

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: June 11th, 2015

Time: 9:00 AM

Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

May 14th, 2015

CHIEF MEDICAL OFFICER REPORT

DR. WILSON

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

CHIEF INFORMATION OFFICER REPORT

MR. GUIDO

ACTION ITEM:

- I. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a Physician Services Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Bellevue Hospital Center ("Bellevue"), Gouverneur Healthcare Services ("Gouverneur"), Coler Rehabilitation and Nursing Care Center ("Coler"), Henry J. Carter Specialty Hospital and Nursing Facility ("Carter"), Woodhull Medical and Mental Health Center ("Woodhull"), and Cumberland Diagnostic and Treatment Center ("Cumberland") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$1,688,679,033; and further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to NYUSOM that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution. **DR. WILSON/MR. MARTIN
MS. ZURACK**

- II. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a Physician Services Agreement with the Icahn School of Medicine at Mount Sinai ("Sinai") for the provision of General Care and Behavioral Health Services at Elmhurst Hospital Center ("Elmhurst") and Queens Hospital Center ("Queens") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$1,150,620,692; and further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards **DR. WILSON/MR. MARTIN
MS. ZURACK**

of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to Sinai that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.

- III. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a Physician Services Agreement with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the provision of General Care and Behavioral Health Services at Lincoln Medical and Mental Health Center ("Lincoln"), Morrisania Diagnostic and Treatment Center ("Morrisania"), Segundo Ruiz Belvis Diagnostic and Treatment Center ("Belvis"), Jacobi Medical Center ("JMC"), North Central Bronx Hospital ("NCB"), Harlem Hospital Center ("Harlem"), Renaissance Health Care Network Diagnostic and Treatment Center ("Renaissance"), Metropolitan Hospital Center ("Metropolitan"), Coney Island Hospital ("CIH"), and Kings County Hospital Center ("KCHC") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$2,562,175,665; and Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to PAGNY that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.
- DR. WILSON/MR. MARTIN
MS. ZURACK**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: May 14, 2015

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Josephine Bolus, RN
Ram Raju, President
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
Maricar Barrameda, Assistant Vice President of EITS
Janette Baxter, Senior Director, Risk Management
Jennifer Bender, Assistant Director, Communication and Marketing
Marylee Burns, Senior Director, Office of Behavioral Health
Nicholas Cagliusio, Assistant Vice President, Emergency Management
Deborah Cates, Chief of Staff, Board Affairs
Tammy Carlisle, Associate Executive Director, Corporate Planning
Paul Contino, Chief Technology Officer, EITS
Carolyn Dunn, Senior Director, Communication and Marketing
Juliet Gaengan, Senior Director, Quality & Innovation
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Sal Guido, Acting Chief Information Officer, EITS
Christina Jenkins, MD Senior Assistant Vice President, Quality & Performance Innovation
John Jurenko, Senior Assistant Vice President, Intergovernmental Relations
Barbara Keller, Deputy Counsel, Legal Affairs
Susan Kansagra, Assistant Vice President, Population Health
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communications & Marketing
Randall Mark, Chief of Staff, President Office
Antonio Martin, Executive Vice President and Chief Operation Officer
Ian Michaels, Media Director, Communication and Marketing
Jeff Morrow, Consultant, Enterprise Information Technology Systems
Charlotte Nuehaus, Senior Management Consultant, Corporate Planning Services
Deirdre Newton, Senior Counsel, Legal Affairs
Eileen O'Donnell, Assistant Vice President, EITS
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Lynnette Sainbert, Assistant Director, Board Affairs
Jared Sender, Senior Director, Population Health EITS
David Shi, Senior Director, Medical and Professional Affairs
Tony Williams, Director, Enterprise Information Technology System
Ross Wilson, Corporate Chief Medical Officer

FACILITY STAFF:

Lillian Diaz, Chief Nurse Executive, Metropolitan Hospital Center
John Maese, MD, Medical Director, Coney Island Hospital
Andreea Mera, Special Assistant to the President, MetroPlus Health Plan, Inc.
John T. Pellicone, Chief Medical Officer, Metropolitan Hospital Center
Arnold Saperstein, Executive Director, MetroPlus Health Plan, Inc.
Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island Network

OTHERS PRESENT:

Scott Hill, Account Executive/Quadramed
David N. Hoffman, Chief Compliance Officer, PAGNY
Kristyn Raffaele, Analyst, OMB

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, May 14, 2015

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00 AM. The minutes of the April 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.

ACO Updates

In partnership with regulatory leadership and Dr. Raju, the ACO was able to successfully resolve a CMS attribution error that had been preventing a large number of HHC's Medicare patients from being appropriately attributed to the HHC ACO. This correction, expected to be reflected in our May patient attribution list, restores thousands of our engaged patients to the ACO roster and reflects the growth of the ACO Medicare population through active patient engagement.

The ACO Clinical Leadership Team convenes its quarterly leadership retreat on May 13th, representing a continually growing learning community based out of the ACO's 18 facility-based multidisciplinary teams. The retreat follows a series of cross-facility learning visits and consists of population and performance analytics review, sharing of best practices, and shared strategic development for population health across HHC.

The ACO has actively initiated the application process for a second expanded contract under the Medicare Shared Savings Program. This renewal process represents an opportunity to integrate strategic priorities developed in domains of network growth, scaling of best practice, and strengthening critical partnerships with the PPS, PCMH, Health Home, and Metro Plus.

Laboratory Services

General

During April and May 2015, the HHC laboratories participated in two major activities in support of the further development of the Cerner laboratory computer system which will be implemented in conjunction with EPIC in spring 2016. This work also requires the HHC facilities identify future standard work processes.

Process Standardization

Development of standardized laboratory quality systems including development of a standard operational procedure template has been initiated by a recently developed laboratory Quality Systems Workgroup. Near Patient Testing

Recent work completed by an interdisciplinary laboratory workgroup focused on point of care testing which may be valuable in managing patients presenting in the emergency departments. Results of the review will be presented to the appropriate Clinical Councils for further consideration.

Blood Bank

Implementation has commenced of standard metrics with focus on the management of blood product Standing Orders, and standardization of Plasma Order screens for Quadra Med and EPIC computer systems.

Patient Centered Care

The employee and physician engagement survey is open now for all staff working at any HHC facility. It is on line and available at work or on any device. We will craft our next steps to improve the patient experience based in part on the feedback we receive in the survey.

May 6-12 was National Nurse Recognition Week with all the sites having events to celebrate the nursing staff and patient care teams. CNO Lauren Johnston spent the week attending multiple events congratulating the staff and challenging them to live up to the theme for the year: Ethical practice and Quality Care.

HHC was represented at the annual GHX national supply chain conference with Nursing and Procurement presenting the HHC story of preparing the system for EVD - and successfully caring for a confirmed case and the nearly 50 suspected cases that presented across our system.

HHC through Lauren Johnston participated on a panel discussion about implementing Patient Centered Care, at a recent Health Leaders of NY (local chapter of ACHE) meeting.

Office of Healthcare Improvement

This is the Seventh year of the John Corser Ethics Conference which is sponsored by M&PA and developed by the Ethics Council. The focus of the program is current NYS law, which addresses end of life issues for those who lack decisional capacity and who are without natural surrogates, has been known to lead to overtreatment, and possibly have dire effects on patients.

This year the conference, held at Baruch College, will include Robert Swindler, LLD, who helped in drafting the law; Erica Wood, JD, who directs the American Bar Association Commission on Law and Aging; and Tia Powel, who, trained as a psychiatrist and is a professor of Bioethics at Albert Einstein College of Medicine and is an expert on public policy, dementia, and end of life care. Nancy Duller, LLB, who is the M&PA ethics consultant is coordinating the planning in conjunction with the Office of Legal Affairs and with Susan Sanely, MD, of Queens Hospital—the Chairwoman of our Ethics Council. The HHC Fund has provided support for the speaker's honoraria.

We currently have 275 registrants for the conference which will take place on Thursday, May 21st from 8 am to 3 PM. An unusual feature of the conference is that it will be conducted using case presentations as a primary method of learning. The audience will be asked to vote on their best solutions to the ethical dilemmas presented and then will hear and interact as experts discuss the features of each case. The audience will then vote again presumably taking advantage of the expert information and dialogue fostered by the audience.

DSRIP

HHC continues its preparation for implementation and management of care delivery transformation under the NYS DOH Delivery System Reform Incentive Payment (DSRIP) program. A subset of partners in the HHC-led Performing Provider System (PPS), OneCity Health, have defined the initial clinical guidelines for

the DSRIP programs, and all partners (the Project Advisory Committee, or PAC) were invited to review and comment on those findings. Over the next several months, in every borough or hub, partners of all types will participate in a series of collaborative, facilitated workshops intended to achieve focus on the patient's journey between care settings, including home and community, and to design workflows and interventions that will sustainably transform each care setting along the care continuum. The output of these workshops will be a "playbook," or improvement manual, that will be reviewed by the OneCity Health Care Models Governance Committee, used as a reference guide, and modified as we continuously evaluate our improvement efforts.

Last week, NYS DOH announced that the potential 5-year DSRIP program value for OneCity Health is \$1.2 billion. It is important to note that this value is not a guarantee; it is the value that the PPS will earn only if it achieves all performance milestones. The NYS DOH anticipates making an initial DSRIP payment of 60% of the total DSRIP year 1 valuation (called DY1) in late May. We expect, under approval of the OneCity Health Executive Committee, that initial funding to partners will occur in the 4th quarter of CY2015, following sufficient assessment of partner capabilities and contribution to specific implementation efforts.

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of April 1, 2015 was 470,150. Breakdown of plan enrollment by line of business is as follows:

Medicaid	411,214
Child Health Plus	12,601
Family Health Plus	3
MetroPlus Gold	3,454
Partnership in Care (HIV/SNP)	4,770
Medicare	8,500
MLTC	854
QHP	28,093
SHOP	603
FIDA	58

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.

I have previously informed this committee that in light of our growth goal, in addition to aggressive marketing strategies, we are working to expand our network into Staten Island. Since I last reported on this topic, we have had discussions with the two hospitals in Staten Island – Staten Island University Hospital (SIUH) and Richmond University Medical Center (RUMC). Progress is slower than we had hoped. We will need to contract with both facilities for Medicaid LOBs at a minimum, but preferably for all lines of business. We are primarily targeting PCPs and high volume specialties (Cardiology, Gastroenterology, etc.) with a goal of having a minimum number of providers contracted and credentialed by July 1st. This will allow us to file a network that meets NYSDOH minimum access standards (two providers per county in each HPN specialty). While that standard is fine for filing a network, we recognize that many more providers will be needed to attract members and offer viable options to our members.

I had brought to this Committee's attention that starting in July 2015, plans were expected to contract for urgent and routine primary care with School Based Health Center (SBHC) sponsoring entities. In the

interim, however, the State has announced that additional work is needed toward the transition. The Department of Health is therefore extending the transition implementation date from July 2015 to July 2016 to allow additional time to appropriately address the remaining operational issues related to the shift to managed care. The State has also noted that in order to minimize disruptions, they have agreed to maintain the current reimbursement that the SBHCs currently receive in the fee-for-service Medicaid system for at least two years after implementation. Of equal importance is to mention that reproductive health services provided by SBHCs will not be transitioned to the Medicaid managed care benefit package at this time. These services will instead remain covered by Medicaid fee-for-service for SBHCs enrollees of Medicaid managed care plans. The carve-out of reproductive health services may be re-evaluated in the future when the SBHC workgroup can more fully address issues related to confidentiality and managed care plan pharmaceutical formularies.

An additional follow-up item I would like to update this committee on is coverage of transgender services. As of March 11, 2015, the Medicaid program covers transition-related care and services: cross-sex hormone therapy, surgical gender reassignment (including post-transition care), as well as counseling services (the Medicaid program has covered and will continue to cover counseling services for individuals with gender dysphoria).

In terms of Behavioral Health/HARP, we have been notified that the implementation dates have been delayed. The HARP line of business and SSI carve-in will go live in NYC on October 1, 2015. Passive enrollment will be in three phases, by birth-date over a three-month period, to begin July 1, 2015. Children's go-live is delayed until January 1, 2017. We also had to rename our HARP program as new guidance indicates that we cannot use "HARP" or "Health and Recovery Plan" in our HARP Plan Name. The new name is MetroPlus Enhanced.

Information Items

Sal Guido, Acting Corporate Chief Information Officer, Enterprise Information Systems presented to the committee the EMR Implementation Update:

On the clinical side all targets are being meant, revenue cycle into sorian is on target. Integration has started and the testing has gone well. The clinical application bills and content are eighty seven percent complete and will go up to about ninety three percent once all of the revenue cycle with sorian is done. Revenue cycle, cadence is done and the billing has started. The center lab has been finalized. The interphase, such as blood bank, lab, radiology have been in progress for the last 12 months and are in good shape. Application testing will start on September 1st. They are ahead of target. The training facility was built at metropolitan with sixteen class rooms, they be will training all of the HHC participant in Epic. That training will start January for end user. The user training will be for 2 weeks. All materials are due on June 1st. 2015. The Epic plan work flow and content, design role out will start in March 2016. A reevaluation is going to take place to look if any changes need to be made. Several group partnered to look at any risk factors.

Terri Coutts, consultant Enterprise Information Technology Systems presented on epic day at HHC facilities.

The goals of Epic Day and the facilities will consist of end-user engagement, workflow demo and content sign off. The objective is to engage end users at each HHC facility and generate excitement for the new EMR system. The activities are tentatively planned for the end of June

The sessions will take place at the acute care hospital of each network to accommodate and minimize the disruption of end-user schedules. It will occur over multiple days to try to hit everyone's schedules. Integrated demo will be scheduled for every 2 hours and representatives from each application team will be stationed outside of the sessions to document comments from the attendees about the demonstrated workflows. Representatives will answer high-level questions, show application functionalities and to review content. Comments will be categorized: Patient Safety, Regulatory Requirements, Workflow-Critical, Future State, Nice-To-Have and triaged accordingly. A scenario was demonstrated. The next steps will be to work with Communications (Enterprise, EITS and Network/Facility) to promote EPIC Day. That information would be sent out through HHC Insider, Posters at Facilities, Facility Newsletters. Proactively reaching out to the different councils throughout the corporation to promote Epic Day as well. Investigating additional options for engagement such as demos or live dress Rehearsals.

Kenra Ford, Assistant Vice President of Lab in the division of Medical and Professional Affairs, updated the committee on HHC Lab project with North Shore LIJ.

The vision is that if two large systems shared Consolidated Core Laboratory there would be savings. North Shore has a core lab and we have 4 core labs in our system from previous consolidation. The two systems combined we can project to do more than 20 million blood test a year there will be savings. That would be one of the largest labs in the country. These high value test have a low margins, scale matters in terms of the financial position. This also give an opportunity to standardize work across our system, and give the best standardized practices, like equipment, Information System, policies and Procedures etc. The cost saving should be as follows; Reduce Cost HHC - \$23.1 million benefit annually by 2018, and NSLIJ - \$15 million benefit annually by 2018.

The project history started May 2012 several senior level people were key in this process. We received Board approval in March 2013 and North Shore Board approved it in 2013 as well. North Shore lab runs on Cerner. An agreement was signed in May 2014 with Cerner and the joint agreement was signed as well with HHC and North Shore. Once signed the next steps were governance, real estate and equipment purchase. The first Executive Committee meeting was April 2014 and the go live will be 2016. The progress as of now has develop a reference testing and quality monitoring process. A Jointly developed standardized equipment selection process and procurement Value Analysis activities. Building leases are being signed and architects are hired and engaged. The building will be located in Queens. HHC team will be part of design phase. HR planning for relocation of Micro staff are in process. The lab licensure and Tax Statue Form 1023 in process.

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

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
June 11, 2015

Total plan enrollment as of May 1, 2015 was 473,124. Breakdown of plan enrollment by line of business is as follows:

Medicaid	414,927
Child Health Plus	12,978
MetroPlus Gold	3,511
Partnership in Care (HIV/SNP)	4,759
Medicare	8,459
MLTC	872
QHP	26,919
SHOP	61
FIDA	98

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.

We have recently submitted the 2016 Qualified Health Plan (QHP) premium rates to New York State Department of Financial Services (DFS). We continually review the amounts we charge to manage our members' healthcare needs. We have taken significant cost-saving measures which resulted in decreased premiums for the majority of our products and minimized the increase for two of our SHOP plans in 2016. In 2015 MetroPlus offered some of the most affordable rates across many of the health insurance options available on the NY State of Health Marketplace.

The rate changes vary based on product (SHOP and Individual) and across the various metal levels. The proposed decreases range from -2% to -9% for Individual plans and from -1% to -5% for SHOP plans. The two SHOP plans with proposed increases range from 0.2% to 1%. While we try to provide members with the most accurate information possible, final rates may differ based on the benefit plan design and other features members choose on renewal. Also, the final, approved rate may differ as DFS may change the proposed rate. For members who enrolled through the NY State of Health and qualified for financial assistance, called an Advanced Premium Tax Credit (APTC), their current premium is less than the amount shown in the letter they received from us notifying them of a rate change. Their 2016 premium will also be less than shown in the letter they received if they qualify for the APTC again next year. NY State of Health will calculate their eligibility for financial assistance each year. Currently, approximately 84% of MetroPlus Marketplace members qualify for an APTC.

In addition, as a result of the ACA legislation and market pressures, we are realigning our Medicare offerings for 2016. We are consolidating two Medicare Dual-eligible SNPs (Select into Advantage). The members will see no change in the services they are provided. The plan will benefit from some operational efficiencies as well as see a reduction in overall cost (shifting some cost from the Plan to New York State Fee-for-Service). We are also closing our PIC (Partnership-in-Care) product. With rising premiums, PIC enrollment has fallen to approximately 50 enrollees. These enrollees are being encouraged to enroll in either our Advantage or Platinum products depending on their Medicaid status. The HIV+ members will see a decrease in their monthly premiums while getting the same services and physician network. We have also restructured our pharmacy network to reduce plan costs, something many competitors have already done.

Going forward, we have put together a workgroup to improve the Plan's overall Medicare Star ratings. Increasing our ratings from the current 3.5 to 4.0 would mean an increase in revenue by 5%, allowing us much more flexibility in providing competitive benefits.

MetroPlus is preparing for the Contract Management Team Operations (CMTO) FIDA Plan Onsite Review on June 4th where a team comprised of both NYSDOH and CMS representatives will be looking for MetroPlus to present on operational items such as Call Center systems review, Network Management, Care Management onboarding process, and Marketing.

The HARP On-Site Review date is scheduled for June 22nd and June 23rd. We will be the first Plan to be reviewed.

Indicator #1A for Enrollment Month: May 2015

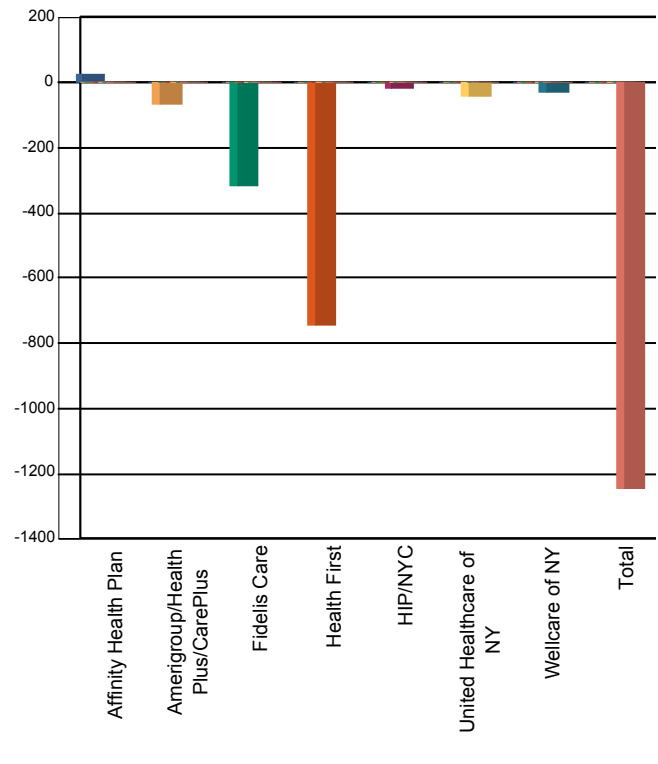
Disenrollments To Other Plans

		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	INVOLUNTARY		34	34	16	403	419
	VOLUNTARY		32	32	27	577	604
	TOTAL		66	66	43	980	1023
Amerigroup/Health Plus/CarePlus	INVOLUNTARY		89	89	22	765	787
	UNKNOWN		1	1	1	2	3
	VOLUNTARY		81	81	23	1001	1024
	TOTAL		171	171	46	1768	1814
Fidelis Care	INVOLUNTARY		163	163	43	2110	2153
	VOLUNTARY		243	243	116	3332	3448
	TOTAL		406	406	159	5442	5601
Health First	INVOLUNTARY		307	307	65	3483	3548
	VOLUNTARY		554	554	126	6245	6371
	TOTAL		861	861	191	9728	9919
HIP/NYC	INVOLUNTARY		23	23	1	325	326
	VOLUNTARY		34	34	10	373	383
	TOTAL		57	57	11	698	709
United Healthcare of NY	INVOLUNTARY		61	61	19	676	695
	VOLUNTARY		47	47	13	496	509
	TOTAL		108	108	32	1172	1204
Wellcare of NY	INVOLUNTARY		43	43	16	412	428
	VOLUNTARY		17	17	9	180	189
	TOTAL		60	60	25	592	617
Disenrolled Plan Transfers	INVOLUNTARY		785	785	207	8732	8939
	UNKNOWN		1	1	29	7	36
	VOLUNTARY		1014	1014	341	12328	12669
	TOTAL		1800	1800	577	21067	21644
Disenrolled Unknown Plan Transfers:	INVOLUNTARY		52	52	27	711	738
	VOLUNTARY		46	46	3	602	605
	TOTAL		98	98	30	1313	1343
Non-Transfer Disenroll Total:	INVOLUNTARY		12245	12245	6721	134634	141355
	UNKNOWN		2	2	135	384	519
	VOLUNTARY		20	20	15	1408	1423
	TOTAL		12267	12267	6871	136426	143297
Total MetroPlus Disenrollment:	INVOLUNTARY		13082	13082	6955	144077	151032
	UNKNOWN		3	3	165	392	557
	VOLUNTARY		1080	1080	359	14338	14697
	TOTAL		14165	14165	7479	158807	166286

Net Difference

	Enrollment Month			Twelve Months Period		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan		28	28	-22	71	49
Amerigroup/Health Plus/CarePlus		-63	-63	-23	-329	-352
Fidelis Care		-314	-314	-126	-4,069	-4,195
Health First		-744	-744	-166	-8,082	-8,248
HIP/NYC		-15	-15	-8	-131	-139
United Healthcare of NY		-41	-41	-28	-508	-536
Wellcare of NY		-27	-27	-11	42	31
Total		-1,247	-1,247	-454	-13,693	-14,147

Enroll Month Net Transfers (Known)



New MetroPlus Members Disenrolled From Other Plans

	<u>FHP</u>	<u>MCAD</u>	<u>Total</u>	<u>Y FHP</u>	<u>Y MCAD</u>	<u>Y Total</u>
Affinity Health Plan		94	94	21	1,051	1,072
Amerigroup/Health Plus/CarePlus		108	108	23	1,439	1,462
Fidelis Care		92	92	33	1,373	1,406
Health First		117	117	25	1,646	1,671
HIP/NYC		42	42	3	567	570
United Healthcare of NY		67	67	4	664	668
Wellcare of NY		33	33	14	634	648
Total		553	553	123	7,374	7,497
Unknown/Other (not in total)		2,865	2,865	126	54,570	54,696



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2015

Other Plan Name	Category	2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		2014_12		2015_01		2015_02		2015_03	2015_04	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	
AETNA	INVOLUNTARY	1	1	1	6	0	6	0	9	1	4	0	4	0	7	1	8	0	8	6	10	73
	VOLUNTARY	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	TOTAL	1	2	1	6	0	6	0	9	1	4	0	4	0	7	1	8	0	8	6	10	74
Affinity Health Plan	INVOLUNTARY	0	19	5	92	3	20	1	23	3	24	0	37	2	23	2	36	0	29	31	27	377
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
	VOLUNTARY	4	79	0	0	7	52	6	93	6	53	3	62	0	43	1	45	0	34	50	38	576
	TOTAL	4	98	5	92	10	72	7	116	9	77	3	99	2	66	6	81	0	63	81	65	956
Amerigroup/ Health Plus/CarePlans	INVOLUNTARY	1	43	6	129	0	46	0	55	1	53	5	56	4	56	3	75	0	47	58	58	696
	UNKNOWN	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	10	148	0	1	5	80	2	114	0	67	1	98	3	93	2	66	0	79	73	98	940
	TOTAL	11	191	6	131	5	126	2	169	1	120	6	154	7	149	5	141	0	126	131	156	1,637
BC/BS OF MNE	INVOLUNTARY	1	13	1	10	1	12	0	20	1	8	3	17	3	12	1	23	0	19	70	27	242
	VOLUNTARY	1	1	0	0	0	0	0	0	0	0	0	1	0	2	0	2	0	1	1	0	9
	TOTAL	2	14	1	10	1	12	0	20	1	8	3	18	3	14	1	25	0	20	71	27	251
CIGNA	INVOLUNTARY	0	1	0	1	1	4	0	0	0	0	0	5	0	0	0	2	0	5	7	1	27
	TOTAL	0	1	0	1	1	4	0	0	0	0	0	5	0	0	0	2	0	5	7	1	27
Fidelis Care	INVOLUNTARY	1	104	20	394	5	134	3	150	4	160	1	172	2	135	7	225	0	118	155	179	1,969
	UNKNOWN	1	0	0	0	0	0	0	0	0	0	2	0	1	0	1	0	0	0	1	0	6
	VOLUNTARY	42	418	0	0	10	314	22	404	16	298	11	334	7	341	8	280	0	199	257	247	3,208
	TOTAL	44	522	20	394	15	448	25	554	20	458	14	506	10	476	16	505	0	317	413	426	5,183



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2015

		2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		2014_12		2015_01		2015_02		2015_03	2015_04	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	
GROUP HEALTH INC.	INVOLUNTARY	0	3	0	7	0	3	1	5	0	4	0	6	0	5	0	7	0	6	2	8	57
	VOLUNTARY	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	1	2	1	1	6
	TOTAL	0	3	0	7	0	3	1	7	0	4	0	6	0	5	0	7	0	7	4	9	63
Health First	INVOLUNTARY	9	185	26	658	1	179	5	195	6	241	5	272	7	215	4	351	1	279	279	283	3,201
	UNKNOWN	1	0	0	0	1	0	0	1	2	1	2	1	1	0	0	0	0	0	0	0	10
	VOLUNTARY	39	749	0	0	25	521	18	733	18	523	12	561	10	649	4	511	0	361	552	529	5,815
	TOTAL	49	934	26	658	27	700	23	929	26	765	19	834	18	864	8	862	1	640	831	812	9,026
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	0	0	2	0	3	0	2	0	4	1	7	0	2	0	4	0	2	9	3	39
	VOLUNTARY	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2
	TOTAL	0	0	0	2	0	3	0	3	0	5	1	7	0	2	0	4	0	2	9	3	41
HIP/NYC	INVOLUNTARY	0	21	1	71	0	18	0	19	0	29	0	26	0	24	0	39	0	19	19	18	304
	UNKNOWN	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	2	59	0	0	1	33	2	37	2	38	1	33	1	28	1	34	0	24	33	19	348
	TOTAL	2	80	1	71	1	51	3	56	2	67	1	59	1	52	1	73	0	43	52	37	653
OXFORD INSURANCE CO.	INVOLUNTARY	0	0	1	1	1	2	0	6	0	3	1	5	0	2	0	3	0	3	7	1	36
	VOLUNTARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	2
	TOTAL	0	0	1	1	1	2	0	6	0	3	1	5	0	2	0	4	0	4	7	1	38
UNION LOC. 1199	INVOLUNTARY	1	4	1	8	0	4	1	1	0	3	2	4	0	3	0	4	0	4	2	6	48
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	VOLUNTARY	1	10	0	0	1	14	8	23	5	7	1	9	0	5	0	15	0	3	1	7	110



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2015

UNION LOC.	TOTAL	2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		2014_12		2015_01		2015_02		2015_03	2015_04	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD			
UNION LOC. :	TOTAL	2	14	1	8	1	18	9	24	5	10	3	13	0	8	1	19	0	7	3	13	159
United Healthcare of NY	INVOLUNTARY	1	33	6	70	0	40	1	47	0	62	4	49	2	58	5	80	0	49	58	61	626
	UNKNOWN	1	0	0	0	1	0	0	0	1	0	1	0	3	0	0	0	0	0	0	0	7
	VOLUNTARY	7	66	0	0	2	39	1	63	3	38	0	32	0	60	0	44	0	27	42	39	463
	TOTAL	9	99	6	70	3	79	2	110	4	100	5	81	5	118	5	124	0	76	100	100	1,096
Wellcare of NY	INVOLUNTARY	2	19	9	42	1	10	0	28	1	36	0	55	2	34	1	42	0	21	29	43	375
	UNKNOWN	0	0	2	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	0	0	4
	VOLUNTARY	0	12	0	0	0	26	3	21	5	14	1	13	0	14	0	12	0	15	19	19	174
	TOTAL	2	31	11	42	1	36	3	49	6	50	1	68	3	48	2	54	0	36	48	62	553
Disenrolled Plan Transfers	INVOLUNTARY	17	446	77	1,491	13	481	12	560	17	631	22	715	22	576	24	899	1	609	732	725	8,070
	UNKNOWN	3	0	2	1	2	0	1	1	3	1	5	1	6	0	6	0	0	0	1	0	33
	VOLUNTARY	106	1,543	0	1	51	1,079	62	1,491	55	1,039	30	1,143	21	1,235	16	1,010	0	745	1,030	997	11,654
	TOTAL	126	1,989	79	1,493	66	1,560	75	2,052	75	1,671	57	1,859	49	1,811	46	1,909	1	1,354	1,763	1,722	19,757
Disenrolled Unknown Plan Transfers	INVOLUNTARY	4	54	5	133	1	35	1	60	4	39	6	70	3	45	3	54	0	53	65	41	676
	UNKNOWN	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	2
	VOLUNTARY	0	51	0	19	1	43	0	52	2	78	0	66	0	46	0	41	0	41	60	61	561
	TOTAL	4	106	5	152	2	78	1	112	6	117	6	136	4	91	3	95	0	94	125	102	1,239
Non-Transfer Disenroll Total	INVOLUNTARY	860	10,577	850	10,494	799	10,900	778	9,864	1,061	10,869	1,286	10,313	364	8,155	655	13,098	9	10,981	13,538	14,068	129,519
	UNKNOWN	22	15	29	22	34	45	10	47	1	55	19	41	7	40	11	29	0	37	25	10	499
	VOLUNTARY	2	83	0	107	1	90	3	78	1	81	4	76	4	127	0	48	0	525	60	103	1,393



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2015

		2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		2014_12		2015_01		2015_02		2015_03	2015_04	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD			
Non-Transfer	TOTAL	884	10,675	879	10,623	834	11,035	791	9,989	1,063	11,005	1,309	10,430	375	8,322	666	13,175	9	11,543	13,623	14,181	131,411
Total MetroPlus Disenrollment	INVOLUNTARY	881	11,077	932	12,118	813	11,416	791	10,484	1,082	11,539	1,314	11,098	389	8,776	682	14,051	10	11,643	14,335	14,834	138,265
	UNKNOWN	25	16	31	23	36	45	11	48	4	56	24	42	14	40	17	29	0	37	26	10	534
	VOLUNTARY	108	1,677	0	127	53	1,212	65	1,621	58	1,198	34	1,285	25	1,408	16	1,099	0	1,311	1,150	1,161	13,608
	TOTAL	1,014	12,770	963	12,268	902	12,673	867	12,153	1,144	12,793	1,372	12,425	428	10,224	715	15,179	10	12,991	15,511	16,005	152,407



New Member Transfer From Other Plans

	2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		2014_12		2015	2015	2015	2015	2015	TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
AETNA	1	4	0	3	0	8	0	6	0	7	1	9	0	8	7	1	1	11	5	72
Affinity Health Plan	7	112	1	88	3	95	5	101	2	86	1	87	2	118	63	68	76	63	94	1,072
Amerigroup/Health Plus/CarePlus	7	186	5	119	3	115	5	135	3	96	0	93	0	142	91	147	89	118	108	1,462
BC/BS OF MNE	0	11	0	7	0	19	0	30	0	25	0	49	0	44	28	18	12	14	10	267
CIGNA	0	5	0	6	0	0	0	1	0	4	0	1	0	1	1	0	1	2	2	24
Fidelis Care	10	144	9	146	6	115	6	137	2	116	0	97	0	113	113	123	90	87	92	1,406
GROUP HEALTH INC.	0	9	0	2	0	5	0	13	0	9	0	4	0	8	8	3	5	5	4	75
Health First	8	159	7	146	4	133	2	182	1	128	3	131	0	196	118	134	104	98	117	1,671
HEALTH INS PLAN OF GREATER N	0	5	0	3	0	8	0	8	1	3	0	10	0	15	10	2	6	5	1	77
HIP/NYC	1	72	2	43	0	36	0	53	0	55	0	50	0	52	36	46	30	52	42	570
OXFORD INSURANCE CO.	0	2	0	5	1	2	0	7	0	0	0	4	0	5	2	3	1	2	5	39
UNION LOC. 1199	1	21	3	8	2	12	1	18	0	17	2	3	0	6	14	2	0	4	3	117
United Healthcare of NY	4	66	0	54	0	43	0	56	0	55	0	63	0	54	44	56	58	48	67	668
Unknown Plan	72	6,032	14	4,724	9	4,365	5	5,222	14	4,811	4	5,171	8	5,908	6,007	3,517	2,940	3,008	2,865	54,696
Wellcare of NY	6	82	1	52	3	52	2	57	1	48	0	37	1	53	64	62	46	48	33	648
TOTAL	117	6,910	42	5,406	31	5,008	26	6,026	24	5,460	11	5,809	11	6,723	6,606	4,182	3,459	3,565	3,448	62,864



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
May-2015

		Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
Total Members	Prior Month	466,883	468,050	471,230	462,081	464,001	468,931	470,133
	New Member	19,957	19,430	26,659	17,503	23,324	18,008	18,561
	Voluntary Disenroll	1,641	1,695	1,980	1,869	1,607	1,476	1,320
	Involuntary Disenroll	17,149	14,555	33,828	13,714	16,787	15,330	14,250
	Adjusted	38	32	-724	-1,063	-524	1,497	0
	Net Change	1,167	3,180	-9,149	1,920	4,930	1,202	2,991
	Current Month	468,050	471,230	462,081	464,001	468,931	470,133	473,124
Medicaid	Prior Month	391,225	396,491	403,723	408,974	409,964	412,267	412,611
	New Member	17,699	17,479	20,628	14,315	17,885	15,445	16,483
	Voluntary Disenroll	1,284	1,409	1,101	1,311	1,151	1,167	1,079
	Involuntary Disenroll	11,149	8,838	14,276	12,014	14,431	13,934	13,088
	Adjusted	42	32	-652	-1,073	-567	1,374	0
	Net Change	5,266	7,232	5,251	990	2,303	344	2,316
	Current Month	396,491	403,723	408,974	409,964	412,267	412,611	414,927
Child Health Plus	Prior Month	12,041	12,194	12,298	12,165	12,154	12,369	12,630
	New Member	695	709	850	554	852	644	664
	Voluntary Disenroll	99	99	521	153	249	58	11
	Involuntary Disenroll	443	506	462	412	388	325	305
	Adjusted	-6	-1	5	9	15	29	0
	Net Change	153	104	-133	-11	215	261	348
	Current Month	12,194	12,298	12,165	12,154	12,369	12,630	12,978
Family Health Plus	Prior Month	9,428	5,895	3,537	8	4	3	3
	New Member	14	12	0	0	0	0	0
	Voluntary Disenroll	34	25	16	0	0	0	0
	Involuntary Disenroll	3,513	2,345	3,513	4	1	0	3
	Adjusted	1	0	-71	-5	0	0	0
	Net Change	-3,533	-2,358	-3,529	-4	-1	0	-3
	Current Month	5,895	3,537	8	4	3	3	0



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
May-2015

		Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
HHC	Prior Month	3,448	3,459	3,472	3,629	3,462	3,509	3,548
	New Member	31	60	197	27	62	54	0
	Voluntary Disenroll	0	0	0	170	0	0	0
	Involuntary Disenroll	20	47	40	24	15	15	37
	Adjusted	1	-1	2	14	42	88	0
	Net Change	11	13	157	-167	47	39	-37
	Current Month	3,459	3,472	3,629	3,462	3,509	3,548	3,511
SNP	Prior Month	5,013	4,956	4,936	4,891	4,833	4,792	4,772
	New Member	61	61	42	57	38	53	48
	Voluntary Disenroll	54	29	29	47	26	32	14
	Involuntary Disenroll	64	52	58	68	53	41	47
	Adjusted	0	1	-7	-4	-5	3	0
	Net Change	-57	-20	-45	-58	-41	-20	-13
	Current Month	4,956	4,936	4,891	4,833	4,792	4,772	4,759
Medicare	Prior Month	8,386	8,466	8,537	8,560	8,591	8,601	8,492
	New Member	359	291	443	296	281	316	314
	Voluntary Disenroll	169	133	313	187	180	202	206
	Involuntary Disenroll	110	87	107	78	91	223	141
	Adjusted	-1	-1	-3	-3	-3	-5	0
	Net Change	80	71	23	31	10	-109	-33
	Current Month	8,466	8,537	8,560	8,591	8,601	8,492	8,459
Managed Long Term Care	Prior Month	724	775	806	806	820	881	869
	New Member	84	55	37	41	81	50	58
	Voluntary Disenroll	1	0	0	0	0	16	10
	Involuntary Disenroll	32	24	37	27	20	46	45
	Adjusted	0	0	0	0	0	15	0
	Net Change	51	31	0	14	61	-12	3
	Current Month	775	806	806	820	881	869	872



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
May-2015

		Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15
QHP	Prior Month	35,904	35,088	33,168	22,349	23,535	25,887	26,548
	New Member	988	718	4,424	2,185	4,098	1,380	944
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	1,804	2,638	15,243	999	1,746	719	573
	Adjusted	1	2	2	-1	-6	-6	0
	Net Change	-816	-1,920	-10,819	1,186	2,352	661	371
	Current Month	35,088	33,168	22,349	23,535	25,887	26,548	26,919
SHOP	Prior Month	714	726	753	694	624	605	602
	New Member	26	45	33	19	21	24	10
	Voluntary Disenroll	0	0	0	1	0	0	0
	Involuntary Disenroll	14	18	92	88	40	27	11
	Adjusted	0	0	0	0	0	-1	0
	Net Change	12	27	-59	-70	-19	-3	-1
	Current Month	726	753	694	624	605	602	601
FIDA	Prior Month	0	0	0	5	14	17	58
	New Member	0	0	5	9	6	42	40
	Voluntary Disenroll	0	0	0	0	1	1	0
	Involuntary Disenroll	0	0	0	0	2	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	5	9	3	41	40
	Current Month	0	0	5	14	17	58	98

Sal Guido, Acting Senior Vice President/Corporate CIO
Enterprise Information Technology Services
Report to the M&PA/IT Committee to the Board

Thursday, June 11, 2015@ 9:00 AM

Thank you and good morning. I'd like to provide the Committee members with several key updates: the Epic Electronic Medical Record (EMR) Strategy Session that took place on May 15th and 16th, a status on Meaningful Use (MU) and Eligible Professionals (EP) and an update on HHC's migration to the Exchange email system.

1. Epic Electronic Medical Record (EMR) Strategy Session – Friday May 15th and Saturday May 16th:

On Friday and Saturday, May 15th and 16th, an Epic EMR Strategy Session was held with members from HHC EITS Leadership, the Clinovations Implementation team, HHC President Dr. Ram Raju, COO and Executive Vice President Antonio Martin, Chief Medical Officer Dr. Ross Wilson and Chief Financial Officer and Senior Vice President Marlene Zurack, representatives from the Mayor's Office and four (4) CIOs from New York University Medical Center, Mount Sinai Health System, University of California at Los Angeles (UCLA) and Massachusetts General, all whom have completed large Epic installations. The goal of this two (2) day strategy session was to share HHC's Epic EMR journey from procurement to design and implementation planning as well as to hear first-hand about the work, approaches and best practices from the four (4) Medical Center CIOs who have already gone live with Epic.

The entire group was very much engaged over the two (2) days with individuals providing relevant feedback and sharing experiences with an Epic go-live event. Program risks such as Enterprise Master Patient Index (EMPI), lab, procurements, the Soarian integration as well as other third party integrations were reviewed and discussed by the entire team. Areas of concern, consideration and opportunity were noted and recorded for further work. Ideas were also shared on how to approach certain upcoming project millstones as well as how to create strategies to sustain the Epic product.

The following day these areas of concern and opportunity were consolidated and prioritized. A brainstorming session followed with all parties providing input to planning, risk mitigation and strategic approaches to enable programs that Epic will be dependent on. Certain potential roadblocks were highlighted and noted to be tracked. All agreed that the time spent was mutually beneficial and that these sessions should continue periodically. Further sessions will be scheduled in the future.

I will continue to have on-going dialogues with all four (4) CIOs who participated and engage them for their advice on strategies and best practices as we approach our Epic implementation. I will also keep the M&PA/IT Committee as well as Leadership and the IT Executive Governance committee members informed and updated as we continue our progress.

2. Meaningful Use (MU) and Eligible Professional (EP) Update:

QCPR v6.1 Upgrade:

On May 27th, Harlem Hospital successfully completed its upgrade to QCPR v6.1. In less than five hours downtime, the Generations+ QCPR team led by Sima Bruk took the system down, performed the upgrade and brought the system back up making it available for all users. This upgrade also included Meaningful Use Eligible Professionals and ICD10 database enhancements.

New Meaningful Use (MU) Proposed Rule:

On April 10, 2015, CMS released a proposed rule to align Meaningful Use (MU) Stages 1 and 2 objectives with the long term goals proposed for Stage 3 Eligible Hospitals (EH) and Professionals (EP). If passed, new providers demonstrating meaningful use for the first time would immediately attest to Stage 2 objectives in 2015. In addition, the proposed rule

would shorten the reporting measurement period to any ninety (90) consecutive days in 2015. This rule would also remove objectives that were topped off, duplicative or redundant.

HHC will remain in Stage 2 for the EH EMR incentive program for its 4th and 5th year in 2015 and 2016 respectively. Changing the measurement period to calendar year, HHC would benefit from the extended deadline of December 31st. The reduction in the overall number of objectives from 19 to 9 offers no significant benefit as HHC facilities have already exceeded the CMS thresholds by far except for Measure C6 – Patient Portal. This measure is retained under the proposed rule and will continue to be challenging for HHC.

For Eligible Professionals (EP) in its 1st year, HHC providers will attest directly to Modified Stage 2, skipping Stage 1 altogether. However, starting on January 1, 2016, HHC will attest to its full year of Stage 2 with additional required objectives, such as, secured messaging technology as a form of communication between providers and their patients. The technology is not available to HHC at this time. This measure will transform HHC's workflow, both clinically and operationally. Other MU objectives, to mention a few, which will be required in 2016 include public health reporting, registries, medication reconciliation and transition of care.

There are approximately 3043 eligible providers identified by Finance based on CMS eligibility criteria. Ongoing pre-validation of eligibility with the State Department of Health continues so to avoid future audits. So far, 641 HHC providers have been identified and HHC anticipates receiving its first payment of \$21,250 for each in 2015 for a total of over \$13.6M. Overall, the estimated return of Eligible Professionals EHR incentive program over five (5) years is \$180M. These EPs must be "meaningful users" to avoid a Medicare reduction payment of up to 5%. The New York State Department of Health has also extended the enrollment deadline by another 15 days to Monday, June 15th.

Our EITS/QCPR Team remains fully committed to work collaboratively with the business in meeting these regulatory requirements. We will continue to provide ongoing reports to this committee on our progress.

3. HHC's Exchange Email System Migration:

The Enterprise Infrastructure team has been working over the past year on planning the migration of the HHC workforce from the current Novell GroupWise email system to Microsoft's Exchange system, establishing one single email system for the entire Corporation.

This migration will allow for HHC to have a more advanced and feature rich email system which will be able to easily integrate with other applications allowing our users to interact in new ways including instant messaging, mobile applications, integrated, and video conferencing. A new email archive system will also be available to users, allowing them to more seamlessly archive email and view both active and archived emails side by side all within the same application. Users will no longer require the use of separate folders, outside applications or cumbersome steps to reference or search for historical emails.

Final pilots are underway with select small groups of EITS staff to test how the new email system works. The plan is to move approximately 1500 users per week beginning with Central Office staff in May, followed by the North Bronx and Queens Networks in June, North, Central and South Brooklyn networks in July and Lincoln/Harlem and South Manhattan completing their migration in August.

Both on-site and on-line training is planned for all staff. Roadshows for each of the networks and facilities are being finalized as well as are a series of on-going communications to continuously alert and update staff as to our progress.

This completes my report today. Thank you.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a Physician Services Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Bellevue Hospital Center ("Bellevue"), Gouverneur Healthcare Services ("Gouverneur"), Coler Rehabilitation and Nursing Care Center ("Coler"), Henry J. Carter Specialty Hospital and Nursing Facility ("Carter"), Woodhull Medical and Mental Health Center ("Woodhull"), and Cumberland Diagnostic and Treatment Center ("Cumberland") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$1,688,679,033;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to NYUSOM that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.

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

WHEREAS, the current Agreement with NYUSOM to provide General Care and Behavioral Health Services at Bellevue, Gouverneur, Coler, Carter, Woodhull, and Cumberland shall expire on June 30, 2015; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that NYUSOM continue to provide General Care and Behavioral Health Services at Bellevue, Gouverneur, Coler, Carter, Woodhull, and Cumberland.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation ("the Corporation") is hereby authorized to negotiate and execute a Physician Services Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Bellevue Hospital Center, Gouverneur Healthcare Services, Coler Rehabilitation and Nursing Care Center, Henry J. Carter Specialty Hospital and Nursing Facility, Woodhull Medical and Mental Health Center, and Cumberland Diagnostic and Treatment Center for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$1,688,679,033;

BE IT FURTHER RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for increases in costs, calculated on an annual basis, in any fiscal year to NYUSOM that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a Physician Services Agreement with the Icahn School of Medicine at Mount Sinai ("Sinai") for the provision of General Care and Behavioral Health Services at Elmhurst Hospital Center ("Elmhurst") and Queens Hospital Center ("Queens") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$1,150,620,692;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to Sinai that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.

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

WHEREAS, the current Agreement with Sinai to provide General Care and Behavioral Health Services at Elmhurst, and Queens shall expire on June 30, 2015; and

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

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation ("the Corporation") is hereby authorized to negotiate and execute a Physician Services Agreement with the Icahn School of Medicine at Mount Sinai ("Sinai") for the provision of General Care and Behavioral Health Services at Elmhurst Hospital Center ("Elmhurst"), and Queens Hospital Center ("Queens") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$1,150,620,692;

BE IT FURTHER RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to Sinai that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a Physician Services Agreement with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the provision of General Care and Behavioral Health Services at Lincoln Medical and Mental Health Center ("Lincoln"), Morrisania Diagnostic and Treatment Center ("Morrisania"), Segundo Ruiz Belvis Diagnostic and Treatment Center ("Belvis"), Jacobi Medical Center ("JMC"), North Central Bronx Hospital ("NCB"), Harlem Hospital Center ("Harlem"), Renaissance Health Care Network Diagnostic and Treatment Center ("Renaissance"), Metropolitan Hospital Center ("Metropolitan"), Coney Island Hospital ("CIH"), and Kings County Hospital Center ("KCHC") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$2,562,175,665;

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to PAGNY that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.

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

WHEREAS, the current Agreement with PAGNY to provide General Care and Behavioral Health Services at Lincoln, Morrisania, Belvis, JMC, NCB, Harlem, Renaissance, Metropolitan, CIH, and KCHC shall expire on June 30, 2015; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that PAGNY continue to provide General Care and Behavioral Health Services at Lincoln, Morrisania, Belvis, JMC, NCB, Harlem, Renaissance, Metropolitan, CIH, and KCHC.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation ("the Corporation") is hereby authorized to negotiate and execute a Physician Services Agreement with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the provision of General Care and Behavioral Health Services at Lincoln Medical and Mental Health Center ("Lincoln"), Morrisania Diagnostic and Treatment Center ("Morrisania"), Segundo Ruiz Belvis Diagnostic and Treatment Center ("Belvis"), Jacobi Medical Center ("JMC"), North Central Bronx Hospital ("NCB"), Harlem Hospital Center ("Harlem"), Renaissance Health Care Network Diagnostic and Treatment Center ("Renaissance"), Metropolitan Hospital Center ("Metropolitan"), Coney Island Hospital ("CIH"), and Kings County Hospital Center ("KCHC") for a period of five years, commencing July 1, 2015 and terminating on June 30, 2020, for an amount not to exceed \$2,562,175,665;

BE IT FURTHER RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal

employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs, calculated on an annual basis, in any fiscal year to PAGNY that exceed twenty-five percent (25%) of the not to exceed amount specified in this resolution.

Physician Services Contract Renewals

FY 2016 to FY 2020

**New York University School of Medicine
Icahn School of Medicine at Mount Sinai
Physician Affiliate Group of New York, P.C.**

Antonio Martin, EVP & COO
Ross Wilson MD, SVP & CMO
Marlene Zurack, SVP & CFO

HHC Board of Directors June 2015

Improving the Process

- Centralize coordination of the negotiation process between HHC and the affiliates who provide physician services
- Further standardize contract terms and conditions
- Increase contract term from three years to five years
- Increase the partnership and collaboration between HHC and affiliates providing physician services
- Increase flexibility for our facilities and providers of physician services to manage costs and changes to services through their Joint Oversight Committee (JOC), in a rapidly changing healthcare environment

Performance Incentives

- ❖ The Physician workforce is aligned to HHC's Strategic 2020 Vision goals
- ❖ Five percent of the physician's total compensation is allocated to performance measures
- ❖ Performance indicators are proposed in three sets –
 - ❖ Acute care facilities
 - ❖ Diagnostic & Treatment Centers
 - ❖ Long Term Care Facilities
- ❖ All performance measures are carefully selected to attain the goals of HHC's Strategic 2020 Vision

Performance Indicators

Patient Experience	Outpatient Access	Outpatient Quality of Care	Inpatient Quality of Care
<p>*1. OUTPATIENT: Satisfaction with Care Provider: Ambulatory (CMS CAHPS)</p> <p>*2. INPATIENT: Communication between Physicians and Patients (CMS CAHPS)</p>	<p>3. Appointment Fill rates in Primary Care</p> <p>*4. ED Cycle Time – Improve median time from “Door to Leave” time in Emergency Room for Admitted Patients</p> <p>5. Primary Care panel size greater than or equal to 1,500</p>	<p>6. MetroPlus Quarterly Provider Performance Indicator Reports, QARR/ HEDIS</p> <p>7. Documentation of Co-morbidities for Outpatient Services</p>	<p>*8. Reduce ALOS for Acute Care Patients</p> <p>*9. Reduce 30 Day Readmission Rate for All Cause</p> <p>10. Documentation of Co-morbidities for Inpatient Services</p>

New Joint Challenges

- ❖ Strategic Imperatives for 2020
 - Improving patient experience
 - Increased productivity
 - Increased market share
- ❖ Rolling out a new EHR – EPIC
- ❖ Participating in service delivery changes as part of DSRIP, with workforce implications
- ❖ Workforce shortages in areas like psychiatry and primary care

Proposed Contract Costs

FACILITY	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	TOTAL
Bellevue	\$179.1	\$181.5	\$183.5	\$186.6	\$187.4	\$918.0
Gouverneur	\$13.8	\$14.0	\$14.1	\$14.3	\$14.3	\$70.6
TOTAL	\$192.9	\$195.5	\$197.6	\$200.9	\$201.7	\$988.6
Coler	\$8.4	\$8.4	\$8.5	\$8.6	\$8.6	\$42.4
Carter	\$17.8	\$17.9	\$18.0	\$18.2	\$18.2	\$90.0
TOTAL	\$26.1	\$26.3	\$26.4	\$26.7	\$26.8	\$132.4
Woodhull	\$106.5	\$107.2	\$108.6	\$110.5	\$111.5	\$544.4
Cumberland	\$4.6	\$4.6	\$4.6	\$4.7	\$4.8	\$23.3
TOTAL	\$111.0	\$111.8	\$113.3	\$115.3	\$116.3	\$567.7
Elmhurst	\$132.0	\$132.6	\$133.3	\$134.6	\$135.3	\$667.7
Queens	\$95.4	\$95.9	\$96.4	\$97.3	\$97.8	\$482.9
TOTAL	\$227.5	\$228.4	\$229.7	\$231.9	\$233.1	\$1,150.6
Jacobi	\$120.7	\$120.1	\$119.9	\$120.9	\$120.8	\$602.5
NCB	\$44.4	\$44.1	\$44.4	\$44.7	\$44.7	\$222.3
TOTAL	\$165.1	\$164.2	\$164.3	\$165.6	\$165.5	\$824.7
Harlem	\$83.9	\$84.7	\$85.4	\$86.2	\$86.9	\$427.1
Renaissance	\$4.9	\$4.9	\$5.0	\$5.0	\$5.1	\$24.9
TOTAL	\$88.8	\$89.6	\$90.4	\$91.2	\$92.0	\$452.0
Lincoln	\$95.6	\$95.0	\$96.1	\$98.3	\$97.7	\$482.6
Morrisania	\$3.9	\$3.9	\$3.9	\$4.0	\$4.0	\$19.8
Belvis	\$1.6	\$1.6	\$1.6	\$1.7	\$1.7	\$8.3
TOTAL	\$101.2	\$100.5	\$101.7	\$104.0	\$103.4	\$510.7
Coney	\$73.1	\$73.5	\$74.2	\$75.0	\$76.5	\$372.2
Kings	\$10.6	\$10.6	\$10.6	\$10.6	\$10.6	\$53.2
TOTAL	\$83.7	\$84.1	\$84.8	\$85.6	\$87.1	\$425.4
Metropolitan	\$67.3	\$68.3	\$69.7	\$71.2	\$72.8	\$349.3
GRAND TOTAL	\$1,063.7	\$1,068.8	\$1,077.9	\$1,092.5	\$1,098.6	\$5,401.5

- The above amounts include \$260m in Performance Indicator payments. Actual payment may vary based on achieved results.

Physician Services Contract Renewal

FY 2016 to FY 2020

- **New York University School of Medicine**
 - *Bellevue Hospital Center*
 - *Gouverneur Healthcare Services*
 - *Woodhull Medical and Mental Health Center*
 - *Cumberland Diagnostic and Treatment Center*
 - *Coler Rehabilitation & Nursing Care Center*
 - *Henry J. Carter Specialty Hospital & Skilled Nursing Facility*

Proposed Contract Costs

- The increase in FY 16 contract at Bellevue can be attributed in large part to the change from a productivity based compensation model to cost based compensation model

FACILITY	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	TOTAL
Bellevue	\$179.1	\$181.5	\$183.5	\$186.6	\$187.4	\$918.0
Gouverneur	\$13.8	\$14.0	\$14.1	\$14.3	\$14.3	\$70.6
TOTAL	\$192.9	\$195.5	\$197.6	\$200.9	\$201.7	\$988.6
Coler	\$8.4	\$8.4	\$8.5	\$8.6	\$8.6	\$42.4
Carter	\$17.8	\$17.9	\$18.0	\$18.2	\$18.2	\$90.0
TOTAL	\$26.1	\$26.3	\$26.4	\$26.7	\$26.8	\$132.4
Woodhull	\$106.5	\$107.2	\$108.6	\$110.5	\$111.5	\$544.4
Cumberland	\$4.6	\$4.6	\$4.6	\$4.7	\$4.8	\$23.3
TOTAL	\$111.0	\$111.8	\$113.3	\$115.3	\$116.3	\$567.7
TOTAL	\$330.1	\$333.6	\$337.3	\$342.9	\$344.82	\$1,688.7

Physician Services Contract Renewals

FY 2016 to FY 2020

Icahn School of Medicine at Mount Sinai

*Elmhurst Hospital Center
Queens Hospital Center*

Proposed Contract Costs

FACILITY	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	TOTAL
Elmhurst	\$132.0	\$132.6	\$133.3	\$134.6	\$135.3	\$667.7
Queens	\$95.4	\$95.9	\$96.4	\$97.3	\$97.8	\$482.9
TOTAL	\$227.5	\$228.4	\$229.7	\$231.9	\$233.1	\$1,150.6

Physician Services Contract Renewals

FY 2016 to FY 2020

Physician Affiliate Group of New York

*Lincoln Medical and Mental Health Center
Morrisania Diagnostic and Treatment Center
Segundo Ruiz Belvis Diagnostic and Treatment Center
Jacobi Medical Center
North Central Bronx Hospital
Harlem Hospital Center
Renaissance Health Care Network Diagnostic and Treatment Center
Metropolitan Hospital Center
Coney Island Hospital
Kings County Hospital Center*

Proposed Contract Costs

FACILITY	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020	TOTAL
Jacobi	\$120.7	\$120.1	\$119.9	\$120.9	\$120.8	\$602.5
NCB	\$44.4	\$44.1	\$44.4	\$44.7	\$44.7	\$222.3
TOTAL	\$165.1	\$164.2	\$164.3	\$165.6	\$165.5	\$824.7
Harlem	\$83.9	\$84.7	\$85.4	\$86.2	\$86.9	\$427.1
Renaissance	\$4.9	\$4.9	\$5.0	\$5.0	\$5.1	\$24.9
TOTAL	\$88.8	\$89.6	\$90.4	\$91.2	\$92.0	\$452.0
Lincoln	\$95.6	\$95.0	\$96.1	\$98.3	\$97.7	\$482.6
Morrisania	\$3.9	\$3.9	\$3.9	\$4.0	\$4.0	\$19.8
Belvis	\$1.6	\$1.6	\$1.6	\$1.7	\$1.7	\$8.3
TOTAL	\$101.2	\$100.5	\$101.7	\$104.0	\$103.4	\$510.7
Coney	\$73.1	\$73.5	\$74.2	\$75.0	\$76.5	\$372.2
Kings	\$10.6	\$10.6	\$10.6	\$10.6	\$10.6	\$53.2
TOTAL	\$83.7	\$84.1	\$84.8	\$85.6	\$87.1	\$425.4
Metropolitan	\$67.3	\$68.3	\$69.7	\$71.2	\$72.8	\$349.3
TOTAL	\$506.1	\$506.7	\$510.9	\$517.7	\$520.8	\$2,562.2



Thank You