AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: October 8th, 2015
Time: 9:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES
September 10th, 2015

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

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

ACTION ITEM:

1) Approving the application for verification by the American College of Surgeons of Harlem Hospital Center ("Harlem Hospital Center") as a trauma center. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Harlem Hospital Center through the American College of Surgeons, Committee on Trauma. — **DR. ALLEN**

2) Approving the application for verification by the American College of Surgeons of Jacobi Medical Center ("Jacobi Medical Center") as a trauma center. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Jacobi Medical Center through the American College of Surgeons, Committee on Trauma. — **DR. ALLEN**

3) Approving the application for verification by the American College of Surgeons of Kings County Hospital Center ("Kings County Hospital Center") as a trauma center. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Kings County Hospital Center through the American College of Surgeons, Committee on Trauma. — **DR. ALLEN**

4) Approving the application for verification by the American College of Surgeons of Lincoln Medical & Mental Health Center ("Lincoln Medical & Mental Health Center") as a trauma center. Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation For Lincoln Medical and Mental Health Center through the American College of Surgeons, Committee on Trauma. — **DR. ALLEN**

5) Approving the application for verification by the American College of Surgeons of Bellevue Hospital Center ("Bellevue Hospital Center") as a trauma center. Committing to maintain the high standards needed to provide Optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Bellevue Hospital Center through the American College of Surgeons, Committee on Trauma. **DR. ALLEN**

6) Approving the application for verification by the American College of Surgeons of Elmhurst Hospital Center ("Elmhurst Hospital Center") as a trauma center. Committing to maintain the high standards needed to provide Optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Elmhurst Hospital Center through the American College of Surgeons, Committee on Trauma. **DR. ALLEN**

7) Authorizing the New York City Health and Hospitals Corporation ("the Corporation") to enter into a Cisco Enterprise License Agreement ("ELA") through a Third Party Contract as part of the LAN Migration/Network Infrastructure refresh project in an amount not to exceed $11,410,000 for a five year period. **MR. GUIDO/ MS. SCHULTZ**

8) Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to use the 20 requirement contracts that were awarded for a two year term with three one-year options to renew to purchase health information related professional IT consultant services as needed to meet non-Epic EMR related IT consulting needs for an amount not to exceed $43 million for the initial two year term. **MR. GUIDO/ MS. SCHULTZ**

INFORMATION ITEM:

ICD-10 Update **DR. GAROFALO**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: September 10, 2015

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Josephine Bolus, RN
Ram Raju, MD
Hillary Kunins, MD (representing Dr. Gary Belkin in a voting capacity)

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Chalice Averett, Director, Office Audit Internal
Charles Barron, MD, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Katherine Blackburn, Senior Director, CIS
Jill Bowen, PhD, Assistant Vice President, Behavioral Health Transformation
Nicholas Cagliuso, Sr., PhD, MPH, Assistant Vice President, Emergency Management
Deborah Cates, Chief of Staff, Board Affairs
Tammy Carlisle, Associate Executive Director, Corporate Planning
Megan Cunningham, Director, Accountable Care Organization
Carolyn Dunn, Senior Director, Marketing
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Juliet Gaengan, Senior Director, Quality and Innovation
Alfred Garofalo, Senior Director, Enterprise Information Technology System
Lucinda Glover, Senior Director, Medical and Professional Affairs
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System
Caroline Jacobs, Senior Vice President, Patient Safety
Lauren Johnston, Senior Assistant Vice President, Office of Patient Centered Care
John Jurenko, Senior Assistant Vice President, Intergovernmental Relations
Susan Kansagra, Assistant Vice President, Population Health
Mei Kong, Assistant Director, Office of Patient Safety
Barbara Keller, Deputy Counsel, Legal Affairs
Barbara Lederman, Senior Director, Enterprise Information Technology System
JoAnn Liburd, Assistant Vice President, Accreditation and Regulatory Services
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communications & Marketing
Randall Mark, Chief of Staff, President Office
Stephanie Masaba, Legal Fellow, Legal Affairs
Antonio Martin, Executive Vice President and Chief Operating Officer
Ian Michaels, Media Director, Communication and Marketing
Deirdre Newton, Senior Counsel, Legal Affairs

Darren Ng, Systems Analyst, Corporate Budget
Charlotte Nuehaus, Senior Management Consultant, Corporate Planning Services
Christopher Philippou, Assistant Director, Corporate Planning
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Lynnette Sainbert, Assistant Director, Board Affairs
Marisa Salamone Gleason, Assistant Vice President, Enterprise Information Technology System
Brenda Schultz, Assistant Vice President, EITS IT Financial Administration
David Shi, Senior Director Medical and Professional Affairs
Patricia Slesarchik, Assistant Vice President, Labor Relations
Diane E. Toppin, Senior Director Medical and Professional Affairs
Eli Tarlow, Enterprise Information Technology System
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical& Professional Affairs

FACILITY STAFF:
Marie Elivert, Senior Associate Executive Director, Queens Hospital Center
John Maese, MD, Medical Director, Coney Island Hospital
Anthony Rajkumar, Executive Director, Metropolitan Hospital Center
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:
Marian Dolin, Senior Assistant Director, DC37
David N. Hoffman, Chief Compliance Officer, PAGNY
Kristyn Raffaele, Analyst, Office of Management and Budget

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, September 10, 2015

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00 AM. The minutes of the July 16, 2015 Medical & Professional Affairs/IT Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

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

K2 – "synthetic marijuana"

This impact of the escalating use of this group of drugs on HHC Emergency Departments has been increasing over the last 6-12 months, particularly at Lincoln, Bellevue, Kings County, Metropolitan and Jacobi. As experience has been gained, differing clinical syndromes have been identified, but most commonly manifesting features of psychosis and aggressive behavior.

HHC is taking a number of steps:

1. Participation in a City multi-agency taskforce with DOHMH and others, to develop a whole system collaborative approach to the problem
2. Initiation of a monitoring and reporting system on rates of presentation to HHC facilities
3. Development of a standardized approach to diagnosis, documentation and management of these cases
4. Strengthening of the HHC protocols and training on the management of violent patients, to reduce the potential for harm to patients and staff

Legionella Infections

A more detailed report will be given to the committee at the October meeting, but the outbreak in the South Bronx is over and HHC hospitals managed a large number of patients, some critically ill, with efficiency and effectiveness. The recent finding of legionella in the water supply at Melrose Houses (NYCHA) is in the same building as an HHC clinic, but there is no risk to patients or staff and system remediation has been undertaken.

Accountable Care Organization (ACO)

In late August, CMS released ACO performance results for 2014. In 2013, our first performance year, HHC ACO was one of fewer than one-quarter of ACOs across the country to meet both cost and quality performance targets and generate a shared savings earned performance payment. The new 2014 results show that HHC ACO was once again one of the nation's top performers. As in the first year, less than one-quarter of ACOs nationally met cost and quality targets, and HHC ACO was among this top performing group for the second consecutive year. The data show that we achieved these goals through strategic focus on increasing primary care engagement, and decreasing hospitalizations and readmissions for our chronically ill patients.

Our 2014 results include improved quality performance on the majority of measures, including 7 out of 8 patient experience measures and patients' self-reported health status. Overall quality performance benchmarked at the 76th percentile nationally. Overall primary care utilization increased and hospital

utilization decreased, with significant improvements in readmissions rate and hospitalizations for patients with chronic conditions such as heart failure and asthma.

The ACO has successfully submitted its reapplication to the Medicare Shared Savings Program for 2016 through 2018. We look to this second contract period as an opportunity to build upon the lessons and strategies developed over the last two years in our Medicare population, and grow more advanced in our population management approaches. Our new contract also marks the expansion of HHC ACO to include new community partners with shared values and goals to achieve the Triple Aim. The first partnership, to begin in 2016, will be the inclusion of Community Healthcare Network (CHN), which will grow our attributed Medicare patient population and scale our patient-centered approaches.

Office of Behavior Health

Transformation Project; Readiness for Managed Care:

The Office of Behavioral Health continues with the pilots related to Ambulatory Care Access and Data for High Utilizers. Champions are working on the second wave projects that include the use of peers for bridging from inpatient to outpatient care, outpatient engagement using community outreach, and Behavioral Health and Primary Care integration. The office is working closely with the DSRIP team on these projects. Much closer involvement with Managed Care office and Finance is a feature of these projects leading to more clinical understanding of the costs of services as well as informing the rate negotiation for current behavioral health services.

Family Justice Center – Domestic Violence program:

This new program initiated by the City involves the provision of behavioral health services to Family Justice Centers. The budget for this program has been approved by OMB, and HHC sites are being identified to sponsor and supervise the program. Next steps include drafting MOU agreements between HHC/facilities and Family Justice Center and beginning to recruit staff.

Mayor's initiative on Violence:

HHC is working closely with DOHMH and other City Agencies on activities aimed at reducing violence, particularly in shelters for the homeless. In conjunction with those agencies we are developing standard work for the assessment, communication, and disposition of an identified "high risk" group of patients**.**

Emergency Management

Region 2 Ebola and Special Pathogen Treatment Center Designation

The U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) has named HHC Bellevue the Region 2 Ebola and Special Pathogen Treatment Center (ESPTC), one of 9 such facilities in the U.S. The grant provides approximately $3.25 million to HHC Bellevue over the next 5 years to ensure it remains able to receive Ebola patients within 8 hours of notification, care for two such patients simultaneously, and work with external partners across the region,

which includes New York, New Jersey, Puerto Rico and the Virgin Islands, to develop and implement related emergency management plans, training, and exercises.

National Ebola Training and Education Center

The U.S. Department of Health and Human Services (HHS) Assistant Secretary for Preparedness and Response (ASPR) and the CDC have named HHC Bellevue as co-lead of the National Ebola Training and Education Center (NETEC). HHC Bellevue will share leadership responsibility with Emory University Hospital in Atlanta, Ga and University of Nebraska Medical Center in Omaha. The grant provides funding of approximately $2.7 million to HHC Bellevue over the next 5 years to ensure that U.S. healthcare facilities can safely identify, isolate, transport and treat Ebola and other special pathogens by focusing on 3 areas: development of performance metrics; development of a training curriculum; and technical support and training to public health departments and the nation's regional Ebola and special pathogen treatment Centers (ESPTCs), designated treatment centers and assessment hospitals.

Mayoral Coastal Storm TTX

HHC participated in the citywide coastal storm exercise on June 24 led by the First Deputy Mayor. Key points included the ongoing concern about the inappropriate placement of adult care facility and long-term care facility residents and patients in Special Medical Needs Shelters and the need to ensure priority access to gasoline and restricted traffic areas for healthcare workers. On August 20, HHC conducted an internal virtual tabletop exercise using a similar scenario. This was done via videoconference between the Central Office Emergency Operations Center and our facility command Centers with HHC's clinical, operational and financial leadership on August 20th.

Special Medical Needs Shelter (SMNS) Work Group and Council

HHC convened the first-ever Special Medical Needs Shelter Workgroup bringing together Federal, State and City partners to canvas the practical issues associated with operating the City's 8 Special Medical Needs Shelters (SMNS). HHC also convened the internal SMNS council that has finalized walkthroughs of the shelters, in partnership with NYC Emergency Management, and is reviewing the SMNS facilities and logistical considerations.

FEMA Ebola Case Study Site Visit

The Federal Emergency Management Agency (FEMA) is completing a series of case studies to assess how Federal homeland security grants have improved preparedness across the country and to demonstrate to policymakers and the public the importance of such programs. Given NYC's role in safely and effectively treating a confirmed Ebola patient and myriad persons under investigation (PUIs), representatives from FEMA, CDC and the Assistant Secretary for Preparedness and Response (ASPR) conducted a site visit with HHC / Bellevue and partner agencies including DOHMH, NYC EM, and FDNY to discuss healthcare delivery system readiness; safe patient transport and handoff, personal protective equipment and worker safety; active monitoring; public outreach and communications and interagency coordination. FEMA will develop a case study report outlining their findings in each area.

Office of Population Health

In collaboration with IT, the Cardiovascular Risk Registry system was updated. The system enables facilities to access performance metrics related to cardiovascular disease and other data needed for population health management. New data tools are being piloted to improve outreach and engagement of patients with chronic disease.

OPH is engaging facilities on the Q3 performance improvement project, which focuses on improving care and outcomes for diabetes patients. Sites will report their findings at the Dec–Jan QA Board Meetings.

Sal Guido, Acting Senior Vice President/Corporate CIO Enterprise Information Technology Services reported on the following initiatives.

Soarian Stress Testing:

I am pleased to report that Information Technology's Business Applications is on target for completing the Soarian Stress testing on September 10, 2015. This testing is in preparation for the Soarian Financials go-live.

Stress testing simulates peak system use using a pre-determined number of users in order to judge the overall performance of the system as well as identifying areas within the system that are performing like bottlenecks. This type of testing ensures that the system has been sized correctly. Through this testing, HHC can remain confident that the Soarian Financials and Scheduling application will perform as expected, especially at peak usage.

Cerner originally estimated delivery of the Soarian test environment to be between August 25th and August 31st. The test environment was delivered on Tuesday, September 1st. Unfortunately, the environment was delivered without any production data which resulted in delays in the development of the necessary automated scripts for the Load test. Both Business Applications and Infrastructure teams created the test scripts after review from Finance and based on input and structure from Cerner which used results from their own internal stress tests. Once completed, these test scripts will run automatically and often repeating their scripted tasks while the tests are performed.

Test scripts will mimic normal user activity on the Soarian system, including admitting, transferring and discharging a patient along with assigning charges for anything related to the patient's visit. Simultaneously, we will have scripts perform look-ups of patients, doctors, as well as run reports similar to normal activity as experienced today.

If successful, this stress testing will prove that the system can handle the extra load that will be placed on it as HHC facilities are placed on the system as well as the added transactional load that will be expected with the Epic integration. With this testing we will also be able to identify any areas that would need to be improved either on the HHC side or Cerner's. I will report back to Committee on our progress.

Update on HHC's Exchange Email System Migration:

In my June Report to the Committee, I announced that HHC's Enterprise Infrastructure team was initiating the migration of the HHC workforce from the current Novell Groupwise email system to Microsoft Exchange, establishing one single email system for the entire Corporation. This migration to a more advanced and feature rich email system would provide users with functionality such as instant messaging, mobile applications and integrated and video archiving which was not previously available on the Groupwise email system.

I am pleased to report that at this time over 50% of HHC facilities have either completed or have active migrations underway. Two (2) main factors have caused our slowdown to completing the migration: the need to replace older BlackBerry devices which are no longer supported and the additional time required to plan and prepare for the migration of Correctional Health users to this new platform.

We anticipate that all of HHC will be on the new Exchange platform by November 2015. I will keep the Committee updated on our progress.

ePrescribing (eRX) Go-Live Update:

ePrescribing (eRX) software officially went live at HHC on Tuesday, August 18, 2015. This software allows for HHC providers to electronically send an accurate, error-free and understandable prescription directly to a pharmacy from the point of care (Provider). This process is an important element in improving the HHC patient experience by making it easier for our patients to get their medications and reduce medication errors. eRx is also critical to the implementation of our new electronic medical record.

On September 28, 2015, Quadramed will begin to apply an upgrade patch within the ePrescribing module which will address enhancements to renewals of prescriptions and will turn off the ability to add a duplicate pharmacy.

ACTION ITEM:

Caroline Jacobs, Senior Vice President, Patient Safety presented to committee on the following resolution.

Authorizing the New York City Health and Hospitals Corporation (HHC), through its President, to delegate to each acute care hospital's Grievance Committee responsibility for the prompt resolution of grievances and complaints from patients and/or their families. The activities of the Grievance Committees will be reviewed and reported through each hospital's Quality Assurance process to the Board of Directors.

Resolution was approved for the full board consideration.

Sal Guido, Acting Corporate Chief Information Officer, Enterprise Information Technology Services and Katherine Blackburn, Senior Director, Enterprise Information Technology Services presented to committee on the following resolution.

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a sole source agreement With SURESCRIPTS, LLC for e-prescribing software and related

services for an amount not to exceed $4,769,555 (which includes a contingency reserve of $229,817 for additional services that may be required) over a three-year term with up to two one-year renewal terms.

Resolution was approved for the full board consideration.

INFORMATION ITEMS:

Dr. Arnold Saperstein, Executive Director MetroPlus Health Plan presented his annual report to the committee

MetroPlus membership is at 473,340 as of August 1, 2015. There was a growth of 11 thousand members in the first six months of the year. The Primary Care assignment for HHC was 52.91% and the Community was 47.09%, that has been relatively stable over the past year. Some of the growth initiatives were expansion to Staten Island. An application was put in for expansion to Staten Island for small business lines. We hope to have an answer before the open enrollment period to do our exchange product pricing lines in Staten Island. We are also working with the Office of Labor Relations, we have approval from the State and Office of Labor Relations to expand our MetroPlus offering to all New York City employees. They are working aggressively to make this happen. The DSRIP project 11, is an opportunity to work with HHC OneCity Health, which is our PPS who will have more access to reach out to uninsured individuals who may want to come into our network. MetroPlus met with OneCity Health to talk about their goals and becoming a very strong partner to insure more people in New York.

Dr. Raju raised the question, where is Correctional Health in this avenue. MetroPlus met with Patsy Yang, they are going to be involved with Correctional Health upon discharge offering insurance. In additional MetroPlus would like to have a marketing person available on visiting days respond to questions, talk and offer insurance opportunities. Correctional Health is being looked at as a new opportunity. Dr. Raju asked if that should be part of their growth initiative. The response was, it wasn't done in the past, the way they were looked at was a new opportunity, but this can be done. A questioned was raised about the ID cards and the Mayor's initiative to provide undocumented people with health care opportunities. Dr. Raju mentioned that the Mayor's initiative should be part of MetroPlus growth initiatives. In addition to their new potential members, MetroPlus already brings in 12 to 15 thousand new members a month. The challenge is, that they lose at least 12 to 14 thousand of their involuntary members and every month. A consultant was hired to change the workflow. In the data analysis they found a 85% retention rate among the people they contacted. Staff will be contacting people through email, texting, phone calls etc. All projects are starting, and we hope to see results in the next sixty to ninety days. Another challenge with retention is that all the enrollments are coming thru the exchange site instead of HRA. We are waiting for the state to give us the recertification date.

Exchange market being aggressive, in year one (2014) had 50 thousand people, which was 40% of the exchange market by being the least expensive plan. Even though the benefits for the member is the second lowest plan, everyone chose the cheapest plan. The challenge is MetroPlus is almost $30 dollars cheaper than the next level. Dr. Raju raised the question: "when would we know that keeping the plan low is attracting more members". They will know during open enrollment in January, February and March whether this strategy works. In the first year, the shoppers who picked the lowest plan were young healthy people. It was apparent that in the federal risk adjustment, they actually paid 54 million unclaimed dollars to people who went to only one visit with no other diagnoses. It showed that we have a young health population. The exchange project pricing was compared between the bronze, silver and the platinum. It

was advise that the marketing should be looked at and maybe changed to attract more members. An over view was discussed on the network sites, which included Primary care Providers, Specialty Providers, and OB/GYN. HHC PCP's were included a comparative number to show a slight decline since 2013 in the number of PCP's. MetroPlus has been rated #1 Medicaid Managed Care health plan in NYC for seven out of the last 10 years*. For the first time ever, in 2011 MetroPlus was ranked #1 in New York State and New York City.

The Changes in 2015, FIDA started in January 1, 2015, HARP started October 1, 2015, and the Essential Plan (formerly known as Basic Health Plan) the first Open Enrollment Period will be effective January 1, 2016.

FIDA is a partnership between the State of NY and CMS to test a new model for providing Medicare-Medicaid enrollees with a more coordinated, person centered care experience. Poor enrollment state-wide and high rate of opt outs
Approximately 47,702 eligible individuals opted out of FIDA. Approximately 43,000 eligible individuals have not opted out; therefore they can potentially be passively enrolled. There are 4,407 enrollments across the 21 plans state-wide. The challenges: long and burdensome training prevents providers from being engaged in all the required sections.

HARP, there are 2 populations: Carve-in of Behavioral Health for SSI members (17,000) and Creation of a Health and Recovery Plan (HARP) for the severely mentally ill population (13,000). HARP IS going live October 1, 2015. MetroPlus received Conditional Approval following on-site audit. Some health plans opted not to have behavioral health, there is an option to market to those individuals. Question raised: when other plans don't want to participate what happens to their primary care? They have to choose primary care under the plan.

Essential Plan will utilize MAGI rules and provide people with temporary eligibility pending verification of information. Effective Date of Enrollment for Essential Plan will follow the 15th of the month rule for enrollment. Individuals must report changes that could affect eligibility throughout the year. Enrollment will be open all year. Applications for EP coverage in 2016 will be processed starting on October 1, 2015. MetroPlus is a strong financial asset and has a lot of room to grow.

Caroline Jacobs, Senior Vice President, Patient Safety and Mei Kong, Assistant Director, Patient Safety presented to the committee the Patient Safety Update 2015.

Overarching Goal: Foster a high reliability culture of safe practices across HHC to reduce harm or potential harm to our patients and staff. Five areas were identified: Process design, patient and family partnerships, reliability culture, human factors integration, and partnerships with external agencies and labor unions. Staff is being educated on the strategies for working effectively with aggressive patients safely by utilizing TeamSTEPPS strategies and tools to deescalate violence and prevent harm. They are also working with Joint Labor-Management Forum – HHC and CIR/SEIU and are learning how to work with disruptive patients. These forums have resulted in a better prevention rate for falls, blood bank safety and Close Call identification. Coler - Reduction in Falls and Injury Prevention Rates: NYS Average 3.2% (EQUIP for Quality- MDS Data) CY12 = 2.1%; CY13 = 2%; CY14 = 1.1%; CY15 Q1 & Q2 = 0.6%. Queens Hospital – Blood Bank Safety – reduced discarded mismatched specimens by eliminating type and screen requisition form. All type and screen orders placed in QuadraMed will generate bar code specimen labels only. Coney Island improved their Close Call Identification Program (CCIP) – CCI Safety Pyramid, they have executive walkrounds, and developed an electronic anonymous reporting system. Another focus is medication safety. We look at Anticoagulant handbook for clinical and managing hyperglycemia in the hospitalized adult

patient. This hand book was worked on with clinicians to get the protocols together. A Medication Safety Council newsletter on bar coding was established. The Adverse Drug Reaction is going to be launched later this year and will provide a better information. The data does not give specifics.

The next component, that was looked at was patient and family partnership and patient involvement. They looked at patient involvement and reduction of antipsychotic medication in long term care dementia population. Seaview and Carter are seeing reduction in their numbers. A patient involvement survey was conducted, in CY 2014 there 6,908 patient involvement has gone up. Patient engagement at Woodhull stood out. Woodhull shared their practice on how to get patient to take their medicine and their experience. Woodhull put together a patient engagement through health literacy, it is a one page flyer translated into Spanish and Polish, includes important contact numbers and questions to prompt the patient to ask their provider about their medicine. The Pocket Journal is available in English/Spanish and English/Polish is designed to aid patients in keeping track of important contacts and medication list. Other factors that were looked at were Human factor integration with staff engagement. Such as; am I treated with dignity and respect by everyone? Do I have what I need in order to make a contribution that gives meaning to my work life? Am I recognized and thanked for what I do at work. The data was based on employees across the corporation. Reliability culture was looked at. There was a Just Culture certification 3 day course. A comprehensive overview of the fundamental elements of 5 skills for producing better outcomes: Identifying values and setting expectations, Improving system design, Managing behavioral choices, Building and utilizing robust learning system, Ensuring justice and accountability –The Just Culture Algorithm. Ninety passed the examination. This cadre of individuals will be the resident experts and provide Just Culture consultation as needed in their facilities. The participants included: Chief Nurses/Physicians & Designees, Patient Safety Officers/Assoc., Human Resources, Labor Relations, Risk Management, Administrators, Hospital Police. Going Forward: The Patient Safety Exposition will be held on September 21st at HHC Conference Center at Jacobi Medical Center and there will be an Implementation of the Electronic Adverse Drug Reaction (ADR) Database. In January they are planning a Joint Labor – Management Forum with CIR/SEIU. The Affordable Care Act PSO Mandate will start January 1, 2017, qualified health plans in insurance exchanges may not contract with a hospital of 50 beds or more unless that hospital has a patient safety evaluation system and reports data to a PSO. There will be an extension of the Just Culture education to labor colleagues. We will focus on Ambulatory patient safety opportunities.

There being no further business, the meeting was adjourned at 10:50 AM.

CHIEF MEDICAL OFFICER REPORT
Medical & Professional Affairs Committee of the HHC Board of Directors
October 8, 2015

Hurricane Joaquin

Last week HHC activated its coastal storm preparations in response to the threat posed by this hurricane. Fortunately the hurricane changed course to avoid New York City, but did significant damage elsewhere. Our preparations demonstrated the great team work at HHC, and also how much progress we have made since Hurricane Sandy. Systematic debriefing will be undertaken so that we continue to learn, particularly for those facilities in zones 1 & 2 for possible evacuation. Those sites are Bellevue, Coler, Metropolitan, Coney Island and our office space on Water St.

Accountable Care Organization (ACO)

In September, the ACO released the newest version of its Population Management Dashboard to our 18 facility-based ACO Clinical Teams. This tool continues to evolve to optimize the value of Medicare financial utilization data, and joining it together with clinical, demographic, and social service information to guide teams to our highest risk patients and connecting them to the most valuable supportive interventions to keep them healthy.

Building upon the ACO's innovative use of data to drive high value patient-centered care, the ACO has also completed initial data validation with clinical and IT colleagues for a new Business Intelligence (BI) dashboard release. This BI dashboard is focused on an initial subset of clinical quality measures, and will be the first phase of development of a comprehensive Ambulatory Care Dashboard for HHC's total primary care population. The new tool was recently opened for clinician feedback.

As part of maintaining a rigorous compliance plan, the ACO recently completed a proactive risk assessment exercise with the Office of Corporate Compliance.

Office of Behavioral Health

The Office of Behavioral Health hosted a half-day conference on K-2 (Synthetic Cannabanoids) for Medical and Psychiatric emergency services staff from each of our facilities. The conference goal was to provide education, information and data on K-2. The conference also focused on establishing a standardized approach to management and treatment of patients presenting with K-2 use. Weekly data is collected from all facilities, adult, pediatric, and psychiatric and compared with the data collected by DOHMH. A representative work group from the facilities has been established to formalize these processes.

The Office of Behavioral Health is coordinating a work group related to the management of violence. This involves the Councils of Emergency Medicine and Psychiatry as well as other identified staff from facilities. The goal is to review the current state of resources, assessment and management of violence, review other best practices, and establish additional tools and interventions for the management of violence in HHC.

Behavioral Health Transformation activities are moving forward. There is ongoing work on both Access and High Utilizer projects. The Office is working with other M&PA divisions – Ambulatory Care, Population Health, ACO – to ensure alignment. OBH is working with One City Health on the DSRIP projects such as integration of Primary Care and Behavioral Health. The office is also working with facilities in readiness for Managed Care through a gap analysis

Office of Patient Centered Care

The New York City Health and Hospitals Corporation 2015 **Nursing Excellence Awards Ceremony** honor nurses who exhibit excellence in six award categories:

- Home, Community and Ambulatory Care Services,
- Professional Management,
- Volunteerism and Service,
- Clinical Nursing for Inpatient Services,
- Education and Mentorship,
- Advancing and Leading the Profession

Award recipients are a remarkable group of individuals who serve as staff nurses, educators, leaders, innovators, collaborators, coaches, mentors and advocates. The six HHC nurses who will be awarded for their outstanding achievements are:

Robert Smeltz, NP - Bellevue Hospital Center	Advancing & Leading the Profession
Eileen Achacoso, BSN, MA - Central Office (EITS)	Education & Mentorship
Tiffany Reid, CLC, MS, PNP - Harlem Hospital Center	Home, Community or Ambulatory Care
Susan Gullo, RN - North Central Bronx Hospital	Management
Bindu Rai, RN - Elmhurst Hospital Center	Volunteerism and Service
Marie E. Torell-Alverio, RN,MSN,BC,WCC - Coney Island	Clinical Nursing, Inpatient

Event Details:

HHC's 2015 Nursing Excellence Award Ceremony
Tuesday, October 27, 2015 from 2:00 PM to 4:00 PM
New York Law School
185 West Broadway, 2nd Floor
New York, New York 10013

The CMMI Health Care Innovation Award grant completed the first of three years on August 31, 2015. The annual report was submitted to CMS/CMMI on September 30, 2015. Year 1 accomplishments include the completion of hiring all clinical staff associated with the grant program, enrolling 94% of the targeted patient population, and establishing foundational program operations.

Office of Ambulatory Care Transformation

Access to Primary Care: we continue to sustain and build on improvements. At an HHC average level, appointment access for new patients is improved to ~18 days in adult medicine and ~7 days in pediatrics on average (vs. 55 days and 14 days at baseline), though there is significant variation across sites.

NYS Medicaid Collaborative Care for Depression: The 17 HHC facilities enrolled are implementing standardized workflows, aided by centralized data support provided by the Office of Ambulatory Care Transformation. The team is now disseminating weekly reports and patient lists to each facility that drive these standardized foundational workflows. These workflows include prioritizing patient lists for census cleaning to improve access, patient telephonic outreach and coaching, and psychiatric consultations/Collaborative Care Case Meetings.

DSRIP

On August 6, with the approval of the PPS Executive Committee, OneCity Health submitted the NYS DOH required State Implementation Plan and first DSRIP quarterly report, which provides a framework through which progress against DSRIP milestones is measured. The report covers 23 sections including overall PPS organizational and project-based sections. For example, one organizational section includes our PPS' plans to establish governance structures, and the project sections require detailed implementation steps for each of the eleven (11) DSRIP projects OneCity Health will undertake. OneCity Health received feedback on its quarterly report from the NYS DOH DSRIP Independent Assessor as part of regular-cycle reporting for all PPSs. We are satisfied with their comments and made and submitted adjustments as part of normal course of business. The team is preparing for next quarterly report submission due October 31.

IMSAL

HHC's Simulation Center expanded access to Queens based healthcare teams with the opening of the IMSAL Elmhurst Simulation Center. This is the first satellite center in the devolving structure of IMSAL. The center has staff who have been trained by IMSAL Central in simulation administration, simulation technical operations and simulation educational and debriefing expertise. The center will offer clinicians the access to train in a risk-free setting to perfect teamwork and communications skills and improve clinical techniques and procedures without having to spend hours each day in travel time. Using electronically programmed mannequins in real-life, orchestrated scenarios, HHC clinicians practice airway management, central line placement, pediatric and adult codes, postpartum hemorrhage teamwork/skills, and labor and delivery emergency management for shoulder dystocia. Simulation rooms replicate operating, intensive care, and emergency rooms, as well as patient exam rooms.

Emergency Management

Urban Area Security Initiative (UASI)

The federal Urban Area Security Initiative (UASI) has awarded HHC Emergency Management nearly $2.3 million in competitive grant funding through August 2018 to support 3 areas: staffing, communications equipment and systems.

Assistant Secretary for Preparedness and Response (ASPR) Core Hospital Preparedness Program (HPP)

The Assistant Secretary for Preparedness and Response (ASPR) has awarded HHC Emergency Management $506,000 for a one-year core grant under its Hospital Preparedness Program (HPP) for the Corporation's 11 acute care hospitals. These funds will enable HHC to outfit all 11 hospitals with the initial infrastructure necessary to support the Corporation-wide, linked emergency management communications system.

Continuity of Operations Program (COOP)

HHC Emergency Management is chairing a monthly COOP Working Group that brings together key leadership from across the Central Office divisions to review, update, train, test, implement and improve COOP plans in compliance with Mayoral Order 107 and industry best practices. A notification drill and tabletop exercise is set for November 17th.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
October 8, 2015

Total plan enrollment as of September 1, 2015 was 472,251. Breakdown of plan enrollment by line of business is as follows:

Medicaid	417,698
Child Health Plus	112,194
MetroPlus Gold	3,609
Partnership in Care (HIV/SNP)	4,645
Medicare	8,451
MLTC	874
QHP	24,116
SHOP	479
FIDA	185

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

Since my last report to this committee, New York State of Health has approved the Qualified Health Plan rates we submitted. MetroPlus is the least expensive plan among our competitors. We are hoping for a significant enrollment due to our competitive rates. The Open Enrollment Period (OEP) begins in November. For our Silver product, our rate decreased by 4%, while the competitors' increased between 6% and 9%. For the Platinum product, our rate for 2016 decreased by 2%, while the competitors raised their rates by 5% - 10%. We reduced our Bronze and Gold metal tier rates by 7% and 2%, respectively, while the other plans' increased between 5% and 8%.

MetroPlus has received conditional approval for the new line of business, the Essential Plan, which is starting on November 1st. The Essential Plan is either free or $20/month and it will cover eligible population that is between 138% and 200% of the Federal Poverty Level. We are looking to work closely with the HHC facilities to train all the HCIs. Some facilities are already scheduled for such training. Furthermore, MetroPlus and HHC are joining efforts in sending a mailing to the HHC self-pay population informing them how they can enroll in the Essential Plan.

MetroPlus Gold Open Enrollment opens on October 1st. We are excited about the expansion of the program to all NYC employees (CUNY employees, libraries, cultural organizations and some charter schools). MetroPlus, in conjunction with HHC, has developed a full marketing campaign and roll-out. We are also trying to increase the awareness in the HHC facilities; there will be a one sheet flyer with paychecks on October 9th, HHC wide, in addition to an email from Dr. Raju.

We have been preparing diligently for the upcoming Open Enrollment Period both operationally and strategically. We have developed aggressive marketing campaigns that now include TV

advertising in addition to previously used venues such as subway, buses, etc. We continue to focus our efforts on both new member enrollment and retention of existing members.

I would also like to inform this committee that MetroPlus applied for and has been approved to participate in the Value Based Purchasing Quality Improvement Program (VBPQIP) as the lead for HHC's OneCity Health. We will establish governance oversight via a VBPQIP committee which will include leadership from MetroPlus Medical Management and Finance, OneCity Health, HHC Finance, Corporate Planning, and Medical and Professional Affairs, as well as representatives from HealthFirst and Emblem. The governance committee will ensure the PPS receives the data it requires to create quality improvement processes in collaboration with the facilities. There will be a key link between this committee and the facilities/participating entities forming the PPS. The program is scheduled to commence in April 2016.

Over the past several months, MetroPlus has been successfully working to achieve ICD-10 readiness for the October 1st implementation date. We are hopeful that our providers are also prepared. I will be submitting updates to the committee in the upcoming months.

As of the date of this report, we are undergoing the Article 44 audit (a full licensing audit conducted by the NYS DOH with representatives from both Albany and NYC offices). I will present the findings at this Committee's next meeting.

Executive Director's Report
MetroPlus Health Plan, Inc.
Board of Directors
October 13, 2015

APPENDIX A

*** listed in ascending rate order (by 2016 rate)

Premium Rates		2015	2016	Change
Silver	Metro Plus	$ 382.57	$ 369.04	-4%
Silver	Affinity	$ 371.75	$ 394.73	6%
Silver	North Shore LIJ	$ 394.00	$ 406.04	3%
Silver	Fidelis(NYS Cath)	$ 383.54	$ 408.04	6%
Silver	HealthFirst	$ 387.46	$ 422.41	9%
Silver	Wellcare	$ 476.31	$ 448.54	-6%
Silver	Emblem HIP	$ 407.28	$ 452.79	11%
Silver	Oscar	$ 434.96	$ 466.68	7%
Silver	Health Republic	$ 428.64	$ 486.96	14%
Silver	MVP HP	$ 432.46	$ 487.66	13%
Silver	Empire HMO	$ 471.19	$ 553.45	17%
Silver	UHNY	$ 544.76	$ 555.37	2%
Silver	Oxford OHP	$ 627.50	$ 555.97	-11%

Premium Rates		2015	2016	Change
Bronze	Metro Plus	$ 343.82	$ 321.34	-7%
Bronze	North Shore LIJ	$ 313.00	$ 322.44	3%
Bronze	Fidelis(NYS Cath)	$ 308.15	$ 324.45	5%
Bronze	Affinity	$ 316.54	$ 331.96	5%
Bronze	HealthFirst	$ 330.56	$ 356.31	8%
Bronze	Wellcare	$ 396.81	$ 373.51	-6%
Bronze	Oscar	$ 352.39	$ 373.89	6%
Bronze	Health Republic	$ 350.66	$ 386.29	10%
Bronze	Emblem HIP	$ 354.31	$ 387.89	9%
Bronze	MVP HP	$ 345.81	$ 389.89	13%
Bronze	Empire HMO	$ 404.71	$ 443.51	10%
Bronze	UHNY	$ 456.45	$ 452.54	-1%
Bronze	Oxford OHP	$ 525.65	$ 453.04	-14%

Premium Rates		2015	2016	Change
Gold	Metro Plus	$ 438.26	$ 427.77	-2%
Gold	Affinity	$ 435.92	$ 469.44	8%
Gold	North Shore LIJ	$ 446.00	$ 475.71	7%
Gold	HealthFirst	$ 453.53	$ 496.31	9%
Gold	Fidelis(NYS Cath)	$ 475.90	$ 499.83	5%
Gold	Wellcare	$ 546.86	$ 526.21	-4%
Gold	Emblem HIP	$ 492.94	$ 549.41	11%
Gold	Oscar	$ 511.82	$ 556.63	9%
Gold	Health Republic	$ 500.87	$ 568.91	14%
Gold	MVP HP	$ 517.43	$ 573.32	11%
Gold	Empire HMO	$ 561.94	$ 645.69	15%
Gold	UHNY	$ 643.87	$ 655.56	2%
Gold	Oxford OHP	$ 741.81	$ 656.28	-12%

Premium Rates		2015	2016	Change
Platinum	Metro Plus	$ 515.08	$ 505.65	-2%
Platinum	Affinity	$ 517.42	$ 549.08	6%
Platinum	North Shore LIJ	$ 513.00	$ 556.32	8%
Platinum	HealthFirst	$ 537.48	$ 592.00	10%
Platinum	Fidelis(NYS Cath)	$ 580.06	$ 607.42	5%
Platinum	Wellcare	$ 619.34	$ 615.43	-1%
Platinum	Oscar	$ 591.32	$ 637.67	8%
Platinum	Emblem HIP	$ 600.98	$ 649.27	8%
Platinum	MVP HP	$ 610.55	$ 667.12	9%
Platinum	Health Republic	$ 588.92	$ 668.88	14%
Platinum	Empire HMO	$ 665.90	$ 750.82	13%
Platinum	UHNY	$ 759.87	$ 773.64	2%
Platinum	Oxford OHP	$ 875.58	$ 774.48	-12%

MetroPlus Health Plan

Management Indicator Report # 1

For Enrollment Month 201508

Membership Change Month-To-Month As of: 201508

	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
CHP	11673	11845	12047	12231	12291	11923	12078	12287	12601	12978	12685	12562	12139
FHP	14937	12395	9419	5820	3510	77	7	0	3	0	1	0	0
FIDA	0	0	0	0	0	3	12	16	58	98	102	138	177
HHC	3438	3465	3349	3401	3405	3573	3420	3441	3454	3511	3559	3580	3621
Medicaid	380373	385769	389919	395407	402711	409350	409748	411536	411214	414927	417018	417314	419821
Medicare	8254	8350	8395	8477	8548	8593	8599	8587	8500	8459	8445	8460	8465
MLTC	629	673	720	774	810	815	824	883	854	872	897	889	876
QHP	44710	40507	38241	37318	36086	25082	26001	27557	28093	26919	25794	25175	24232
SHOP	711	723	699	688	749	729	736	641	603	601	526	514	480
SNP	5198	5122	5034	4954	4945	4913	4836	4802	4770	4759	4739	4708	4687
Total	469923	468849	467823	469070	473055	465058	466261	469750	470150	473124	473766	473340	474498

% Of Membership Change Month-To-Month

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15
CHP	1.47%	1.71%	1.53%	0.49%	-2.99%	1.30%	1.73%	2.56%	2.99%	-2.26%	-0.97%	-3.37%
FHP	-17.02%	-24.01%	-38.21%	-39.69%	-97.81%	-90.91%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%
FIDA	0.00%	0.00%	0.00%	0.00%	0.00%	300.00%	33.33%	262.50%	68.97%	4.08%	35.29%	28.26%
HHC	0.79%	-3.35%	1.55%	0.12%	4.93%	-4.28%	0.61%	0.38%	1.65%	1.37%	0.59%	1.15%
Medicaid	1.42%	1.08%	1.41%	1.85%	1.65%	0.10%	0.44%	-0.08%	0.90%	0.50%	0.07%	0.60%
Medicare	1.16%	0.54%	0.98%	0.84%	0.53%	0.07%	-0.14%	-1.01%	-0.48%	-0.17%	0.18%	0.06%
MLTC	7.00%	6.98%	7.50%	4.65%	0.62%	1.10%	7.16%	-3.28%	2.11%	2.87%	-0.89%	-1.46%
QHP	-9.40%	-5.59%	-2.41%	-3.30%	-30.49%	3.66%	5.98%	1.95%	-4.18%	-4.18%	-2.40%	-3.75%
SHOP	1.69%	-3.32%	-1.57%	8.87%	-2.67%	0.96%	-12.91%	-5.93%	-0.33%	-12.48%	-2.28%	-6.61%
SNP	-1.46%	-1.72%	-1.59%	-0.18%	-0.65%	-1.57%	-0.70%	-0.67%	-0.23%	-0.42%	-0.65%	-0.45%

Disenrollment Summary by Reason top 10

LOSS OF MEDICAID	11,408
PLAN 92 ON EMEV NOT ON ROSTER	1,399
UNKNOWN	940
TRANSFER TO OTHER PLAN	921
WANTS TO JOIN ANOTHER HEALTH PLAN	370
FAILED TO MAKE PAYMENT	284
ENROLLEE EXCLUDED FROM MANAGED CARE	251
WANT TO JOIN ANOTHER HEALTHPLAN	169
FAILURE TO SUBMIT ANNUAL RECERTIFICATION	100
TRANSFER TO MEDICAID WITH M+	79

MetroPlus Health Plan

Management Indicator Report # 1

For Enrollment Month 201508

% Of Membership Change In 12 Months

Year/Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2013	1.01%	-0.63%	-2.12%	-0.08%	-0.36%	-0.29%	-0.29%	-0.45%	0.05%	-0.50%	-0.78%	0.08%
2014	2.63%	-0.21%	0.72%	2.28%	5.20%	0.38%	-0.11%	0.12%	-0.23%	-0.22%	0.27%	0.85%
2015	-1.69%	0.26%	0.75%	0.09%	0.63%	0.14%	-0.09%	0.24%	0.00%	0.00%	0.00%	0.00%

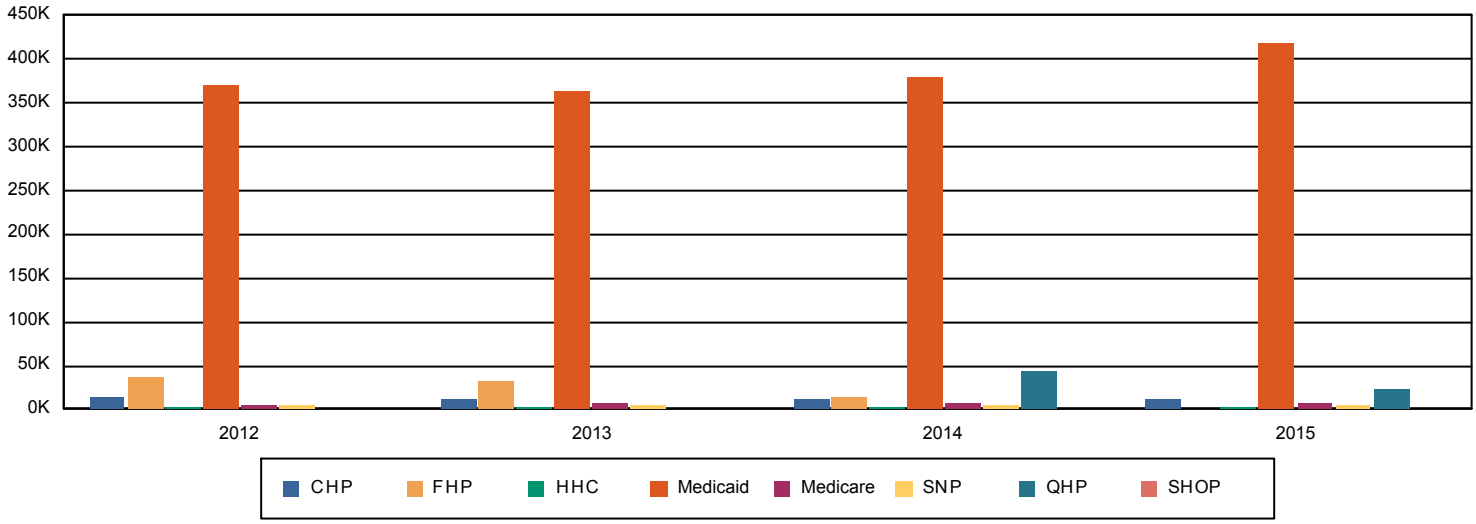
Note: (Formula - Difference From Month Total and Previous Month Total / Previous Month Total) %

MetroPlus Health Plan

Management Indicator Report # 1

For Enrollment Month 201508

Membership Change YTD vs Previous 3 Years by LOB



Enrollment Year	*CHP*	*FHP*	*% FHP in Total Membership*	*HHC*	*Medicaid*	*Medicare*	*SNP*	*QHP*	*SHOP*	*Total*
2012										
Enrolled	15,691.00	36,668.00	8.00%	3,127.00	371,610.00	5,966.00	5,789.00			438,851.00
2013										
Enrolled	12,391.00	33,551.00	7.00%	3,306.00	364,628.00	7,038.00	5,447.00			426,647.00
Percent Change	-21.03	-8.50		5.72	-1.88	17.97	-5.91			-2.78
2014										
Enrolled	11,673.00	14,937.00	3.00%	3,438.00	380,373.00	8,254.00	5,198.00	44,710.00	711.00	469,923.00
Percent Change	-5.79	-55.48		3.99	4.32	17.28	-4.57			10.14
2015										
Enrolled	12,139.00			3,621.00	419,821.00	8,465.00	4,687.00	24,232.00	480.00	474,498.00
Percent Change	3.99			5.32	10.37	2.56	-9.83	-45.80	-32.49	4.29

Note: the report compares enrollment month 201508 with the same month for the past three years
Formula - (Difference From Month Total and Previous Year Month Total / Previous Year Month Total) %

Management Indicator Report # 1

For Enrollment Month 201508

Indicator #1A for Enrollment Month: August 2015

Disenrollments To Other Plans

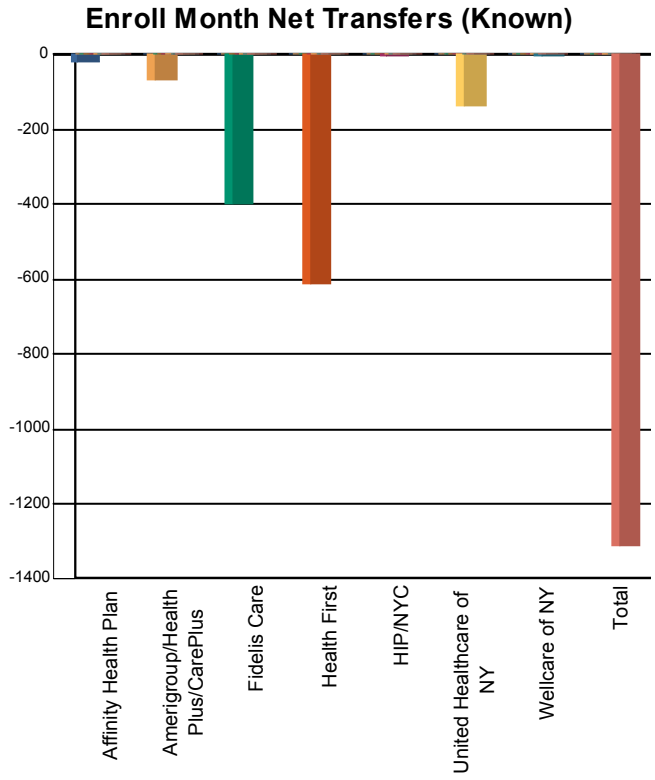
		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOLUNTARY		45	45	8	414	422
	VOLUNTARY		23	23	16	561	577
Affinity Health Plan	**TOTAL**		**68**	**68**	**24**	**975**	**999**
	INVOLUNTARY		83	83	15	817	832
	VOLUNTARY		58	58	8	991	999
Amerigroup/Health Plus/CarePlus	**TOTAL**		**141**	**141**	**23**	**1808**	**1831**
	INVOLUNTARY		232	232	17	2242	2259
	UNKNOWN		3	3	4	5	9
	VOLUNTARY		244	244	64	3403	3467
Fidelis Care	**TOTAL**		**479**	**479**	**85**	**5650**	**5735**
	INVOLUNTARY		287	287	30	3532	3562
	UNKNOWN		1	1	5	8	13
	VOLUNTARY		412	412	62	6379	6441
Health First	**TOTAL**		**700**	**700**	**97**	**9919**	**10016**
	INVOLUNTARY		13	13		296	296
	VOLUNTARY		23	23	7	370	377
HIP/NYC	**TOTAL**		**36**	**36**	**7**	**666**	**673**
	INVOLUNTARY		121	121	12	817	829
	VOLUNTARY		52	52	4	544	548
United Healthcare of NY	**TOTAL**		**173**	**173**	**16**	**1361**	**1377**
	INVOLUNTARY		31	31	4	485	489
	VOLUNTARY		14	14	9	194	203
Wellcare of NY	**TOTAL**		**45**	**45**	**13**	**679**	**692**
	INVOLUNTARY		882	882	101	9325	9426
	UNKNOWN		4	4	22	14	36
	VOLUNTARY		834	834	184	12562	12746
Disenrolled Plan Transfers	**TOTAL**		**1720**	**1720**	**307**	**21901**	**22208**
	INVOLUNTARY		64	64	17	763	780
	VOLUNTARY		59	59	2	703	705
Disenrolled Unknown Plan Transfers:	**TOTAL**		**123**	**123**	**19**	**1466**	**1485**
	INVOLUNTARY		12164	12164	4209	141619	145828
	UNKNOWN		42	42	50	428	478
	VOLUNTARY		43	43	12	1338	1350
Non-Transfer Disenroll Total:	**TOTAL**		**12249**	**12249**	**4271**	**143385**	**147656**
	INVOLUNTARY		13110	13110	4327	151707	156034
	UNKNOWN		46	46	73	442	515
	VOLUNTARY		936	936	198	14603	14801
Total MetroPlus Disenrollment:	**TOTAL**		**14092**	**14092**	**4598**	**166752**	**171350**

New MetroPlus Members Disenrolled From Other Plans

	FHP	MCAD	Total	Y FHP	Y MCAD	Y Total
Affinity Health Plan		48	48	10	949	959
Amerigroup/Health Plus/CarePlus		76	76	8	1,283	1,291
Fidelis Care		82	82	8	1,257	1,265
Health First		89	89	6	1,534	1,540
HIP/NYC		33	33		518	518
United Healthcare of NY		39	39		649	649
Wellcare of NY		41	41	4	588	592
Total		408	408	36	6,778	6,814
Unknown/Other (not in total)		1,965	1,965	31	46,872	46,903

Net Difference

	Enrollment Month			Twelve Months Period		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan		-20	-20	-14	-26	-40
Amerigroup/Health Plus/CarePlus		-65	-65	-15	-525	-540
Fidelis Care		-397	-397	-77	-4,393	-4,470
Health First		-611	-611	-91	-8,385	-8,476
HIP/NYC		-3	-3		-148	-155
United Healthcare of NY		-134	-134		-712	-728
Wellcare of NY		-4	-4	-9	-91	-100
Total		-1,312	-1,312	-271	-15,123	-15,394



MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 09/14/2015

Other Plan Name	Category	2014_10		2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
AETNA	INVOLUNTARY	1	4	0	4	0	7	1	7	9	5	13	10	16	15	16	15	123
	VOLUNTARY	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	2
	TOTAL	1	4	0	4	0	7	1	7	9	5	13	10	17	15	16	16	125
Affinity Health Plan	INVOLUNTARY	3	24	0	37	2	23	2	36	37	46	29	39	32	43	45	43	441
	UNKNOWN	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	3
	VOLUNTARY	6	53	3	62	0	43	1	45	37	49	36	31	46	42	23	33	510
	TOTAL	9	77	3	99	2	66	6	81	74	95	65	70	78	85	68	76	954
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	1	54	6	56	4	57	4	74	51	60	63	98	86	79	83	76	852
	UNKNOWN	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	2
	VOLUNTARY	0	67	1	98	3	93	2	65	79	74	100	80	82	80	58	83	965
	TOTAL	1	121	7	154	7	150	7	139	130	134	163	179	168	159	141	159	1,819
BC/BS OF MNE	INVOLUNTARY	1	10	2	19	3	14	1	26	17	67	34	36	38	22	29	48	367
	VOLUNTARY	0	0	0	1	0	2	0	4	1	1	2	0	0	0	1	2	14
	TOTAL	1	10	2	20	3	16	1	30	18	68	36	36	38	22	30	50	381
CIGNA	INVOLUNTARY	0	0	0	5	0	0	0	3	4	5	2	4	10	4	4	7	48
	TOTAL	0	0	0	5	0	0	0	3	4	5	2	4	10	4	4	7	48
Fidelis Care	INVOLUNTARY	4	161	1	171	2	136	7	228	127	187	189	199	218	244	232	238	2,344
	UNKNOWN	0	0	2	0	1	0	1	0	0	1	0	0	1	0	3	0	9
	VOLUNTARY	16	298	11	334	7	340	8	279	203	257	243	247	337	218	244	282	3,324
	TOTAL	20	459	14	505	10	476	16	507	330	445	432	446	556	462	479	520	5,677

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 09/14/2015

		2014_10		2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
GROUP HEALTH INC.	INVOLUNTARY	0	3	0	6	0	5	0	6	7	3	13	5	6	5	7	3	69
	VOLUNTARY	0	0	0	0	0	0	0	0	1	1	1	0	1	1	0	1	6
	TOTAL	0	3	0	6	0	5	0	6	8	4	14	5	7	6	7	4	75
Health First	INVOLUNTARY	6	240	6	276	7	220	6	368	296	336	318	333	343	320	287	401	3,763
	UNKNOWN	2	1	2	1	1	0	0	0	0	0	2	0	0	2	1	0	12
	VOLUNTARY	18	523	12	561	10	648	4	512	361	550	528	551	581	420	412	545	6,236
	TOTAL	26	764	20	838	18	868	10	880	657	886	848	884	924	742	700	946	10,011
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	3	1	6	0	2	0	4	2	7	2	8	5	5	7	19	71
	VOLUNTARY	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2
	TOTAL	0	4	1	6	0	2	0	4	2	7	2	8	6	5	7	19	73
HIP/NYC	INVOLUNTARY	0	28	0	26	0	24	0	39	23	20	19	26	38	21	13	40	317
	VOLUNTARY	2	38	1	33	1	28	1	34	24	33	20	37	36	27	23	17	355
	TOTAL	2	66	1	59	1	52	1	73	47	53	39	63	74	48	36	57	672
OXFORD INSURANCE CO.	INVOLUNTARY	0	3	1	5	0	2	0	3	3	7	4	7	10	2	0	10	57
	VOLUNTARY	0	0	0	0	0	0	0	1	1	0	0	0	0	0	1	1	4
	TOTAL	0	3	1	5	0	2	0	4	4	7	4	7	10	2	1	11	61
UNION LOC. 1199	INVOLUNTARY	0	3	2	4	0	2	0	5	4	3	12	7	4	7	7	15	75
	UNKNOWN	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	5	7	1	9	0	5	0	14	3	1	6	6	6	8	6	5	82
	TOTAL	5	10	3	13	0	7	1	19	7	4	18	13	10	15	13	20	158

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 09/14/2015

		2014_10		2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
United Healthcare of NY	INVOLUNTARY	0	61	4	49	2	57	5	81	55	68	58	60	66	94	121	97	878
	UNKNOWN	1	0	1	0	3	0	0	0	0	0	0	0	0	0	0	0	5
	VOLUNTARY	3	38	0	32	0	60	0	45	27	40	37	44	61	45	52	39	523
	TOTAL	4	99	5	81	5	117	5	126	82	108	95	104	127	139	173	136	1,406
Wellcare of NY	INVOLUNTARY	1	36	0	56	2	33	1	38	26	36	60	56	44	41	31	52	513
	UNKNOWN	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	5	14	1	13	0	14	0	12	15	20	16	16	25	14	14	14	193
	TOTAL	6	50	1	69	3	47	2	50	41	56	76	72	69	55	45	66	708
Disenrolled Plan Transfers	INVOLUNTARY	17	630	23	720	22	582	27	918	661	850	816	888	916	902	882	1,064	9,918
	UNKNOWN	3	1	5	1	6	0	7	0	0	1	2	1	1	2	4	0	34
	VOLUNTARY	55	1,039	30	1,143	21	1,233	16	1,011	752	1,026	989	1,012	1,177	855	834	1,023	12,216
	TOTAL	75	1,670	58	1,864	49	1,815	50	1,929	1,413	1,877	1,807	1,901	2,094	1,759	1,720	2,087	22,168
Disenrolled Unknown Plan Transfers	INVOLUNTARY	4	41	6	68	3	44	3	52	65	76	73	80	52	88	64	83	802
	UNKNOWN	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	2	78	0	66	0	50	0	39	38	59	66	53	72	71	59	59	712
	TOTAL	6	119	6	134	4	94	3	91	103	135	139	133	124	159	123	142	1,515
Non-Transfer Disenroll Total	INVOLUNTARY	1,061	10,868	1,285	10,310	365	8,160	720	13,252	11,230	13,672	13,301	12,185	13,500	13,113	12,164	14,891	150,077
	UNKNOWN	1	55	19	41	7	40	13	30	40	32	28	18	30	25	42	65	486
	VOLUNTARY	1	81	4	76	4	125	0	51	524	68	123	55	41	73	43	24	1,293
	TOTAL	1,063	11,004	1,308	10,427	376	8,325	733	13,333	11,794	13,772	13,452	12,258	13,571	13,211	12,249	14,980	151,856

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 09/14/2015

		2014_10		2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
Total MetroPlus Disenrollment	**INVOLUNTARY**	1,082	11,539	1,314	11,098	390	8,786	750	14,222	11,956	14,598	14,190	13,153	14,468	14,103	13,110	16,038	160,797
	UNKNOWN	4	56	24	42	14	40	20	30	40	33	30	19	31	27	46	65	521
	VOLUNTARY	58	1,198	34	1,285	25	1,408	16	1,101	1,314	1,153	1,178	1,120	1,290	999	936	1,106	14,221
	TOTAL	1,144	12,793	1,372	12,425	429	10,234	786	15,353	13,310	15,784	15,398	14,292	15,789	15,129	14,092	17,209	175,539

MetroPlus Health Plan

New Member Transfer From Other Plans

	2014_10		2014_11		2014_12		2015	2015	2015	2015	2015	2015	2015	2015	2015	TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
AETNA	0	7	1	9	0	8	7	1	1	11	5	7	7	5	1	70
Affinity Health Plan	2	86	1	87	2	118	62	68	76	63	93	82	63	48	67	918
Amerigroup/Health Plus/CarePlus	3	96	0	93	0	142	91	147	89	118	108	106	82	76	113	1,264
BC/BS OF MNE	0	25	0	48	0	44	28	18	12	14	10	14	5	4	8	230
CIGNA	0	4	0	1	0	1	1	0	1	2	2	2	1	0	3	18
Fidelis Care	2	116	0	97	0	113	113	123	90	87	92	129	78	82	89	1,211
GROUP HEALTH INC.	0	9	0	4	0	8	8	3	5	5	4	9	8	3	3	69
Health First	1	128	3	131	0	196	115	134	103	97	116	147	93	89	145	1,498
HEALTH INS PLAN OF GREATER N	1	3	0	10	0	15	10	2	6	5	1	2	5	1	6	67
HIP/NYC	0	55	0	50	0	52	36	46	30	52	42	44	25	33	31	496
OXFORD INSURANCE CO.	0	0	0	4	0	5	2	3	1	2	5	4	5	1	4	36
UNION LOC. 1199	0	17	2	3	0	6	14	2	0	4	3	8	2	1	0	62
United Healthcare of NY	0	55	0	62	0	54	44	56	57	47	67	56	55	39	53	645
Unknown Plan	14	4,811	4	5,173	8	5,908	6,011	3,517	2,942	3,010	2,867	3,373	2,078	1,965	2,539	44,220
Wellcare of NY	1	48	0	37	1	53	64	62	46	48	33	56	43	41	49	582
TOTAL	24	5,460	11	5,809	11	6,723	6,606	4,182	3,459	3,565	3,448	4,039	2,550	2,388	3,111	51,386

Report ID: MHP1268C
Report Run Date: 9/15/2015

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

September-2015

		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
Total Members	Prior Month	464,123	468,666	469,157	472,004	473,553	473,873	474,498
	New Member	23,117	18,133	19,646	20,231	17,959	16,916	16,615
	Voluntary Disenroll	1,612	1,633	1,645	1,884	1,481	1,538	1,720
	Involuntary Disenroll	16,962	16,009	15,154	16,798	16,158	14,753	17,142
	Adjusted	43	77	83	424	969	1,567	0
	Net Change	4,543	491	2,847	1,549	320	625	-2,247
	Current Month	468,666	469,157	472,004	473,553	473,873	474,498	472,251
Medicaid	Prior Month	410,156	412,035	412,128	415,163	417,482	418,477	419,821
	New Member	17,655	15,495	17,337	18,116	16,124	15,403	15,064
	Voluntary Disenroll	1,153	1,178	1,120	1,290	999	936	1,106
	Involuntary Disenroll	14,623	14,224	13,182	14,507	14,130	13,123	16,081
	Adjusted	82	130	187	562	1,159	1,800	0
	Net Change	1,879	93	3,035	2,319	995	1,344	-2,123
	Current Month	412,035	412,128	415,163	417,482	418,477	419,821	417,698
Child Health Plus	Prior Month	12,066	12,282	12,425	12,495	12,467	12,329	12,139
	New Member	854	654	699	693	554	543	693
	Voluntary Disenroll	252	177	257	347	264	388	378
	Involuntary Disenroll	386	334	372	374	428	345	260
	Adjusted	-35	-48	-105	-154	-233	-293	0
	Net Change	216	143	70	-28	-138	-190	55
	Current Month	12,282	12,425	12,495	12,467	12,329	12,139	12,194
Family Health Plus	Prior Month	0	0	0	0	0	0	0
	New Member	0	0	0	0	0	0	0
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0	0
	Current Month	0	0	0	0	0	0	0

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

September-2015

		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
HHC	Prior Month	3,461	3,509	3,559	3,573	3,608	3,629	3,621
	New Member	63	66	49	65	99	25	0
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	15	16	35	30	78	33	12
	Adjusted	-1	0	2	23	49	61	0
	Net Change	48	50	14	35	21	-8	-12
	Current Month	3,509	3,559	3,573	3,608	3,629	3,621	3,609
SNP	Prior Month	4,832	4,790	4,768	4,759	4,738	4,708	4,687
	New Member	38	50	64	54	58	62	43
	Voluntary Disenroll	26	32	16	30	33	24	36
	Involuntary Disenroll	54	40	57	45	55	59	49
	Adjusted	0	-2	0	-1	0	10	0
	Net Change	-42	-22	-9	-21	-30	-21	-42
	Current Month	4,790	4,768	4,759	4,738	4,708	4,687	4,645
Medicare	Prior Month	8,589	8,598	8,491	8,455	8,442	8,460	8,465
	New Member	281	317	314	286	366	322	296
	Voluntary Disenroll	180	229	242	191	185	190	200
	Involuntary Disenroll	92	195	108	108	163	127	110
	Adjusted	0	1	1	-1	-1	-7	0
	Net Change	9	-107	-36	-13	18	5	-14
	Current Month	8,598	8,491	8,455	8,442	8,460	8,465	8,451
Managed Long Term Care	Prior Month	820	882	868	871	896	885	876
	New Member	81	50	60	66	50	54	62
	Voluntary Disenroll	0	16	10	26	0	0	0
	Involuntary Disenroll	19	48	47	15	61	63	64
	Adjusted	0	0	-1	-3	-4	1	0
	Net Change	62	-14	3	25	-11	-9	-2
	Current Month	882	868	871	896	885	876	874

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

September-2015

		Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
QHP	Prior Month	23,571	25,958	26,280	26,043	25,287	24,736	24,232
	New Member	4,118	1,435	1,071	914	655	453	429
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	1,731	1,113	1,308	1,670	1,206	957	545
	Adjusted	-1	-1	0	-1	0	-6	0
	Net Change	2,387	322	-237	-756	-551	-504	-116
	Current Month	25,958	26,280	26,043	25,287	24,736	24,232	24,116
SHOP	Prior Month	616	597	584	554	534	512	480
	New Member	22	26	14	24	14	8	10
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	41	39	44	44	36	40	11
	Adjusted	-2	-2	-1	-1	-1	0	0
	Net Change	-19	-13	-30	-20	-22	-32	-1
	Current Month	597	584	554	534	512	480	479
FIDA	Prior Month	12	15	54	91	99	137	177
	New Member	5	40	38	13	39	46	18
	Voluntary Disenroll	1	1	0	0	0	0	0
	Involuntary Disenroll	1	0	1	5	1	6	10
	Adjusted	0	-1	0	0	0	1	0
	Net Change	3	39	37	8	38	40	8
	Current Month	15	54	91	99	137	177	185

RESOLUTION

Approving the application for verification by the American College of Surgeons of Harlem Hospital Center ("Harlem Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Harlem Hospital Center through the American College of Surgeons, Committee on Trauma.

WHEREAS, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, Harlem Hospital Center has been designated as a trauma center by the New York State Department of Health; and

WHEREAS, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Harlem Hospital Center; and

NOW, THEREFORE, be it

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the "Board") approves the application for verification of Harlem Hospital Center as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Harlem Hospital Center, as a Trauma Center, by the American College of Surgeons.

Executive Summary

Board of Directors Resolution on Trauma Center Designation
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Harlem Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

RESOLUTION

Approving the application for verification by the American College of Surgeons of Jacobi Medical Center ("Jacobi Medical Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Jacobi Medical Center through the American College of Surgeons, Committee on Trauma.

WHEREAS, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, Jacobi Medical Center has been designated as a trauma center by the New York State Department of Health; and

WHEREAS, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Jacobi Medical Center; and

NOW, THEREFORE, be it

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the "Board") approves the application for verification of Jacobi Medical Center as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Jacobi Medical Center, as a Trauma Center, by the American College of Surgeons.

Executive Summary

Board of Directors Resolution on Trauma Center Designation
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Jacobi Medical Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

RESOLUTION

Approving the application for verification by the American College of Surgeons of Kings County Hospital Center ("Kings County Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Kings County Hospital Center through the American College of Surgeons, Committee on Trauma.

WHEREAS, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, Kings County Hospital Center has been designated as a trauma center by the New York State Department of Health; and

WHEREAS, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Kings County Hospital Center; and

NOW, THEREFORE, be it

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the "Board") approves the application for verification of Kings County Hospital Center as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Kings County Hospital Center, as a Trauma Center, by the American College of Surgeons.

Executive Summary

Board of Directors Resolution on Trauma Center Designation
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Kings County Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

RESOLUTION

Approving the application for verification by the American College of Surgeons of Lincoln Medical & Mental Health Center ("Lincoln Medical & Mental Health Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Lincoln Medical and Mental Health Center through the American College of Surgeons, Committee on Trauma.

WHEREAS, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, Lincoln Medical & Mental Health Center has been designated as a trauma center by the New York State Department of Health; and

WHEREAS, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Lincoln Medical & Mental Health Center; and

NOW, THEREFORE, be it

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the "Board") approves the application for verification of Lincoln Medical & Mental Health Center as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Lincoln Medical & Mental Health Center, as a Trauma Center, by the American College of Surgeons.

Executive Summary

Board of Directors Resolution on Trauma Center Designation
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Lincoln Medical & Mental Health Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

RESOLUTION

Approving the application for verification by the American College of Surgeons of Bellevue Hospital Center ("Bellevue Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Bellevue Hospital Center through the American College of Surgeons, Committee on Trauma.

WHEREAS, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, Bellevue Hospital Center has been designated as a trauma center by the New York State Department of Health; and

WHEREAS, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Bellevue Hospital Center; and

NOW, THEREFORE, be it

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the "Board") approves the application for verification of Bellevue Hospital Center as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Bellevue Hospital Center, as a Trauma Center, by the American College of Surgeons.

Executive Summary

Board of Directors Resolution on Trauma Center Designation
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Bellevue Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

RESOLUTION

Approving the application for verification by the American College of Surgeons of Elmhurst Hospital Center ("Elmhurst Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Elmhurst Hospital Center through the American College of Surgeons, Committee on Trauma.

WHEREAS, the Corporation has played a significant and needed role in the provision of trauma services in New York City; and

WHEREAS, Elmhurst Hospital Center has been designated as a trauma center by the New York State Department of Health; and

WHEREAS, in 2015 the American College of Surgeons is the verifying authority for trauma centers; and

WHEREAS, the Board of Directors of the New York City Health and Hospitals Corporation fully supports the continued provision of trauma services at Elmhurst Hospital Center; and

NOW, THEREFORE, be it

RESOLVED, that the Board of Directors of the New York City Health and Hospitals Corporation of the City of New York (the "Board") approves the application for verification of Elmhurst Hospital Center as a trauma center; and

FURTHER RESOLVED, that the Board commits to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

FURTHER RESOLVED, that the Board authorizes the President of the Corporation, or his designee, to execute any and all documents necessary to verify Elmhurst Hospital Center, as a Trauma Center, by the American College of Surgeons.

Executive Summary

Board of Directors Resolution on Trauma Center Designation
October 22, 2015

HHC has played a significant and needed role in the provision of trauma services in New York City, and has had trauma center designation at Elmhurst Hospital Center.

The New York State Department of Health will continue to be the designating authority for this trauma center. The verification authority will be delegated by the State to the "American College of Surgeons, Committee on Trauma" (ACS COT).

The HHC Board of Directors previously approved Trauma Center designation for these facilities on November 21, 2013. Since that time the American College of Surgeons, Committee on Trauma, has updated its requirements for verification, specifically authorizing the work of the trauma performance improvement committee at each trauma center. The American College of Surgeons requires a specific board resolution consistent with this change, prior to the 36 month expiration date of the previous HHC board resolution on trauma center verification. Hence the resolution before the Board today.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("the Corporation") to enter into a Cisco Enterprise License Agreement ("ELA") through a Third Party Contract as part of the LAN Migration/Network Infrastructure refresh project in an amount not to exceed $11,410,000 for a five year period.

WHEREAS, Enterprise Information Technology Services ("EITS") in undergoing a Network Infrastructure refresh program to upgrade the Corporation's network to improve system availability, speed, bandwidth and stability necessary to meet the growing demand and advances in healthcare delivery models and improve patient care; and

WHEREAS, as part of the overall program, EITS will be installing new network infrastructure equipment, installing an enterprise wireless network throughout the organization, and replacing the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment; and

WHEREAS, the Cisco Enterprise License Agreement ("ELA") provides the operating software for the unified communication system - voiceover internet protocol ("VOIP") devices- throughout the Corporation's facilities and clinics; and

WHEREAS, the ELA permits unlimited deployment of licenses across the enterprise for a unified communication system at significant savings compared to the costs if such licenses were purchased on an individual device basis; and

WHEREAS, the Corporation will solicit proposals from authorized vendors who offer the Cisco software via Third Party contracts; and

WHEREAS, the award will be made to the vendor offering the lowest price; 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 ("the Corporation") be and hereby is authorized to enter into a Cisco Enterprise License Agreement ("ELA") through Third Party Contract(s) as part of the LAN migration/Network Infrastructure refresh project in an amount not to exceed $11,410,000 for a five year period.

Executive Summary –
Purchase of a Cisco Enterprise License Agreement via
Third Party Contracts

Enterprise Information Technology Services ("EITS") is seeking to procure a Cisco Enterprise License Agreement ("ELA") through a Third Party Contract as part of the LAN Migration/Network Infrastructure refresh project in an amount not to exceed $11,410,000 for a five year period.

The Cisco ELA will provide the operating software for the unified communication system - voiceover internet protocol ("VOIP") devices - throughout the Corporation's facilities and clinics. The ELA permits unlimited deployment of licenses across the enterprise for a unified communication system at significant savings compared to the costs if such licenses were purchased on an individual device basis.

The cost of the software included in the ELA would exceed $29.2 million if purchased as individual items rather than bundled through the ELA. Obtaining the software through an ELA would result in a cost avoidance of $17.8 million.

EITS in undergoing a Network Infrastructure refresh program to upgrade the Corporation's network to improve system availability, speed, bandwidth and stability necessary to meet the growing demand and advances in healthcare delivery models and improve patient care.

As part of the overall program, EITS will be installing new network infrastructure equipment, installing an enterprise wireless network throughout the organization, and replacing the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment.

This solution will move the Corporation off of the legacy PBX (Private Branch Exchange) technology which is outdated and does not support many of the newer applications and environments such as Telehealth (including remote patient monitoring) and telemedicine. The move off the legacy PBX systems to the new VOIP Unified Communications systems will allow the HHC to support Telehealth, and Telemedicine. Remote patient monitoring uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation.

Unified Communications VOIP technology is an integral and essential component of the technology infrastructure needed to evolve NYCHHC into these areas of healthcare.

The EITS is soliciting proposals from authorized vendors who offer the Cisco software via Third Party contract. The award will be made to the vendor offering the lowest price.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Cisco Enterprise License Agreement

Project Title & Number: LAN Migration/Network Infrastructure Refresh

Project Location: Enterprise-Wide

Requesting Dept.: Enterprise IT Services

Successful Respondent: Vendor via Third Party Contract

Contract Amount: $11,410,000

Contract Term: 5 years

Number of Respondents: Multiple vendors via Third Party Contract
(If Sole Source, explain in Background section)

Range of Proposals: $ Not Applicable to $

Minority Business Enterprise Invited: **X** Yes If no, please explain:

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

Method of Payment:
Lump Sum Per Diem Time and Rate
X Other: explain: Annual payments

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No **X** N/A

Vendex Clearance Yes No **X** N/A

(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.)

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

EITS is seeking spending authority in the amount of $11.41 million to purchase a Cisco Enterprise License Agreement (ELA) necessary for the installation of an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment as part of the LAN Migration/Network Infrastructure Refresh program.

The LAN Migration/Network Infrastructure refresh program includes the upgrade of the network hardware infrastructure, the installation of an enterprise wireless network throughout the organization and the replacement the existing Private Branch Exchange (PBX) with a unified communication system.

At this time EITS is seeking spending authority for the ELA that provides the Cisco operating software for the unified communication system - voiceover internet protocol ("VOIP") devices- throughout the Corporation's facilities and clinics that allows for unlimited deployment of licenses across the enterprise at significant savings compared to the costs if such licenses were purchased on an individual device basis.

This solution will move the Corporation off of the legacy PBX (Private Branch Exchange) technology which is outdated and does not support many of the newer applications and environments such as Telehealth (including remote patient monitoring) and telemedicine.

The move off the legacy PBX systems to the new VOIP Unified Communications systems will allow the HHC hospitals to support Telehealth, and Telemedicine. Remote patient monitoring uses devices to remotely collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation.

Unified Communications VOIP technology is an integral and essential component of the technology infrastructure needed to evolve NYCHHC into these areas of healthcare.

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

N/A

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:

N/A

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):*

Process used to select the proposed contractor –

Under this request, a solicitation is being conducted from vendors available through Third Party Contract. Conducting solicitations via Third Party contracts will ensure that HHC is promoting competition as well as receiving the best price for the required software. Third party contracts offer discounted pricing compared to the market price for such software.

The selection criteria –

Enterprise IT Services will solicit authorized Cisco resellers via Third Party contracts. Multiple resellers will be solicited. An award will be made to the lowest responsive and responsible bidder.

The justification for the selection –

An award will be made to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

The ELA will allow HHC unlimited deployment of voice over internet protocol devices across the HHC enterprise during the 5 year term.

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

The ELA will result in a cost avoidance of $17.8 million compared to the costs if the software was purchased on an individual basis.

Items Included in the ELA	Price List	ELA	
Net-new Licenses and SWSS	$11,986,860	Included	Combination of all product licenses (phone, video, voicemail, etc.) and maintenance to be purchased over next 60 months consistent with past purchases and future company direction
Prime Management	$7,914,268	Included	200,000 devices to be licenses and 60 months of SWSS
SWSS on Existing Licenses	$756,781	Included	Maintenance and upgrades of existing software assets over 60 months
WebEx Conferencing	$4,566,600	Included	Based on 20,000 knowledge workers and 3,600 active hosts
Contact Center Express Agents	$268,750	Included	Contact center express for 500 enhanced agents
Cisco Advanced Services	$3,735,134	Included	Adoption and implementation services including two onsite engineers for 2 years and virtual adoption resources
Total	$29,228,393	$11,404,682	
Savings		**$17,823,711**	

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

N/A

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

Not applicable. The purchase is for software licenses.

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):

Sal Guido, Assistant Vice President/ Interim 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):*

Received By E.E.O. _____ ***Not Applicable***
Date

Analysis Completed By E.E.O._____
Date

_____
Name

CISCO Enterprise License Agreement

Medical & Professional Affairs/IT Committee Meeting

October 8, 2015

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

CISCO ELA

- **Enterprise IT Services (EITS) is seeking $11.41 million in spending authority to purchase Cisco software licenses through an Enterprise License Agreement (ELA) for a 5 year term.**

- **The ELA provides the operating software for the unified communications system (voice over internet protocol) being installed throughout all HHC facilities.**

- **An ELA permits unlimited deployment of licenses for these devices across the HHC enterprise at a significant savings compared to purchasing the software on an a la carte basis.**

- **The cost of the software, if purchased individually, would exceed $29.2 million. Therefore obtaining the required software through an ELA would result in a cost avoidance of $17.8 million.**

LAN Migration/Network Infrastructure Refresh

- **The Network Infrastructure Refresh program is a multi-pronged effort to upgrade HHC's network to improve system availability, speed, bandwidth and stability in order to meet growing demand, advances in the healthcare delivery model and to improve patient care. The program includes:**
  - **Installing new network infrastructure equipment**
  - **Installing an enterprise wireless network throughout the organization**
  - **Replacing the existing phone system with an agile unified communications system - Voiceover Internet Protocol - with full Business Continuity throughout the HHC environment.**
- **Unified Communications VOIP technology is an integral and essential component of the technology infrastructure needed to evolve HHC into new areas of healthcare**
- **For example, the unified communications system will allow the HHC to support Telehealth, and Telemedicine, remote patient monitoring devices to collect and send data to a home health agency or a remote diagnostic testing facility (RDTF) for interpretation**
- **The ELA will provide the software that operates the communications devices that will be installed**

Procurement

- **EITS is soliciting authorized resellers using Third Party Contract. Multiple resellers are being solicited for this purchase.**

- **An award will be made to the lowest responsive and responsible bidder**

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to use the 20 requirement contracts that were awarded for a two year term with three one-year options to renew to purchase health information related professional IT consultant services as needed to meet **non-Epic EMR** related IT consulting needs for an amount not to exceed $43 million for the initial two year term.

WHEREAS, HHC from time to time has the need for IT consulting services in order to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise may be needed; and

WHEREAS, the requirements contracts will offer the Corporation IT consultants with a wide range of expertise and knowledge in a timely and efficient manner to support major software implementations, training, and maintenance activities; and

WHEREAS, the pool of requirement contracts will help HHC ensure continuity of services, avoid disruptions, delays, or gaps in service to both internal and external end users that rely on these essential and critical systems; and

WHEREAS, the Corporation previously awarded these contracts for professional services for the Epic EMR program; and

WHEREAS, the utilization of these contracts will provide the Corporation with health information related professional services on an as-needed basis for implementation, advisory, support and/or training services for a wide array of technology consulting needs as required by the business in order to provide the necessary skillsets; and

WHEREAS, the overall responsibility for managing and monitoring the agreements 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 (the "Corporation") be and hereby is authorized to use the 20 requirement contracts that were awarded for a two year term with three one-year options to renew to purchase health information related professional IT consultant services as needed to meet **non-Epic EMR** related IT consulting needs for an amount not to exceed $43 million for the initial two year term.

Executive Summary
EITS Professional Service Requirements Contracts

On July 30, 2015 the Board of Directors approved the award of 20 requirements contract to provide information technology consultants and approved the spending authority of approximately $119 million for the Epic Electronic Medical Record (EMR) and Revenue Cycle programs. The requirements contracts were procured through a Request for Proposals (RFP) to provide information technology (IT) consultant services on an as-needed basis to obtain resources with the necessary skillsets at the required times for a wide array of potential technological consulting needs.

The contracts resulted from an RFP issued by Enterprise IT Services (EITS) seeking vendors to provide IT consultant services for both the Epic EMR program as well as the non-Epic EMR information technology consulting needs of the Corporation. At this time, EITS is seeking to add spending authority to the 20 requirements contracts for the non-Epic EMR consultants.

The contract term will be two years with three one-year options to renew. The spending authority under the Resolution will not exceed a total of $43 million over the *initial* two-year period for non-Epic EMR related IT consultant services. This amount is an estimate based on historical spending for these services. The IT consultant spend is included in HHC's annual baseline budget.

HHC will use the requirement contracts to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise is necessary to ensure continuity of services, avoid disruptions, delays, or gaps in service to clinical and business applications relied upon by both internal and external end users.

This set of contracts will allow the Corporation the flexibility and agility needed to quickly align to changing technologies and respond to new business needs in a timely and efficient manner. Contractors will provide IT consultants to support software implementations, infrastructure, training, and maintenance activities throughout HHC's facilities.

The actual services performed under the contracts will be governed by a written work order identifying the specific project, scope of work, hourly rate, period of performance and the not-to-exceed amount. Each work order will be issued on an as needed basis through a competitive process. Each request for IT consultant services will be issued to the requirement contractors, HHC will evaluate the responses based on technical qualifications and price and will select the response that offers the Corporation the most favorable combination of quality and price.

Payment is based on actual services performed pursuant to a work order issued by HHC, the contracts do not guarantee a minimum payment to the Contractors.

CONTRACT FACT SHEET (**continued**)

Contract Title: Information Technology Consulting Services

Project Title & Number: Multiple IT Projects

Project Location: Enterprise wide

Requesting Dept.: Enterprise IT Services (EITS)

Successful Respondent: **20 Vendors (See attachment)**

Contract Amount: $43 million for the initial two year period

Contract Term:

2 Years with 3 one-year options to renew

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

Range of Proposals: $50.00/hour to $870.00/hour

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

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

Method of Payment: X Time and Rate
Other: explain

EEO Analysis: Pending

Compliance with HHC's McBride Principles? Yes No X Pending

Vendex Clearance Yes No N/A X Pending

(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.)

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

On July 30, 2015, the Board of Directors approved the award of 20 requirements contracts to provide information technology (IT) consultant services on an as-needed basis to obtain resources with the necessary skillsets at the required times for a wide array of potential technological consulting needs. The 20 requirements contracts were approved by the Board of Directors with the spending authority of approximately $119 million for the Epic Electronic Medical Record (EMR) and Revenue Cycle programs.

The contracts were established through a Request for Proposals (RFP) issued by Enterprise IT Services (EITS) seeking vendors to provide IT consultant services for both the Epic EMR program as well as the non-Epic EMR information technology consulting needs of the Corporation. At this time, EITS is seeking to add spending authority to the 20 requirements contracts for the non-Epic EMR consultants.

The contract term will be two years with three one-year options to renew. The spending authority under the Resolution will not exceed a total of $43 million over the *initial* two-year period. This amount is an estimate based on historical spending for these services. The IT consultant spend is included in HHC's annual baseline budget.

These contracts will provide IT consultants with the necessary skillsets at the required times to support non- Epic EMR related projects and systems on an as-needed basis for a wide array of potential technological needs for consulting expertise services to perform implementation, IT support and/or training for non-Epic EMR related clinical and business applications and infrastructure.

This set of contracts will allow the Corporation to obtain short-term consultants for the necessary tasks in a timely and efficient manner. HHC will use the requirement contracts to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise is necessary to ensure continuity of services, avoid disruptions, delays, or gaps in service to clinical and business applications relied upon by both internal and external end users.

Currently, the Corporation utilizes a set of HHC consulting requirements contracts as well as Third Party Contract vendors. The contracts will replace and expand upon existing requirement contracts established in 2010 and 2011 that are expiring December 2015.

Contract Review Committee

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

Yes. The Epic EMR and Revenue Cycle spending authority was approved on 6/29/15. The non-Epic EMR spending authority was approved on 9/30/15.

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

No.

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

EITS received Board approval on July 30, 2015 to enter into these 20 requirements contracts and spending authority for the Epic EMR related consultants. At this time, EITS is seeking to add spending authority to the 20 requirements contracts for the non-Epic EMR consultants.

Scope of work and timetable:

This panel of firms will provide expertise in the area of Healthcare Information Systems and other related information technology services and allow the Corporation to secure consulting expertise on an as needed basis to support major software implementation, infrastructure, clinical and business applications, training, and maintenance activities. They will provide specialized and trained expertise for a large number of implementation teams working throughout HHC's two (2) Data Centers, eleven hospitals, five long-term care sites, six diagnostic & treatment centers, and 80 plus clinics.

Written work orders identifying the specific project, scope of work, hourly rate, period of performance and the not-to-exceed amount will be issued to the Contractors on an as needed basis for new consultant services through a competitive process. Each request for new IT consultant services will be issued to the appropriate contractors, HHC will evaluate the responses based on technical qualifications and price and will select the response that offers the most favorable combination of quality and price to the Corporation. The hourly rates in the work orders can be less then, but cannot exceed, the hourly rates in the contract.

Payment is based on actual services performed pursuant to a work order issued by HHC, the contracts do not guarantee a minimum payment to the Contractors.

Contract Review Committee Process

CRC Meeting Date……. September 30, 2015

Board of Directors Approval Process

M&PA/IT Board Date……..…….. October 8, 2015

Board of Directors Date…… October 22, 2015

Contract Execution……..…… November 2015

Contract Start…….. By January 2016

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

For the services not related to the Epic EMR project, IT consultants will be utilized on an as-needed basis, to obtain expertise, experience or knowledge that is either not available in the Corporation or is not required on a long term basis sufficient to hire a full time employee; or any other circumstances where consulting expertise is determined to be required.

These contracts will help the Corporation achieve the flexibility necessary to quickly align with changing technologies and respond to new business demands in a cost effective manner.

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

Non- Epic EMR Consultants:

Fiscal Year	HHC Requirements Contracts & Third Party Contracts Total Spend
FY13	$33.6M
FY14	$33.7M
FY15	$34.6M

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

This set of contracts will allow the Corporation to obtain short-term consultant services with specialized expertise for the necessary tasks in a timely and efficient manner. HHC will use the requirement contracts to obtain expertise, experience or knowledge that is either not available in the Corporation, is not required on a long term basis, or any other circumstances where consulting expertise is necessary to ensure continuity of services, avoid disruptions, delays, or gaps in service to clinical and business applications relied upon by both internal and external end users.

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?

These contracts are not expected to produce any type of intellectual property. If they do, HHC will retain ownership.

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

Sal Guido
Sr. AVP/ Interim Chief Information Officer
55 Water Street, 24th Floor
New York, NY 10041

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

Received By E.E.O. _____
Date

Analysis Completed By E.E.O._____
Date

_____
Name

ATTACHMENT A

SELECTED VENDORS
CTG Health Care Solutions
Emergis (Telus)
Mediant
Kforce Inc.
Experis (Manpower)
Tekmark
Teksystems
314e Corporation
HCI Group
CSI Healthcare
NTT Data
Dyntek Services
Soliant Health
Lucca Consulting Group
Intellect Resources
KPMG *
Momentum
Physician Tech Partners
Innovative Consulting Group
ISS

***Note: KPMG submitted a proposal and recently acquired another proposer – Beacon Partners. Award is subject to approval by the Audit Committee scheduled in December 2015**

EITS Requirements Contracts for IT Consultant Services

Medical & Professional Affairs/IT Committee Meeting

October 8, 2015

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

nyc.gov/hhc

The Request

20 Requirement Contracts Awarded to Provide IT Consultants

- Board of Directors approved contract awards to 20 vendors to provide IT consultants on an as-needed basis on July 30, 2015
- Board approved the use of the contracts for a spending authority of approximately $119 million for the Epic Electronic Medical Records and Revenue Cycle Programs for the initial 2-year term
- Contract Term 2 years + 3 one-year renewals
- The contracts will replace and expand upon existing requirement contracts established in 2010 and 2011 that are expiring December 2015

Spending Authority for non-Epic EMR IT consultants up to $43 million

(To provide IT consultants on an as-needed basis for implementation, support/maintenance, and training for the Non-EMR IT programs)

- Spending Authority is for initial two year term
- Estimate based on historical spending
- Non-EMR spend is included in HHC's annual baseline budget
- No guarantee to vendors of a minimum payment
- Payment is based on actual services performed pursuant to a work order issued by HHC

Business Justification

Requirement Contracts allow HHC to achieve flexibility to quickly align with changing technologies and respond to new business needs in a cost effective manner.

Benefits Associated IT Consultant Requirements Contracts

- provide as-needed services for a wide array of potential technology consulting expertise needs in a timely and efficient manner – necessary IT skillsets at the required times for the required duration
- obtain expertise, experience or knowledge that is either not available in the Corporation or is not required on a long term basis
- allow for continuity of services, avoid disruptions and delays to on-going projects

Work Order Assignment Process

- Each assignment will be governed by a written work order identifying the specific project, scope of work, hourly rate, period of performance and the total not-to-exceed amount
- Request for a Statement of Work sent to appropriate Contractors, describing the project, required services necessary to complete the statement of work, a schedule and completion date for the services
- Contractors will respond to the request with a timetable for implementing the Statement of Work, resumes of the proposed consultants, a proposed approach, if applicable and an hourly rate
- The proposed hourly rate can be less than the contract rates/cannot exceed contract rates
- Evaluate the responses and select the Contractor whose response provides the combination of quality and price most favorable to the Corporation

Questions

Questions?

ICD-10 Update
Clinical Information Systems (CIS) Team

Dr. Alfred Garofalo, Assistant Vice President

Medical & Professional Affairs/IT Committee Meeting
October 8, 2015

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

nyc.gov/hhc

Work Needed for ICD 10

At 12:01AM on October 1, 2015, Clinical Information Systems went live with impacted applications under its portfolio to comply with the U.S. Department of Health and Human Services (HHS) ICD-10 conversion rule.

CIS ICD10 Preparation

- Re-configuring QCPR Database
- Update Problem List Selection Screen - by Specialty with sections
  - Manual Upgrading Problem List Master Table with >30,214 ICD-10 code
  - Problem List Enhancement
- Modifying existing reports These include chart print, encounter billing sheets
- Re-configuring Foreign System Application Interfaces

CIS Communication Strategy

Weekly Foreign System Updates

ICD-10 readiness progress

Project Milestone	Application Category	Target Completion Date	Level of Importance (0-3)	Dependency	% Complete
Care Plan Management System	Clinical	8/31/2015	4		100%
Quadramed Reports for ICD-10	EMR	9/28/2015	0	Quadramed	100%
Quadramed	EMR	9/21/2015	0	Quadramed	100%
Quadramed Charges Interface	EMR	9/28/2015	0	Quadramed/ Soarian/Unity	
Nextrad	Clinical	9/25/2015	2	Quadramed	100%
OB/GYN (AS)	Clinical	9/25/2015	2	Quadramed	100%
Penrad	Clinical	9/25/2015	2	Quadramed	100%
nSpire(pulmonary)	Clinical	9/28/2015	2	Quadramed	100%
Openlink Interfaces	Integration			Openlink	
Enterprise IT Reports / Data Warehouse /	Reporting	8/31/2015	1	Quadramed	100%
World Trade Center	Clinical	9/28/2015	1		100%
Patient Registry	Reporting	9/25/2015	1	Quadramed	100%
OPUS	Business Application	9/30/2015	2		100%
Cardiovascular Risk	Clinical	9/28/2015	1	Quadramed DW	100%
3M HDM & Coding and Reimbursement	Billing and Coding	9/25/2015	0		100%
Sentinel - PCS	Business Application	9/11/2015	1		100%
Core Measures	Ancillary	9/11/2015	1		100%
WinSURGE	Clinical	9/22/2015	2	WinSURGE	100%
MDS	Clinical	9/23/2015	1		100%
Allscripts ED (A4	Clinical	9/21/2015	2	Quadramed	100%
Unity Patient Management, OAM, EMMG, Custom	Business Application	8/20/2015		Unity	100%

Priority:(was defined at the beginning of the project)
0 - Critical :Core Applications (EMR, Billing, Coding, etc.), Require Integration Test, Interface Dependencies.
1 - High : Billing, Coding External applications, Reporting apps to external agencies, Registries, Data Warehouse
2 - Medium : Ancillary Clinical Applications, Clinical Documentation.
3 - Low: Application has ICD 9 capabilities, but not used at HHC. Either free text diagnosis is stored
4 - No Impact : Identified as no impact after detailed assessment with vendor and business owner.

KEY:	
GREEN	On Track
YELLOW	In Progress - Falling behind Schedule
RED	At Risk for missing deadline

Communication Plan

Collaboration with;

Finance, M&PA, ESD, Affiliates, CMO's, MSO's, NCIO's.

Training & support schedules

ESD scripts with a dedicated call line

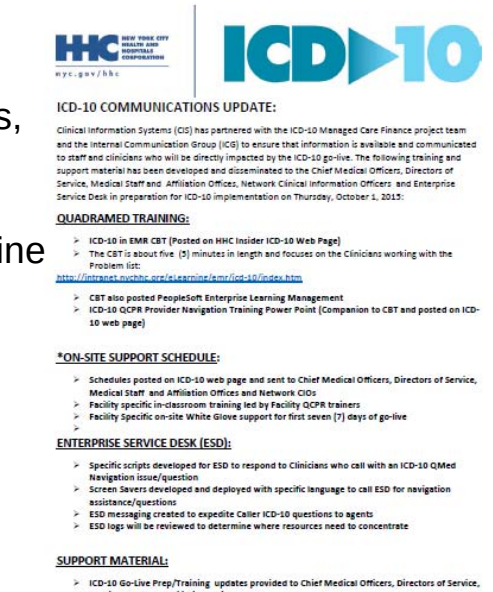
CBT sessions

WebEx sessions

Share-Point Sessions

Dedicated Hot Line Support

Close integration with Finance



HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION nyc.gov/hhc

ICD-10

ICD-10 COMMUNICATIONS UPDATE:

Clinical Information Systems (CIS) has partnered with the ICD-10 Managed Care Finance project team and the internal Communication Group (ICG) to ensure that information is available and communicated to staff and clinicians who will be directly impacted by the ICD-10 go-live. The following training and support material has been developed and disseminated to the Chief Medical Officers, Directors of Service, Medical Staff and Affiliation Offices, Network Clinical Information Officers and Enterprise Service Desk in preparation for ICD-10 implementation on Thursday, October 1, 2015:

QUADRAMED TRAINING:

- ICD-10 in EMR CBT (Posted on HHC Insider ICD-10 Web Page)
- The CBT is about five (5) minutes in length and focuses on the Clinicians working with the Problem list:

http://intranet.nychhc.org/elearning/emr/icd-10/index.htm

- CBT also posted PeopleSoft Enterprise Learning Management
- ICD-10 QCPR Provider Navigation Training Power Point (Companion to CBT and posted on ICD-10 web page)

***ON-SITE SUPPORT SCHEDULE:**

- Schedules posted on ICD-10 web page and sent to Chief Medical Officers, Directors of Service, Medical Staff and Affiliation Offices and Network CIOs
- Facility specific in-classroom training led by Facility QCPR trainers
- Facility Specific on-site White Glove support for first seven (7) days of go-live

ENTERPRISE SERVICE DESK (ESD):

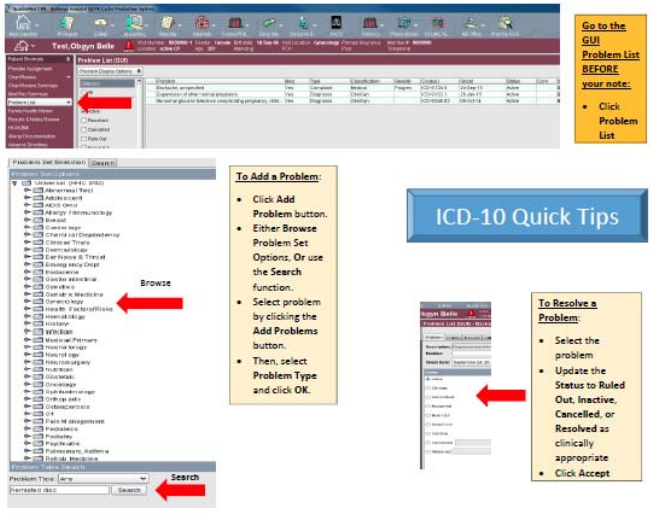
- Specific scripts developed for ESD to respond to Clinicians who call with an ICD-10 QMed Navigation issue/question
- Screen Savers developed and deployed with specific language to call ESD for navigation assistance/questions
- ESD messaging created to expedite Caller ICD-10 questions to agents
- ESD logs will be reviewed to determine where resources need to concentrate

SUPPORT MATERIAL:

- ICD-10 Go-Live Prep/Training updates provided to Chief Medical Officers, Directors of Service, Medical Staff and Affiliation Offices
- Newly created ICD-10 Tip Sheets (i.e., Trauma and Newborn and OB) contain ESD contact information for questions

Support materials

Tip Sheets for providers



Quadramed Communication

- Robust roll-out schedule over last 3 weeks
- Nightly updates as to Post-Roll Status
- Midnight call 10-1-2015 (3 hour watch period)

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION nyc.gov/hhc

S/QCPR

Thirty Six hour snapshot

1. Enterprise Service Desk Tickets

Thursday October 1, 2015: 12:00am to 11:59pm = twenty tickets

Friday October 2, 2015: 12:00am to 12:00pm = three tickets.

2. Unmatched Codes

Quadramed corrected within twelve hours.

3. Monitoring

QCPR to Unity Charge Interface (All HHC facilities except Seaview)

QCPR to Soarian Charge Interface (Coney, Elmhurst and Queens)

QCPR to Soarian A08 Visit Close Interface (Coney, Elmhurst and Queens)

QCPR to printed Coding Sheets

Other third party systems interfaces

4. White Glove Support Staff

Support staff used to augment pool of resources based on anticipated needs

Limited staff due to go-lives across New York City & nation.

Working directly with vendor to report staffing issues.

5. Command Center Updates

Daily debrief with CIS Staff both morning and afternoon

Morning and Afternoon multidisciplinary debriefs with Finance, HIM, ESD, CIS,Quadramed

Special Thanks

- Dorothy Conway
- Michelle Hyde
- Julio Santos
- Zak Mir
- Victor Yee
- Freeda George
- Lorraine Jones
- Marie Antrobus
- Filicia Mathew
- Hubert Harte
- Facility EMR Trainers
- Marisa Salamone
- Angela Zumaran
- Robert Melican
- And to many other EITS resources

QUESTIONS?