed the Board that the current New York State plan is to eliminate the Family Health Plus program and offer these members the opportunity to enroll in an Exchange plan. The state budget allows for subsidies to alleviate the potential of significant cost increases for these members. In addition there will be additional subsidies for all individuals under two hundred percent of poverty level to make these products more affordable. The current plan is to also have all Medicaid enrollment shift from the plan facilitated enrollment process to the exchanges. This will certainly change the plans ability to market to consumers, educate these consumers on their options and perform direct enrollment. MetroPlus is planning to revise its marketing and advertising strategies to be able to compete and succeed.

The Behavioral Health Care integration into managed care is still on schedule for April 2014. The New York State Medicaid Redesign Team Committee for behavioral health is meeting during the week of April 29th. The goal would be to create Health and Recovery Plans (HARP) to provide comprehensive integrated medical and behavioral health care management and coverage. MetroPlus will be applying for certification as a HARP. One unknown item is whether the Plan will be required to contract with a Behavioral Health Organization to provide the behavioral health management.

Dr. Saperstein reported that MetroPlus' move back to 160 Water Street was successfully completed by April 30th. The Plan moved back in phases over three weekends with no disruption in its activities. Currently, MetroPlus' main data systems are housed at SunGard in Carlstadt, NJ. The Plan is currently building and will have a fully duplicate system at 160 Water Street as a backup.

Dr. Saperstein stated that, since late October, the New York State Department of Health has wanted to schedule the Plan's comprehensive Article 44 review. They have been very understanding of MetroPlus' displacement. The Plan now has a confirmed Article 44 review from June 17th through June 21st.

Medical Director's Report

Dr. Dunn reported that the Quality Management (QM) Department conducted three mailings over the past couple of months for the Healthcare Effectiveness Data and Information Set/ Quality Assurance Reporting Requirements (HEDIS/QARR) season. The mailings included supplemental surveys and educational material. On January 30, 2013, the first mailing was conducted on Advance Directives; which Medicare members were sent a brochure from the New York City Department of Health educating them on the importance of using an advance directive in the coordination of their care. This mailing was done to support MetroPlus' HEDIS data collection efforts on advance directives.

Dr. Dunn stated that the second mailing was the HEDIS/QARR supplemental surveys, which occurred on February 10, 2013. The surveys were sent to network providers who were instructed to provide additional visit history information for their members across 10 HEDIS/QARR measures. The provider is supposed to provide a visit date and supporting clinical documentation, where applicable, in order to receive a compliant hit towards their rate. These surveys are a critical data collection step in MetroPlus' HEDIS/QARR season and contribute significantly to the overall rates.

On February 19, 2013, the third mailing was conducted, which was a childhood immunization postcard reminding parents of the importance of childhood immunizations through the age of two. This mailing was done to support MetroPlus' QARR data collection efforts on childhood immunizations.

In addition to the mailings, there was also an effort to redesign the 16 health education brochures and pamphlets. QM procured a new vendor, Krames StayWell, for this task. The health education material is reviewed by Dr. Dunn and recommendations are forwarded to the vendor. Once the materials are finalized, they are translated into Spanish. Additional language translations are done based on request. The Krames StayWell contract will run from March 2013 through March 2016.

The QM Department has also been very busy working on HEDIS/QARR data collection efforts. Data was collected, entered and reviewed across HHC and non-HHC locations over the past two months. Additionally, the Plan successfully passed its HEDIS audit. The HEDIS audit is done each year by an outside party to ensure that the Plan is meeting all of the necessary National Committee for Quality Assurance data collection requirements and standards. Thanks to the MIS, Credentialing, Core Systems and Provider Contracting Departments.

Dr. Dunn reported that the QM Department has also completed significant work towards the Medicare Star Ratings. The most significant effort was the execution of the Medication Adherence Program (MAP). The MAP is aimed at improving specific Star measures in which MetroPlus received only 1 out of 5 stars. An outreach campaign aimed at improving member's medication adherence in the areas of anti-hypertensive medications, oral diabetic medications and statins was started around April 1st in collaboration with The Myers Group. In addition to the MAP, work also began on a high touch calling campaign with Plan members. Members were asked to rate their experience with the Plan, including general satisfaction, access and availability of care and experience using the Part D benefit portion of the plan. The goal of the high touch member campaign is to improve their experience as a MetroPlus member and prevent any problems before they arise.

Dr. Dunn stated that, in an effort to grow the Plan's HIV Special Needs Plan (SNP) enrollment, an analysis was conducted which identified approximately 2,300 MetroPlus mainstream members who are eligible for the HIV SNP. These members were identified through medical and/or pharmacy claims. There are approximately 1,000 members assigned to the rosters of HHC facilities, 800 members assigned to the rosters of Article 28 HIV primary care programs and 500 members assigned to rosters of other plan providers.

One of the requirements of all Medicaid Managed Care Plans is to inform qualified members of the availability of the Special Needs Plan (SNP). HIV Services is undertaking three initiatives in 2013 to increase mainstream HIV members awareness of the SNP.

- All Medicaid members currently receiving HIV care at an HHC facility will be enrolled in the HIV Services Complex Case Management program and will receive the same full range of Complex Case Management services currently offered to SNP members.
- Providers at non-HHC facilities will receive a referral to enroll their qualified HIV-infected patients in the HIV Services Complex Case Management Program. The referral letter will explain how members can enroll in the SNP.
- HIV Services will mail a semi-annual notification to qualified members, informing them of all MetroPlus Complex Case Management services, including the HIV SNP and the HIV Complex Case Management program.

The SNP Benefits Navigator program, an extension of the HIV Services Complex Case Management Program, is under way in the first quarter of 2013. The intent of the program is to assist in the management of approximately 50% of membership identified as low-complexity. HIV Services is committed to establishing an ongoing SNP Navigator presence during the second quarter of this year in five Article 28 HIV Primary Care facilities; Jacobi, North Central Bronx, Elmhurst, Gouverneur and Callen-Lorde Community Health Center. MetroPlus is anticipating additional facilities being added through the remainder of the 2013 calendar year.

Dr. Dunn stated that the SNP Navigator will meet with consumers face-to-face, both individually and in groups; providing health benefits and education for all MetroPlus lines of business. The Plan also anticipates the SNP Navigator will also meet with MetroPlus Medicaid Managed Care enrollees to inform them of the availability of the SNP. In addition, the Navigator can interact with primary care providers and case managers to provide education and be a resource on services that are available to assist facilities in managing members at the time care is being rendered.

Complex Case Management services will focus efforts on reducing hospital readmissions, management of members with co-morbid substance use, mental health conditions and chronic medical conditions. Program services will focus on health education, treatment adherence, management of chronic conditions and retention in primary care services.

Dr. Dunn informed the Board that MetroPlus was a proud sponsor of the 3rd Annual National Urban Health Conference, an initiative of The Greater Harlem Chamber of Commerce. The conference was a salute to women. The Plan's Case Managers and Health Educators participated in the sessions on Healthy Aging and Women's Health. Roger Milliner and the Marketing Department participated in the Health Fair.

Action Items:

The first resolution was introduced by Mr. Barry Ritter, MetroPlus' Associate Executive Director of Finance.

Authorizing the Executive Director of MetroPlus Health Plan, Inc ("MetroPlus" or "the Plan") to negotiate and execute a contract with Treo Solutions, to purchase a Clinical Risk Grouping Analysis Tool, for a three (3) year term with two options to renew for a one (1) year term each, solely exercisable by MetroPlus, for an amount not to exceed \$1,750,000 for the total five (5) year term

Mr. Ritter gave the Board a detailed overview of the services Treo Solutions will supply and supplies now as the current vendor to MetroPlus. Mr. Rosen advised the Board that the vendor was available for questions. Mr. Rich Keller, Vice President at Treo Solutions, introduced himself to the Board of Directors. Mr. Keller described the services that Treo now provides to MetroPlus and will continue to provide once the new contract is executed.

The resolution was passed unanimously by the MetroPlus Health Plan Board of Directors.

The second resolution was introduced by Dr. Saperstein.

Approving Mendel Hagler for nomination to serve as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

Dr. Saperstein stated that the Plan is happy that Mr. Hagler has agreed to serve another term on the MetroPlus Board of Directors.

The resolution was passed unanimously by the MetroPlus Health Plan Board of Directors.

The third resolution was introduced by Dr. Saperstein.

Approving Dan H. Still for nomination to serve as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

Dr. Saperstein stated that Mr. Still has been on the Board since 2001 and is the Chairperson of the Finance and Audit/Compliance Committees. Dr. Saperstein stated that MetroPlus is very pleased that Mr. Still has agreed to serve another term on the MetroPlus Board of Directors.

The resolution was passed unanimously by the MetroPlus Health Plan Board of Directors.

The last resolution was introduced by Mr. Stanley Glassman, MetroPlus' Chief Operating Officer.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to increase the spending authority for the contract with Milton Samuels Advertising Agency, Inc. ("MSA"), dated February 14, 2011, and to allocate additional funds for the fulfillment of the contract, for an amount not to exceed \$2,875,000 per year for the term which expires on February 10, 2014 and has two options to renew for one year each.

Mr. Glassman gave the Board an overview of the need for the additional funds for MSA. Mr. Glassman stated that the main reason was due to the need for advertising for the addition of new products and future addition of new lines of business. Mr. Glassman stated that the vendor was available for questions. Mr. Paul Greenberg and Mr. Keith Klein from Milton Samuels Advertising introduced themselves and presented the Board with the proposed advertisement campaign they came up with for the Exchange program.

The resolution was passed unanimously by the MetroPlus Health Plan Board of Directors.

*******End of Reports*******

**ALAN D. AVILES
HHC PRESIDENT AND CHIEF EXECUTIVE
REPORT TO THE BOARD OF DIRECTORS
MAY 30, 2013**

**METROPOLITAN HOSPITAL RECEIVES ACCOLADES
FROM JOINT COMMISSION**

The Joint Commission conducted its triennial survey of Metropolitan Hospital Center last week and gave high praise to Metropolitan, with surveyors stating they were impressed with how Metropolitan manages to provide such high quality care "while operating with limited resources and challenging patients." The nurse surveyor stated that Metropolitan consistently demonstrated compliance with the rigorous standards of the Joint Commission, as evidenced by the fact that the survey team had no direct impact findings of non-compliance. They were equally impressed by the staff response and experiences during Hurricane Sandy, led by Meryl Weinberg. The Joint Commission survey team noted that they were particularly pleased to see strong physician engagement and excellent communication and teamwork between medical and nursing leadership and staff.

Congratulations to Executive Director Meryl Weinberg, Senior Vice President Lynda Curtis, Medical Director Richard Stone, Chief Nurse Lillian Diaz, Regulatory Affairs Administrator Patricia Jones and the staff of Metropolitan Hospital Center on raising the bar on survey performance and, most importantly, for a job well done.

Elmhurst Hospital Center will be surveyed by The Joint Commission at some point later this year.

**HHC LEADERS FEATURED AT
NATIONAL PATIENT SAFETY FORUM CONGRESS**

HHC staff once again made major contributions at the 15th Annual Patient Safety Congress sponsored by the National Patient Safety Foundation (NPSF) this month. The theme of this year's Congress -- Patient Safety Solution Evolution -- was evident as sessions were carefully crafted by leaders in the field to provide real-world tools, resources, and evidence-based solutions for patient safety issues. HHC's Assistant Vice President for Patient and Employee Safety, Mei Kong, RN, was cast as a physician in the opening Keynote Plenary Session "Bedside Manners," a play that highlighted the critical importance of inter-professional education for health care teams, and the causes and patient care consequences of ineffective communication and unprofessional behaviors between healthcare providers. Miriam Klein and Mauvereen Beverley of Kings County Hospital, gave a presentation on reducing readmissions. Nine posters that showcased HHC's patient safety solutions were presented by staff from Coney Island, Kings County, Harlem, Lincoln and Woodhull hospitals, and this was the largest number of poster presentations accepted from any single organization in the nation.

Thanks to all the staff who participated and to Caroline Jacobs, HHC's Senior Vice President for Safety and Human Development, who is a member of the NPSF Congress Planning Committee.

Many of the posters are on display today in the hallway of the 5th floor. I hope you will take a few moments to read about some of the notable patient safety solutions developed and employed across our system.

**PATIENT SAFETY FORUM ADDRESSES PREVENTING
DIAGNOSTIC ERRORS**

Diagnostic errors are increasingly being viewed as the most common type of medical mistake, accounting for up to 80,000 deaths per year in the United States and an important area of focus on the patient safety front. On April 22nd HHC convened a patient safety forum focused on helping clinicians to understand, identify and minimize opportunities to make diagnostic errors. More than 100 clinical and administrative leaders from across the system gathered at Bellevue Hospital Center where they worked together as teams to discuss real cases where a diagnostic error had occurred and to strategize on ways to prevent a similar error from occurring in their hospitals. Each team was also challenged to develop an action plan to prevent diagnostic errors at their facility. Dr. Carl Ramsay, Vice President, Emergency Medicine Service Line, North Shore/LIJ Health System served as keynote speaker.

HHC NURSING DIRECTOR RECEIVES PRESTIGIOUS SLOAN PUBLIC SERVICE AWARD

Earlier this month, in ceremonies at Coler-Goldwater Specialty Hospital and at Cooper Union, the Fund for the City of New York announced that Stanlee Richards, RN, a director of nursing at Coler-Goldwater, received the Alfred P. Sloan Public Service Award for 2013 -- the "Nobel Prize" of City government. The Sloan award is presented annually to outstanding civil servants whose accomplishments and commitment to public service are truly extraordinary. Ms. Richards is one of six winners this year, and her recognition marks the fourth consecutive year that an HHC employee has been chosen for this prestigious award.

Since joining HHC more than 40 years ago, Ms. Richards has demonstrated an extraordinary capacity to advocate and care for the most physically fragile and vulnerable patients within HHC. For Coler-Goldwater's residents, Ms. Richards is a trusted ally and a consummate caregiver. Drawing on her longstanding relationships with patients and insights into their daily lives and medical concerns, Ms. Richards helps shape the hospital's clinical improvement efforts. She is also an outstanding role model who provides support and counsel for aspiring nurses and annually leads Coler-Goldwater's team in support of the American Cancer Society Making Strides Against Breast Cancer walk. Nurse Richards also served as a member of the U.S. Army Reserve Command, rising to the rank of Major before retiring in 2007.

Please join me in congratulating Ms. Richards for her outstanding accomplishments and for this well-deserved recognition. We have arranged for a congratulatory letter of support to go to Ms. Richards on behalf of the HHC Board of Directors.

HHC RECOGNIZES OUTSTANDING PHYSICIANS

HHC honored 28 physicians this month for their leadership and commitment to advancing the mission of our public system and providing the highest quality healthcare to New Yorkers. Our Doctors' Day Awards were presented at a special ceremony at Baruch College in Manhattan to HHC and community physicians from every borough, varying in background, specialties and years of service and truly representing the diversity of our city and HHC. Together they bring several hundred years of medical experience to bear on the expert care they provide to HHC patients.

Among the Doctors' Day Award winners is a group of six community physicians who represent HHC's relationship with doctors who serve outside the public hospital system and work closely with us to manage care to HHC patients. These doctors embrace and advance HHC programs to improve patient safety and the effective treatment of chronic diseases in children and adults, such as asthma and diabetes.

Please join me in congratulating all these physicians for their leadership and their deep commitment to the patients we serve. A full list of the Doctors' Day winners and their photos are available on our website, www.nyc.gov/hhc.

"I DEDICATE" MAY MAMMOGRAM CAMPAIGN RESULTS

HHC's annual May Mother's Day awareness campaign to promote the benefits of breast cancer prevention, screening and early detection was again a great success. Our facilities hosted more than 95 education and screening events and hundreds of staff, patients and members of the community received information about mammography screening and where at HHC women 40 and older can get this life saving test.

Once again, we asked women to dedicate their mammograms to someone special on pink ribbons, like the ones you were asked to fill out outside, and also by posting a photo of themselves with their dedications on our Facebook and Twitter pages. If you visit our Facebook page, you'll see a photo gallery of more than 150 women who dedicated their mammograms. We also launched our first contest on Facebook asking for special dedications for a chance to win an iPad mini. That contest is open until tomorrow. All the activity around mammograms in social media generated a record in the number of people who visit, like, friend us and visit our pages.

We received great exposure to the HHC brand through social media reach, which this month averaged 10,000 people per week compared to the previous average of 1,500 people. We also gained an additional 125 fans on Facebook in just a few weeks, which also exceeds our average rate of growth so far.

I want to thank Council Speaker Christine Quinn and Deputy Mayor Linda Gibbs for supporting our campaign by posting very personal and heartfelt dedications, and all our senior leaders who promoted the events in their facilities and who posted mammogram dedications. I also want to thank the Office of Communications and Marketing for organizing the annual campaign.

Over the last eight years, HHC provided nearly 737,000 mammograms and we remain committed to make mammography affordable and accessible to all women regardless of age, income or immigration status.

FEDERAL UPDATE

On April 26, the Centers for Medicare & Medicaid Services (CMS) issued the Medicare Inpatient Prospective Payment System (IPPS) proposed rule for Fiscal Year (FY) 2014. Under the rule, there will be an average payment decrease to hospitals of 0.1% in FY 2014 compared to FY 2013. The proposed rule also includes CMS' proposal to implement Affordable Care Act (ACA) Medicare disproportionate share hospital (DSH) changes.

As required by the ACA, beginning October 1, 2013, each hospital will receive 25% of their traditional share of Medicare DSH. Part of the remaining 75% will be taken as savings by the federal government, and the rest will be redistributed through a new "uncompensated care payment." (Based upon the proposed rule, the "cut" to aggregate Medicare DSH in the first year appears to be about 9%.) The portion of the 75% taken as federal savings will increase in future years as the national uninsured rate decreases. HHC expects to see an increase in Medicare DSH payments under this new formula but the amount is uncertain. The most significant issue under the proposed federal rule is the data CMS would use to determine the distributions for these payments. HHC is working with GNYHA and others to suggest that distribution be formulated in such a way that targets more of the funding to safety net hospitals. IPPS rule comments are due June 25.

On May 13, CMS released a proposed rule to implement the Medicaid DSH cuts mandated by ACA. Unlike the Medicare DSH cuts which are sized based upon Congressional Budget Office annual estimates of coverage expansion impact on the number of residual uninsured, the aggregate Medicaid DSH cuts are set in statute, beginning with a 5% cut (\$500 million) and ramping up to as much as 50% cut (\$5.6 billion) in the out

years. The CMS's proposed formula for calculating the state-by-state distribution of these annual cuts to Medicaid disproportionate share payments is designed, in part, to incentivize states to target DSH payments to those hospitals serving the most low-income patients. CMS intends to use state auditing data to determine the extent to which states are targeting DSH payments to hospitals with high levels of insured or uncompensated care. The ultimate impact to HHC is dependent both upon the extent of the cut to New York's current Medicaid DSH allocation and how the State elects to implement that cut among the entities that currently receive Medicaid DSH. Comments on the proposed rule are due July 12.

The Border Security, Economic Opportunity, and Immigration Modernization Act is scheduled to be brought to the Senate floor the second week of June for extended debate expected to last several weeks. As proposed, this comprehensive immigration legislation would allow an undocumented immigrant present in the United States to enter a path to citizenship that would include 10 years as a registered provisional immigrant (RPI) before s/he becomes eligible to be a legal permanent resident (LPR) awarded a green card. After converting to LPR and receiving a green card, an individual would need to wait another five years before having access to Medicaid or CHIP. Accordingly, immigrants on the "path to citizenship" would have to wait a total of 15 years to be eligible for federal health care coverage. Such immigrants would remain immediately eligible for Emergency Medicaid. In the House, where no comprehensive bill has been introduced, immigration talks are snagged on this issue of whether and when health benefits should be available to undocumented immigrants seeking U.S. citizenship.

STATE UPDATE

As the New York State Legislature enters the final weeks of the 2013 Legislative Session, there is strong advocacy -- both for and against -- two bills related to nurse staffing that would significantly impact HHC. The first bill would mandate stringent nurse staffing ratios for hospitals and nursing homes -- without regard to the number of other clinical team members or relative patient acuity within specific settings. If enacted, the legislation would require thousands of new nurses to be hired. HANYS estimates this would cost hospitals and nursing homes \$3 billion statewide. We estimate this would cost HHC nearly \$388 million. The supporters of the bill claim that hiring additional nurses would lead to increases in quality. However, the latest peer-reviewed research shows that simply imposing new staffing mandates does not in itself result in improved patient care.

The second bill would create a new Safe Patient Handling Program that mandates specific and inflexible new equipment, technology and staffing requirements for health care facilities. While HHC supports the expressed intent of this legislation, we do not agree that the requirements imposed by this bill would necessarily accomplish these objectives.

In addition to the objections that have been raised by hospitals and nursing homes on the merits of the bills, it is important to point out that neither bill has any funding attached to it that would assist hospitals and nursing homes to meet these rigid requirements. HHC has invested considerable effort and resources over the past several years that have led to significant increases in safety and quality, and we have done so without increasing the number of registered nurses across our system.

We also anticipate efforts in Albany to move problematic legislation on a variety of liability and malpractice issues. HHC will continue to remain vigilant on these and other proposals as the Session draws to a close.

HHC BEGINS ROLLOUT AND USE OF CARE PLAN MANAGEMENT SYSTEM

Over the past six months, staff from Information Technology and the Office of Ambulatory Care Transformation have partnered with Microsoft to develop HHC's Care Plan Management System (CPMS). The system is web-based and designed to keep all members of the patient's care team, whether at HHC or community-based, informed of the patient's health goals and the progress made with the tasks and interventions required to help the patient meet their targets. While the CPMS can be used to generate care plans for all HHC patients, this first prototype, developed and released in April, was built to fulfill HHC's data and functional regulatory requirements as a NYSDOH certified Health Home. Accordingly, this release houses the Health Home patient roster, and includes enrollment, care team assignment, health goal documentation and care plan development, and task assignment and tracking functions.

While available to all members of the care team, the CPMS is the tool of record for care coordinators whose job it is to ensure that patients can access the services they need and overcome social and personal obstacles that may interfere with a patient's ability to achieve his or her health goals. Deployment of the CPMS in this phase involves hands-on training with care coordinators at each hospital site, followed by an additional 1-2 weeks of coaching both on site and by email.

Care coordinators begin training by creating a care plan in CPMS for each of their patients. Care plans, once complete, can be printed out and provided to patients for their home use or shared with members of the care team during huddles. The CPMS roll-out to all facilities will be completed by the end of July. Training and deployment has already been successfully completed at Kings County, Woodhull and Lincoln hospitals where over 500 care plans have already been established for patients since deployment began.

In the next phase of development, the CPMS will offer patients access to a patient portal with direct electronic access to their care plan and to their Patient Health Record. In addition, the CPMS patient portal will facilitate patient use of their mobile devices to access their care team and exchange information about their care experience and progress.

The CPMS also includes screens, assessment tools and care plan prompts to support care management functions and transition of care work flow functions. These will be forthcoming in late 2013 once development is completed.

ICIS PROJECT UPDATE

As you know, our Integrated Clinical Information Services (ICIS) is making a transition to a highly-advanced EMR software system that will enhance HHC's clinical decision support, enable personalized medicine, and improve patient care and safety. The ICIS transition program is currently being introduced to HHC employees both en masse and to smaller leadership groups. The past two weeks have seen the launch of an HHC-wide monthly newsletter, a weekly email blast and a SharePoint site.

At the same time, the project is being introduced via town hall-style meetings and targeted communications. There was an HHC Leadership Team update on April 24 and an Executive Leadership Kick-Off Meeting on April 29-30. The HHC Operations Staff ICIS Kick-Off is planned for May/June, as are the planning meetings for the Workflow Preview Sessions.

Scope decisions are being made in order to choose which specific applications and available functionalities will be utilized by HHC. In addition, clinical engagement continues as lead analysts on the project are reporting at each clinical council meeting. Procurement is also in progress as the applications that are required for integration with Epic are currently being purchased.

While all this is happening, the identification and recruitment of Subject Matter Experts, Super Users and Clinical Champions from every HHC site is on-going. These positions will support the upcoming key milestone of the 222 Workflow Preview Sessions planned for July 2013.

HHC INCREASES FOCUS ON EMPLOYEE WELLNESS

HHC's workforce is our greatest resource and the health and well-being of our employees are paramount. This year we are elevating our focus on employee wellness and have launched a quarterly newsletter dedicated to sharing good health tips and wellness information with staff across the enterprise. The inaugural issue of "Employee Wellness Focus" featured tips to gradually and safely incorporate walking into a regular fitness program. We also hosted employee wellness events at Kings County, Lincoln and Queens Hospitals and Central Office where over 1,200 employees have had an opportunity to learn about healthy eating strategies, stress management techniques, and simple exercises aimed at improving health and fitness. Staff were encouraged to learn their wellness numbers, such as blood pressure, blood glucose and Body Mass Index (BMI), and what cancer prevention screening tests are right for them. Staff were also invited to participate in a "healthy healing dance", receive a therapeutic massage, sign up for the HHC "Step Challenge Program" and receive a pedometer to track the number of steps taken each day.

The Employee Wellness events have been coordinated by staff of the Office of Patient Safety and Employee Safety and supported by multiple HHC units including the Queens Hospital Employee Assistance Program, the World Trade Center Environmental Health Center, MetroPlus, HHC Health and Home Care, the Office of Behavioral Health, the Office of Communications and Marketing's Breast Cancer Awareness Program as well as external partners such as The American Cancer Society and the NYC Parks Department "Shape Up NYC" Program.

HHC WINS LEADERSHIP ENERGY AWARD FOR OUTSTANDING ENVIRONMENTAL STEWARDSHIP IN PUBLIC BUILDINGS

On May 22nd HHC received an award from the Department of Citywide Administrative Services (DCAS) for its leadership in energy management. Along with ten other City agencies, HHC was acknowledged for its efforts in reducing citywide greenhouse gas emissions by approving the construction of two energy efficiency projects at Metropolitan and Elmhurst hospitals. These projects will reduce energy use significantly and follow many recommendations that came from comprehensive energy audits funded by DCAS, replacing previous cooling and heating equipment with premium high-efficiency models. Total project costs at Metropolitan and Elmhurst hospitals are \$34 million and \$28 million, respectively. Both projects are scheduled for completion by June 2015, are estimated to save HHC \$3 million annually, and will have total carbon dioxide reductions of more than 20,000 tons.

HHC continues to work on many other energy efficiency projects throughout New York City. We have window replacement projects at both Coney Island Hospital and Coler-Goldwater Specialty Hospital, a green roof in design for East New York Diagnostic & Treatment Center, and an energy efficient boiler project at Coler-Goldwater, as well as a boiler plant replacement project for Coney Island Hospital.

AWARD TO LINCOLN AND ELMHURST HOSPITALS FOR OUTSTANDING STROKE CARE

Two HHC hospitals -- Lincoln Medical Center and Elmhurst Hospital Center -- received the American Heart Association/American Stroke Association Gold Plus Performance Achievement Award for the successful implementation of higher standards of stroke care, aimed at reducing death and disability, and improving the lives of stroke patients. The Award is an advanced level of recognition that allows hospitals to be

acknowledged for their compliance with the Get With The Guidelines® nationally accepted standards and quality measures.

In addition, both hospitals were included in the American Heart Association/American Stroke Association's "Honor Roll" for timely administration of clot-busting, thrombolytic therapy within 60 minutes of patient's arrival to the hospital. A thrombolytic agent, when administered in a timely manner is the best available treatment for ischemic stroke. If given intravenously in the first three hours after the start of stroke symptoms, it has been shown to significantly reverse the effects of stroke and reduce permanent disability.

QUEENS CANCER CENTER RECEIVES "GOLD" ACCREDITATION

Queens Cancer Center (QCC), part of HHC's Queens Hospital Center (QHC), has received the highest accreditation award possible by the American College of Surgeons. The "Gold" award to QCC comes after a comprehensive review by a consortium of professional organizations that sets professional standards for cancer research centers and monitors the quality of care that patients receive. The award renews QCC's full accreditation at the highest level. To be considered for accreditation, cancer centers must comply with stringent criteria and must offer patients a slew of services including diagnostic imaging, radiation oncology, systemic therapy, clinical trial information, psychosocial support, rehabilitation, and nutritional counseling. The American College of Surgeons also looks for several additional elements, including state-of-the-art pretreatment evaluation, staging, treatment, and clinical follow-up for cancer patients in all stages of the disease. It also investigates whether a cancer center has systems in place to consistently educate physicians and evaluate and improve patient outcomes.

I know the Board joins me in congratulating Queens Network Senior Vice President Dr. Ann Sullivan, QHC Executive Director Julius Wool and Queens Cancer Center Director Dr. Margaret Kemeny for achieving this high level of accreditation.

DOCTOR AT ELMHURST HOSPITAL FEATURED IN NEW YORKER MAGAZINE ARTICLE

The May 13th edition of *The New Yorker* includes a very compelling profile of Dr. Joseph Lieber, Associate Director of Medicine at Elmhurst Hospital Center. The piece is written by one of Dr. Lieber's former medical residents, and highlights not just the work of Dr. Lieber but also some of the unique history of the hospital and the challenges presented by its extraordinarily diverse patient population. The story cites Elmhurst as being an exceptional training site for young doctors to learn about conditions and diseases from around the world, and quotes Mount Sinai's Dean for Medical Education as saying that Elmhurst is a favorite location for Mount Sinai residents to rotate. But mostly, the story is about Dr. Lieber's remarkable skill and dedication as a physician, diagnostician, and educator. It is a great tribute to a devoted clinician that HHC and Elmhurst are truly privileged to have on board. A copy of the article is included in your Board package.

EL DIARIO RECOGNIZES OUTSTANDING LATINA LEADERS AT HHC

In recognition of National Women's History Month and coincident with its 100th anniversary, El Diario, the oldest Spanish-language newspaper in this country, acknowledged significant contributions of Latinas who have made a positive impact on the lives of others. Awardees included judges, educators, artists, journalists, historians, doctors, economists and public servants. Two HHC leaders, Evelyn Hernandez, Director of Media Relations here in Central Office and Leby Delgado, Health Information Administrator at Lincoln Medical Center, were among the 40 recipients of the 2013 El Diario Distinguished Women Award.

Join me in congratulating both Evelyn and Lebby on this achievement and for their leadership and outstanding contribution to our HHC family.

SUPPORTERS CELEBRATE THE 40TH ANNIVERSARY OF WHEELCHAIR CHARITIES AND ITS FOUNDER

Coler-Goldwater residents, HHC leaders, star athletes, and donors celebrated the 40th anniversary of Wheelchair Charities, Inc., and its founder Henry J. "Hank" Carter at the New York Hilton Ballroom on May 9. Through Wheelchair Charities, Mr. Carter has donated more than \$25 million to HHC for a variety of equipment and programs for residents of Coler-Goldwater. His generous gifts include a computer lab, a rehabilitation gymnasium, assistive and mobility equipment, specially outfitted buses, and thousands of state-of-the-art wheelchairs that enable residents to be more self-sufficient.

The event was attended by Honorable Andrew Young, former U.S. Ambassador to the United Nations and former Member of the U.S. House of Representatives, as well as Larry Miller, President of Nike's Jordan Brand, who presented Mr. Carter with a check from Nike for \$500,000, helping to ensure the successful launch of the next generation of Wheelchair Charities donations to HHC.

During the evening, awards were presented to a number of star athletes who have donated their time and talent to Wheelchair Charities. Among them are WNBA Seattle Storm guard Katie Smith, Baltimore Ravens running back Ray Rice, and WBA Super Middleweight Champion Andre Ward. Also among the honorees were three families recognized for decades and generations of generous support for Wheelchair Charities. They are the Howard White family, the John J. Conefry family, and the Patricia Lanza family.

HHC will honor Mr. Carter later this year with the opening of a new 365-bed skilled nursing facility and long term care hospital in Harlem, named The Henry J. Carter Specialty Hospital and Nursing Facility.

Please join me in thanking and congratulating Mr. Carter for 40 years of caring and devotion to the well-being of Coler-Goldwater residents and HHC.

HHC IN THE NEWS HIGHLIGHTS

Broadcast

Springtime Allergies Can Become Irritating Challenge, Dr. Luis Rodriguez, Woodhull Hospital, NY1, 05/08/13

Teen Pregnancy Rates, Amanda Ascher, MD, Segundo Ruiz Belvis, D&TC, News 12 Bronx en Espanol, 05/08/13

Suicide Prevention for Kids, Lincoln Hospital, News 12 Bronx, 05/01/13

Hospital Emergency Preparedness, Janice Halloran, Jacobi Hospital, News 12 Bronx, 04/18/13

Lincoln Hospital provides health screenings at Dominican consulate, NY1 Noticias, 05/21/13

Half Of Coney Island Hospital ER Remains A Construction Zone Six Months After Sandy WCBS, 04/29/13

High Rate of Diabetes in the Bronx, Natasha Wattel, Dietitian, Jacobi Hospital, News 12 Bronx, 04/25/13

Print

Every Disease on Earth, Dr. Joseph Lieber, Elmhurst Hospital, The New Yorker, 05/13/13

2013 Sloan Public Service Awards, Stanlee Richards, Coler- Goldwater Hospital, The New York Times, 05/08/13 (Also covered in WSJ, The Chief, NY Daily News)

Teen documentarians hope their graphic anti-violence film will have lasting impact on victims and perpetrators alike, Harlem Hospital, New York Daily News, 04/24/13

Queens Hospital Center Cuts Ribbon For New Geriatric Center, Queens Gazette, 04/24/13 (Also covered in Times Ledger)

Elmhurst Hospital ranked one of safest hospitals for angioplasty, Times Ledger, 04/26/13

Elmhurst Hospital Center to Receive LIVESTRONG Foundation Grant To Advance Palliative Care In Queens, Queens Gazette, 05/22/13

Healthfirst's 4th Annual Cinco De Mayo festival at Elmhurst Hospital, Elmhurst Hospital, Queens Ledger, 05/07/13

Healthy living help comes to Staten Island's Park Lane at Sea View, Sea View Hospital, Staten Island Advance, 05/27/13

Tunes soothe dementia, Alzheimer's patients at Sea View, Jane Fode, RN; Lauren Pegues, RN, Sea , Nurse.com, 04/22/13

Frequent Flyers: Treat returning psychiatric patients like valued customers, Kings County Hospital, Nurse.com, 05/28/13

Mixed Grades for Hospitals, Lincoln, Jacobi and NCB, Bronx Times Reporter, 05/24/13

A night of healing in Harlem, Harlem Hospital, The New York Amsterdam News, April 18-24, 2013

Sr. VP of HHC honored, Denise Soares, Harlem Hospital, NY Amsterdam News, May 9- May 15, 2013

NYC Teen Pregnancy Rate Dropped 30 Percent Since 2001; New City-Funded App Aims To Reduce Further, HHC, International Business Times, 05/08/13

City focuses on breast cancer, HHC, Queens Chronicle, 05/09/13

In Sandy's Wake, Extra Special Appreciation For Coney Island Hospital Nurses, Sheepsheadbites.com, 05/14/13

Coney Island Hospital Doctor Honored For Leadership, Olga Golubovskaya, MD, Coney Island Hospital, SheepsheadBites.com, 05/23/13

Coney Island Hospital, Local Artists' Group Dedicate New Exhibit Space To Recchia Staffer's Late Husband, Sheepsheadbites.com, 05/16/13

Early Detection is the Best Protection, Milton Nuñez, Lincoln Hospital, The Bronx Free Press, 05/15/13

Dominicans can get free health care at 4 NYC hospitals, Lincoln Hospital, DominicanToday.com, 05/01/13(Also covered in Almomento.net)

Mental Health: A Priority in New York, HHC, Alan Aviles, El Diario, 05/27/13

Tu agenda local de salud, Your local health agenda, HHC mammogram events, El Diario, 05/20/13 and 05/24/13

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to seek the Board of Director's approval of twelve (12) hospitals' Implementation Strategies. These Implementation Strategies are informed by the results of Community Health Needs Assessments conducted by the hospitals.

WHEREAS, the Corporation operates eleven acute care hospitals and one long term acute care hospital that have 501(c)(3) nonprofit tax status under the Internal Revenue Code; and

WHEREAS, The Patient Protection and Affordable Care Act was signed into law in 2010; and

WHEREAS, The Patient Protection and Affordable Care Act added to the Internal Revenue Code several new sections that apply to Section 501(c)(3) hospital organizations; and

WHEREAS, one of these new sections, Section 501(r)(3), requires that hospitals with 501(c)(3) tax status conduct a Community Health Needs Assessment (CHNA) at least once every three years, with the first CHNA being completed by June 30, 2013; and

WHEREAS, the 12 aforementioned HHC hospitals have conducted CHNAs and developed Implementation Strategies (summaries of which are attached – Exhibit A) to meet community needs which were identified through their respective CHNAs; and

WHEREAS, Section 501(r)(3)(A)(ii) provides that a hospital organization meets the CHNA requirements only if it has adopted an "Implementation Strategy" to meet the community health needs identified through the CHNA; and

WHEREAS, a hospital organization's governing body or a committee authorized by the governing body must approve the Implementation Strategy.

NOW, THEREFORE, BE IT

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation (the "Corporation") approves the Implementation Strategies which are responsive to the findings of the Community Health Needs Assessments conducted by the Corporation's eleven acute care hospitals and one long term acute care hospital.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to execute a contract with Siemens Enterprise Communications, Inc. via NYS Office of General Services (OGS) contract for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation’s facilities. The contract will be for an amount not to exceed \$21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

WHEREAS, the Corporation is seeking to consolidate all PBX Telecommunications maintenance and services into one contract, with the intent to centralize all services currently provided by three separate vendors; and

WHEREAS, the consolidation of these services under one contract will result in savings required under one of the Corporation’s cost-containment and restructuring initiatives; and

WHEREAS, a consolidated PBX Telecommunications vendor contract will provide centralized and standardized processes to improve operational efficiencies, service delivery and costs; and

WHEREAS, the NYS OGS contract prices for such services and maintenance are discounted from market price; and

WHEREAS, the Corporation issued a solicitation to obtain responses from authorized NYS OGS vendors in accordance with the Corporation’s operating procedures; and

WHEREAS, the overall responsibility for the monitoring of the contract will be under the direction of the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFORE, BE IT:

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Siemens Enterprise Communications, Inc. via NYS OGS contract for the enterprise-wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation’s facilities. The contract will be for an amount not to exceed \$21,014,226 which includes a 20% contingency, for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

Resolution

Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed \$9,249,235, which includes a 20% contingency.

WHEREAS, the Corporation currently uses Cablevision Lightpath for an alternate and Disaster Recovery provider for enterprise wide voice and data circuits for the New York City Health and Hospitals Corporation; and

WHEREAS, Lightpath has been in good standing and consistent with the terms of the current service agreement which will expire on June 30, 2013 with no additional options to renew; and

WHEREAS, Lightpath has managed mission telecommunications services and has provided customized solutions for the Corporation for the last three years without any service interruption; and

WHEREAS, given the anticipated costs of building a replacement alternate voice and data network with a new vendor and migrating off the current alternate provider would be technically and economically infeasible; and

WHEREAS, executing the Lightpath agreement is in the best interests of the Corporation to meet the need for telecommunication links for new Information Technology Capital Projects; and

WHEREAS, the contract will be managed and monitored under the direction of the Senior Vice President/Corporate Chief Information Officer.

NOW, THEREFORE, BE IT:

RESOLVED, that the President of New York City Health and Hospitals Corporation be and hereby is authorized to negotiate and execute a sole source agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed \$9,249,235 which includes a 20% contingency.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC’s Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: \$2,750,000, for McGraw-Hill Education: \$872,459, for Truven Health Analytics Inc.: \$2,525,000, and UpToDate, Inc.: \$1,899,068, for an aggregate amount not-to-exceed \$8,046,527.

WHEREAS, the scheduled expiration of the Corporation’s current medical library subscription service contracts presents the opportunity for the Corporation to reassess the product domain for innovations and optimal usage; and

WHEREAS, the Corporation will benefit from acquiring and maintaining its medical libraries with industry-leading Electronic Medical Reference and Knowledge-Based Information resources, including specialized and complementary medical reference resources, journals and databases, knowledge-based information references, electronic textbooks, point-of-care references and drug references to meet the Corporation’s goals to provide safe and effective care; and

WHEREAS, the Corporation performed an assessment of viable market options, leading to the issuance of a Request for Proposals that was released November 19, 2012; and

WHEREAS, as a result of the Corporation’s RFP process, Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. have been determined to be leading providers of electronic medical reference and knowledge-based information resources, and the Corporation determined that their proposals best met the requirements of the RFP and the objectives of the Corporation; and

WHEREAS, the overall responsibility for the monitoring of these contracts will be under the direction of the Senior Vice President/Corporate Chief Information Officer;

NOW THEREFORE, BE IT:

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC’s Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: \$2,750,000, for McGraw-Hill Education: \$872,459, for Truven Health Analytics Inc.: \$2,525,000, and UpToDate, Inc.: \$1,899,068, for an aggregate amount not-to-exceed \$8,046,527.

RESOLUTION

Reappointing Dan H. Still as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

WHEREAS, A resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation ("HHC") on October 29, 1998, authorized the conversion of MetroPlus from an operating division to a wholly owned subsidiary of HHC; and

WHEREAS, The Certificate of Incorporation of MetroPlus designates HHC as the sole member of MetroPlus and has reserved to HHC the sole power with respect to electing members of the Board of Directors of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the Chairperson of HHC to select three directors of the MetroPlus' Board subject to election by the Board of Directors of HHC; and

WHEREAS, the Chairperson of HHC has selected Mr. Still to serve an additional term as a member of the Board of Directors of MetroPlus; and

WHEREAS, The Board of Directors of MetroPlus has approved said nomination;

NOW, THEREFORE, be it

RESOLVED, that the HHC Board of Directors hereby reappoint Dan Still to the Board of Directors of the MetroPlus Health Plan, Inc. to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

RESOLUTION

Reappointing Mendel Hagler as a member of the Board of Directors of MetroPlus Health Plan, Inc., a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York ("MetroPlus"), to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

WHEREAS, A resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation ("HHC") on October 29, 1998, authorized the conversion of MetroPlus from an operating division to a wholly owned subsidiary of HHC; and

WHEREAS, The Certificate of Incorporation of MetroPlus designates HHC as the sole member of MetroPlus and has reserved to HHC the sole power with respect to electing members of the Board of Directors of MetroPlus; and

WHEREAS, the Bylaws of MetroPlus authorize the President of HHC to select two directors of MetroPlus' Board subject to election by the Board of Directors of HHC; and

WHEREAS, the President of HHC has selected Mr. Hagler to serve an additional term as a member of the Board of Directors of MetroPlus; and

WHEREAS, The Board of Directors of MetroPlus has approved said nomination;

NOW, THEREFORE, be it

RESOLVED, that the HHC Board of Directors hereby reappoint Mendel Hagler to the Board of Directors of the MetroPlus Health Plan, Inc. to serve in such capacity until his successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

RESOLUTION

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

AND

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

WHEREAS, the Corporation has entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, it is necessary for the President to have the managerial flexibility to insure that the rights of the Corporation remain protected during the negotiation process; and

WHEREAS, a summary of the proposed general terms and amounts of a new Affiliation Agreement with SUNY/HSCB is set forth in Attachment A, and

WHEREAS, the Community Advisory Board of KCHC has been consulted and apprised of such proposed general terms and conditions; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that SUNY/HSCB continue to provide General Care and Behavioral Health Services at KCHC.

NOW, THEREFORE, BE IT

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

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

Attachment A

Summary of the Proposed Affiliation Agreement Between the New York City Health and Hospitals Corporation ("the Corporation") and the State University of New York/Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at Kings County Hospital Center ("KCHC")

General Terms and Synopsis

The proposed agreement allows for the continued provision of some services at KCHC, notably in Psychiatry, Radiology, Ophthalmology, Radiation Oncology, and Emergency Medicine. The agreement calls for a three-year term commencing July 1, 2013 and HHC will compensate SUNY/HSCB on costs. SUNY/HSCB will maintain all appropriate attending supervision coverage as required by state regulations and national accreditation standards. The agreement also proposes a series of pay-for-performance indicators to align business goals and improve performance.

Key Achievements

- ❖ Half century partnership between Kings County Hospital Center and State University of New York/Health Science Center at Brooklyn
- ❖ Continued oversight by Joint Coordinating Committee (JCC) to promote collaboration and timely communication
- ❖ Re-establishment of advanced Hepatobiliary surgery with outstanding outcomes
- ❖ Joint research projects in Endocrinology, Emergency Medicine, Oncology and Radiation Oncology
- ❖ Major improvements in reducing hospital acquired conditions – KCHC received the President's Safety Award for no Central Line Acquired Blood Stream Infection (CLABSI) in Medical Intensive Care Unit (MICU) over an 18-month period.

Key Initiatives

- ❖ Reduce average length of stay in Behavioral Health by 50% over the next 6 months
- ❖ Restructure Behavioral Health outpatient services to ensure increased access and increased patient engagement.

Financial Terms

**Proposed Contract Costs
FY 2014 - 2016
Kings County Hospital Center**

CONTRACT YEAR	ANNUAL COSTS
FY 2014	\$17,085,818
FY 2015	\$17,381,996
FY 2016	\$17,692,709
FY 2014 - 2016	\$52,160,523

- ❖ Payments are subject to adjustment due to new initiatives for expanded programs or services, elimination or downsizing of programs, services or other reductions, market recruitment, retention-based salary adjustments, service grants and/or other designated programs consistent with the terms of the agreement.
- ❖ All changes to the budget must have KCHC and Central Office approval as per Corporate policy.
- ❖ The Affiliation contract will continue the current cost based compensation reimbursement methodology, not to exceed departmental spending limits.
- ❖ The FY 2014 budget is based on the final FY 2013 budget, adjusted for approved modifications.
- ❖ The figures reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-party payer developments.

Pay-for-Performance Corporate Quality Indicators

- ❖ The Corporation will continue to monitor the Affiliate's efforts to maintain the highest quality of patient care with a pay-for-performance program by linking provider performance to some indicators
- ❖ Payment may be reduced annually up to \$100,000 if the Affiliate does not reach thresholds regarding SDOH citations, sentinel events, and malpractice claims
- ❖ Payment may be increased annually up to \$100,000 if the Affiliate reaches thresholds regarding mammography readings, dictation of radiology reports, and reducing length of stay and readmissions in behavioral health.

Transfers and Referrals

- Patients will be transferred and referred to other facilities if the required services are not available at KCHC, a third-party payer does not authorize reimbursement or the patient requests it.
- If a service is not available at the facility, such transfers and referrals will be made to other HHC facilities.
- If the service is not available at a HHC facility, transfers and referrals to non-HHC facilities will only be made with the approval of the Executive Director of his/her designee and if an agreement with the receiving facility is in place.
- Transfer and referral activity will be monitored monthly.
- Failure to comply results in a penalty for each event of 50% expected reimbursement.

Other Significant Relevant Terms and Conditions

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

Kings County Hospital Center

**Affiliation Contract Renewal With
The State University of New York
Health Science Center at Brooklyn
FY 2014 - FY 2016**

Presented by

George Proctor

Senior Vice President

Central Brooklyn Family Health Network

Financial Overview

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

Proposed Contract Costs FY 2014 to FY 2016

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

Pay-for-Performance Program

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

Transfers and Referrals

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

Thank You!

RESOLUTION

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

AND

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

WHEREAS, the Corporation has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations ("the Affiliates") provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with SIUH, to provide General Care and Behavioral Health Services at Sea View, expires on June 30, 2013; and

WHEREAS, a summary of the proposed general terms and amounts of a new Affiliation Agreement with SIUH is set forth in Attachment A; and

WHEREAS, the Community Advisory Board of Sea View has been consulted and apprised of such proposed general terms and conditions; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that SIUH continue to provide General Care and Behavioral Health Services at Sea View.

NOW, THEREFORE, BE IT

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

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

ATTACHMENT A

Summary of the Proposed Affiliation Agreement Between the New York City Health and Hospitals Corporation ("the Corporation") and the Staten Island University Hospital ("SIUH") for the provision of General Care and Behavioral Health Services at Sea View Hospital Rehabilitation Center and Home ("Sea View")

Synopsis and General Terms

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

We seek to renew our agreement with the SIUH because it is the only health care organization on Staten Island capable of meeting the needs of our patients at Sea View. The proposed agreement continues to require that SIUH assess our patients at our facility, eliminating the need to send Sea View residents off site for specialty services. Back-up providers are quickly available in the event that scheduled providers are unavailable. This agreement continues to ensure that Sea View patients do not receive fragmented care and enhances the continuity of care received as patients have access to the same physicians following them both at Sea View and when admitted on an emergent basis to SIUH.

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

Financial Terms

- The Corporation retains the right to bill all patients and third-party payers for services rendered.
- The total cost of the contract will be \$331,488 per year (\$994,464 for the contract term) to provide physician services as follows:

**Proposed Annual Contract Costs
FY 2014 - FY 2016
SIUH**

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

Other Relevant Terms and Conditions

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

**Affiliation Contract Renewal
Sea View Hospital Rehabilitation
Center and Home With
Staten Island University Hospital
FY 2014 to FY 2016**

**Presented by
Angelo Mascia
Executive Director
June 2013**

Affiliation Contract Renewal

The proposed renewal continues a relationship with an affiliate that:

- **Provides the needed specialty care services at Sea View**
- **Provides timely emergent care**
- **Assures continuity of care with Sea View patients**

Contract Terms and Conditions

- **Contract term is from July 1, 2013 until June 30, 2016**
- **The total cost of the contract based on current estimates of needed services will be 994,464 over the contract term**
- **Compensation is based on payments for services provided**
- **The existing mix of services will continue to be provided**

Annual Financial Terms

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

Thank You!



Business Continuity Program Update

Service Management Office (SMO)

Medical & Professional Affairs/IT Committee Meeting

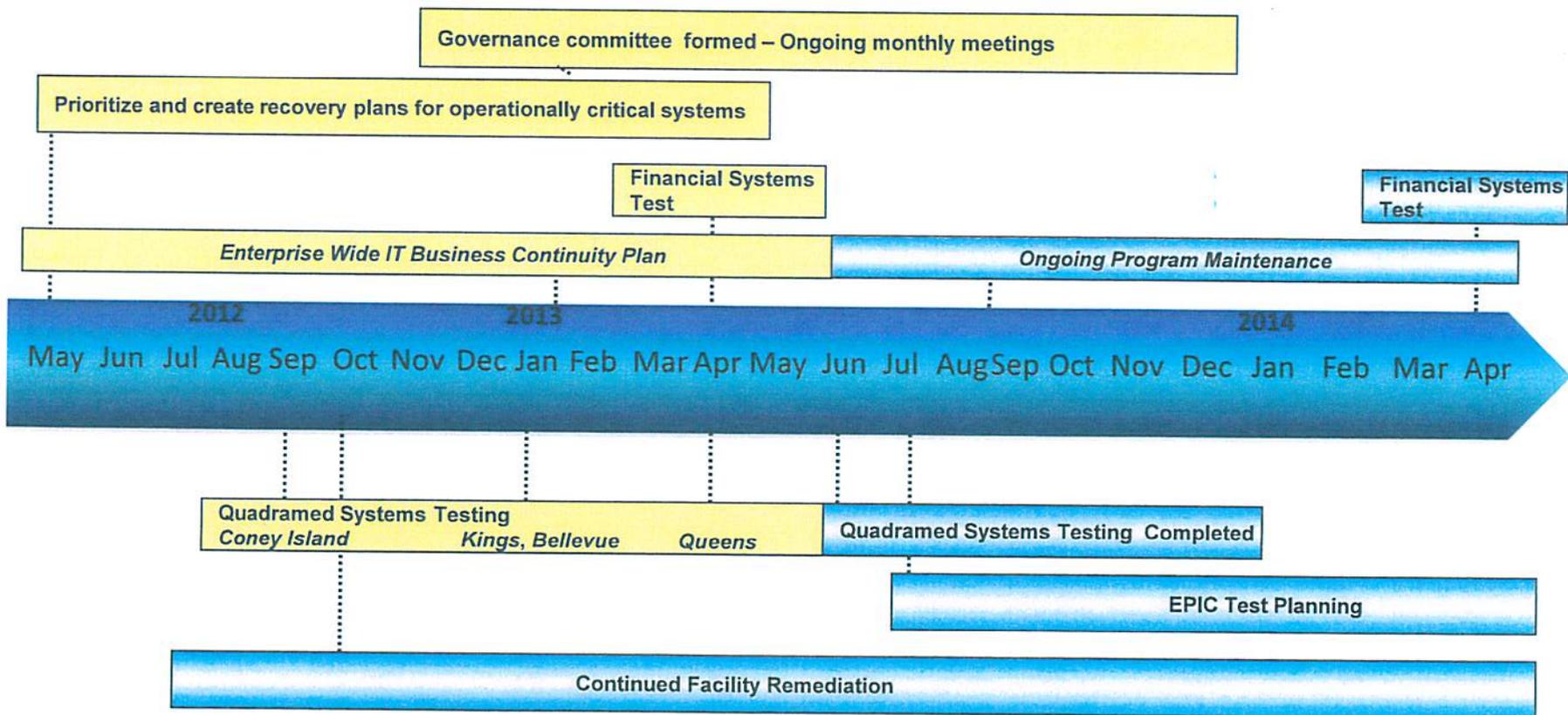
Michael Keil – AVP IT Service
Management Office
June 20, 2013

Business Continuity Program



Program Time Line

Yellow Indicates Completed



EITS Business Continuity Program (BCP)



Analyzing previously compiled BCP engagement documentation and applying industry wide best practices and standards, the team's objective was to determine gaps in the following areas:

- Disaster Recovery Program Development
- Disaster Recovery Capability Inventory and Assessment
- Plan Documentation Development
- Training and Awareness

Disaster Recovery (DR) Program Development



2012 Findings

- Lack of an established program charter or policy
- No published governance or standardized repeatable processes

Actions Taken to date

- Policy & Charter ratified & distributed to Senior EITS Management
- Governance Council created under the direction of CCIO
 - Purpose of the Governance Council is to obtain Senior Management commitment and direction for the ITDR (Information Technology Disaster Recovery) program

Disaster Recovery Capability Inventory Assessment



2012 Findings

- Limited documentation of application information was available
- Physical ability to recover key applications was untested
- Determined 19% of critical applications have recovery capabilities

Actions Taken to date

- Created an application information matrix showing recovery capability and required remediation
- Application information matrix updates scheduled & reviewed with Governance Council
- Infrastructure team has reviewed the gap has provided a resolution for all critical applications

Plan Documentation Development



2012 Findings

- Lack of standardized recovery plans or defined plan owner responsibilities
- Many Tier 1 (4 Hour Recovery Objective) and Tier 2 (24 Hour Recovery Objective) applications have no tested recovery plans

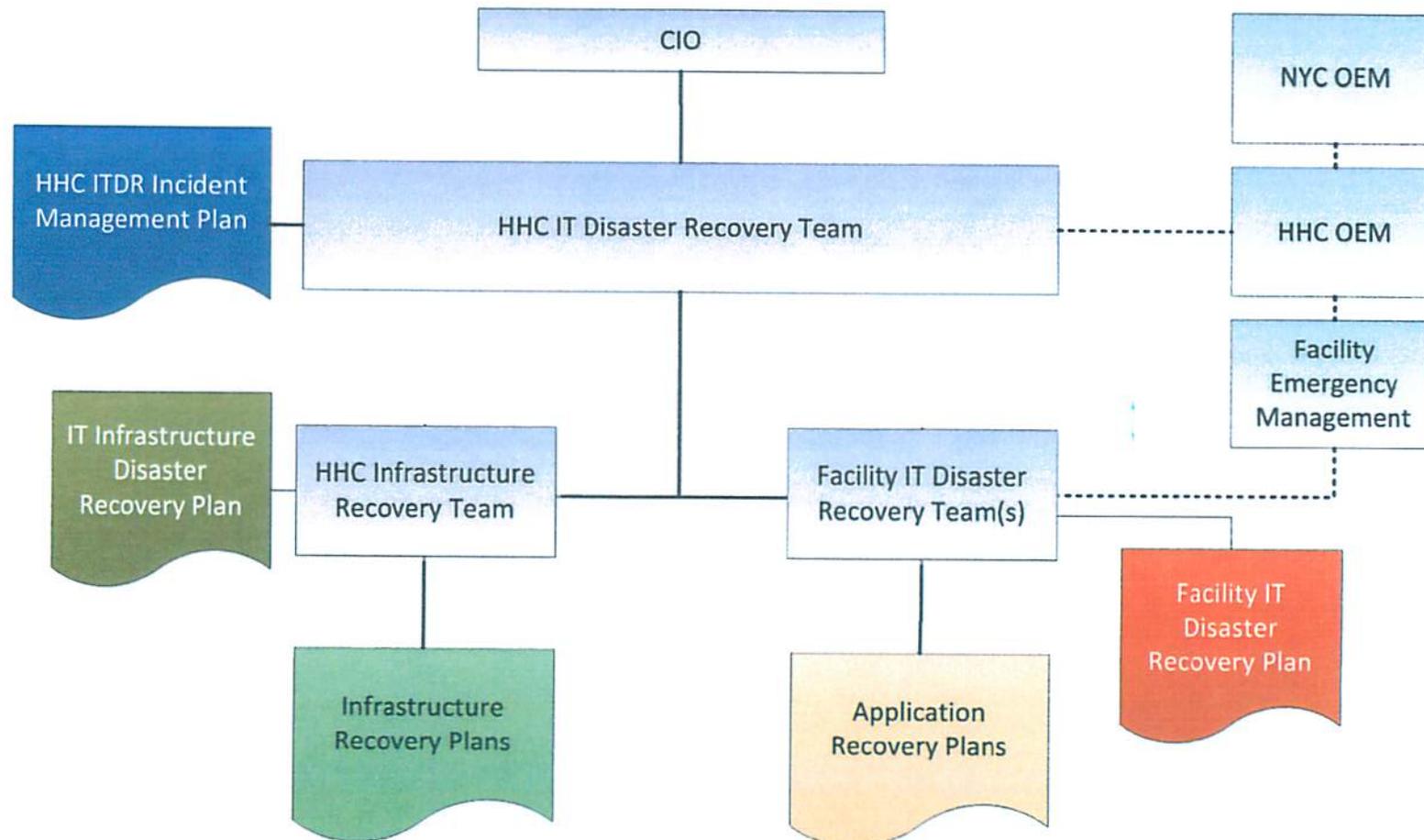
Actions Taken to date

- Created a standardized format for all recovery plans
- Created ITDR plans to be used in an event of a test/disaster

ITDR Response Structure



Response Structure



Review ITDR Plan Status



Target Completion: June 2013

Recovery Plan	Owner Identified	Meetings Completed	Current Status
IT Crisis Management Plan	1 / 1	1 / 1	1 / 1
Facility Coordination Plans	7 / 7	7 / 7	6 / 7
Infrastructure Coordination Plan	1 / 1	1 / 1	0 / 1
Application Recovery Plans	35 / 35	35 / 35	28 / 35
Infrastructure Recovery Plans	5 / 5	5 / 5	3 / 5

We now have a total of 49 plans written to cover the critically addressed areas

80% are complete; 20% are in final review with owners

Training and Awareness



2012 Findings

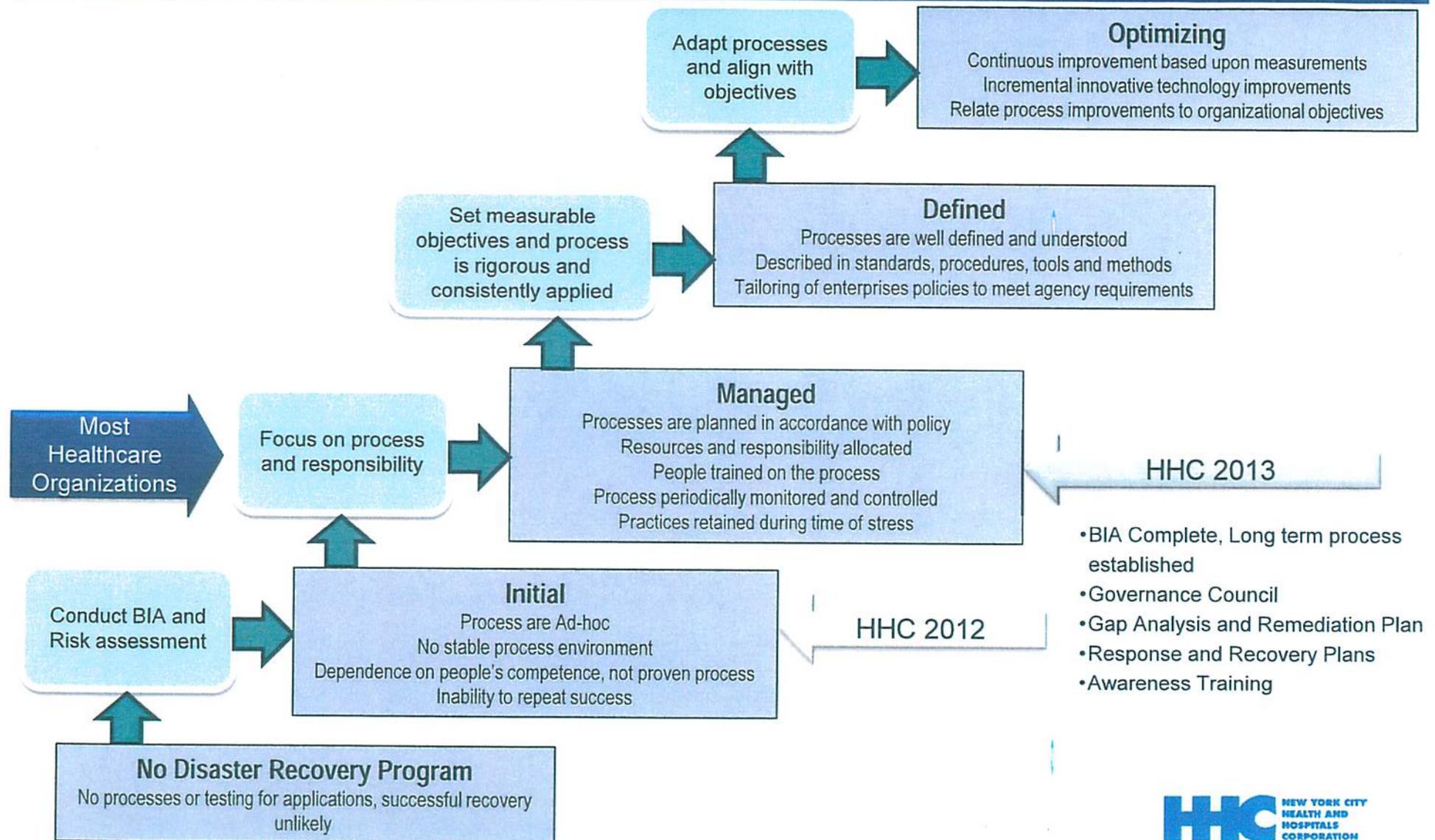
- No formal training provided to the organization
- Disaster Recovery needs were not part of the ITPMC (Information Technology Portfolio Management Committee) process
- No passive testing done for DR (Tabletop)

Actions Taken to date

- Conducted EITS training
 - 3 technical audience training sessions
 - 1 Senior EITS Management Training session
 - Incident Management tabletop conducted with Senior EITS Management
- Created DR requirements definition to be completed for ITPMC
- Published SMO newsletter interview with Director of IT



Disaster Recovery Maturity



Business Continuity Program Next Steps



Disaster Recovery (DR) Program

- Phase II
 - Further review of Business Impact Analysis
 - Continued analysis of Tier 3 and Tier 4
- Investigate DR software options for automation
- Continue to explore communication tools with OEM
- Prepare to test EPIC failover prior to 'go live'

Questions & Answers



Effective ITDR is a team effort:
Thank you for your continued support

RESOLUTION

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

WHEREAS, the Corporation has an immense inventory of routers, switches, firewalls, UCS servers and wireless controllers, which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care;
and

WHEREAS, the Cisco SMARTnet Services and Maintenance is required in order to avoid any outages associated with equipment/part failures, software glitches and operating system software issues; and

WHEREAS, failure to obtain services and maintenance for the Corporation’s network infrastructure can result in system unavailability, which may have an impact on patient care; and

WHEREAS, the Corporation solicited proposals from Cisco resellers who offer their services via the New York State OGS contract, including Dimension Data North America, Inc.; and

WHEREAS, Dimension Data North America, Inc. offered the lowest price for the requested services; and

WHEREAS, the overall responsibility for managing and monitoring the agreement shall be under the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFORE, be it:

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

EXECUTIVE SUMMARY

Purchase from Dimension Data North America, Inc. To provide Cisco SMARTnet Services and Maintenance

The accompanying resolution requests the approval to purchase CISCO SMARTnet services and maintenance from Dimension Data North America, Inc. via NYS Office of General Services (NYS OGS) contract for the New York City Health and Hospitals Corporation's networking infrastructure for an amount not to exceed, \$22,080,000, which includes a 15% contingency of \$2,880,000, over a three year term.

The Corporation has an immense inventory of routers, switches, firewalls, UCS servers and wireless controllers, which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care. The Cisco SMARTnet Services and Maintenance is required in order to avoid any outages associated with equipment/part failures, software glitches and operating system software issues. The Corporation also benefits from network infrastructure optimization services for analytics and support services included in this contract. Failure to obtain these services and maintenance for the Corporation's network infrastructure can result in system unavailability, which may have an impact on patient care.

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

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Cisco SMARTnet Services and Maintenance
Project Title & Number: Cisco SMARTnet Services and Maintenance
Project Location: Enterprise Wide
Requesting Dept.: EITS/Infrastructure Services

<p>Successful Respondent: <u>Dimension Data North America, Inc.</u></p> <p>Contract Amount: <u>\$19,200,000 + \$2,880,000 (15% Contingency) = \$22,080,000</u></p> <p>Contract Term: <u>3 years</u></p>
--

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

Range of Proposals: \$19,200,000 to \$28,838,020

Minority Business Enterprise Invited: Yes No If no, please explain: _____

Funding Source: General Care Capital
 Grant: explain _____
Other: explain _____

Method of Payment: Lump Sum Per Diem Time and Rate
 Other: explain Quarterly Fixed Payments

EEO Analysis: Approved 5/31/13

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No (Caution Check performed)

(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):

On June 30, 2013 the current agreement for Cisco SMARTnet Maintenance with Dimension Data North America, Inc. will come to the end of its three year term. The Corporation's network infrastructure devices have increased by 23% from 854 to 1,054 since the start of the current agreement in 2010. At this time, a new agreement is required for the Services and Maintenance of all Cisco equipment used throughout the Corporation's facilities.

The Corporation utilizes its Cisco hardware, which includes routers, switches firewalls, UCS servers and wireless controllers to link together the Corporation's computers and data systems to capture and access business and clinical applications used for patient care.

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

This agreement will offer services and maintenance for all Cisco hardware enterprise wide by including the following scope in the agreement:

- Hardware Replacement
- Total Care Service 24x7x4 Maintenance
- Optimization Services for analytics and support services
- Advance Replacement parts delivered onsite 24x7x365

The new agreement will cover the existing network equipment as well as 200 net new devices added to the Corporation's network infrastructure over the last three fiscal years.

- Woodhull (20) for End of Support equipment
- Cumberland (23) for End of Support equipment
- Elmhurst (35) to replace Enterasys Switches
- Gouverneur (31) for End of Support equipment
- Henry J. Carter (91) for this new location

The new agreement will also cover 4,020 wireless access points and approximately 5,000 VoIP phones, not included in the current agreement.

The Corporation anticipates the inventory of network equipment to increase as a result of future Enterprise-wide LAN Upgrades, build-outs and VoIP projects. The additional 15% contingency being requested will be used to cover these increases.

CONTRACT FACT SHEET *(continued)*

Contract Review Committee

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

Yes, this was presented at the June 5, 2013 CRC meeting.

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.

CONTRACT FACT SHEET (continued)

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

Cisco has a NYS OGS Contract (#PT64525). A solicitation to purchase maintenance and services was issued to 21 vendors, who were listed as Cisco value-added resellers on this contract. Another solicitation was issued to 5 financing vendors, also holding NYS OGS contracts for proposals including financing options. These solicitations requested pricing for a three (3) year term with two options to renew at one (1) year each.

There were 2 proposals received, one of which came from a vendor as an Open market proposal. Both proposals were reviewed by HHC IT Infrastructure Services staff to determine whether they met the solicitation requirements. The award was based on lowest proposed price for the requested services.

Note: The agreement will be for the three (3) year term only and will not include the two options to renew at one (1) year each. This is due to the cost of the two additional years being substantially higher than the annual cost over for the initial three year term.

PURCHASING OPTION					
Vendor information	Contract #	Bid Amount (3 years)*	Bid Amount (Option Years 1 & 2)	No Bid	No Reply
1 Cisco Systems, Inc.	NYS OGS PT64525			X	
2 Azispoint, Inc.	NYS OGS PT64525			X	
3 BlueWater Communications Group, LLC.	NYS OGS PT64525				X
4 Calence, LLC. Dba Insight Networking	NYS OGS PT64525				X
5 Camelot Communications Group, Inc.	NYS OGS PT64525			X	
6 CDV Government	NYS OGS PT64525				X
7 CDI, LLC.	NYS OGS PT64525			X	
8 Corporate Computer Solutions, Inc.	NYS OGS PT64525				X
9 CS Business Systems, Inc.	NYS OGS PT64525				X
10 Derive Technologies, LLC.	NYS OGS PT64525				X
11 Dimension Data North America, Inc.	NYS OGS PT64525	\$19,200,000	\$18,264,640		
12 Dyntek Services, Inc.	NYS OGS PT64525			X	
13 Ergonomic Group, Inc.	NYS OGS PT64525				X
14 FTEI, Inc.	NYS OGS PT64525			X	
15 GovConnection, Inc.	NYS OGS PT64525				X
16 HP Company	NYS OGS PT64525				X
17 NEC Unified Solutions, Inc.	NYS OGS PT64525				X
18 Presidio Networked Solutions, Inc.	NYS OGS PT64525				X
19 SHI International Corp.	NYS OGS PT64525			X	
20 Verizon Business	NYS OGS PT64525				X
21 Vicom Computer Services, Inc.	NYS OGS PT64525				X
22 Insight Public Sector Healthcare	OPEN MARKET	\$28,838,020	28,233,476.60		

WINNER

*Based on the option to purchase Bundle #2-Quarterly Payments

FINANCING OPTION				
Vendor information	Contract #	Bid Amount*	No Bid	No Reply
1 Dell Financial Services, LLC.	NYS OGS CMS1084		X	
2 Hewlett-Packard Financial Services, Co.	NYS OGS CMS1080			X
3 Key Government Finance, Inc.	NYS OGS CMS0722			X
4 M&T Bank	NYS OGS CMS1073			X
5 Verizon Credit, Inc.	NYS OGS CMS1047		X	

CONTRACT FACT SHEET (continued)

Scope of work and timetable:

Beginning approximately July 1, 2013, Dimension Data will begin providing Cisco SMARTnet Services and Maintenance for all Cisco related hardware and software at current enterprise locations. Full on-site inventory audits of all HHC facilities will be completed by this vendor every six (6) months to ensure the SMARTnet agreement is current and up to date with all contractual requirements. The term is for a three year period.

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

Dimension Data North America, Inc. offered the lowest price for the requested services as indicated above. This request is for a direct agreement with Dimension Data North America, Inc. for a cost of \$19,200,000 for a three year term. (Please note there is an additional 15% contingency included in the contract amount for any potential increases to the Corporation's network hardware, which would result in a need for additional maintenance). As shown in the tables below, through discounted, bundled pricing via the NYS OGS Contract, this agreement results in a \$7M savings over the next 3 years. Under the proposed three year term, HHC would not have to pay for annual increases which historically have been 10% per year.

TABLE A:

Dimension Data - Bundled Pricing Model

SMARTnet + NOS + Onsite Inventory Audits/Database Updates	Total Blended Discount %	Net Price	Quarterly Payment Amount	# of Payments
SMARTnet + NOS + Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	36.6%	\$ 19,200,000	1,600,000	12

Dimension Data - Non-Bundled Pricing Model

Non-Bundled Line Items	Discount %	Net Price	Quarterly Payment Amount	# of Payments
SMARTnet Proposed Price - 3 Year Term	29	16,464,276	1,372,023	12
NOS Proposed Price - 3 Year Term	17	9,038,341	753,195	12
Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	10	675,000	56,250	12

Non-Bundled Pricing Total \$26,177,617

NOTE: Network Optimization Services (NOS) provides analytics and support services.

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

- FY11-FY13 average annual Cisco Enterprise Wide Maintenance was \$5,734,638, totaling \$17,203,915 over these three fiscal years.

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

Maintenance services are required for networks parts replacement and technical support.

- HHC would have to keep a seed stock inventory on hand for any parts that may fail due to hardware or Operating System software issues.
 - Using a 16:1 ratio, the estimated FY14 cost of the initial seed stock purchase estimated to be \$4-6M
 - HHC averaged 121 Return Material Authorizations (RMA) per year FY10-13
 - There would be a higher additional cost incurred for inventory space, hiring staff to manage this inventory and delivery services
- Additional dedicated HHC Network Engineers would be required for:
 - 24x7x365 coverage
 - \$1.1M annual compensation and benefits costs for new hires
 - Response time from 4 hours to 15 hours
 - HHC averaged 197 service requests with Cisco's Technical Assistance Center (TAC) per year FY10-13 of which 38/24 were Severity 1/Severity 2 respectively

The total estimated value of SMARTnet would be approximately \$7.1M annually.

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?

No artistic/creative/intellectual property will be produced from this contract.

CONTRACT FACT SHEET (continued)

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

Bert Robles, Senior Vice President/Corporate Chief Information Officer

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. 5/28/2013
Date

Analysis Completed By E.E.O. 5/31/2013
Date

Manasses Williams
Name

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

TO: Afshan Syed, MBA
Manager, MIS
Central Office – Enterprise IT Services

FROM: Manasses C. Williams 

DATE: May 29, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Dimension Data, 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): HHC – Corporate Wide

Contract Number: _____ Project Number: Smartnet Software Maintenance

Submitted by: Central Office – Enterprise IT Services

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

**Cisco SMARTnet Maintenance and Services
PowerPoint Presentation Narrative**

This is a purchase to provide Cisco SMARTnet Services and Maintenance for three years. This replaces the current contract scheduled to expire on June 30, 2013 and it applies to all Cisco network infrastructure devices enterprise wide. The HHC network infrastructure of switches and routers increased by 23% since the last contract was signed as a result of the Round 1 LAN Upgrade. The new contract covers this increase as well as 4,020 Wireless Access Points and 5,000 Voice Over Internet Protocol (VoIP) phones which are not covered by the current contract. Negotiated improved pricing was achieved by including all these devices into the new contract.

A review to self-maintain the aforementioned hardware and software proved to be too costly and it identified the inability for HHC to achieve the same service levels provided by the new contract. Failure to achieve specific service levels for the network infrastructure can result in system unavailability which may have an impact on patient care.

Multiple vendors were solicited. Dimension Data North America offered the lowest cost responsive proposal. Therefore, the recommendation is a direct agreement with Dimension Data North America, Inc. in an amount not to exceed \$22,080,000, including a 15% contingency, over the term of three years. .



CISCO SMARTnet Services and Maintenance

Medical & Professional Affairs/IT Committee Meeting

June 20, 2013



nyc.gov/hhc

Background Summary



HHC Requirements

- SMARTnet Services and Maintenance for all Cisco equipment enterprise-wide

Current Scenario

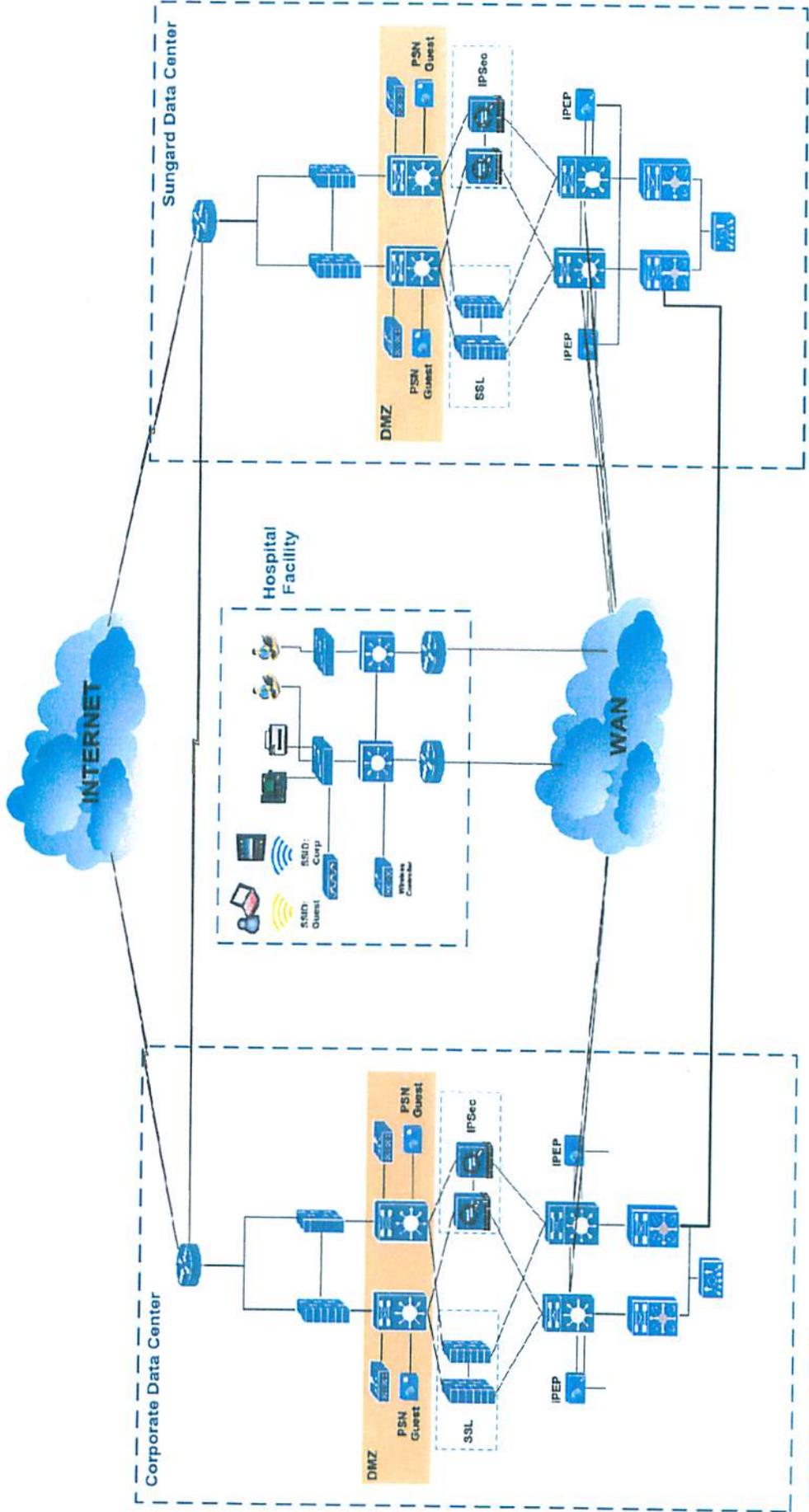
- Current contract for the SMARTnet Services with Dimension Data North America, Inc. that are scheduled to expire on June 30, 2013
- HHC network infrastructure devices (Switches and Routers) have increased by 23% from 854 to 1,054 since the start of the current contract
- New contract to include 4,020 Wireless Access Points currently not included in the current contract
- New contract to include ~5,000 VoIP Phones which are not included in the current contract
- Net additional network infrastructure devices are expected from future LAN Upgrade and Build-Out Projects



Solution Summary

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
CORPORATE ACCESS INFRASTRUCTURE - WIRED, WIRELESS & VPN

Prepared by: HHCNOC





In Scope with Contract Solution

- Net New Equipment Added was included in the Round 1 LAN Upgrade to Contract (200 devices)
 - Woodhull (20) for End of Support equipment
 - Cumberland (23) for End of Support equipment
 - Elmhurst (35) to replace Enterasys Switches
 - Gouverneur (31) for End of Support equipment
 - Henry J. Carter (91) for this new location
- 4,020 Wireless Access Points
- 5,000 Voice Over Internet Protocol (VOIP) Phones
- Hardware Replacement
- Total Care Service 24x7x4 maintenance
- Optimization Services for analytics and support services
- Advance Replacement parts delivered onsite 24x7x365



Solution Summary

Highlights

- Negotiated improved pricing – Lower average per unit cost for the current environment
- | | | |
|-----------------------------------|--------------|--|
| FY11-13 Historical Average | \$ 5,734,638 | \$ 6,400,000 |
| Total Network Infrastructure | 854 | 1054 |
| Devices used for current contract | | Devices used for new contract |
| Average Annual Unit Cost | \$ 6,715 | \$ 6,072 |
| | | <i>23% Increase in Devices since last contract</i> |

- Includes 4,020 Wireless Access Points and 5,000 Voice Over Internet Protocol (VOIP) Phones
- On-site parts replacement
- Standard service level agreements to maintain expected operational requirements throughout HHC
 - 24x7x4 hardware replacement inventory on-site
 - Technical Assistance Center (TAC)
 - 24x7x365 direct customer access

Duration

- 3 year contract

Bid Response Summary



- Vendors and Financial Organizations were solicited
- No bids received from the 5 Financial Organizations solicited
- Two bids received from the 21 Vendors solicited ^f
- Incumbent vendor was selected based on lowest responsive bid

PURCHASING OPTION					
Vendor information	Contract #	Bid Amount (3 years) [*]	Bid Amount (Option Years 1&2)	No Bid	No Reply
Cisco Systems, Inc.	NYS DGS PT64525			X	
Azispaint, Inc.	NYS DGS PT64525			X	
BlueWater Communications Group, LLC.	NYS DGS PT64525				X
Calence, LLC. Dba Insight Networking	NYS DGS PT64525				X
Camelot Communications Group, Inc.	NYS DGS PT64525			X	
CDW Government	NYS DGS PT64525				X
CDI, LLC.	NYS DGS PT64525			X	
Corporate Computer Solutions, Inc.	NYS DGS PT64525				X
CS Business Systems, Inc.	NYS DGS PT64525				X
Derive Technologies, LLC.	NYS DGS PT64525				X
Dimension Data North America, Inc.	NYS DGS PT64525	\$19,200,000	\$19,264,640		
Dyntek Services, Inc.	NYS DGS PT64525			X	
Ergonomic Group, Inc.	NYS DGS PT64525				X
FTEI, Inc.	NYS DGS PT64525			X	
GovConnection, Inc.	NYS DGS PT64525				X
HP Company	NYS DGS PT64525				X
NEC Unified Solutions, Inc.	NYS DGS PT64525				X
Presidio Networked Solutions, Inc.	NYS DGS PT64525				X
SHI International Corp.	NYS DGS PT64525			X	
Verizon Business	NYS DGS PT64525				X
Vicom Computer Services, Inc.	NYS DGS PT64525				X
Insight Public Sector Healthcare	OPEN MARKET	\$20,838,020	20,233,476.60		

VINNER

FINANCING OPTION					
Vendor information	Contract #	Bid Amount [*]	No Bid	No Reply	
1 Dell Financial Services, LLC.	NYS OGS CMS1084		X		
2 Hewlett-Packard Financial Services, Co.	NYS OGS CMS1080			X	
3 Key Government Finance, Inc.	NYS OGS CMS0722			X	
4 M&T Bank	NYS OGS CMS1073			X	
5 Verizon Credit, Inc.	NYS OGS CMS1047		X		

^f One additional vendor responded to the solicitation providing one of the two bids received

^{*}(Based on the option to purchase Bundle #2-Quarterly Payments)



Self Maintain

As of July 1, 2015 HHC would require:

- Seed stock inventory on hand for any parts that may fail due to hardware or Operating System Software issues
 - Using a 16:1 ratio, the estimated FY14 cost ranges from \$4-6M
 - HHC averaged 121 Return Material Authorizations (RMA's) per year FY10-13
 - Additional cost incurred for inventory space, hiring staff to manage this inventory and delivery services
- Additional dedicated HHC Network Engineers
 - 24x7x365 coverage
 - \$1.1M annual compensation and benefits costs for new hires
 - Response time from 4 hours to 15 hours
 - HHC averaged 197 service requests with Cisco's Technical Assistance Center (TAC) per year FY10-13 of which 38/24 were Sev1/Sev2 respectively
- Total estimated Self Maintain costs is approximately up to \$7.1M annually

Financial Analysis



- FY11-13 Average Cisco Enterprise Wide Maintenance was \$5,734,638

• Recommendation

- Direct Agreement – Dimension Data North America, Inc. Utilizing a NY State Office of General Services Contract

- ✓ Bundled Pricing Saving ~\$7M (Over 3 Years)
- ✓ BAAF includes a 15% Contingency of ~\$2.9M

Dimension Data - Non-Bundled Pricing Model

Non-Bundled Line Items	Discount %	Net Price	Quarterly Payment Amount	# of Payments
SMARTnet Proposed Price - 3 Year Term	29	16,464,276	1,372,023	12
NOS Proposed Price - 3 Year Term	17	9,038,341	753,195	12
Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	10	675,000	56,250	12

Non-Bundled Pricing Total \$26,177,617

Dimension Data - Bundled Pricing Model

SMARTnet + NOS + Onsite Inventory Audits/Database Updates	Total Blended Discount %	Net Price	Quarterly Payment Amount	# of Payments
SMARTnet + NOS + Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	36.6%	\$ 19,200,000	1,600,000	12



Questions

Questions?

Resolution

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

WHEREAS, the Corporation desires to improve decision support across the continuum of care, integrate disparate information from a broad array of data source systems, across multiple facilities and for aggregation at the corporate level; deliver high quality data to ensure that the information solution is timely, incremental, automatic and accurate; deploy meaningful and timely reports, dashboards and alerts for various user levels that track and monitor key performance indicators for better evidence-based decision-making; and

WHEREAS, a qualified systems vendor is required to assist the Corporation to implement an enterprise data warehouse, provide relevant tools, and deploy a reporting solution; and

WHEREAS, a selection committee composed of the members from the Corporation's Central Office and Facilities considered proposals from various vendors and recommended that the Corporation enter into a contract with IBM Corporation; and

WHEREAS, the contract with IBM includes professional services procured via Federal GSA contract, hardware procured via NYS OGS contract and software procured via a direct agreement with IBM based on Federal GSA pricing for IBM software; and

WHEREAS, the overall responsibility for monitoring the contract with IBM shall be under the direction of the Senior Vice President/Chief Information Officer, Division of Enterprise Information Technology Services.

NOW THEREFORE, BE IT

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

Executive Summary

The IBM Enterprise Health Analytics platform is an integrated suite of products and technology engineered to deliver all the necessary components involved in an enterprise data warehouse. A data warehouse is a single integrated information repository with key content from existing data systems, integrated with existing systems such as QuadraMed CPR and new sources such as Epic. The system being acquired will standardize data integration into a common and proven packaged healthcare data model, which will serve as our trusted source of information for the Corporation. This platform will also provide the tools and capability to archive and migrate our legacy data from QuadraMed to Epic. The system includes a master data management system that will assist in standardizing multiple data sets and harmonize internal identifiers used across disparate systems such as patients, providers, locations, code sets and other terminologies.

Tools will include data integration/cleansing tools, a robust healthcare data model to support the warehouse, business intelligence tools for advanced analytics and presentation. This platform will enable HHC to deliver quality metrics for Performance Analytics and Management, and meet the goals of the multiple healthcare programs in which we participate. Such programs include Health Homes, Patient Centered Medical Home, Accountable Care Organization, QARR, HEDIS, and so forth, each of which has a predetermined set of indicators needed to meet performance requirements.

The solution will enable robust reporting and analytics from the enterprise level down to the individual patient level. The integration of enterprise data from across HHC will allow for enhanced analytics and timely reporting as we bring together financial, human resources, supply chain, operations and clinical data to support key performance objectives for the enterprise. A high performance data warehouse supported by enterprise class hardware and tools will allow HHC to make optimal use of information assets and support a larger base of users. This approach will provide HHC with the platform to begin the journey from retrospective analytics to prospective and predictive modeling. The IBM engagement will provide additional expertise to move our vision and technology roadmap forward.

There are four foundational aspects to the acquisition:

- 1) A data cleansing and integration engine with enterprise capabilities that will enable HHC to cross-connect multiple disparate systems and integrate data;
- 2) A sophisticated healthcare data warehouse engineered to support an integrated healthcare system with all aspects of its data;
- 3) Analytics/Reporting/Presentation solution to collate, aggregate, deliver and present our data securely; and
- 4) Master Data Management to harmonize the many diverse code sets across HHC;

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

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Performance Analytics/Business Intelligence Platform
Project Title & Number: Performance Analytics/Business Intelligence
Project Location: Central Office - 160 Water Street
Requesting Dept.: EITS

Successful Respondent: IBM Corporation
Contract Amount: \$10,054,721
Contract Term: 1 Year with 3 options to renew at 1 (one) year each

Number of Respondents: 5 respondents
(If Sole Source, explain in Background section)

Range of Proposals: \$6.4M - \$13.2M
(One vendor submitted a lease proposal quoting \$2.871M annually)

Minority Business Enterprise Invited: Yes No: If no, please explain: Only 5 vendors found to meet the requirements of the solicitation

Funding Source: General Care
 Capital EMR capital data migration funding
 Grant: explain State H-MH grant funding
Other: explain _____

Method of Payment: Lump Sum Per Diem Time and Rate
Other: explain _____

EEO Analysis: Submitted, pending approval

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No (Caution Check performed)

(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):

There are numerous health care programs in which HHC participates which require voluminous metrics reporting of our healthcare activities. Together, the reporting of this data can support performance management throughout the organization.

Examples of these programs include, but are not limited to

- Patient Centered Medical Home (PCMH) program
- Federally Qualified Health Center (FQHC) program
- Medical Home / Health Home Demonstration (MH-HH) Project
- HEDIS /QARR Payor Analytics
- Readmissions / CMS Core Measures / Clinical Indicators
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – Press Ganey
- CDC-National Healthcare Safety Network (NHSN) - Hospital Acquired Infections Dashboard
- National Database of Nursing Quality Indicators (NDNQI) Dashboard
- Accountable Care Organization ACO-33
- Value-Based Purchasing (planning)
- Meaningful Use (Stage 1, II, III ...) (planning)
- Board Report Metrics / Hoshin-Kanri (planning)

Gathering and distributing this data from the many sources at HHC is a considerable effort, much of it is manual. A new Performance Analytics Business Intelligence system will address these challenges:

- 1) **Accessibility:** Unable to acquire clean data, which can support reporting and research analytics, in a way that is repeatable (e.g. *Demographics data*)
- 2) **Consistency:** Metrics are not calculated consistently across facilities (e.g. *Corporate-wide measures / indicators*)
- 3) **Usability:** Limited tools available to support the needed level of report drill down functionality in order to expose the underlying issues.
- 4) **Availability:** Needed data is not available because it is either not captured or not shared across HHC (e.g. *Mammography scan details for non-compliant patients*)
- 5) **Quality:** Frequent manual adjustment of data from source systems for compilation and standardization (e.g. *Blood Pressure value is stored in different data formats*)

In order to address these issues, a recommendation was made to acquire a complete Performance Analytics/Business Intelligence system that would accommodate our data requirements. No previous attempts at addressing report issues system wide have ever been made. Comparisons with other large healthcare organizations, such as HHC show widespread use of a set of tools that together, comprise a "Business Intelligence Platform".

The proposed contract will allow HHC to acquire the system, install it, and allow for the provisioning of consulting services, to enable HHC to obtain the best value from the platform.

CONTRACT FACT SHEET(continued)

Contract Review Committee

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

Yes, this contract was presented at the June 5, 2013 CRC Meeting.

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.

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):

Selection Committee Members:

1. John Morley – Senior AVP, Office of Healthcare Improvement
2. Joseph Quinones – Senior AVP, Operations
3. Milton Nunez – CFO, NBHN
4. Louis Capponi – Chief Medical Informatics Officer, Clinical IS
5. Paul Contino – Chief Technology Officer, Office of the CIO
6. Peter Peacock – CMIO, Kings County Hospital
7. Gad Malamed – Director, Business Applications

List of firms who responded/considered:

A solicitation was issued to five vendors off of third party contracts (i.e. GSA and NYS OGS contracts). These vendors were previously identified as being able to offer the broadest range of solutions through a single service vendor, with a single point of responsibility. The five vendors were: IBM, Oracle, SAP, HCD and Microstrategy, Inc. One vendor was eliminated by the Selection Committee due to non-compliance with the solicitation requirements.

Process used to select the proposed contractor:

Vendors were formally ranked on criteria in the Solicitation document, and the two leading vendors from that ranking were also invited to HHC's facilities for an onsite visit. This visit was separately guided by a "Proof of Concept" proposal, which outlined the expected deliverables of a "Deep Dive session", which lasted three days. A follow-up visit to answer questions was also offered to both vendors. Reference calls were made as part of the review process. Once a second round of pricing was received and analyzed, a final ranking was collected from the Selection Committee. The selection ranked IBM with the highest technical score.

Selection Criteria:

The ranking considered the vendors' experience in the healthcare industry, ability to respond to questions regarding the key deliverables, performance of the software both during the deep dive sessions, and reference calls.

The following criteria were applied, as documented in the Solicitation:

Adapters to commonly available data sources	5
Enterprise data warehouse model (Logical and Physical)	20
Enterprise-class ETL Solution (Code base to move and populate the data model)	15
Enterprise-class Reporting Solution (Pre-built reports, analytics and reporting portal infrastructure)	20
Company, support, finances, vision, product direction	20
Data governance and data quality infrastructure	10
Cost to Value	10
Total Weight	100

CONTRACT FACT SHEET (continued)

Justification:

The chosen vendor has a reputation for delivering systems similar to the one being procured herein, and previous customers can attest to the systems key functions.

Scope of work and timetable:

IBM Services will install all software, and will manage all consultants for the period of 52 weeks. Consultants will develop a detailed project plan in response to HHC requirements based on a statement of work being developed. IBM-led consultants will analyze, code, and create solutions for delivering data from legacy systems into a new data warehouse; consultants will architect, design and create an end to end solution for the flow of data from source to target, including profiling, quality analysis, data mapping, report writing for creation of reports and dashboards. HHC staff provides data analysis, coding, and report writing services. A high level timetable calls for the delivery of reports and dashboards in multiple iterations over a 52 week period.

IBM is offering professional services via its Federal GSA contract, hardware via its NYS OGS contract and software via a direct agreement with IBM, in which the pricing is based on Federal GSA pricing for IBM software.

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

Some costs of the system are offset by the current cost of the labor intensive reporting process used today. Several reports which receive wide distribution, such as the Quality Assurance Board Report, various networks "Blue Books", and ad hoc reports for Quadramed data, all involve manual and duplicative efforts. An increasing number of medical programs in which HHC participates (such as ACO, Health Homes, Patient Centered Medical Home, Federally Qualified Healthcare Centers, etc.) drive the need for a more integrated system that will allow managers to utilize "self-service" and obtain the data needed for efficiently. The proposed platform cost of \$10M will alleviate much of the current manual effort, inconsistencies in data delivery, enable management to share, collaborate and confirm data in reports, while sharing data definitions. Additionally, the system will assist in standardizing a master data management system for patients, providers, locations, and terminologies across multiple data sets and harmonize internal identifiers used across disparate systems. The solution is also designed to support data migration and archiving activities needed to develop and implement a solution to surface legacy data to our new EHR, EPIC.

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

NA

CONTRACT FACT SHEET *(continued)*

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

A new system is being acquired, which will require training. Initially, expertise in the new data model, expertise in use of the tools will be transitioned from the vendor to HHC during the year. In that time, consultants will accelerate implementation of the entire platform, and bring value within 6 months of deployment.

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?

No artistic/creative/intellectual property will be produced from this contract.

CONTRACT FACT SHEET (continued)

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

Bert Robles, SVP/ Corporate CIO

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):

Pending Approval.

Received By E.E.O. 6/24/13
Date

Analysis Completed By E.E.O. _____
Date

Name

Business Intelligence and Performance Analytics Platform

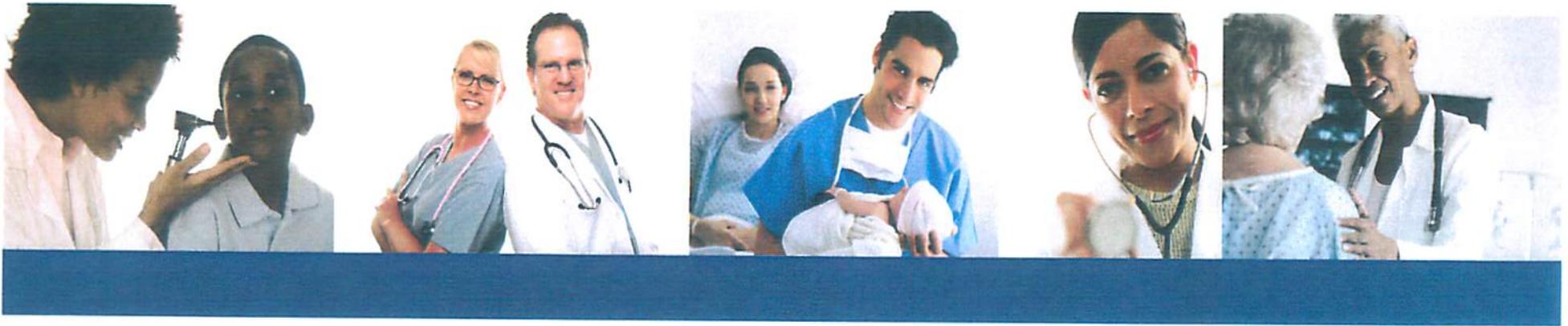
Presentation Narrative

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

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

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

HHC solicited five vendors on Third Party Contracts for the above system. IBM was selected based on evaluation criteria specified in HHC's solicitation.



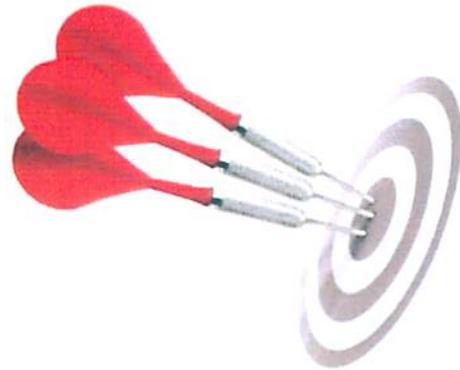
Business Intelligence & Performance Analytics Platform

Paul Contino, Chief Technology Officer
Gad Malamed, Director of Business Intelligence Program

Medical & Professional Affairs/Information Technology
June 20, 2013



nyc.gov/hhc



The Triple Aim:

- Better Care for our Patients
- Better Health Outcomes for our communities
- Reduce Costs

Better Information





Framing Our Current Environment

- Complex array of systems, data sources, reports and metrics.
- Inefficient and ineffective information management (business siloes)
- No trusted source of fact for corporation.
- More metrics than we can effectively use.
- Little transparency into LOB data and processes that create this data.

- Eight Quadramed Instances + Eight clinical data warehouses
- consolidation, harmonization, migration/conversion, archive > Epic



Primary Drivers For Business Intelligence Solution

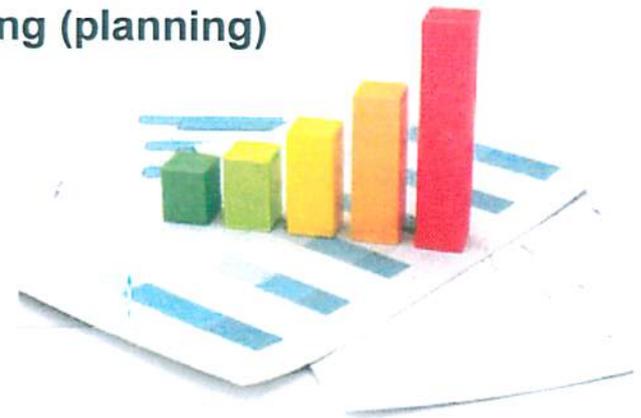


- **Quadramed - Epic Data Migration/Conversion/Archiving** – will be essential for migration of legacy (Quadramed) data into Epic and for archiving HHC legal medical record.
- **Performance Analytics** – enhanced capabilities to support programs requiring integrated metric reporting across disparate source systems (PCMH, HH, ACO)
- **Hoshin-Kanri** metrics: direct support for Performance Management and key corporate performance indicators
- **Master Data Management (MDM)** – Solution provides reconciliation and management tools to support Epic implementation requirements around master data sets (patient, caregiver, code sets)
- **Improved Data Quality** – visibility into data quality issues before data is reported
- **Reduce Operational Overhead and Administrative Inefficiencies** – use of automation over manpower. Create a trusted source of “fact” for enterprise reporting, analytics and dashboards
- **Reduce Data Security risks** by centralizing authorized access to corporate data
- Focus on **actionable data and metrics**
- **Move toward modeling the future** (predictive analytics and scenarios)

Current BI & Performance Analytics Activities

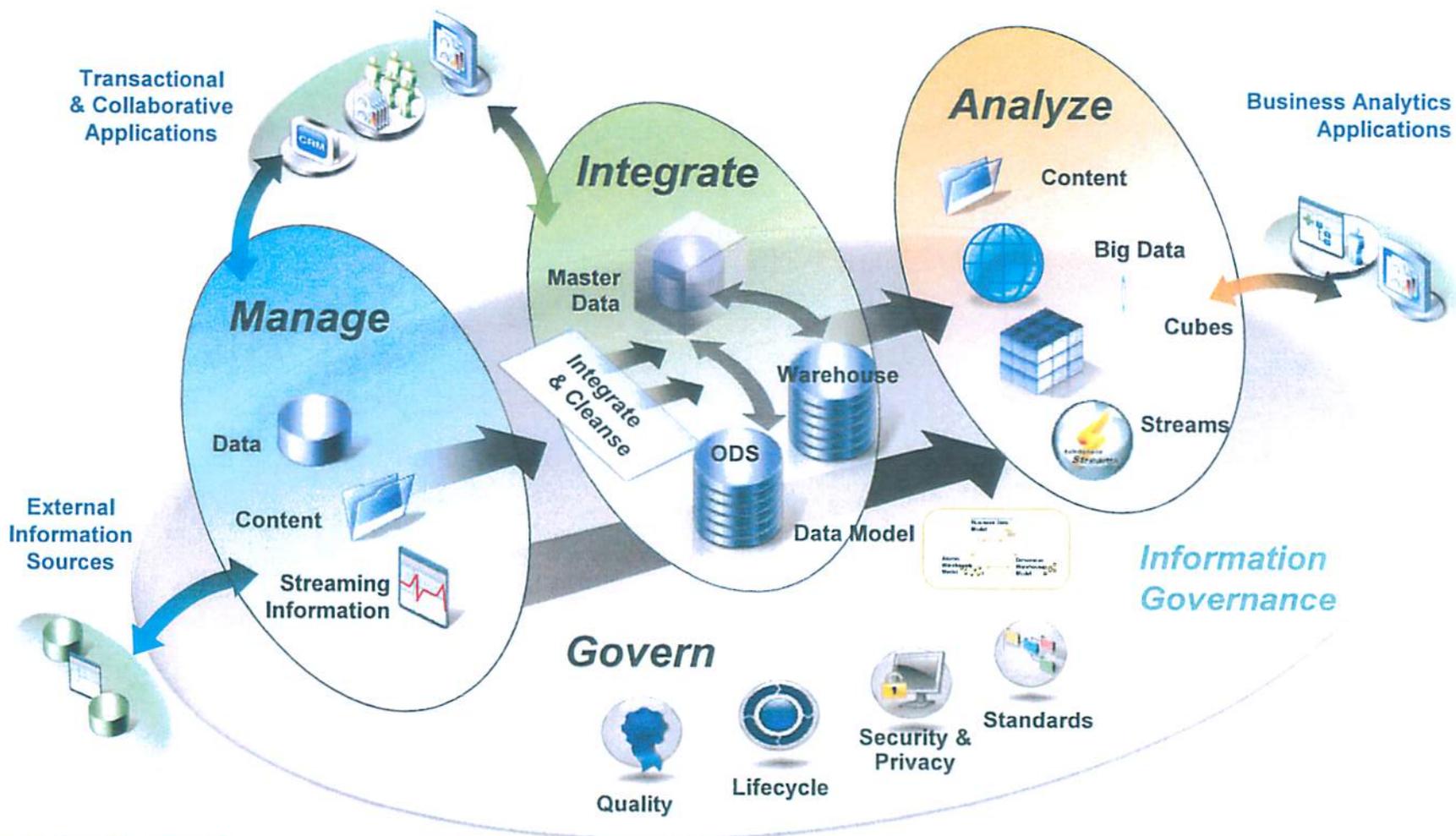


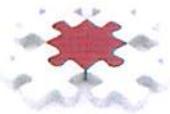
- Patient Centered Medical Home (PCMH) program
- Federally Qualified Health Center (FQHC) program
- Hospital-Medical Home Demonstration (H-MH) Project
- HEDIS /QARR Payor Analytics
- Readmissions / CMS Core Measures / Clinical Indicators
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – Press Ganey
- CDC-National Healthcare Safety Network (NHSN) - Hospital Acquired Infections Dashboard
- National Database of Nursing Quality Indicators (NDNQI) Dashboard
- ACO-33 Accountable Care / Value-Based Purchasing (planning)
- Meaningful Use (Stage II, III ...) (planning)
- Board Report Metrics / Hoshin-Kanri (planning)
- Quadramed Data Migration / Archiving (planning)



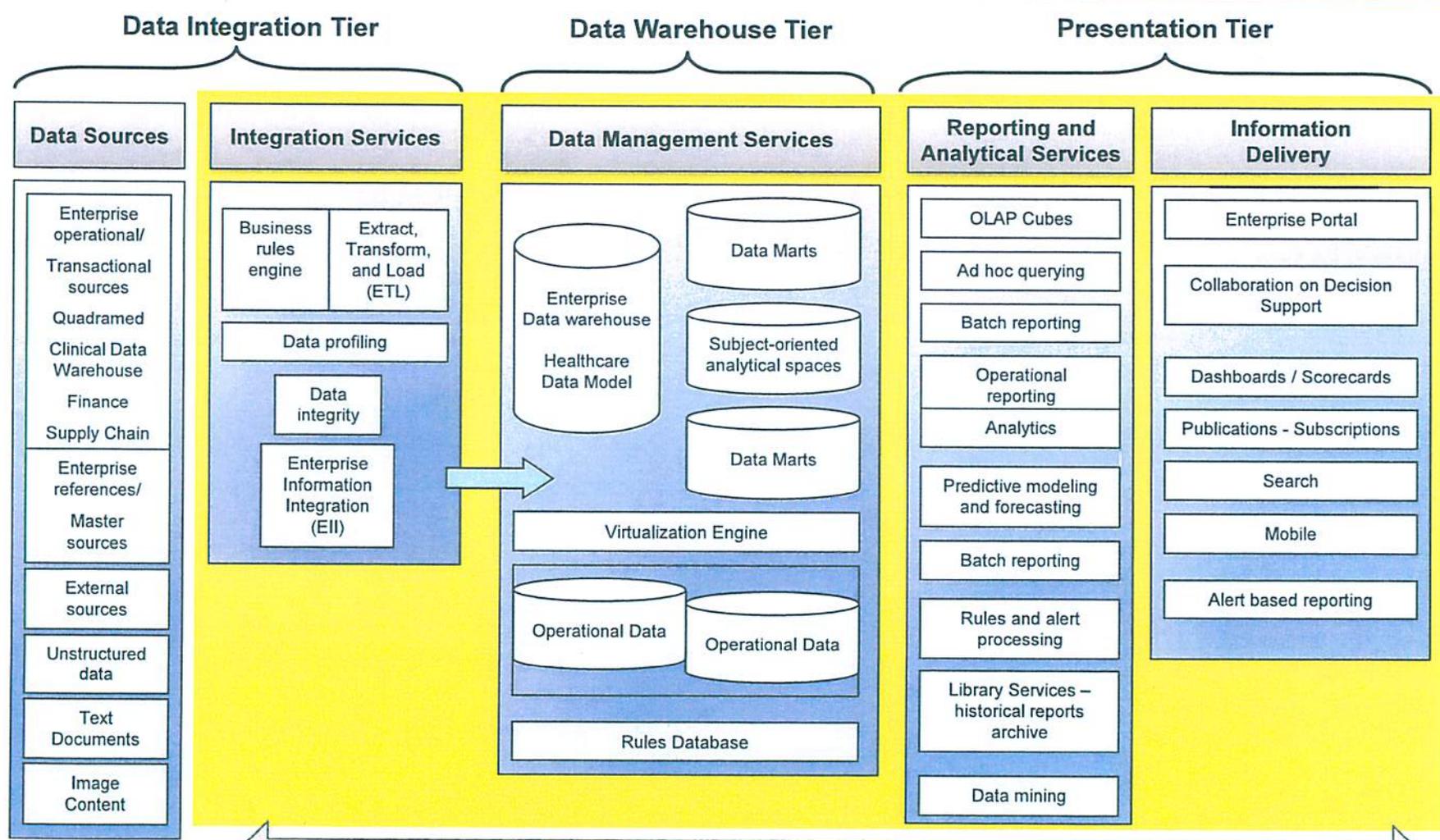


Creating A Comprehensive Information Platform

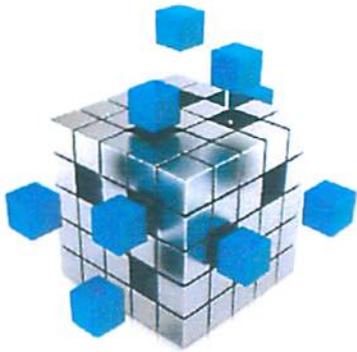




Business Intelligence: Technical Framework



Selection Committee



Selection Committee included clinical, financial and technical representatives from across HHC

Selection Committee	Louis Capponi
	Paul Contino
	Gad Malamed
	John Morley
	Milton Nunez, NBHN
	Peter Peacock, KCHC
	Joseph Quinones
Technical Advisory Committee	Vikrant Arora
	John Delalio
	Jeffrey Lutz
	Chandrasekhara Pedapudi
	Damal Raval
	Yan Rosentsveyg
	Vijay Saradhi
	Julio Santos
	Peter Welch
Clinical Advisory Committee	Patricia Cuartas
	Ronald Low
	Marietta Rozental

Selection Process

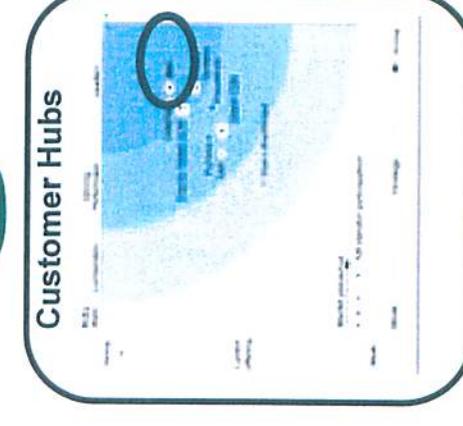
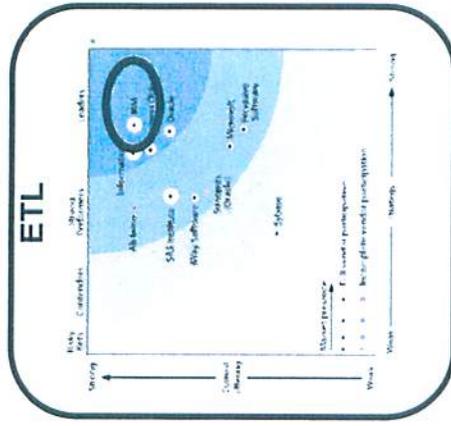
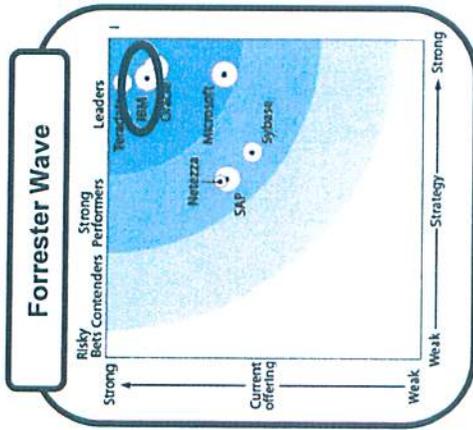


- Selection Committee established October 2012
- Solicitation was developed for an Integrated BI platform
- Vendor search earlier in year found a limited number of qualified vendors
- Five vendors were solicited from Federal GSA and/or NYS OGS contracts
- One eliminated due to non-conformance with requirements
- Proposals received and scored
- Some delays due to Superstorm Sandy
- Two finalists were selected (Oracle and IBM)
- Deep Dive sessions – 3 day vendor site visits to examine products closely
- Sessions were scored and vendors ranked
- Discussions regarding exact composition of Bill of Materials ensued
- Vendors asked to submit best and final offers.
- Client Reference calls
- Finalist selected (IBM)





Analysts Recognition of IBM Leadership in BI



IBM Client References for BI and Analytics



Lucile Packard
Children's Hospital
AT STANFORD



MAYO
CLINIC



HCA



Hospital Corporation of America™



Memorial Sloan-Kettering
Cancer Center



The Best Cancer Care. Anywhere.



nyc.gov/hhc

Financials



Category	Package Cost	Year 1	Year 2	Year 3	Year 4	Total
Software	\$ 2,770,298	Included	\$ 554,060	\$ 554,060	\$ 554,060	\$ 4,432,478
Server Hardware (Delivery, Installation and Setup)	\$ 439,483	Included	Included	Included		\$ 439,483
Professional Services (Software configuration, Solution Implementation, T&L)	\$ 4,982,353					\$ 4,982,353
Software Education Courses	\$ 200,407					\$ 200,407
Total	\$ 8,392,541		\$ 554,060	\$ 554,060	\$ 554,060	\$ 10,054,721



Questions



RESOLUTION

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

WHEREAS, the Corporation must maintain a strong case management and discharge planning function to serve its patients effectively; and

WHEREAS, the Corporation must receive appropriate third party revenues for the services that it provides to its patients, from the payer mix that includes numerous Medicaid managed care, Medicare Advantage, and commercial managed care and insurance plans; and

WHEREAS, the facilities’ case management and discharge planning staff require assistance to manage patients more efficiently and navigate obtaining authorization and other approvals required by the managed care and insurance companies as a condition of reimbursement; and

WHEREAS, a Request for Proposals (“RFP”) was issued on December 21, 2012 in accordance with the Corporation’s operating procedures; and

WHEREAS, the selection committee rated the proposals using criteria specified in the RFP, and the committee determined that Allscripts best met the requirements of the RFP and recommended that Allscripts be awarded the contract; and

WHEREAS, under this contract, Allscripts will provide 1) a web-based case management, and denials management, and discharge planning software solution for the Corporation; 2) reporting capabilities for local and Corporate-wide reports; 3) interface capabilities between the web-based product and the Corporation’s electronic medical record, registration, and financial systems; and 4) training and technical support services, and

WHEREAS, the overall responsibility for managing and monitoring the contract shall be under the Senior Vice President/Chief Information Officer, and the Senior Vice President for Finance.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute a contract with Allscripts to provide a web-based case management, and denials management, and discharge planning software solution to the Corporation’s facilities for a three (3) year term with two (2) one year renewal options, exercisable solely by the Corporation, in an amount not to exceed \$5,201,225.

Executive Summary
Allscripts Healthcare, LLC.

The accompanying resolution requests authorization for a three year contract, with the option for two one-year renewals, with Allscripts Healthcare, LLC. to provide an IT-enabled web-based case management, denials management, discharge planning, and referrals management software solution for automating work flow and payer communication processes, and capturing and tracking patients' statuses in real-time.

This corporate agreement is proposed to address the needs of the facilities to utilize products and services offered by Allscripts Healthcare LLC. The existing system lacked robust reporting capabilities to track case status workflow processes in real-time or case activity history. It lacked the ability to run reports that track the progress of denials and appeals activities at multiple levels. With the existing contract set to expire January 17, 2014, this new contract will provide for continued case management, denials management, discharge planning, and referral management capabilities. Allscripts has improved the new system's denials management functionality to report on the dollars at risk and allow for sharing of relevant information between departments.

This new contract provides the organization with expanded capabilities for these products including the ability to interface with both the existing and new electronic medical record (EMR), and significantly enhanced reporting functionality. Standardization of the system will help to ensure that patient safety and quality of care goals are achieved and maintained. Additionally, implementing these solutions in our inpatient rehabilitation facilities will expand the utilization of electronic systems and tracking abilities. The proposed contract is for a term of three years with two, one-year options to renew, solely exercisable by the Corporation, for an amount not to exceed \$5,201,225.

This contract will enhance the organization's ability to be strategic in the areas of case management, denials management, discharge planning, and referrals management. It provides the ability to develop and run Corporate-wide reports, which is critical for strategic planning and identification of areas of opportunity in our workflows. Previously, the Corporation has not had the ability to run Corporate-wide reports. As a result, facilities have maintained multiple systems to export and manipulate data.

The following Allscripts line of products and services will be used by HHC facilities:

- Utilization Management Module
- Discharge Planning Module
- Ad-Hoc Reporting
- Referral Management
- Post-Go Live Optimization Services
- Transformation Services

Through these products and services, HHC will continue to explore additional opportunities for improving workflows to minimize duplication of effort and other waste.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Case Management, Denials Management and Referral Management Information System

Project Title & Number: Case Management and Denials Management Information System, DCN 2107

Project Location: Corporate-wide at all acute care, rehab and long term care facilities

Requesting Dept.: Corporate Finance/ Office of Managed Care
Enterprise Information Technology Services (EITS)

Successful Respondent: Allscripts Healthcare, LLC. ("Allscripts")
Contract Amount: \$5,201,225
Contract Term: 3 Years, with 2 options to renew at one year each

Number of Respondents: 4
(If Sole Source, explain in Background section)

Range of Proposals: \$ \$5.2M to \$12.7M

Minority Business Enterprise Invited: X No If no, please explain: No MWBE vendors were found to provide services required or who were able to meet the minimum requirements as outlined in the RFP.

Funding Source: X General Care
Capital
Grant: explain
Other: explain

Method of Payment: Lump Sum Per Diem Time and Rate
Other: Monthly fees will be invoiced monthly.

EEO Analysis: Approved 4/25/13

Compliance with HHC's McBride Principles? X Yes No

Vendex Clearance X Yes No Approved 6/24/13

(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):

Since 2007, HHC has contracted with Allscripts for their Canopy Care Management Solution and ECIN Referrals Management Solution. With the existing contract set to expire in January 2014, the Corporation issued an RFP in December 2012 in order to continue utilizing a case management and denials management solution for the future.

Given the challenges of the current fiscal environment, and the shift away from Medicaid and Medicare fee-for-service insurance coverage towards an expansion of the managed care market, strong utilization management, discharge planning and denials management tools are especially critical.

Canopy, the current system, was the first enterprise database that existed in HHC. At the time, much of the information in the database, including payer tables was not standardized which contributed to reporting challenges. Canopy lacked robust reporting capabilities to track case status workflow processes in real-time or case activity history. Also, Canopy lacked the ability to run reports that track the progress of denials and appeals activities at multiple levels.

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

The system continues to provide strong utilization management tools. The system is able to flag readmissions and monitor the reasons for readmissions. It also allows case managers to flag selected ambulatory case sensitive conditions to prevent avoidable admissions. In addition, Allscripts has improved the new system's denials management functionality to report on the dollars at risk. The new system enhanced its fields to capture original payment amount, recoupment, reversed recoupment amount, and final payment. The system can also associate a DRG, procedure or diagnoses with the denial. The denied, suggested and rebilled DRG can be documented in which Canopy was not able to perform.

The system also comes with an ad hoc reporting tool that will enable HHC to create dashboards. The ad hoc tool will allow HHC to create customized reports that are specific to our needs and business processes. In addition, the new system will interface with our electronic medical record system. This will provide a seamless flow of information for the core users to better facilitate patient care. The contract will enable HHC to offer increased discharge planning capabilities to ensure the smooth transfer of patients from HHC to rehabilitation and long term care facilities. The reporting functionalities will allow HHC to track fiscal impact as well as quality measures that are increasingly critical to the Corporation.

CONTRACT FACT SHEET(continued)

Contract Review Committee

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

The RFP for the Case Management, Denials Management and Referral Management information system was presented before the CRC on December 5, 2012.

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:

Yes, the contract budget has increased from \$4.8million to \$5.2million due to the additional services that the Corporation will benefit from:

The interface cost of \$275,000 was not factored originally in the budget proposal. This additional cost is required to ensure that the web-based case management system interfaces with the electronic medical record system. The specific interfaces include medications, transcriptions, radiology results, vital signs, outbound discharge plan, outbound configurable assessment and teletracking.

In addition, the Transformation Consulting Services cost of \$237,500 provides resources skilled in clinical consulting, process engineering, and change leadership. It includes assessing the Corporation's current environment, which includes evaluating the standard work that HHC has created in the Canopy system and identification of gaps needed between the current state and future state design. HHC will leverage Allscripts' expertise to design and standardize our case management, discharge planning, denials management workflows, as well to integrate with the ED Care Management Initiative and greater expanded referral management capabilities.

Transformation Consulting Services is the blue print of standardizing and improving the workflows. It is anticipated to take two-three months. As a result, the first phase of the implementation will not occur until the fall 2013. The implementation schedule will be one year to have all acutes, and rehabs sites on the new system. The long-term care facilities have been on the system through the existing contract and will be involved with the transformation workflow improvement process.

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):

Selection Committee Chair: Laura Free, Senior Director, Office of Managed Care/Finance

- Dr. Janet Carr, Director, Utilization Review, Elmhurst Hospital
- Valerie Denner, Director, Utilization Review, Coney Island Hospital
- Irene Kaufman, Senior Assistant Vice President, Medical and Professional Affairs
- Victor Kim, Senior Director, Corporate Planning Services
- Brian Maxey, Social Worker, Woodhull Medical Center
- Alina Moran, CFO, Elmhurst Hospital
- Rosalyn Nunez, Senior Director, Office of Revenue Management/Finance
- Alma Pamadanan, Assistant Director of Nursing, Bellevue
- Roy Ramnanan, Assistant Director, Case Management, Jacobi Medical Center
- Julio Santos, Senior Director, Clinical Information Systems
- Yolanda Thompson, Senior Manager, Clinical Information Systems

HHC received four proposal responses from Allscripts, Midas+ (Xerox)/Curaspan, Altruista, and IBM in partnership with Cerner Clairvia. The committee invited all four vendors for oral presentations which included a demonstration of their products.

After each demonstration, HHC sent the same set of follow up questions to each vendor with a consistent request for a response time of one business day. The questions asked for more detail related to budgets, implementation, and technological functions as specified in the RFP. Each vendor responded to the request accordingly and responses were shared with the selection committee.

The selection criteria consisted of:

- a. Understanding of Work and Soundness of Approach
- b. Organizational Capacity and Qualifications
- c. Technical Qualifications
- d. Cost of the Proposal
- e. Software Functional Qualifications.

The selection committee completed evaluations for each of the four vendors. The scores determined that Allscripts and Xerox were the top two highest-scoring vendors.

Based on this, the committee voted to hold a second round of oral presentations to hone their understanding of each system's functionality and reporting features.

Prior to each vendor's demonstration, HHC sent the vendors detailed information on the presentation specifics and expectations. The agenda outlined the breakdown of the three hour demonstration into one-hour allotments to be spent on the case scenario, reporting, and question and answers. Details in the document included sample patient's demographics to be used as a patient case during the vendor demonstration, HHC's expectations for the report functionality and demonstration, and notification that the question and answer session would cover topics such as implementation plans and time frames, staffing, contracting and exceptions, and budgetary questions. Additional detailed questions were shared with the expectation that HHC and the vendor would review them together during the demonstration

and allow for written responses to be sent after the conclusion of each vendor's respective demonstration. The information provided to the vendors was drafted with the input of the committee.

Selection Process & Timeline:

- December 21, 2012: RFP released
- January 8, 2013: Pre-proposer's Conference held (not mandatory)
- January 18, 2013: Vendor proposals submitted
- February 4, 6, & 11, 2013: First round oral presentations held in-person
- February 13, 2013: First round evaluation resulted in Allscripts and Midas+ (Xerox)/Curaspan ranking as the highest two scoring vendors
- February 14, 2013: Allscripts and Midas+ (Xerox)/Curaspan invited for second round presentation held via webinar
- February 20 & 21, 2013: Second round demonstrations held
- February 25, 2013: Request for Best and Final Offers sent
- February 27, 2013: Best and Final Offers received
- February 27-28, 2013: References checked
- March 1, 2013: Round two evaluations completed
- March 4, 2013: Selection committee held conference call to confirm outcome of evaluations and finalize vendor.

The selection committee voted using the evaluation tool. The scores showed that Allscripts was the committee's first choice and Xerox was the second choice. Allscripts had the highest score and their price was most reasonable.

Scope of work and timetable:

Scope of Work:

The Corporation seeks a software system to provide case management, denials management and discharge planning platform once the existing contract expires on January 17, 2014. The functionality required of the case management and denials management platform is to provide real time access to patient information through an interface with HHC's financial system in order to expedite the insurance notification process and other communications such as providing clinical reviews as required by managed care payers. The reporting functionality is critical for management to understand the admissions, readmissions, discharge referrals and denials activities. Standard reports are to be provided and these reports can be interfaced with the financial and electronic medical record systems. The reports must produce actionable data that can be used for daily management improvements and corporate leverage for managed care contract negotiations.

The discharge planning functionality required enables acute facilities to discharge patients as efficiently as possible and provide electronic communication between acute and long term care facilities. It allows for customization of assessment screens, online tracking of current vs. expected length of stay, linkages to web-based resources (e.g., approved nursing home facilities, or rehab facilities, for a particular payer), and easy access to patients' prior placement histories from the facility. The ability to make online referrals to residential, home care and

other community-based resource providers is built into the system. This also facilitates transmission of regulatory mandated referral documentations.

CONTRACT FACT SHEET (continued)

Timetable:

Once the contract is signed (estimated July 1, 2013), Transformation Services will begin in late summer/early fall. This will ensure that ideal workflow and work plans are in place to move forward with implementation. Implementation is expected to begin in the late fall. We expect implementation to take place in two phases. Phase I will include 4 acute facilities, 4 long term care facilities (LTC), and 1 inpatient rehab facility (IRF). This is expected to occur over a span of 4-6 months. Phase II will begin upon the successful completion of Phase I and is expected to take 6-8 months. Implementation will include the remaining 7 acute facilities and 7 IRFs. We expect the full implementation to be complete within a year.

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

It is critical that utilization management, discharge planning and patient account staff continue to use a web-based case management and referral management system to notify insurance companies and provide the clinical review information timely and accurately. In addition, the Corporation will need to continue to track the referral management and discharge planning and denial and appeals management processes. It would be inadequate to resort back to the paper process. Using the electronic system has expedited the front-end communication processes between hospital providers and the managed care companies as it expedites HHC's managed care authorizations and ultimately revenues. The system can also mobilize the patients to the next level of care efficiently.

The financial impact will be detrimental if acute facilities do not have immediate communication access with long term care facilities to know the bed availability, refer and place patients within our healthcare provider network system.

When denials occur, the system allows managers to track the denials at the patient encounter level. This is critical as it eliminates the need for different departments to have to track information when they can refer to an integrated system to capture the essence of the status of appeal process. It also allows the Corporate Office to study the trends at an enterprise level.

We expect expenditures of \$5,201,225 under the contract.

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

HHC's current contract with Allscripts is \$4.1M for a 5 year term and a 2 year renewal of \$1.6M. Expenditures to date have been:

Fiscal Year	Expenditures
FY08	\$684,335
FY09	\$648,794
FY10	\$741,875
FY11	\$668,910
FY12	\$646,410
FY13 (YTD)	\$531,925
Total	\$3,922,250

*FY13 includes expenditures between 7/1/12 – 4/1/13.

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

The Corporation does not have the ability to develop a case management, denials management, and discharge planning software system with the available resources and under the current time constraints requiring the continuity of care with an electronic system.

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?

No.

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

Accountable Person:

Laura Free
Senior Director, Finance/Managed Care
160 Water Street, Room 1138
New York, NY 10038

Lead Contact Person:

Susan Fung
Director, Finance/Managed Care
160 Water Street, Room 1138
New York, NY 10038

Senior Vice President:

Bert Robles
SVP/Chief Information Officer
160 Water Street, Room 820
New York, NY 10038

Senior Vice President:

Marlene Zurack
SVP/ Chief Financial Officer
160 Water Street
New York, NY 10038

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 12, 2013
Date

Analysis Completed By E.E.O. April 25, 2013
Date

Manasses Williams
Name

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

TO: Afshan Syed
Manager of Administration
IT Financial Administration

FROM: Manasses Williams 

DATE: April 25, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Allscripts Healthcare, 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): HHC's Corporate Wide

Contract Number: _____

Project: Healthcare Information Technology
Software and Services

Submitted by: IT Financial Administration

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c: pt

Office of Legal Affairs

MEMORANDUM

To: Afshan Syed
Central Office - IT

From: Karen Roseh 
Assistant Director

Date: June 24, 2013

Subject: VENDEX Approval

For your information, on June 24, 2013 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Allscripts Healthcare, LLC.

cc: Norman M. Dion, Esq.

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

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

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

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

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

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

This proposed contract is for a term of three years with two one-year options to renew, solely exercisable by HHC, to not exceed \$5,201,225.

Allscripts Care Management:

A web-based tool for utilization management, denials management, and referrals replacing Allscripts Canopy

Board of Directors

June 27, 2013

Laura Free
Central Office Finance/Managed Care

Table of Contents

- I. Background
- II. What is this product?
- III. What did we do before Canopy and ECIN?
- IV. Process for Selecting Allscripts
- V. Overlap with Epic
- VI. Contract Costs

Background

- In 2006 the Corporation purchased the Allscripts Canopy Product to be used to assist our 11 hospitals to obtain authorization for payment from insurance companies for inpatient stays.
- In 2008 the Corporation added the Allscripts Extended Care Information Network (ECIN) to process referrals from hospitals to nursing homes and home care electronically.
- In 2011 Allscripts told HHC that they were no longer developing Canopy and ECIN as they were implementing a new improved product, Care Management, which combined the two. Allscripts is sunsetting the Canopy/ECIN product within a year or two.
- In December 2012, HHC issued a Request for Proposals to replace these two products.

What is this product?

- The Allscripts Care Management product replaces Allscripts Canopy and Extended Care Information Network (ECIN) products. It includes all the functionality of Canopy and ECIN:
 - Real time data feed from the financial registration system
 - Seamless access to InterQual and Milliman guidelines to justify medical necessity
 - Electronic faxing of inpatient admission authorization requests to insurance companies
 - Flagging readmissions and monitoring readmissions reasons
 - Electronic forms to facilitate discharge planning options and referrals
 - Communication between UM, Social Work, Patient Accounts and HIM
- Allscripts Care Management has added the following:
 - Corporate reporting
 - Report writer tool
 - Electronic Interface from the Electronic Medical record

Allscripts Care Management has all the following functionalities of Canopy and ECIN with added features:

	Canopy	ECIN	Added
<p><u>Allscripts Utilization Management</u> – 11 hospitals Document patient clinical reviews, track avoidable days, readmissions, denials and appeals and electronically fax information needed for billing to insurance companies.</p>	✓		
<p><u>Allscripts Discharge Planning</u> – 11 hospitals including 8 rehab units Connect hospitals with nursing homes, home healthcare services, DME, and transportation providers to authorize payment for after care services.</p>		✓	
<p><u>Allscripts Referral Management</u> – 8 rehab units, 4 nursing homes and home care Used by Long Term Care entities to receive and respond to electronic hospital referrals</p>		✓	
<p><u>Allscripts Ad Hoc Report Writing</u> – 11 hospitals Create dashboards to report on readmissions, utilization management, referrals and denials</p>			✓
<p><u>E-learning Training</u> Self-paced, web-based modules to learn the system's various functionalities.</p>			✓
<p><u>Information Interfaced with Electronic Medical Record System</u></p>			✓

What did we do before Allscripts Canopy and ECIN?

- Missed notification deadlines with payers which often resulted in denials and retrospective reviews
- Incurred costs of mailing medical records
- Conducted clinical reviews on paper and kept manual logs of requests
- No ability to track admissions, denials, appeals and payer correspondence
- Had to use clinical guidelines books
- No ability to analyze payer trends and productivity reports
- Paper processes for long term care referrals

Process for Selecting Allscripts

- HHC released a RFP in December 2012.
- Four bids were received.
- Four oral presentations/demonstrations were held.
- The selection committee completed evaluations for each bid, and narrowed it down to two.
- The selection committee voted to hold a second round of oral presentations.
- Prior to each demonstration, HHC sent detailed information on presentation specifics and expectations to address case scenarios and reporting needs.
- Demonstrations and second rounds of evaluations were held, and Allscripts scored the highest based on system functionality and budget. Allscripts was the lowest bidder. Allscripts was the unanimous choice.

Overlap with Epic

- HHC's current contract with Allscripts Canopy care management system will expire in January 2014.
- The entire Epic implementation system is scheduled to occur within five years. Case Management staff need a system now as the Corporation cannot resort back to manual, paper processes.
- Epic currently does **not** have Utilization Review functionality. It does **not** track avoidable days, readmission, denials and appeals. Discharge planning functionality is also **not** available.
- Currently, **no** case management dashboard exists in Epic to report on readmissions, utilization management, referrals, denials and appeals.
- Should Epic add these features in a future release HHC will not need to renew this contract again.

Contract Costs

Component	Care Management
(1) License fee per year <i>Add Clinical Improvement Documentation Query Module</i>	\$699,200
License fees for 5 Years:	\$3,495,000
(2) Interfaces <i>Add Soarian, Qmed, Epic electronic transfer of information</i>	\$501,765
(3) Allscripts Consulting Services <i>Standardize workflows</i>	\$295,500
(4) Implementation	\$515,000
(5) Training <i>E-based modules: post-go live trainings & Ad-Hoc Report Writing Tool requires Certification</i>	\$185,960
Total	\$5,201,225

If we had the option of continuing Canopy/ECIN at the current rate, this product would cost \$3.7million which is considerably less. However, given Allscripts plan to sunset Canopy/ECIN, Care Management is the lowest cost option available today.

Questions?

Thank you.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute construction requirements contracts with six (6) firms: Gridspan Corporation; Vastech Contracting Corporation; Volmar Construction, Inc.; Sierra Mechanical Contracting, Inc.; Jemco Electrical Contractors, Inc.; and Charan Electrical Enterprises, Inc. (the "Contractors"), to provide construction services on an as-needed basis at various facilities throughout the Corporation. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$6,000,000. The total authorized value of these contracts is \$36 Million.

WHEREAS, the facilities of the Corporation may require professional construction services, such as, General Contracting (GC) services, Heating, Ventilation, and Air Conditioning (HVAC) services, and Electrical services; and

WHEREAS, the Corporation has determined that such needs can best be met by utilizing outside firms, on an as-needed basis, through a requirements contracts; and

WHEREAS, the Corporation's Operating Procedure No. 100-5 requires approval by the Board of Directors contracts of \$3,000,000 and above; and

WHEREAS, the Corporation published a request for bids for professional GC, HVAC, and electrical services, bids received were publicly opened on March 18, 2013, and March 21, 2013, and the Corporation determined that the Contractors are the lowest responsible bidders for these contracts; and

WHEREAS, the Contractors have met all, legal, business and technical requirements and are qualified to perform the services as required in the contract documents.

NOW, THEREFORE, be it

RESOLVED, the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute requirements contracts with six firms; Gridspan Corporation; Vastech Contracting Corporation; Volmar Construction, Inc.; Sierra Mechanical Contracting, Inc.; Jemco Electrical Contractors, Inc.; and Charan Electrical Enterprises, Inc., to provide construction services on an as-needed basis at various facilities throughout the Corporation. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$6,000,000. The total authorized to be spent under these contracts is \$36 Million.

EXECUTIVE SUMMARY

CONSTRUCTION SERVICES REQUIREMENTS CONTRACTS

GENERAL CONTRACTING (GC) – GRIDSPAN CORPORATION, AND VASTECH CONTRACTING CORPORATION

HEATING, VENTILATION, AND AIR CONDITIONING (HVAC) – VOLMAR CONSTRUCTION, INC., AND SIERRA MECHANICAL CONTRACTING, INC.

ELECTRICAL – JEMCO ELECTRICAL CONTRACTORS, INC., AND CHARAN ELECTRICAL ENTERPRISES, INC.

OVERVIEW: The Corporation seeks to execute six requirements contracts for a term of two years each, for individual amounts not-to-exceed \$6,000,000, to provide professional construction services on an as-needed basis at any HHC facility. The total authorized to be spent under these contracts is \$36 Million.

The method of requirements contract proposed starts with fixed prices for thousands of materials utilized in a typical construction project. The prices are derived from widely published construction reference works to which HHC subscribes that are updated at frequent intervals. The contractors awarded requirements contracts under the proposed resolution are later invited to submit proposals for particular projects. The requirements contractors submit proposals based upon acceptance of the fixed material prices and a multiplier based on such material costs to determine their labor cost proposals. For example, if a material to be installed is priced at \$10.00, and the contractor's labor multiplier to install that material is 1.0, the cost of that material and labor is \$10.00, inclusive of overhead and profit. If the multiplier is 1.2, then the cost of that material and labor is \$12.00, inclusive of overhead and profit.

This format has been used in previous HHC requirements contracts, and continues to be used by the New York City School Construction Authority, the Dormitory Authority of the State of New York State, the New York City Department of Design and Construction, the New York City Department of Environmental Protection, the United States Postal Services and others. The program was developed by the Department of Defense and has been in existence for more than twenty years.

NEED: The various facilities of the Corporation are likely to require GC, HVAC, and electrical services that vary in frequency, size and urgency, which cannot be timely and cost effectively completed through a dedicated design, bid and award process.

TERMS: The construction services will be provided via a work order system within a two (2) year period, each for an amount not to exceed \$6,000,000.

COSTS: Not-to-exceed \$6,000,000 over two years, for each of the six (6) contracts for a total of \$36 Million.

FINANCING: Requirements contracts provide a pre-qualified approved mechanism for Networks to access construction services. Networks establish funding sources such as capital funds from bond proceeds, grants or expense (Other Than Personnel Services - OTPS) funds.

**Page Two – Executive Summary
Construction Services Requirements Contracts**

SCHEDULE: Upon contract execution these contracts shall be in effect for two years or until funds are exhausted.

CONTRACT FACT SHEET
REQUIREMENTS CONTRACTS
GENERAL CONTRACTING (GC)
GRIDSPAN CORPORATION

CONTRACT SCOPE: General Contracting Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/18/13.

BIDS RECEIVED: 9 bid proposals received for consideration. Gridspan was recommended as lowest responsive bidder.

HHC EXPERIENCE: Renovation of Behavioral Health Clinic, Kings County Hospital Center, completed 2011.

VENDEX: Pending. Documents have been submitted to the Office of Legal Affairs.

EEO: Pending. Documents have been submitted to the Office of Legal Affairs.

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

TO: Clifton S. McLaughlin
Sr. Management Consultant
Contract Services, OFD

FROM: Manasses C. Williams 

DATE: May 29, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Gridspan Corporation, 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 Number: IOCC-GC-1

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

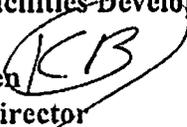
COMMENTS:

c:

Office of Legal Affairs

MEMORANDUM

To: Clifton S. McLaughlin
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: June 19, 2013

Subject: VENDEX Approval

For your information, on June 19, 2013 approval was granted by the Office of Legal Affairs for the following company:

Gridspan Corporation

cc: Norman M. Dion, Esq.

CONTRACT FACT SHEET
REQUIREMENTS CONTRACTS
GENERAL CONTRACTING (GC)

VASTECH CONTRACTING CORPORATION

CONTRACT SCOPE: General Contracting Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/21/2013.

BIDS RECEIVED: 10 bid proposals received for consideration. Vastech was recommended as lowest responsive bidder.

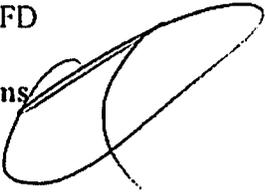
HHC EXPERIENCE: Requirements Contracts: Various Facilities. Completed in 2009, and 2012. Renovation of Dental Clinic at East New York Diagnostic and Treatment Center, Kings County Hospital Center, completed 2010.

VENDEX: Pending. Documents have been submitted to the Office of Legal Affairs.

EEO: Pending. Documents have been submitted to the Office of Legal Affairs.

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

TO: Clifton S. McLaughlin
Sr. Management Consultant
Contract Services, OFD

FROM: Manasses C. Williams 

DATE: May 29, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Vastech Contracting Corp., 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 Number: IQCC-GC-2

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

CONTRACT FACT SHEET

REQUIREMENTS CONTRACTS

HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)

VOLMAR CONSTRUCTION, INC.

CONTRACT SCOPE: Heating, Ventilation, and Air Conditioning (HVAC) Services

CONTRACT DURATION: Two years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/18/13.

BIDS RECEIVED: 10 bid proposals received for consideration. Volmar Construction, Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: Requirements Contract: Various Facilities. Completed in 2013.

VENDEX: Approved.

EEO: Approved.

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

TO: Emmanuel O. Obadina
Contract Services
Office Facilities Development Contracts Services

FROM: Manasses Williams 

DATE: May 3, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Volmar Construction, Inc. 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 [X] Non-M/WBE

Project Location(s): HHC's Corporate Wide

Contract Number: _____

Project Number: Construction Work

Submitted by: Office Facilities Development Contract Services

EEO STATUS:

1. [X] Approved
2. [] Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. [] Not approved
4. [] Conditionally approved subject to EEO Committee Review

COMMENTS:

c: pt

Office of Legal Affairs

MEMORANDUM

To: Emmanuel O. Obadina
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: May 23, 2013

Subject: VENDEX Approval

For your information, on May 23, 2013 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Volmar Construction, Inc.

cc: Norman M. Dion, Esq.

CONTRACT FACT SHEET

REQUIREMENTS CONTRACTS

HEATING, VENTILATION, AND AIR CONDITIONING (HVAC)

SIERRA MECHANICAL CONTRACTING, INC.

CONTRACT SCOPE: Heating, Ventilation, and Air Conditioning (HVAC) Services

CONTRACT DURATION: Two years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/21/2013.

BIDS RECEIVED: 9 bid proposals received for consideration. Sierra Mechanical Contracting was recommended as lowest responsive bidder.

HHC EXPERIENCE: None.

VENDEX: Pending. Documents have been submitted to the Office of Legal Affairs.

EEO: Approved.

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

TO: Emmanuel O. Obadina
Assistant Director
Contract Services, OFD

FROM: Manasses C. Williams 

DATE: April 23, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Sierra Mechanical Contracting, Inc., 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): HHC Corporate-Wide

Contract Number: _____ Project Number: _____

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. [] Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. [] Not approved
4. [] Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

CONTRACT FACT SHEET
REQUIREMENTS CONTRACTS
ELECTRICAL (EL) SERVICES

JEMCO ELECTRICAL CONTRACTORS, INC.

CONTRACT SCOPE: Electrical Services

CONTRACT DURATION: Two years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/18/13.

BIDS RECEIVED: 7 bid proposals received for consideration. Jemco Electrical Contracting was recommended as lowest responsive bidder.

HHC EXPERIENCE: Requirements Contract: Various Facilities. Completed in 2013.

VENDEX: Pending. Documents have been submitted to the Office of Legal Affairs.

EEO: Pending. Documents have been submitted to the Office of Legal Affairs.

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

TO: Clifton S. McLaughlin
Sr. Management Consultant
Contract Services, OFD

FROM: Manasses C. Williams

DATE: May 29, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Jemco Electrical Contractors, Inc., 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 Number: IOCC-EL1

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

CONTRACT FACT SHEET
REQUIREMENTS CONTRACTS
ELECTRICAL (EL) SERVICES

CHARAN ELECTRICAL ENTERPRISES, INC.

CONTRACT SCOPE: Electrical Services

CONTRACT DURATION: Two years

CONTRACT AMOUNT: \$6,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/21/2013.

BIDS RECEIVED: 6 bid proposals received for consideration. Charan Electrical Enterprises, Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: None.

VENDEX: Pending. Documents have been submitted to the Office of Legal Affairs.

EEO: Pending. Documents have been submitted to the Office of Legal Affairs.

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

TO: Clifton S. McLaughlin
Sr. Management Consultant
Contract Services, OFD

FROM: Manasses C. Williams

DATE: May 31, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Charan Electrical Enterprises, Inc., 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 Number: IQCC-EL2

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. [] Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. [] Not approved
4. [] Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute construction requirements contracts with four (4) firms: Par Plumbing; Richard Plumbing and Heating; Empire Control Abatement, Inc.; and New York Environmental Systems, Inc. (the "Contractors"), to provide construction services on an as-needed basis at various facilities throughout the Corporation. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$2,000,000. The total authorized value of these contracts is \$8 Million.

WHEREAS, the facilities of the Corporation may require professional construction services, such as, Hazardous Material (HazMat) services, and Plumbing services; and

WHEREAS, the Corporation has determined that such needs can best be met by utilizing outside firms, on an as-needed basis, through a requirements contracts; and

WHEREAS, the Corporation's Operating Procedure No. 100-5 requires approval by the Board of Directors contracts of \$3,000,000 and above; and

WHEREAS, the Corporation published a request for bids for professional HazMat, and plumbing services, bids received were publicly opened on March 18, 2013, and March 21, 2013, and the Corporation determined that the Contractors are the lowest responsible bidders for these contracts; and

WHEREAS, the Contractors have met all, legal, business and technical requirements and are qualified to perform the services as required in the contract documents.

NOW, THEREFORE, be it

RESOLVED, the President of the New York City Health and Hospitals Corporation be and hereby is authorized to execute requirements contracts with four firms; Par Plumbing; Richard Plumbing and Heating; Empire Control Abatement, Inc.; and New York Environmental, to provide construction services on an as-needed basis at various facilities throughout the Corporation. Each individual contract shall be for a term of two (2) years, for an amount not to exceed \$2,000,000. The total authorized to be spent under these contracts is \$8 Million.

EXECUTIVE SUMMARY

CONSTRUCTION SERVICES REQUIREMENTS CONTRACTS

PLUMBING (PL) SERVICES – PAR PLUMBING CO., INC., & RICHARDS PLUMBING AND HEATING CO., INC.

HAZARDOUS MATERIALS (HazMat) SERVICES - EMPIRE CONTROL ABATEMENT, INC., AND NEW YORK ENVIRONMENTAL SYSTEMS, INC.

OVERVIEW: The Corporation seeks to execute four requirements contracts for a term of two years each, for individual amounts not-to-exceed \$2,000,000, to provide professional construction services on an as-needed basis at any HHC facility. The total authorized to be spent under these contracts is \$8 Million.

The method of requirements contract proposed starts with fixed prices for thousands of materials utilized in a typical construction project. The prices are derived from widely published construction reference works to which HHC subscribes that are updated at frequent intervals. The contractors awarded requirements contracts under the proposed resolution are later invited to submit proposals for particular projects. The requirements contractors submit proposals based upon acceptance of the fixed material prices and a multiplier based on such material costs to determine their labor cost proposals. For example, if a material to be installed is priced at \$10.00, and the contractor's labor multiplier to install that material is 1.0, the cost of that material and labor is \$10.00, inclusive of overhead and profit. If the multiplier is 1.2, then the cost of that material and labor is \$12.00, inclusive of overhead and profit.

This format has been used in previous HHC requirements contracts, and continues to be used by the New York City School Construction Authority, the Dormitory Authority of the State of New York State, the New York City Department of Design and Construction, the New York City Department of Environmental Protection, the United States Postal Services and others. The program was developed by the Department of Defense and has been in existence for more than twenty years.

NEED: The various facilities of the Corporation are likely to require HazMat and plumbing services that vary in frequency, size and urgency, which cannot be timely and cost effectively completed through a dedicated design, bid and award process.

TERMS: The construction services will be provided via a work order system within a two (2) year period, each for an amount not to exceed \$2,000,000.

COSTS: Not-to-exceed \$2,000,000 over two years, for each of the four (4) contracts for a total of \$8 Million.

FINANCING: Requirements contracts provide a pre-qualified approved mechanism for Networks to access construction services. Networks establish funding sources such as capital funds from bond proceeds, grants or expense (Other Than Personnel Services - OTPS) funds.

SCHEDULE: Upon contract execution these contracts shall be in effect for two years or until funds are exhausted.

CONTRACT FACT SHEET
REQUIREMENTS CONTRACTS
PLUMBING (PL) SERVICES
PAR PLUMBING CO., INC.

CONTRACT SCOPE: Plumbing Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$2,000,000

ADVERTISING PERIOD: Advertised in City Record from 2/26/13 through 3/18/13.

BIDS RECEIVED: 4 bid proposals received for consideration. Par Plumbing Co., Inc. recommended as lowest responsive bidder.

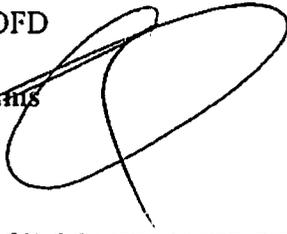
HHC EXPERIENCE: None.

VENDEX: Approved.

EEO: Approved.

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

TO: Emmanuel O. Obadina
Assistant Director
Contract Services, OFD

FROM: Manasses C. Williams 

DATE: April 25, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Par Plumbing Co. Inc., 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): HHC Corporate-Wide

Contract Number: _____ Project Number: _____

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

Office of Legal Affairs

MEMORANDUM

To: Emmanuel O. Obadina
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: May 22, 2013

Subject: VENDEX Approval

For your information, on May 22, 2013 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Par Plumbing Co, Inc.

cc: Norman M. Dion, Esq.

CONTRACT FACT SHEET
REQUIREMENTS CONTRACTS
PLUMBING (PL) SERVICES

RICHARDS PLUMBING AND HEATING CO., INC.

CONTRACT SCOPE: Plumbing Services

CONTRACT DURATION: Two (2) years

CONTRACT AMOUNT: \$2,000,000

ADVERTISING PERIOD: Advertised in City Record from 2/26/13 through 3/21/13.

BIDS RECEIVED: 4 bid proposals received for consideration. Richards Plumbing and Heating Co., Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: Requirements Contract: Various Facilities. Completed in 2011.

VENDEX: Approved.

EEO: Approved.

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

TO: Emmanuel Obadina
Assistant Director, Contracts
Office of Facilities Development ~~Contracts Services~~

FROM: Manasses C. Williams

DATE: May 6, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Richards Plumbing & Heating Co., Inc., 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: Provide Plumbing
Services (Labor & Materials)

Submitted by: HHC's Office of Facilities Development Contract Services

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

AA/EEO # 30312K

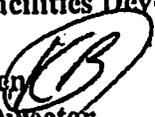
MCW:gsp

c:

Office of Legal Affairs

MEMORANDUM

To: Clifton S. McLaughlin
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: March 28, 2013

Subject: VENDEX Approval

For your information, on March 28, 2013 approval was granted by the Office of Legal Affairs for the following company:

Richards Plumbing and Heating Co., Inc.

cc: Norman M. Dion, Esq.

CONTRACT FACT SHEET

REQUIREMENTS CONTRACTS

HAZARDOUS MATERIALS (HazMat) SERVICES

NEW YORK ENVIRONMENTAL SYSTEMS, INC.

CONTRACT SCOPE: Hazardous Materials (HazMat) Services

CONTRACT DURATION: Two years

CONTRACT AMOUNT: \$2,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/18/13.

BIDS RECEIVED: 3 bid proposals received for consideration. NY Environmental Systems, Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: None.

VENDEX: Approved.

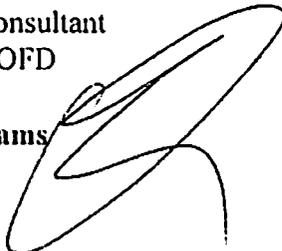
EEO: Pending.

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

TO: Clifton S. McLaughlin
Sr. Management Consultant
Contract Services, OFD

FROM: Manasses C. Williams

DATE: May 29, 2013



SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, NY Environmental Systems, Inc., 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 Number: IQCC-HM-1

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

Office of Legal Affairs

MEMORANDUM

To: Clifton S. McLaughlin
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: May 24, 2013

Subject: VENDEX Approval

For your information, on May 24, 2013 approval was granted by the Office of Legal Affairs for the following company:

New York Environmental Systems, Inc.

cc: Norman M. Dion, Esq.

CONTRACT FACT SHEET
REQUIREMENTS CONTRACTS
HAZARDOUS MATERIALS (HazMat) SERVICES
EMPIRE CONTROL ABATEMENT INC.

CONTRACT SCOPE: Hazardous Materials (HazMat) Services

CONTRACT DURATION: Two years

CONTRACT AMOUNT: \$2,000,000

ADVERTISING PERIOD: Advertised in City Record 2/26/13 – 3/21/13.

BIDS RECEIVED: 2 bid proposals received for consideration. Empire Control Abatement, Inc. was recommended as lowest responsive bidder.

HHC EXPERIENCE: Requirements Contracts: Various Facilities. Completed in 2010 and 2012.

VENDEX: Approved.

EEO: Pending.

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

TO: Clifton S. McLaughlin
Sr. Management Consultant
Contract Services, OFD

FROM: Manasses C. Williams

DATE: May 31, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, Empire Control Abatement Inc., 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 Number: IQCC-HM2

Submitted by: Office of Facilities Development

EEO STATUS:

1. Approved
2. Conditionally approved with follow-up review and monitoring-No EEO Committee Review
3. Not approved
4. Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

Office of Legal Affairs

MEMORANDUM

To: Clifton S. McLaughlin
Office of Facilities Development

From: Karen Rosen 
Assistant Director

Date: May 23, 2013

Subject: VENDEX Approval

For your information, on May 23, 2013 approval was granted by the Office of Legal Affairs for the following company:

Empire Control Abatement, Inc

cc: Norman M. Dion, Esq.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to modify the scope and budget for the existing Boiler Plant project at Coney Island Hospital (the "Facility") to add an additional \$2,935,845, increasing the total project budget to an amount not-to-exceed \$9.94 million.

WHEREAS, the Board of Directors approved a resolution on May 24, 2012, which authorized the New York Power Authority ("NYPA") to provide the planning, pre-construction, design services, construction, procurement, construction management and project management services necessary to replace the existing boiler plant at the Facility; and

WHEREAS, scope changes and other revisions to the project budget have been proposed to address structural damages incurred by the existing Facility Boiler House resulting from Hurricane Sandy, requiring boilers to be raised above the Federal Emergency Management Agency ("FEMA") designated 100-year flood line; and

WHEREAS, the additional work proposed to be performed will require an additional \$2,935,845 to the current project budget of \$6,997,980 to address these issues; and

WHEREAS, additional proposed work may be eligible for FEMA reimbursement as an element of broader remedial measures taken by the facility in response to hazard mitigation; and

WHEREAS, the overall management of the construction contract will be under the direction of the Facility's Senior Associate Director - Facilities and the Assistant Vice President – Facilities Development.

NOW THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and is hereby authorized to modify the scope and budget for the existing Boiler Plant project at Coney Island Hospital (the "Facility") to add an additional \$2,935,845, increasing the total project budget of an amount not-to-exceed \$9.94 million.

EXECUTIVE SUMMARY

CONEY ISLAND HOSPITAL NEW YORK POWER AUTHORITY (NYPA) BOILER PLANT REPLACEMENT

OVERVIEW:

Findings of the structural survey conducted on the Facility's Boiler House after Hurricane Sandy revealed voids in the soil under the existing floor slab. Design and engineering professionals familiar with hazard mitigation have recommended that the existing boiler house floor slab be demolished and replaced with new reinforced concrete floor slab to mitigate flood damage in future flood related events. The proposed new design changes include new structural supports over the new floor slab that will raise the new boilers and all other associated boiler auxiliary equipment above the FEMA designated 100-year flood line.

HHC will include this additional hazard mitigation work to FEMA with the expectation that it will be successful in receiving reimbursement for this claim. However, since consideration by FEMA is a future event, the result of which is uncertain, and HHC must proceed with this work immediately, HHC proceeds with this work 'at risk', in that if FEMA does not approve reimbursement, HHC will absorb the cost of remedial work without reimbursement.

ADDITIONAL SCOPE OF WORK:

- Demolish the existing floor slab in boiler house.
- Backfill and compact to grade the substrate under the existing floor slab.
- Excavate to existing boiler's supporting piers and install new beams across.
- Install new reinforced concrete floor slab for the boiler house.
- Install structural supports with grated platform on top, over the new floor slab to raise the new boilers above the FEMA 100-year flood line.
- Install structural supports to raise all other associated boiler auxiliary equipment above the FEMA 100-year flood line.
- Reconfigure all connections to the new boilers resulting from the raised platform.
- Provide 300kW emergency generator and associated switches to power the new boilers and auxiliary equipment.

ADDITIONAL COSTS: \$2,935,845.00

REVISED PROJECT COST: \$9,933,825.00

FINANCING: G.O. Bonds. HHC will seek reimbursement for change order work from FEMA.

SCHEDULE: HHC expects NYPA to complete this project by December 2013.

**CONEY ISLAND HOSPITAL
BOILER PLANT REPLACEMENT PROJECT
REVISED PROJECT COST**

Item #	Item Description	Cost
1	Concrete Floor and Equipment Concrete Pads	\$ 311,200
2	Structural Steel Work	\$ 214,463
3	Submittals, Shop Drawings & Engineering Services	\$ 45,000
4	Electrical Work and Fire Alarm System Modifications	\$ 494,400
5	Furnish and Install a 208V Generator plus a 330 Gallon Tank	\$ 233,586
6	Furnish and Install Fuel Oil Pumps	\$ 70,000
7	Saw Cutting & Core Drilling	\$ 7,850
8	Fire Stopping	\$ 7,375
9	Generator Startup, Testing and Training	\$ 20,000
10	Generator Building Department Permits	\$ 10,000
11	Generator Contractor Closeouts	\$ 5,000
12	Plumbing Work	\$ 45,560
13	Mechanical Work	\$ 98,970
14	Additional Rigging	\$ 19,600
15	Overhead & Profit	\$ 316,601
16	Sub-Total	\$ 1,899,605
17	Construction Contingency	\$ 189,960
18	Air Permitting Allowance	\$ 100,000
19	Rental Boiler and Fuel Tank Allowance (6 months)	\$ 175,800
	Total Construction Cost	\$ 2,365,365
20	Implementation Fees	\$ 283,844
21	NYPA Fees	\$ 236,636
22	Additional Independent Control Inspections	\$ 50,000
	Total Cost for Additional Work	\$ 2,935,845
	Previously Approved Amount	\$ 6,997,980
	Revised Project Cost	\$ 9,933,825

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a contract with the New York Power Authority ("NYPA") for an amount not-to-exceed \$7,000,000 for the planning, pre-construction, design services, construction, procurement, construction management and project management services necessary to replace the existing boiler plant at Coney Island Hospital (the "Facility").

WHEREAS, in March 2005, the Corporation, the City University of New York (CUNY), the New York City Board of Education, and the City of New York, through the Department of Citywide Administrative Services (DCAS), executed an agreement with NYPA (the "Encore Agreement"), pursuant to which NYPA would enter into separate and specific sub-contracts with each Customer to implement comprehensive energy efficiency programs whose primary purpose would advance the cost-effective retrofitting or replacement of said Customer's existing heating and cooling technology through energy efficient measures relating to their usage of electricity and non-electric energy consumption; and

WHEREAS, the existing boiler plant has been in service since 1936, and consists of two (2) 256 Boiler Horse Power ("BHP") high-pressure, water-tube steam boilers, and one (1) 510 BHP high-pressure, water-tube steam boiler manufactured in 1954 and are increasingly difficult to maintain and operate effectively; and

WHEREAS, said boilers burn No. 6 grade fuel oil that will no longer be permitted for combustion on or before 2015 due to state and local legislation banning its continued use; and

WHEREAS, adoption of the Mayor's "PlaNYC" initiative to the boilers must be significantly renovated or replace by 2015; and

WHEREAS, NYPA conservatively estimates that said boiler replacements will produce total annual energy cost savings of over \$1,200,000 and will reduce carbon emissions by approximately 11,100 tons, effectively eliminating the carbon equivalent emission of about 1,830 cars from operation; and

WHEREAS, the need to replace the existing boiler plant is funded through the Corporation's debt capacity and is recognized as requiring replacement as part of its Capital Plan.

NOW THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation") be and is hereby authorized to execute an agreement with the New York Power Authority ("NYPA") in an amount not-to-exceed \$7,000,000 to include all phases of work, inclusive of the planning, pre-construction, design services, construction, procurement, construction management and project management services necessary to replace the two (2) existing boiler units at Coney Island Hospital (the "Facility").

EXECUTIVE SUMMARY

CONEY ISLAND HOSPITAL NEW YORK POWER AUTHORITY (NYPA) BOILER PLANT REPLACEMENT

OVERVIEW: Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a contract with the New York Power Authority ("NYPA") for an amount not-to-exceed \$7,000,000. It includes the comprehensive planning, pre-construction, design services, construction, procurement, construction management and project management services necessary to replace the existing boiler plant at Coney Island Hospital (the "Facility"). This is a comprehensive, 'turnkey' project.

NEED: The existing boiler units currently provide service by burning heavier grade, number 6 fuel oil. The units have been in service for an extended period, and are operating inefficiently. Recent changes in environmental regulations will ban their combustion of No. 6 grade fuel oil by 2014/2015. Although recent changes to the environmental law permits a significant conversion extension from No. 6 to No. 2 grade fuel oil and/or natural gas to 2030, through retrofitting units to accept No. 4 fuel oil, the age and condition of the units make such an option impractical.

One unit has been in operation since 1936, and consists of two (2) 256 Boiler Horse Power (BHP) high-pressure, water-tube steam boilers, and one (1) 510 BHP high-pressure, water-tube steam boiler, manufactured in 1954. In addition to complying with recently enacted legislation regarding the combustion of No. 6 fuel oil, these replacements will increase efficiency and reliability, and will reduce energy costs and pollutants. The new units will permit, for the first time, the flexibility to operate on natural gas and No. 2 fuel oil. The facility will operate on a Firm Natural gas rate, which will optimize savings, and No. 2 fuel oil tanks will serve as service backups in case of emergency or service interruption. Together with two (2) other boiler replacement projects currently nearing design completion, this project was reviewed in a Value Engineering study conducted with the Mayor's Office of Management and Budget (OMB).

Finally, completion of this project satisfies recommendations advanced by OMB through its Assets Information Management System (AIMS) report.

SCOPE: Replacement of three (3) existing high-pressure boilers with three (3) high-pressure boilers, including but not limited to

- Replacement of existing de-aerator;
- Installation of new natural gas service;
- Conversion of existing No. 6 fuel oil tanks to No. 2 fuel oil tanks;
- Tie-in boiler controls to existing Building Management System (BMS) server; and,
- Replacement of existing steam traps in poor condition and a significant source of heat energy loss.

COSTS: Not-to-exceed \$7,000,000

FINANCING: HHC 2010 Series Bonds.

SCHEDULE: HHC expects NYPA to complete this project by February 2013.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation or "Licensor") to execute a revocable license agreement with the American Academy McAllister Institute of Funeral Service (the "Licensee") for its use and occupancy of space to provide instruction in the techniques of mortuary science on the campus of Harlem Hospital Center (the "Facility").

WHEREAS, the space the Licensee occupied in the basement of Bellevue Hospital Center suffered storm damage as a result of Sandy and is no longer suitable for the Licensee's use; and

WHEREAS, the Licensee provides practical instruction in the techniques of mortuary science including embalming, anatomical science, and the preparation of bodies for burial; and

WHEREAS, the Facility has appropriate space available on its campus to house the Licensee's educational program.

NOW, THEREFORE, be it

RESOLVED, that the President of the Corporation be and hereby is authorized to execute a revocable license agreement with the American Academy McAllister Institute of Funeral Service (the "Licensee"), for its use and occupancy of space to provide instruction in the techniques of mortuary science on the campus of Harlem Hospital Center (the "Facility").

The Licensee shall have the use and occupancy of approximately 650 square feet of space on the first floor of the Martin Luther King Building (the "Licensed Space"). The annual occupancy fee shall be \$7,779. The occupancy fee is the fair market value prorated to account for the Licensee's use of the space. The occupancy fee shall be escalated by 2.5% per year. The Facility shall provide all utilities, housekeeping, red bag waste disposal, security and maintenance during the term of the agreement.

The Licensee shall indemnify and hold harmless the Corporation and the City of New York for all personal injury or property damage claims arising from their activities with regard to the Licensed Space. In addition, the Licensee shall purchase general liability insurance within the limits prescribed by the Corporation naming the Corporation and the City of New York as additional insureds.

The term of this license agreement shall not exceed five (5) years without further approval of the Board of Directors of the Health and Hospitals Corporation, and shall be revocable by any of the parties on sixty (60) days prior written notice.

EXECUTIVE SUMMARY

LICENSE AGREEMENT

AMERICAN ACADEMY MCALLISTER INSTITUTE OF FUNERAL SERVICE

The President of the New York City Health and Hospitals Corporation seeks authorization from the Board of Directors to execute a revocable license agreement with the American Academy McAllister Institute of Funeral Service ("American Academy") for its use and occupancy of space to provide instruction in the techniques of mortuary science on the campus of Harlem Hospital Center ("Harlem").

American Academy previously occupied space in the basement of Bellevue Hospital Center. The basement suffered storm damage as a result of Sandy and is no longer suitable for their use. American Academy provides practical instruction in the techniques of mortuary science including embalming, anatomical science, and the preparation of bodies for burial. American Academy will hold classes year-round, instruction will be provided at Harlem four (4) days per week with each class lasting approximately four (4) hours.

American Academy will have the use of approximately 650 square feet of space on the first floor of the Martin Luther King Building (the "Licensed Space"). The annual occupancy fee shall be \$7,779. The occupancy fee is the fair market value prorated to account for American Academy's use of the space. The occupancy fee shall be escalated by 2.5% per year. The Facility shall provide all utilities, housekeeping, red bag waste disposal, security and maintenance during the term of the agreement.

American Academy shall indemnify and hold harmless the Corporation and the City of New York for all personal injury or property damage claims arising from their activities with regard to the licensed space. In addition, the Licensee shall purchase general liability insurance within the limits prescribed by the Corporation naming the Corporation and the City of New York as additional insureds.

The license agreement shall be revocable by any of the parties on sixty (60) days prior written notice. The term of this license agreement shall not exceed five (5) years without further approval of the Board of Directors of the Health and Hospitals Corporation.

SAVITT PARTNERS

May 30, 2013

Mr. Dion C. Wilson
Office of Facilities Development, Real Estate
New York City Health and Hospitals Corporation
346 Broadway, 12 West
New York, NY 10013

Re: Appraisal of Harlem Hospital Center Mortuary Sciences Laboratory – Ground Level in Hospital Space at 506 Malcolm X Boulevard, New York, NY 10037

Dear Dion:

Pursuant to your request, I visited the referenced property for the purpose of evaluating the rental rate of the existing mortuary sciences laboratory at the property. My evaluation is subject to the following:

- The unit is currently owned by New York City Health and Hospitals Corporation (HHC)
- The unit is located on the ground floor level of the Harlem Hospital Center
- The approximate square footage of the unit is 3,145sf as described
- This evaluation is for the purposes of determining the rental value to subtenants who use the space for services both ancillary and independent of normal hospital practices and services

Medical and laboratory spaces found independently in buildings surrounding the hospital center in the area around Harlem Hospital Center have rents ranging from approximately \$30 - \$45 per rentable square foot (rsf). The low end spectrum of the market would typically be in the older, un-renovated or minimally renovated buildings. They would also typically not be built for medical but for general office uses and not provide full building services. The high end would be in the larger and recently renovated buildings providing full service amenities such as concierge service with 7 day 24hour access. Medical offices in these buildings would be to code, be in good to excellent condition, with enhanced plumbing, electric and HVAC systems, and in many instances would also have substantial fixture improvements within the space (millwork, plumbing fixtures and cabinetry). These building spaces while used for medical offices would also be quite suitable for general office purposes but for the specific build-out needed for medical. Most medical offices, in general, unless built within the last 12 years, will not meet current ADA or other municipal code requirements, and unless nothing but a cosmetic face lift is contemplated, would require structural changes, permits, filings, etc. to meet code.

Units, however, located in this general vicinity that are situated in ground floor level portions of buildings would typically have rents up to 20% below the value of units as previously indicated (\$12-\$25 per rsf). Examples might be for filing, storage, therapeutic services associated with practices above, i.e. testing, therapy, etc. or a laboratory facility unable or not required to pay the higher rents but that need to be located, strategically, in a hospital corridor.

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Rentals in this area have been, and we anticipate will remain, flat to positive as is the competing sales market. However, lease terms can be created to anticipate the changes in the industry as a whole, and as they relate to the specific medical group or tenant. Larger offices, those 2,500 square feet and larger, will remain the strongest.

The subject unit, used for mortuary services, represents a unique use and specific installation in terms thereof. The space provides and anticipates the opportunity for academic training and use for this subtenant in a required hospital environment. The unit consists of:

- A waiting area with 9 chairs
- 1 ADA accessible bathroom
- 1 viewing room
- 1 office
- 2 student labs with equipment and tables
- 12 refrigerated units for bodies
- 1 Utility room
- 1 Supply room
- 1 storage room
- 1 small locker room with a shower

Features

- Security cameras tied to the hospital's security system
- Concrete floors throughout
- Floor drains throughout
- Independent thermostats. Unclear if tied in to building system or independent system.
- Space appears to be OSHA compliant.

The space is built fully tiled, floor to ceiling, with drainage throughout. Due to its unique installation and function, the drainage systems typically divert waste collected via a specific system use to treat the waste before it enters the city's main system. Because of the chemicals used within and the nature of the services provided by the mortuary program, the AC system is also typically modified to have upgraded air exchange within the demised premises. The floor and walls are tiled or concrete so the room can be hosed down and/or be sterilized as necessary. The space, while part of the hospital mortuary services program, seems to be run independently although the space is not physically segregated from the rest of the building. The unit will not retrofit without a complete physical renovation.

Heat appears to be supplied by the building, while the air conditioning is provided by an enhanced central system as described above. The bathroom facilities appear to be to ADA code requirements. It can be assumed that the space, because of its location within the hospital, is fully compliant with the ADA and other government regulations.

The subject space is located on the ground floor level of the main building on the Harlem Hospital Center, part of the New York City Health and Hospitals Corporation. The space is accessed through the hospital's main entrance on Malcolm X Boulevard and the mortuary

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services portion has an entrance off a ground floor lobby corridor. There is an additional entrance directly to the loading dock allowing access for ambulances and other vehicles to the space.

The unit is in good to very good condition and appears to function properly for its intended use. The space is landlocked on the ground floor level and, accordingly, is windowless. All light and ventilation in the space is provided mechanically.

Our evaluation takes into account the aforementioned assumptions as well as the analysis of the market and the location and condition of the subject premises. There are no market comps for its use. The type of practice currently being maintained within the premises is consistent with that found in most hospitals. It is not an attractive use for most locations but because of the use, location and specific build out components, it is appropriate for a hospital as a landlord or owner to accept this use.

Our evaluation places this unit at approximately \$15 per rsf because of location, with an added premium of approximately \$20 per rsf for the aforementioned upgraded build out requirements and specific nature of the use. The use would be difficult to find in a stand-alone setting. Further, the space benefits from the common area access and is rented, therefore, on a net basis. By example, renting a unit in a stand-alone setting would require a tenant to pay not only for the space they use but for corridor space, bathrooms, lobby and waiting areas, and for electric services, cleaning and supplies, etc. Accordingly, a premium of 30% would be appropriate to add into the rent total to compensate for the additional space and services provided but not being considered in the square foot measurement. The rent, therefore, should be the equivalent of \$45.50 per rsf for the property improved as stated with the common area access and other services provided.

The purpose of the evaluation is to determine the rental value of this space if used by a part time mortuary school for training purposes. We understand that only a portion of the space will be used by the school two days per week. The portion used will consist of 2 autopsy rooms and any ancillary space needed for the use of the autopsy rooms, for example the bathrooms, locker rooms, entrances and exits to the space etc. The two autopsy rooms are approximately 350sf, including the ancillary space, the mortuary school will occupy approximately 650sf-700sf. Given these assumptions, the annual rental value of the space can be calculated as follows:

$$\begin{aligned} & \$45.50 \text{ per sf} * 650\text{sf} = \$29,575 \text{ per year} \\ & \$29,575 \text{ per year} / 365 \text{ days} = \$81.03 \text{ per day} \\ & \$81.03 \text{ per day} * 96 \text{ days of use per year} = \text{\$7,778.88 per year} \end{aligned}$$

Note that the annual rental value will be less or more than this amount depending on the number of days per year the mortuary school uses the space. Escalations would typically begin after the first year and would be anywhere from 3-5% per annum in any rent scenarios & consistent with current market conditions. Since this is a not-for-profit entity, there would not be appropriate "tax stops" added. Electric is not sub metered and can be included as an additional rental item. Given that HVAC is included in the space, a rate of \$3.50 per rsf would be acceptable.

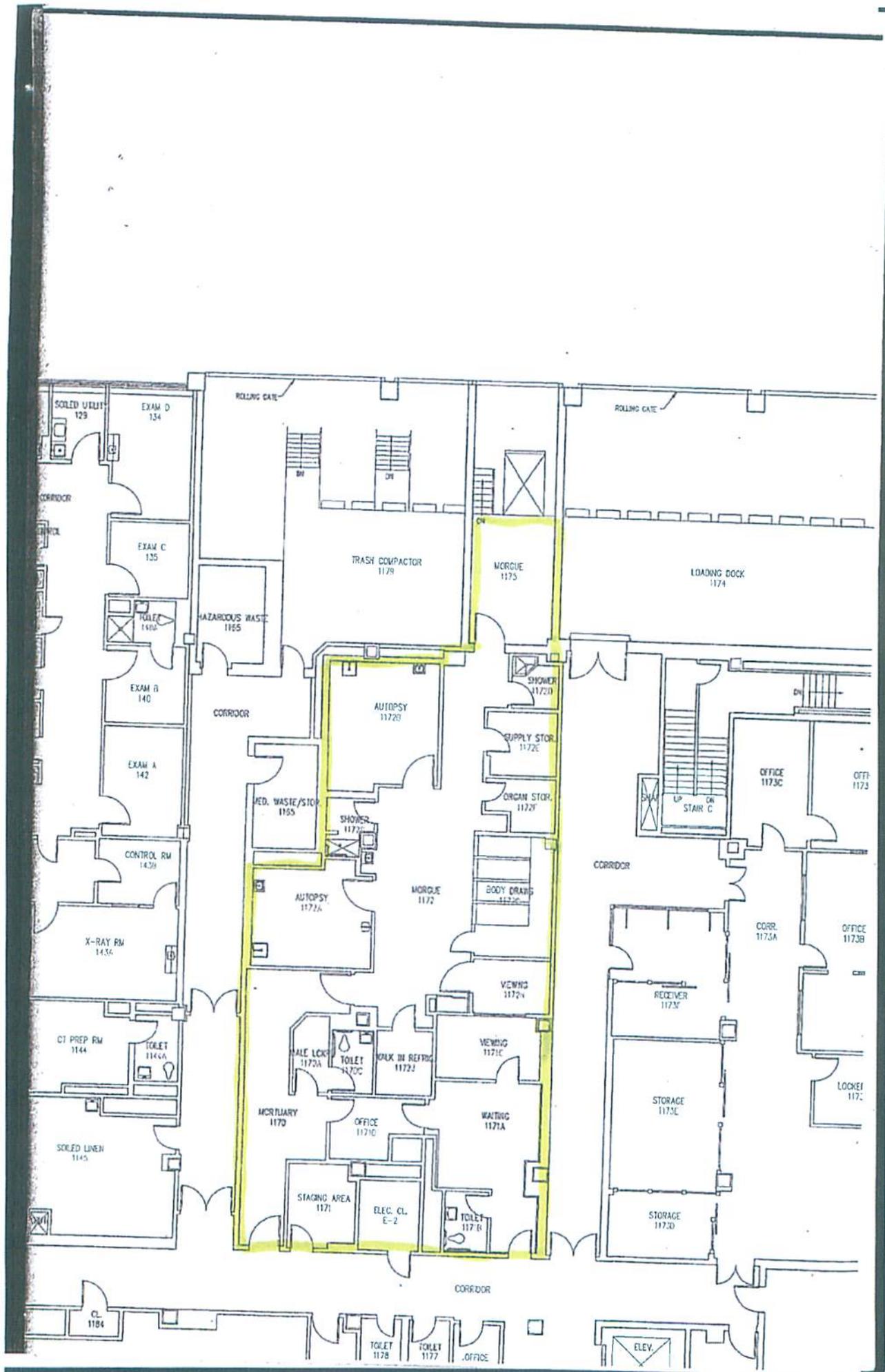
In the event I can be of any further assistance to you, please do not hesitate to call me.

SAVITT PARTNERS

Very Truly Yours,

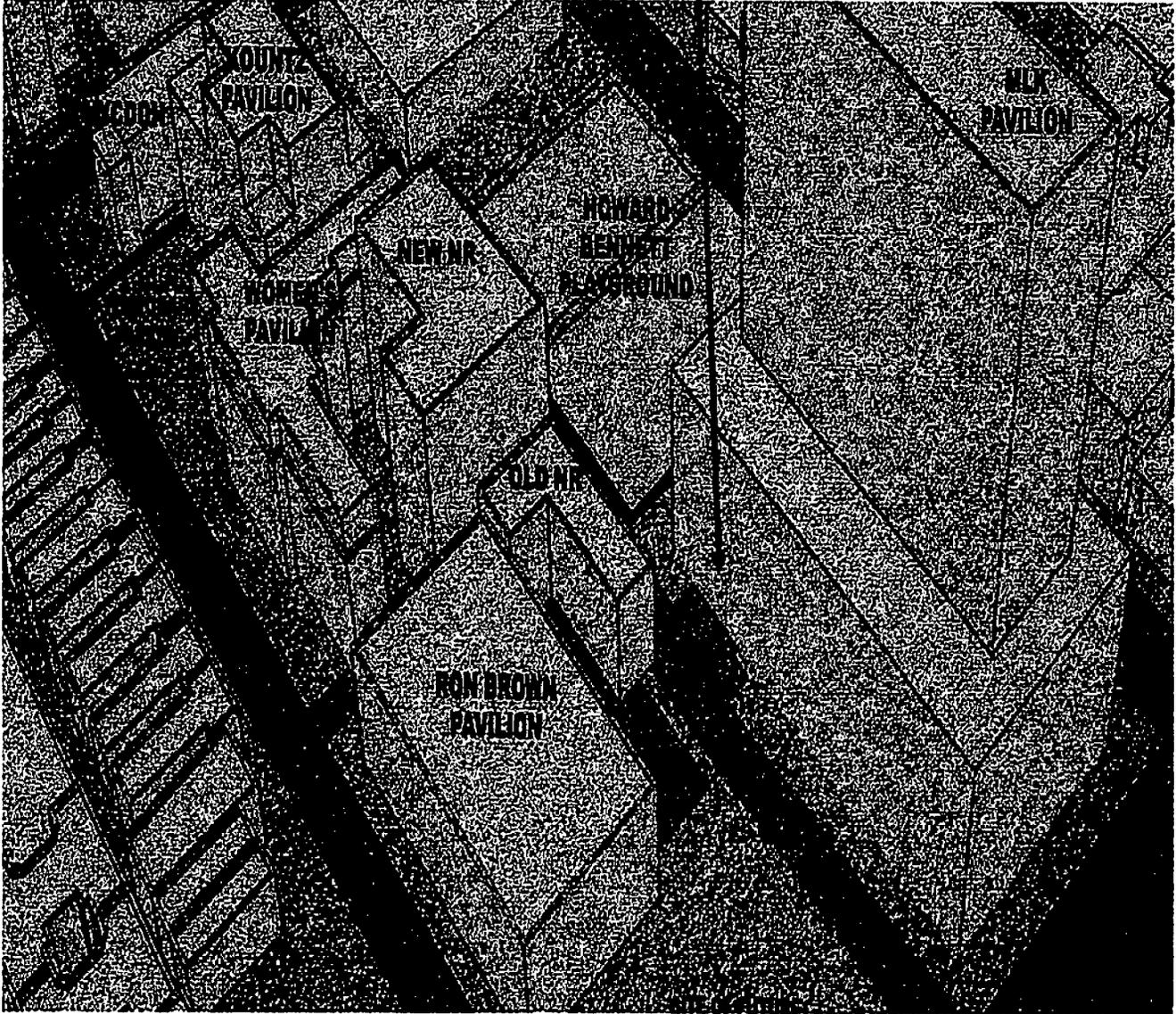
A handwritten signature in black ink, appearing to read "Michael Dubin". The signature is fluid and cursive, with a prominent loop at the end.

Michael Dubin



Harlem Hospital Center
Martin Luther King Pavilion, 1st Floor

American Academy McAllister Institute of Funeral Services
650 sf



RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation" or "Licensor") to execute a revocable license agreement with the American Cancer Society, Eastern Division, Inc. ("ACS" or the "Licensee"), for its continued use and occupancy of space to provide non-clinical patient support services on the campuses of Elmhurst Hospital and Queens Hospital Centers (the "Facilities").

WHEREAS, in June 2010, the Board of Directors authorized the President to enter into a license agreement with the Licensee which by its terms expires September 19, 2013; and

WHEREAS, the annual cancer incidence in the Borough of Queens is over 9,000 cases, and cancer is among the leading causes of death for adults aged 25 to 64 in nearly all Queens neighborhoods; and

WHEREAS, the Licensee will make its Patient Navigation Program available to patients and staff at the Facilities; and

WHEREAS, the goal of the Licensee's Patient Navigation Program is to provide access to quality educational materials, support service referrals, and other resources for the medically underserved cancer patient population and their caregivers; and

WHEREAS, the Licensee's program shall enhance the continuum of care and treatment provided by the Facilities to patients diagnosed with cancer.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation (the "Corporation" or "Licensor") be and hereby is authorized to execute a revocable license agreement with the American Cancer Society, Eastern Division, Inc. ("ACS" or the "Licensee"), for its continued use and occupancy of space to provide non-clinical patient support services on the campuses of Elmhurst Hospital and Queens Hospital Centers (the "Facilities").

The Licensee shall be granted the continued use of approximately 120 square feet of space in room A-520 of the Main Hospital building on the Queens Hospital Center campus and approximately 120 square feet of space in room 203 of the Hope Pavilion on the Elmhurst Hospital Center campus (the "Licensed Space"). In lieu of an occupancy fee, the Licensee shall provide patient support services at the Facilities. The Facilities shall provide electricity, maintenance, and housekeeping to the Licensed Space.

The Licensee shall indemnify and hold harmless the Corporation and the City of New York from any and all claims arising by virtue of its use of the Licensed Space and shall also provide appropriate insurance naming each as additional insured parties.

The license agreement shall not exceed three (3) years without further authorization by the Board of Directors of the Corporation and shall be revocable by either party on sixty (60) days written notice.

EXECUTIVE SUMMARY
LICENSE AGREEMENT
AMERICAN CANCER SOCIETY
QUEENS HEALTH NETWORK

The President seeks authorization from the Board of Directors of the New York City Health and Hospitals Corporation to execute a revocable license agreement with the American Cancer Society, Eastern Division, Inc. ("ACS"), for its continued use and occupancy of space to provide non-clinical patient support services at the campuses of Elmhurst Hospital and Queens Hospital Centers ("Elmhurst" and "Queens").

The annual cancer incidence in the Borough of Queens is over 9,000 cases, and cancer is among the leading causes of death for adults aged 25 to 64 in nearly all Queens neighborhoods.

Since September 2007, the American Cancer Society, Eastern Division, Inc. ("ACS"), and the Queens Health Network have made the ACS Patient Navigation Program services available to cancer patients and caregivers at Elmhurst and Queens. The program provides services to approximately 1,200 patients per year.

The goal of the ACS Patient Navigation Program is to provide access to quality patient educational materials, support service referrals, and other resources for newly diagnosed cancer patients and their caregivers. Specifically, the Patient Navigation Program will:

- Provide cancer patients and caregivers with high-quality cancer information across the cancer survivorship continuum;
- Refer patients and caregivers to appropriate community-based state, and national resources including, but not limited to, ACS programs and services, as needed;
- Facilitate assistance for those with cultural or language barriers by referring patients and caregivers to appropriate resources;
- Help establish access to information and referral for support and resources (subject to patient consent) as part of the "standard of care" in the delivery of cancer-related services to the cancer patient population.

To meet these objectives, ACS provides a trained ACS employee ("Navigator") on-site at Elmhurst and Queens. The Navigator spends approximately 60% of his/her time at Queens, and 40% at Elmhurst. The Navigator is available to assist patients and staff Monday through Friday, from 9:00 a.m. to 5:00 p.m.

ACS will have the continued use of approximately 120 square feet of space in room A-520 of the main hospital building on the Queens campus and approximately 120 square feet of space in room 203 of the Hope Pavilion on the Elmhurst campus. In lieu of an occupancy fee, ACS will provide patient support services at the facilities. The facilities will provide electricity, maintenance, and housekeeping to the licensed space.

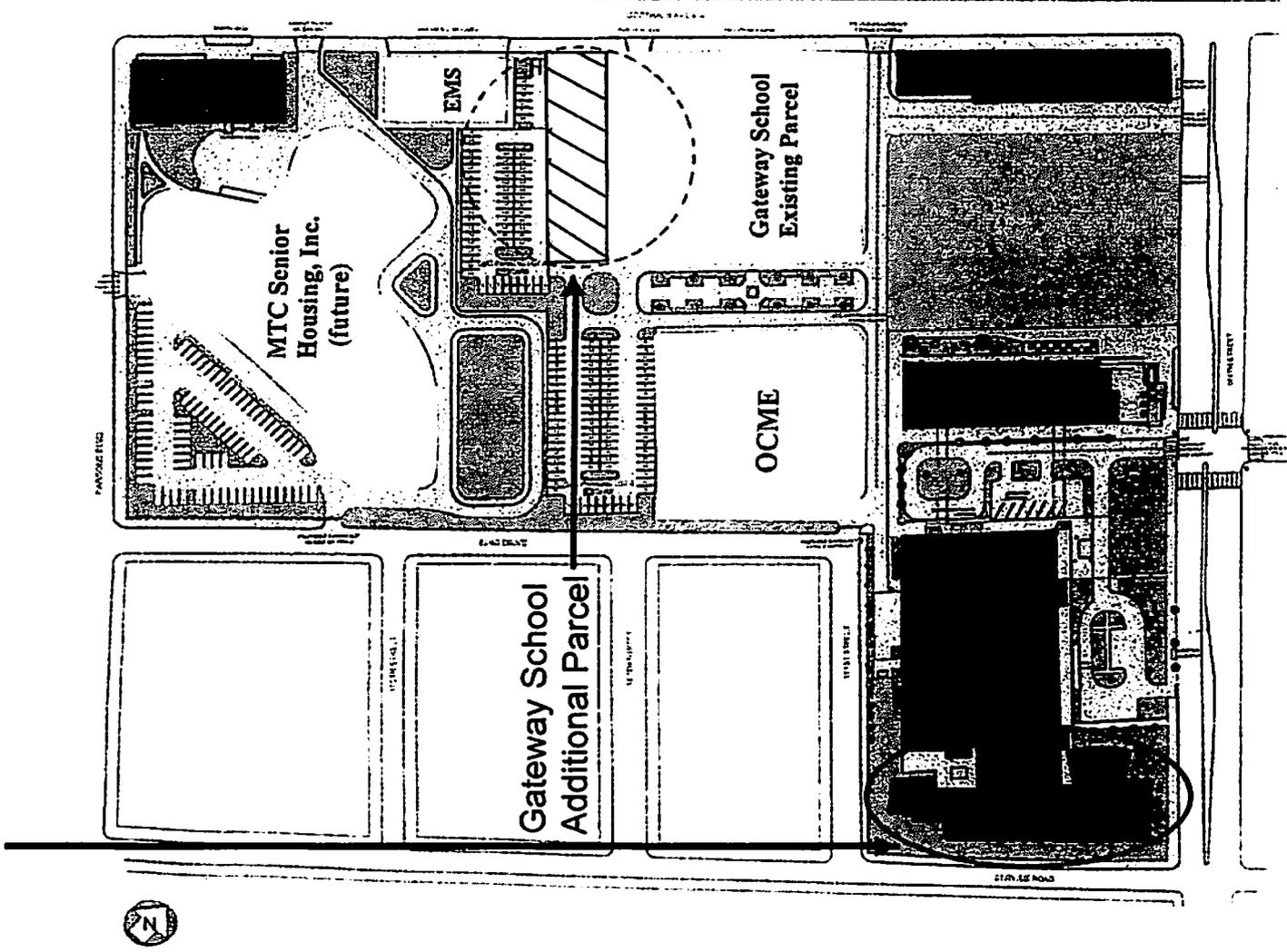
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American Cancer Society**

ACS will indemnify and hold harmless the Corporation and the City of New York from any and all claims arising by virtue of its use of the licensed space and will also provide appropriate insurance naming each as additional insured parties.

The license agreement shall not exceed three (3) years without further authorization by the Board of Directors of the Corporation and shall be revocable by either party on sixty (60) days written notice.

Queens Hospital Center

American Cancer Society
Main Building, 5th Floor, Room A-520
120 square-feet



Elmhurst Hospital Center

American Cancer Society
Hope Pavilion, Room 203
120 square-feet

