

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: December 3rd, 2015
Time: 9:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

November 12th, 2015

CHIEF MEDICAL OFFICER REPORT

DR. WILSON

METROPLUS HEALTH PLAN

DR SAPERSTEIN

CHIEF INFORMATION OFFICER REPORT

MR. GUIDO

ACTION ITEM:

1) Authorizing the President of the New York City Health + Hospitals ("NYC H+H") to negotiate and execute a five-year contract with Mythics, Inc. to provide software, maintenance and training for a Corporate-wide Enterprise Resource Planning ("ERP") System with one, five-year option to renew, exercisable solely by NYC H+H, in an amount not to exceed \$31,301,712.

**MR. GUIDO/
MR. ANANTHARAM**

2) Authorizing the President of the New York City Health + Hospitals ("NYC Health + Hospitals") to negotiate and execute an agreement with Urgicare Medical Associates PC ("UMA") for the provision of urgent medical services not requiring hospitalization to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") for one year with two one-year options to renew for an amount not to exceed \$1,828,591 per year with annual increases of not greater than 6%.

MS. YANG

INFORMATION ITEM:

1) EITS Business Continuity Planning

MR. MANJORIN

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: November 12th, 2015

ATTENDEES

COMMITTEE MEMBERS

Lilliam Barrios-Paoli, Chair
Vincent Calamia, MD, Committee Chair
Josephine Bolus, RN
Ram Raju, MD 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
Chalice Averett, Director, Office Audit Internal
Charles Barron, MD, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Jill Bowen, PhD, Assistant Vice President, Behavioral Health Transformation
Deborah Cates, Chief of Staff, Board Affairs
Meagan Cunningham, Senior Director, Accountable Care Organization
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Alfred Garofalo, Senior Director, Enterprise Information Technology System
Lucinda Glover, Senior Director, Medical and Professional Affairs
Jim Gomez, Assistant Vice President, Workplace Services
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
Mei Kong, Assistant Vice President, Corporate Patient Safety
Barbara Lederman, Senior Director, Enterprise Information Technology System
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 Operating Officer
Karen Mattera, Director, Emergency Management
Ian Michaels, Media Director, Communication and Marketing
Hilary Miller, Manager of Administration, Enterprise Information Technology System
Salvatore Russo, Senior Vice President & General Counsel, Legal 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
Jessie Singer, Senior Director, Ambulatory Care, Medical & Professional Affairs
Patricia Slesarchik, Assistant Vice President, Labor Relations
Eli Tarlow, Assistant Vice President, Enterprises Information Technology System

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
Angela Zumaran, Director, Enterprise Information Technology System

FACILITY STAFF:

Todd Hixson, Deputy Executive Director, Metropolitan Hospital
John Maese, MD, Medical Director, Coney Island Hospital
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:

Jui Agrawal, Analyst, OMB
Marian Dolin, Senior Assistant Director, DC37
Larry Garvey, Cerner Corporation
Henry Lukack, Director of CRNOPS, NYC DOITT

**MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, November 12th, 2015**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00 AM. The minutes of the October 8th, 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.

Employee flu vaccination registry 2015 – 2016 flu season report. The progress reports displayed by these charts demonstrate the vaccination rates across the corporation. *Question: Is there a requirement for Correction Health staff to wear mask? In the legal process there is no requirement for Correctional Health Staff, it's not structured. This report under represents the registry as it does not include Correctional Health.*

K2 (Synthetic Cannabinoids) Activity at HHC

There is a nearly 50% decrease in presentations over the last 8 weeks. This may reflect other community activities to interfere with supply as well as that the clinical features are now more likely to be sedation than violence/hypomania.

Office of Ambulatory Care Transformation

Collaborative Care

Q3 2015 data for the Collaborative Care for Depression Program shows the impact of a concerted quality improvement effort across all 17 HHC facilities. The quality improvement initiative consisted of a needs assessment followed by providing sites with: actionable weekly patient lists, performance feedback, and simplified workflow scripts to improve patient outcomes. Results included:

- In 2015, Jan-Aug: ~185,000 patients screened for depression in primary care
 - o Screening rate: 89%
 - o Screening yield: 6%
- Improvements from Quarter 2 to Quarter 3:
 - o Psychiatric consult rate increased from 14% to 44%
 - o Change in treatment rate for patients not improving increased from 14% to 36%
 - o Patient improvement rate (50% improvement in PHQ9 score or a decrease in 5 or more points to < 10) increased from 18% to 36%

Next steps include focusing on further improvement in clinical outcomes—as well as ensuring that practices are billing Medicaid for Collaborative Care services.

Access

On Access measures in primary care, we continue to sustain and build on improvements. At an HHC average level, appointment access for new patients is ~23 days in adult medicine and ~9 days in pediatrics on average (vs. 55 days and 14 days at baseline), though there is significant variation across sites. We are

in the process of (a) shoring up additional provider/nurse FTE at individual sites, and (2) centralizing provider/panel information in order to improve MetroPlus assignment.

Office of Behavioral Health

The Office of Behavioral Health (OBH) is coordinating a work group related to the management of violence. This will involve 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.

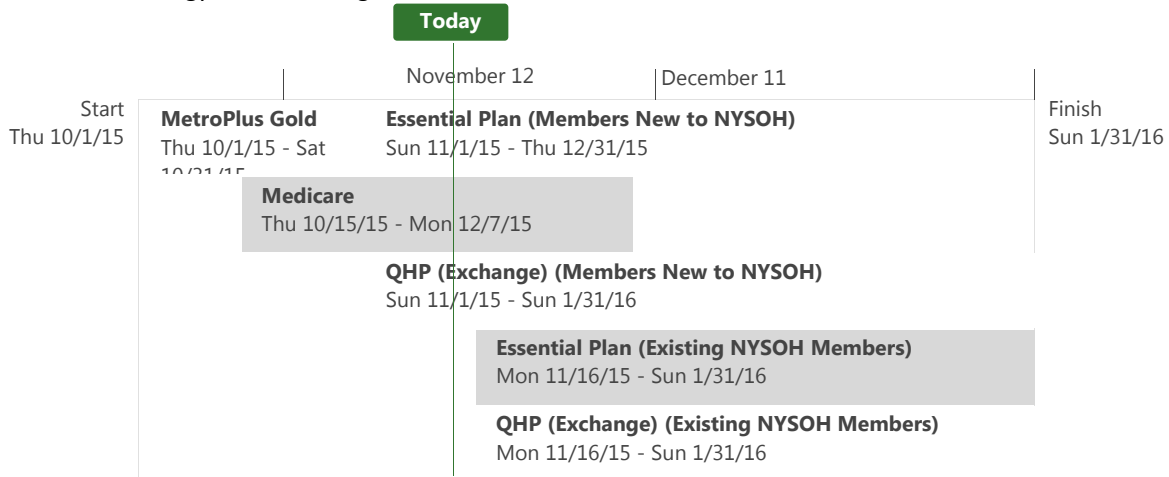
OBH continues to work on the following projects: (1) a unit dedicated to the treatment of violent patients at Jacobi. This is in collaboration with the Mayor's initiative on reduction of violence. (2) A unit dedicated to the treatment of co-morbid Developmental Disability and Mental Illness. Next steps meetings with OMH and OPWDD are scheduled for early November. (3) Establishment of on-site assessment and short-term treatment in the Family Justice Centers providing increased mental health services to victims of domestic violence. (4) OBH continues to monitor data around K2 emergency department utilization.

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 October 1, 2015 was 471,150. Breakdown of plan enrollment by line of business is as follows:

Medicaid	414,926
Child Health Plus	12,242
MetroPlus Gold	3,634
Partnership in Care (HIV/SNP)	4,627
Medicare	8,417
MLTC	899
QHP	23,615
SHOP	473
FIDA	183
HARP	1,767

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. MetroPlus has entered the Open Enrollment Period (OEP) for MetroPlus Gold as of October 1, 2015. HARP (Health and Recovery Plan) also went live on October 1, 2015. We are expecting membership growth in our MetroPlus Gold line of business as we have expanded it to all NYC employees. We are diligently preparing for the Essential Plan and Exchange (QHP) open enrollment period that begins on November 1st and November 15th, respectively (timeline **below**). November 1st and November 15th, respectively (timeline below).



It is important to note that the rules for the Essential Plan enrollment follow those of the Marketplace for the start of Open Enrollment. However, eligible can enroll year round, just like Medicaid and CHP. Of importance is also the fact that the Marketplace has a Special Election Period (SEP) which is in operation from the day the Open Enrollment Period ends to the day before the next OEP begins. This is for those who become eligible through life qualifying events (birth of a baby, marriage, moving into territory, etc.) after OEP has closed.

Question: How is the advertisement done? We have printed advertisements in newspaper, on subway, bus shelters, throughout the corporation, in the community newspapers in English and multiple languages. Also, we have ads in Spanish, Chinese and India newspapers. We haven't done TV ads yet, but we have brought to the HHC board a request for an increase of \$1.2 million dollars for our advertisement budget to provide TV Ads. The TV ads will be rolling out in next two days. A sample of the Storyboard was presented.

Part of our aggressive marketing and advertising campaigns for the Exchange and the Essential Plan is embarking on a TV advertising campaign. We have obtained approval from the HHC Board to expand the scope and amount of the contract with our existing vendor to include TV advertising that will roll out during the Open Enrollment Period. Included in this report is the story board we are using for the ad. MetroPlus and the HHC Communications office have been working closely to ensure maximization of resources and potential of ads.

We have persisted in our efforts to expand the MetroPlus provider network into Staten Island. We have contracted with Richmond University Medical Center and are hopeful that our contract with Staten Island University, part of the NSLIJ system, will come to fruition in the very near future.

We have undertaken additional initiatives as we work toward achieving the HHC 2020 Vision including aggressive campaigns that will help us increase customer and provider satisfaction, thereby allowing us to retain existing and acquire new members. We are implementing new business models within our Retention and Marketing departments to help staff work closely together, share best business practices, which will ultimately contribute to membership growth.

In order to differentiate ourselves from the competitors, we are looking to expand access to our members through the use of telehealth medical consults offered by NYS licensed providers. Members who will be utilizing these services will complete a brief medical history before a consult can be provided. The questions cover the member and family medical history, prior surgeries, current medications, Primary Care Physician information, and preferred pharmacy. Members who are deemed to require laboratory services and/or follow-up, will be referred back to their primary care provider.

Question: How will the patients be diverted to the proper locations for follow up if their issue cannot be resolve over the phone? The providers will be given weekly eligibility files members information. How is the communication between patient and provider going to happen? How will the information be disseminated to the patient's primary care provider? Through an electronic report sent to Metroplus as email from telehealth. The Outlook secure messaging email system will be used to provide updates to the primary care provider using an electronic report. The provider will hopefully complete a note. From IT standpoint we would like to review the security aspects, how information is going to be passed to the patient records and look at the game plan.

Question: Are nurse practitioners and psychiatrists on the phones? No only licensed providers. There are psychologists and psychiatrists are part of the telehealth system. Is this going to be instead of advising the patients to call their primary physicians who uses an on call system? No, there is still going to be an on call system. Metroplus call service will still contact the physician. The telehealth system information will be added to the Metroplus newsletter notifying patients that there is a 24 hour service available to them. This will be an additional service not in place of any services already provided.

MetroPlus is committed to the vision of HHC and is taking significant steps, both internally and externally, to ensure full alignment with the corporate goals. We have embarked on a project that looks at organizational structure to ensure optimal functioning of departments and divisions.

At the previous meeting of this committee I mentioned that we underwent the Article 44 audit. The findings have not yet been sent to us by either New York State or New York City Department of Health.

MetroPlus has been working rigorously to transition to our new utilization management system, CareConnect. We are now ready to go live on November 1, 2015.

Sal Guido, Acting Senior Vice President/Corporate CIO Enterprise Information Technology Services reported to the committee the following updates:

1. National Cyber Security Awareness Month-October 2015:

The month of October was designated as "National Cyber Security Awareness" month. On average, Health and Hospital's IT Security and Risk Management team detects over 2,000 viruses per month, blocks about 3 million cyber-attacks, stops 10 million spam emails a month from entering HHC and every quarter detects on average 2000 vulnerabilities categorized as "high severity". As part of Information Technology's security and risk management strategy to focus on data security and promote good end-user security-related behavior, IT has started a year-long campaign to send out monthly security newsletters to all HHC staff. The campaign which was launched in September is called "Information Security Savvy" and is meant to heighten, promote and reinforce everyone's awareness on good security practices.

2. Information Security Policy Steering Committee:

IT in collaboration with the Offices of Legal Affairs, Human Resources and Corporate Compliance have come together to create a forum for ensuring that appropriate and meaningful information security policies are in place to address Health and Hospital's needs.

The primary objective of this Steering Committee is to create, develop and review at least one (1) information security policy each quarter and ensure that the workforce is aware and understands good security practices. The committee which meets quarterly and is chaired by the Corporate Chief Information Security & Risk Officer has already convened and completed their first review of the HHC policy- "Acceptable Use of Corporate IT Resources".

3. Host Data Loss Prevention (HDLP) Deployment Roll-Out:

In alignment with IT's strategy to stop the unauthorized transfer of electronic protected health information (ePHI) or other sensitive information from electronic devices which are used to access/store or transmit this information, IT has implemented a Host Data Lost Prevention (HDLP) deployment program across the organization. The goal of this project is to successfully assist with monitoring and addressing day-to-day risky end-user ePHI-related activity which can be found in email, web posting, printing, clipboards, screen captures, device control and uploading to the cloud.

This project has several phases: Phase I was the installation of software which has been completed; Phase II will focus on monitoring unauthorized transfers of data; and the final phase will consist of blocking unauthorized transfers from HHC workstations in real time. Implementation of HDLP began this October in Central Office and is expected to be rolled out to all facilities by June 2016.

4. Identity IQ Implementation:

IT is also implementing SailPoint's Identity IQ product to automate the account management process for user access to the HHC network, email and applications. By implementing this product, we will be able to create and remove accounts in a more timely fashion for network access and managed applications. At the same time, the application will be timed to PeopleSoft so that any changes in the user's information can be replicated out across all applications and address book without additional requests.

Presently, Identity IQ is in the first phase of the implementation where the Corporate Account Management (CAM) team is using the product to create network and email accounts. All activity is being tied to a Remedy ticket that is generated by the system as the requests are generated and completed by the CAM team.

Upon completion of the first phase at the end of December 2015, access requests will be submitted by designated account requesters across the organization, which will automatically generate the network and email account information within minutes. Next phases of implementation will include the integration with the PeopleSoft and Epic Electronic Medical Record (EMR) applications. I will keep the Committee informed of our progress.

5. Secure Texting:

Information Technology is looking to procure technology that will allow clinicians to securely communicate and receive notifications across multiple devices including desktops, tablets and mobile phones. Working with the members of HHC House Staff Quality Council, IT has been able to perform pilots of two products: Imprivata CoreText, and TigerText from July through October of this year at Bellevue, Elmhurst, Lincoln, Jacobi and Woodhull hospitals. During the month of September alone approximately 250 clinicians sent nearly 20,000 text messages, demonstrating a definite need and willingness to use the product. Both Imprivata CoreText and TigerText products are recognized market front-runners by industry research leaders Gartner and KLAS.

Once implemented, these products can be integrated with other products including scheduling and paging systems already in place to further add value through real time presence providing clinician availability. With the pilots complete, the next immediate step for IT will be to work with Procurement to secure these products.

6. Electronic Resource Planning (ERP) Implementation:

Working with Finance and Supply Chain, IT is supporting the purchase of an Enterprise Resources Planning (“ERP”) System to replace the independent finance and supply chain business applications currently in operation that are over thirty (30) years old. Current systems are very manual, processes are paper based and lack modern day efficiencies and integration. Many of our current manual paper-driven processes – bank transfers, timesheets, etc. will no longer exist as we implement electronic time keeping and electronic bank transfers. The current back office software and processes do not support Health and Hospital’s 2020 vision nor our dynamic healthcare environment which requires access to information quickly and integrated reporting to support business decisions, patient experiences, and promote profitability and strategic objectives.

The ERP will include:

- Finance – General Ledger, Accounts Payable, Accounts Receivable, Budget, Fixed Assets, Grants, Project Costing, Cash Management, Payroll and Time & Labor (no more paper timesheets)
- Supply Chain – Inventory Control, Purchasing, Supplier Contract Management, Strategic Sourcing, Mobile Inventory
- Nurse Scheduling

Along with automated workflow and approvals the ERP will allow Health and Hospitals to have one integrated system that naturally shares information and permits users to access the data they need for their job in one place. This allows for improved reporting, forecasting and planning by reducing the amount of time required to create basic financial documents and standardizing the collection of information. For Supply Chain, the ERP will facilitate inventory controls and real-time inventory levels across the entire organization which allows for smarter purchasing and better emergency supply management. With the advent of this new ERP system, many of the 2020 goals and restructuring plans can be easily realized. This completed his report.

Question: When will ERP be available can’t manage an organization without an ERP system? It is difficult to determine at this time, implementation may possibly be completed by Fiscal Year 2017. Standards have to be built before ERP can be put into place. There is still a lot of research required to put the standards in place. This also impacts the existing payroll and will allow for an automated payroll system. Question: How will you protect the patient who may have a shared cell phones? Patients will have individual password to received secure text unless you have the password the text is not available. If the patient/child can’t afford a phone there are additional options available.

ACTION ITEM:

Jeff Lutz, Director of User Engagement, Enterprise Information Technology Services presented to the committee

Authorizing the President of the NYC Health + Hospitals to enter into a contract with CareTech Solutions, Inc. (“CareTech”) for Epic Service Desk Support in an amount not to exceed \$14,694,651 (includes a 7.5% contingency of \$1,024,673) for the contract term of five years with two one-year options to renew, at the Corporation’s exclusive option.

Approved for consideration by the full board.

Authorizing the President of NYC Health + Hospitals to negotiate and execute a contract with McKesson Technologies Inc. to provide Radiology Integration and Practice Management Services for a period of three years with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed \$16,684,855, inclusive of all costs and expenses.

Approved for consideration by the full board.

INFORMATION ITEMS:

ACO update presentation on performance results for reporting year 2013, 2014 and 2015.

There being no further business, the meeting was adjourned 10:30 AM.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
December 3, 2015

Total plan enrollment as of November 1, 2015 was 472,366. Breakdown of plan enrollment by line of business is as follows:

Medicaid	414,692
Child Health Plus	12,331
MetroPlus Gold	3,735
Partnership in Care (HIV/SNP)	4,602
Medicare	8,431
MLTC	922
QHP	22,991
SHOP	456
FIDA	180
HARP	4,026

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.

Full open enrollment began November 15, 2015. As of the end of the second week of enrollment, we have received over 17,000 applicants with an effective date of January 1, 2016. Historically, the end of the open enrollment period is more productive in terms of the number of members we get.

We continue our aggressive advertising efforts to attract new members, as well as focus on retaining our existing members.

I would like to inform this committee of the collaboration between MetroPlus and Memorial Sloan Kettering Cancer Center (MSK) as it regards the former Health Republic members undergoing cancer treatment. In an effort to enable these members to continue their cancer treatment at MSK, MetroPlus, (with support from the Mayor's Office and NYC Health and Hospitals), has agreed to provide coverage to the members who are NYC residents and will not self-enroll in other plans. The special Memorial Sloan-Kettering coverage will be available only to this group of patients (114). As MSK is not a contracted facility with MetroPlus, we have signed a Letter of Agreement with MSK. We will work closely with the cancer center team to answer any questions and provide enrollment assistance as needed. Patients are being enrolled in MetroPlus for coverage beginning December 1, 2015, with no interruption of services at a rate more affordable than what they were paying for Health Republic Insurance of New York. With both 2015 and 2016 monthly rates for MetroPlus lower than current rates for Health

Republic, these patients, and any other former Health Republic enrollees who enroll in MetroPlus, will be able to save \$46 for the month of December, 2015 and \$117 per month in 2016 for the Silver level plan; the savings for the Platinum level plan are \$73 in December 2015 and \$163 per month in 2016.

There are approximately 20,000 New York City residents in Health Republic. Unfortunately, Health Republic clients who do not choose a new insurer by November 30, 2015, will be automatically enrolled by the State into Fidelis Care.

RESOLUTION

Authorizing the President of the New York City Health + Hospitals (“NYC Health + Hospitals”) to negotiate and execute a five-year contract with Mythics, Inc. to provide software, maintenance and training for an Enterprise Resource Planning (“ERP”) System with one, five-year option to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed \$31,301,712.

WHEREAS, NYC Health + Hospitals’ financial management applications currently in operation are over 30 years old and would require upgrades, consisting of five different software vendors and home grown systems to support NYC Health + Hospitals’ healthcare programs; and

WHEREAS, NYC Health + Hospitals’ financial management applications do not integrate with NYC Health + Hospitals’ procurement management or human resources systems; and

WHEREAS, without an ERP system joining together NYC Health + Hospitals’ disparate financial, procurement and human resource systems, NYC Health + Hospitals will be required to maintain outdated systems; and

WHEREAS, NYC Health + Hospitals requires an ERP system to replace other independent financial systems in operation and to integrate procurement and human resources functions corporate-wide; and

WHEREAS, a request for expression of interest was issued as a result of which a decision was made to enter into a contract with Mythics, Inc.; and

WHEREAS, the overall responsibility for monitoring the contract shall be under the Senior Vice President of Finance and the Executive Vice President & Chief Operating Officer.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health + Hospitals be and hereby is authorized to negotiate and execute a five-year contract with Mythics, Inc. to provide software, maintenance and training for an Enterprise Resources Planning with one, five-year option to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed \$31,301,712.

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Executive Summary

Proposed Contract with Mythics/PeopleSoft

The accompanying Resolution requests approval to enter into a contract with Mythics, Inc. to provide software, maintenance and training for a Corporate-wide Enterprise Resource Planning (“ERP”) System with one, five-year option to renew, exercisable solely by New York City Health + Hospitals (“NYC H+H”), with implementation costs of \$19.3 million and annual maintenance costs of \$2.3 million for a total ten-year cost of \$31.3 million. NYC H+H’s financial legacy system was installed in 1977 and no longer meets our current health care business demands. The current siloed system architecture is not integrated and consists of a complex array of disconnected IT systems including GHX, Oracle, OTPS, Mainframe and PeopleSoft for HR. In addition, the aging and outdated Mainframe is a major vulnerability as it requires qualified technical programmers that are becoming hard to hire as there are few remaining qualified staff who can work on the aging Mainframe. NYC H+H is also currently focused on restructuring the relationship throughout the organization and the ERP system would help support these changes.

An assessment was conducted to identify gaps, opportunities, and priorities for the following information technology (“IT”) back-office systems: Finance, Supply Chain, Budget, Grants, Time & Attendance, Payroll, Accounts Payable, Fixed Asset, Cost Accounting and General Ledger. The assessment determined that there are too many independent IT systems and that their architecture is not integrated. These disparate systems result in the overutilization of resources and manual data entries. The use of multiple system platforms drives up IT maintenance and support expenses with a diminishing business benefit due to the lack of integration. The total five-year implementation costs is \$72 million including a 10% contingency.

To meet these challenges, NYC H+H has determined that it must achieve inherent program integration that allows for increased productivity, accountability, performance-based management reporting and dashboards using outcome-based indicators. The goal is to implement a user friendly and fully integrated ERP application with related modules, data integration, training, implementation assistance and ongoing software support. The ERP architecture will be highly flexible to enable rapid change to support business needs and provide access to data.

To identify vendors for this project, a Request for Expression of Interest (“RFEI”) was issued. The RFEI specified minimum qualifications that required that proposers must have implemented a fully operational ERP solution within three healthcare integrated delivery network systems with a minimum of 22 facilities and two public sector organizations during the past three years. In addition, the RFEI required that proposers must provide an ERP solution via a State, Local or Federal government procurement contract or Healthcare Group Purchasing Organization procurement contract.

Given that NYC H+H already uses the Human Capital Management Module in PeopleSoft, and in an effort to continue to standardize and reduce the number of separate financial systems currently in place, a decision was made to enter into a contract with Mythics/PeopleSoft.

Some of the goals for a future ERP systems environment that have been identified include:

1. **Integrated systems.** Integration that allow for sharing information, enterprise-wide reporting, reduced data entry and improved internal controls;
2. **Improved reporting, forecasting, and planning.** Improved reporting, forecasting, and planning to achieve a performance management based system of budgeting for outcomes and reporting its financial results;

3. Increased efficiencies. Improved overall efficiencies in the NYC H+H's operations by offering greater functionality and supporting best practices across financial, procurement, payroll and human resources operations;

4. Reduced redundant data entry. Reduced redundant data entry to cut staff time by eliminating the need to enter the same or similar data multiple times into different systems;

5. Reduced reliance on paper-based processes. Reduced use of paper to cut costs for purchasing paper, increase data security, enhance data integrity and reduce storage costs;

6. Reduce reliance on legacy and custom developed systems. Shifting from legacy and custom systems to allow for improved support and streamlined system upgrade processes to help ensure systems stay up-to-date and allow for more integration opportunities with other systems;

7. Implement a system that is more “user-friendly.” User friendly systems reduce the need for costly and time consuming training.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: ENTERPRISE RESOURCE PLANNING
Project Title & Number: Enterprise Resource Planning
Project Location: 160 Water Street, New York, NY 10038
Requesting Dept.: Finance /Supply Chain Services

Successful Respondent: Mythics Inc. a reseller of Oracle PeopleSoft

\$31,301,712
Contract Amount: _____
Contract Term: Five-year contract with one five-year renewal option

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

Range of Proposals: N/A Third Party Procurement with PeopleSoft Pricing enhanced beyond GSA and OGS Price Schedules

Minority Business Enterprise Invited: __ Yes __ X No If no, please explain: None available with this expertise

Funding Source: __ General Care __ X Capital (\$6,572,718) Mythics/PeopleSoft Zero \$ financing X Capital (\$654,241 Citibank Lease)
__ Grant: explain
X Other: explain Operating Funds \$24,074,754

Method of Payment: Time and Rate Annually
Other: explain _____

EEO Analysis: pending

Compliance with HHC's McBride Principles? __ Yes __ No pending

Vendex Clearance __ Yes __ No __ N/A 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.)

CONTRACT FACT SHEET(continued)

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

The Enterprise Resource Planning (ERP) system will replace the existing financial systems that are over 30 years old into one integrated system with multiple modules for Finance, Supply Chain, and Human Resources. One ERP allows for organic integration, workflow, business process, and reporting, streamlining operations and reducing cost of implementation and system maintenance. Reporting is much quicker and easier since all the information is stored in the same manner and in the same place. Many of our current manual paper-driven processes such as bank transfers and timesheets will no longer exist as we implement electronic time keeping and electronic bank transfers.

Our current back office systems represent more than five different software vendors and “home grown” systems. Most of these systems reside on the Mainframe and the processes are very manual and outdated. Most of these systems have interfaces that are scheduled to run to move data from one system to another. When there is a change in one system such as a new department or new general ledger account, it must be manually added to all the other systems. This creates a lot of busy work and room for error.

In order to identify the right vendors for this project, a Request for Expression of Interest (“RFEI”) was issued. The RFEI included minimum qualifications that required that proposers must have implemented a fully operational ERP solution within three (3) healthcare integrated delivery network (IDN) systems with the minimum of 22 facilities and two (2) public sector organizations during the past three (3) calendar years. In addition, the RFEI required that proposers must provide an ERP solution via a State, Local or Federal government procurement contract or Healthcare Group Purchasing Organization (GPO) procurement contract.

See: Selection Process section that follows for more details on vendor selection process.

By moving to one integrated ERP system Health+Hospitals will experience:

1. Better gathering and sharing of information, enterprise-wide reporting, and improved internal controls.
2. Improved reporting, forecasting, and planning
3. Reduced data entry and redundancy
4. Reduced reliance on paper-based processes
5. Reduced reliance on legacy and custom developed systems
6. Reduce the number of IT interfaces required between independent systems
7. User-friendly system
8. Best Practices, automated work flows and electronic approvals are built into the software.
9. Ability to access and analyze information in real-time to improve decision making

CONTRACT FACT SHEET(continued)

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

Third party contract is being presented to CRC for approval for the first time in 11/2015.

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

This contract was not previously presented to the CRC however terms and pricing is based and enhanced further off of a GSA contract.

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):

In order to identify the right vendors for this project, a Request for Expression of Interest ("RFEI") was released. The RFEI included minimum qualifications that required that proposers must have implemented a fully operational ERP solution within three (3) healthcare integrated delivery network (IDN) systems with the minimum of 22 facilities and two (2) public sector organizations during the past three (3) calendar years. In addition, RFEI required that proposers must provide an ERP solution via a State, Local or Federal government procurement contract or Healthcare Group Purchasing Organization (GPO) procurement contract.

The following vendors were solicited for this RFEI based on Gartner recommendations:

Oracle/PeopleSoft
Infor/Lawson
SAP
UNIT4 Agresso

Two vendors, Infor/Lawson and Mythics/PeopleSoft responded with a proposal to this RFEI. To lead this process two committees were formed that included staff from the finance/purchasing areas representing central office and multiple facilities. As part of the evaluation process Subject Matter Experts from central office and multiple facilities met by area (Fixed Assets, Budgets, etc.) to create use case scenarios. Each vendor presented their solution based on the scenarios and the presentations were evaluated by the committees. Through this rigorous review and industry research, we confirmed that both vendors are leaders in ERP for healthcare and can meet Health +Hospitals' current and future requirements.

Given that Health+Hospitals already uses the PeopleSoft HR module and in an effort to

CONTRACT FACT SHEET(continued)

continue to standardize and reduce the number of separate financial systems currently in place, a decision was made to enter into a third party contract with Mythics/PeopleSoft.

Scope of work and timetable:

This is a five-year contract with one five-year renewal option. See enclosed scope of work document.

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

The existing financial systems are over 30 years old and are becoming harder to maintain. The hardware is obsolete and programming skillsets needed to maintain systems are not easily obtained as there are fewer people in the industry who can provide support. We anticipate that the cost of the ERP system will be offset by reduced IT maintenance of current systems.

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

HHC currently spends \$6.5M in annual software licensing and maintenance costs.

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

PeopleSoft's software is proprietary and it will replace over five financial systems that are obsolete.

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?

It is not anticipated that the contract will produce artistic, creative or intellectual property.

CONTRACT FACT SHEET (continued)

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

Antonio Martin, Chief Operating Officer
Marlene Zurack / P.V. Anantharam SVP, Finance

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. ___Pending_____

Date

Analysis Completed By E.E.O. ___Pending_____

Date

Manasses Williams
Name



Transforming NYC Health + Hospitals' Business Functions through PeopleSoft Enterprise Resource Planning

Medical & Professional Affairs/IT Committee
December 3, 2015

PV Anantharam, SVP, Chief Financial Officer
Sal Guido, Interim Chief Information Officer
Paul Albertson, Sr. AVP, Supply Chain Services



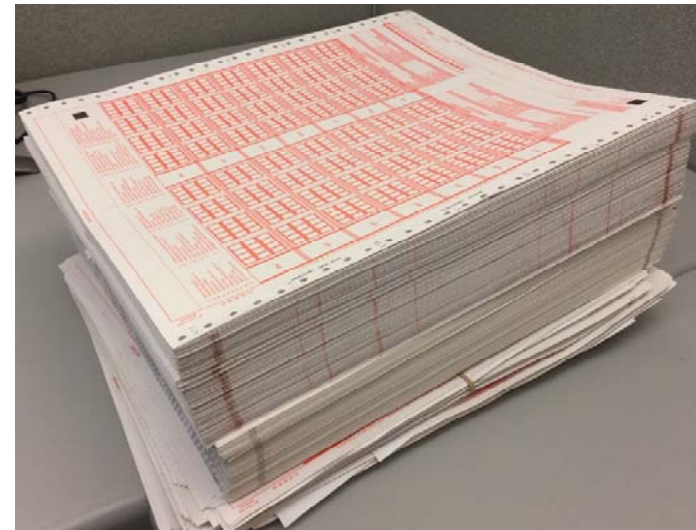
NYC Health + Hospitals' Business Systems Are Obsolete

- The Health + Hospital's financial legacy system was installed in 1977 and does not fully meet our current business demands.
- There is no automated budgeting system. Instead, monthly budgets are updated via an IT download from the General Ledger cash subsystem which then requires manual configuration into Excel spreadsheets.
- The vintage of the Mainframe is a major vulnerability as it requires qualified technical programmers and there are few remaining qualified staff who can work on the aging Mainframe. It needs to be upgraded or replaced altogether.
- Currently, we have disparate systems that are strung together using interfaces. This limits the visibility of data and creates redundant work. For example, to create a single purchase order, information must flow through 3 systems (GHX, E-commerce and OTPS).

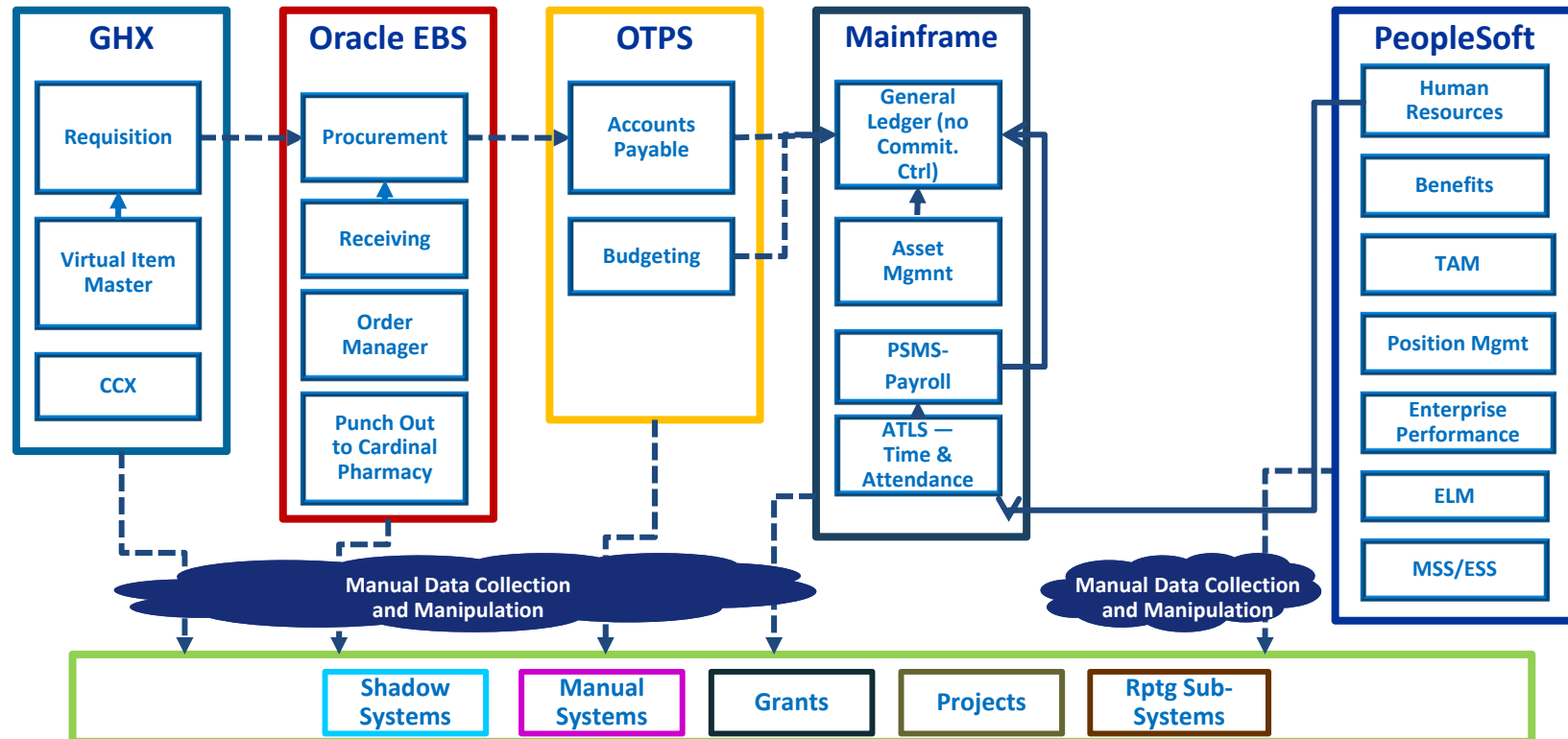


NYC Health + Hospitals' Business Systems Are Obsolete

- The Health + Hospitals relies on a labor intensive process to track employee time, the largest system expense category. Paper timesheets are scanned or manually entered into ATLS, our timekeeping system however payroll staff review each entry and continuously make corrections.



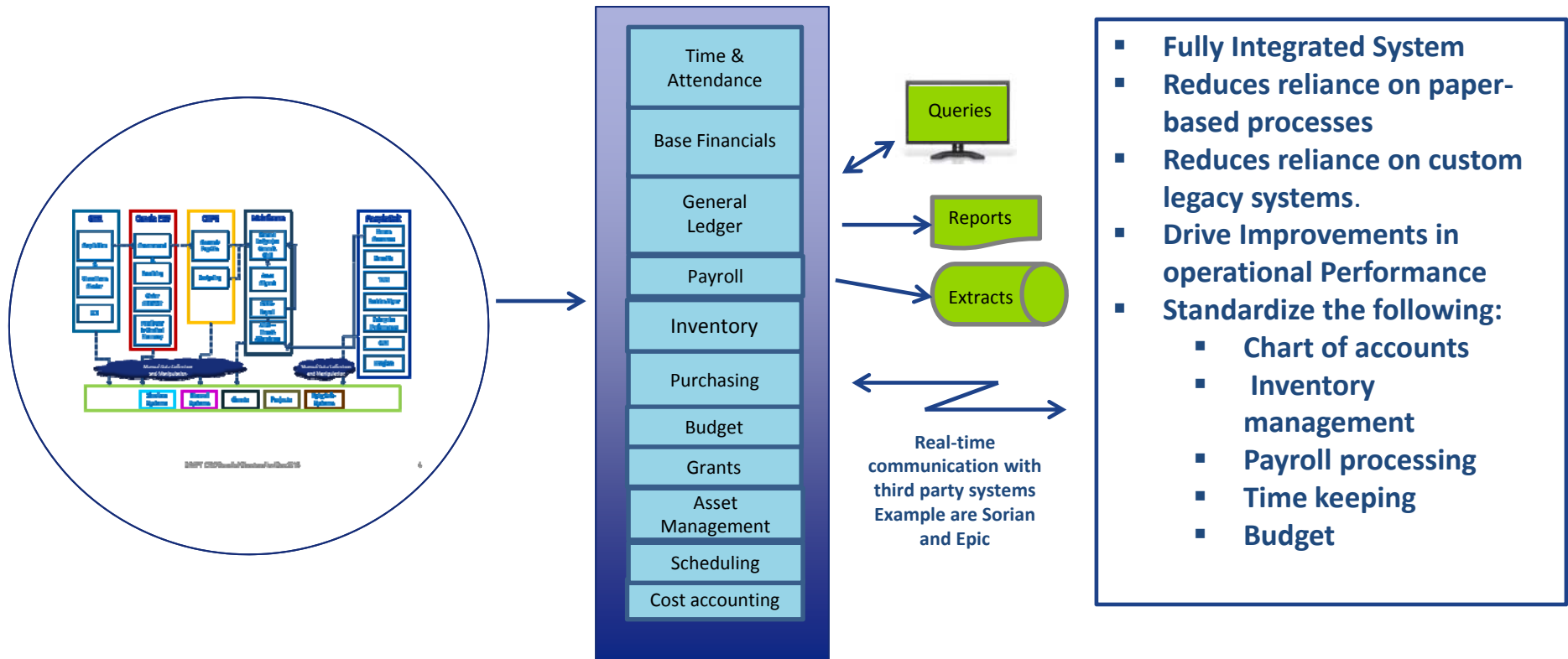
Current State of Our Business Infrastructure



- The current siloed system architecture is not integrated, resulting in redundant, error-prone manual data entry and reconciliation; it does not fully support financial analysis
- Users create shadow systems and processes to fill in gaps of un-met business needs
- Upgrades and standards must be implemented to sustain current systems
- Maintaining legacy systems is expensive and staffing qualified technical resources is challenging



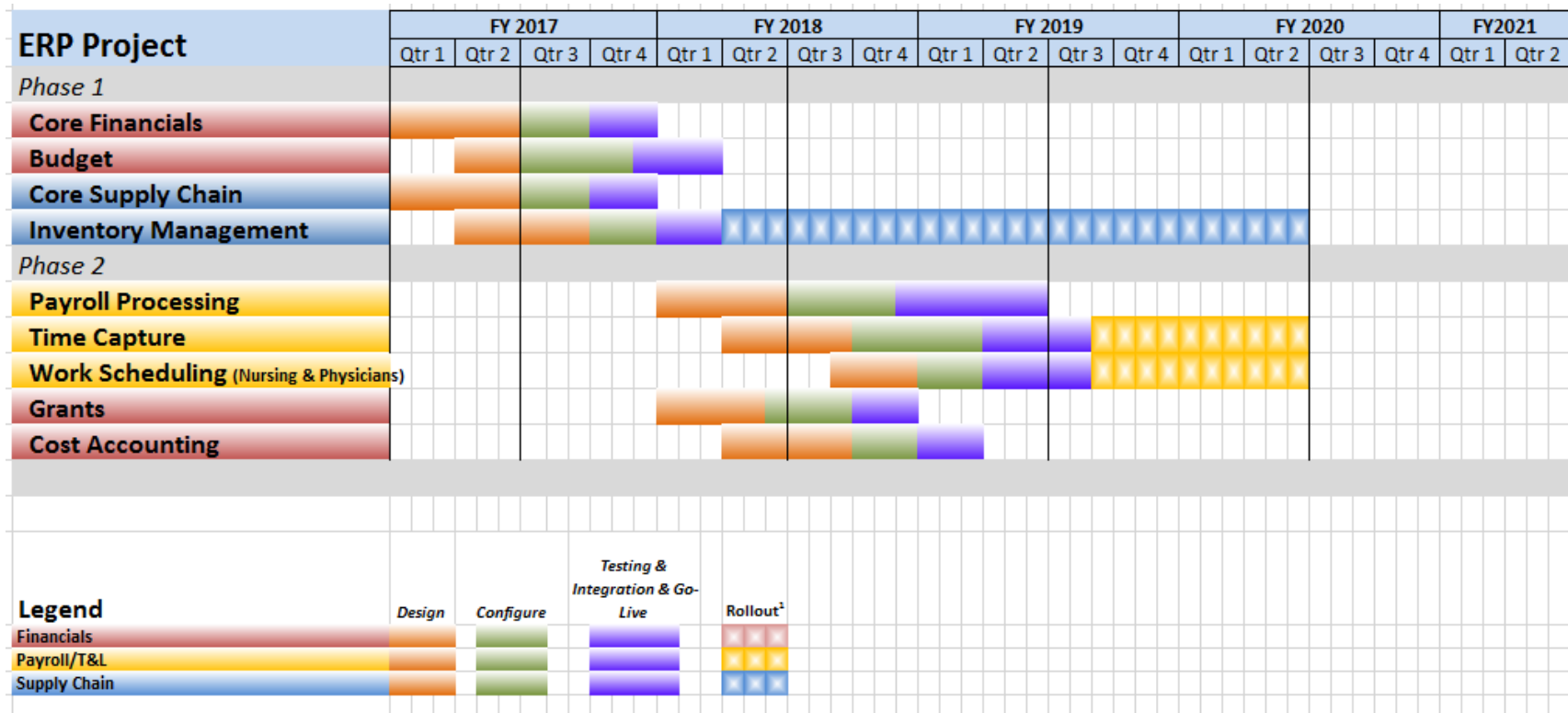
Future State Enterprise Resource Planning (ERP) System



An ERP system is an integrated suite of business applications that share a common process and data model, covering broad and deep operational end-to-end processes, such as those found in finance, HR, distribution, manufacturing, service and the supply chain. - Gartner



ERP Implementation Timeline



¹Rollout means the Go-live will be spread out by facilities instead of everyone switching over at once to the new system.



Projected Expenses: Implementation & Post-Implementation

Enterprise Resource Planning (ERP) Projected Expenses Projected Expenses		
Item	Description	Implementation Budget (Years 1 - 5) FY 2016 - FY 2020
Software & Maintenance (Mythics/Oracle Contract)	Includes Software, Training, and Software maintenance.	\$ 19,250,019
Hardware & Maintenance	Includes servers, storage, time capture devices, inventory handheld devices and maintenance fees.	\$ 5,841,470
Implementation Support	Third party vendor consulting & temporary agency staff, including IT, finance, supply chain and nurse/physician scheduling.	\$ 26,570,285
ERP Support Team	New NYC H+H staff that will be used throughout the implementation period (including fringe benefits). These costs will become on-going after implementation.	\$ 20,360,038
Total Ten-Year Cost of Ownership (Including 10% Contingency)		\$ 72,021,812



- The five-year implementation cost of this project is \$72 million. Of this amount, \$19.2 million is for the implementation period for software licenses with an average \$2.3 million in maintenance fees for a total ten-year contract amount of \$31.3 million.
- Future acquisitions included in this summary that are related to this project will be presented to the Board for authorization.



Procurement Methodology – Third Party Contract

- According to Gartner’s Analysis, PeopleSoft ERP is uniquely suited for the Health+Hospital’s because of its global acceptability and use in healthcare as well as PeopleSoft HR is already in use

- **Third Party Procurement – Due Diligence:**
 - A Request for Expression of Interest was issued for ERP vendors who were Government Contract Holders
 - Multiple presentations, on-site demonstrations and use case scenarios showcasing different modules were conducted in Summer of 2014.
 - Federal General Services Administration (GSA): **GS-35F-0153M**
 - New York State Office of General Services (OGS): **NEG-20944**
 - Prices are enhanced further against both schedules



RESOLUTION

Authorizing the President of the New York City Health + Hospitals ("NYC Health + Hospitals") to negotiate and execute an agreement with Urgicare Medical Associates PC ("UMA") for the provision of urgent medical services not requiring hospitalization to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC") for one year with two one-year options to renew for an amount not to exceed \$1,828,591 per year with annual increases of not greater than 6%.

WHEREAS, NYC Health + Hospitals is responsible for providing health services to inmates ("Inmates") in the custody of the New York City Department of Correction ("DOC"); and

WHEREAS, NYC Health + Hospitals desires to ensure the provision of high quality medical services to Inmates; and

WHEREAS, NYC Health + Hospitals requires the services of an organization willing and able to provide high quality emergency health services to Inmates on site for conditions which do not require hospitalization; and

WHEREAS, UMA, has successfully provided urgent medical services to Inmates over the previous five years during which it has reduced the number of patients requiring admission to acute care facilities and has received high satisfaction reports; and

WHEREAS, UMA is willing to, and capable of, continuing to provide such services; and

WHEREAS, UMA is a professional service corporation organized under the laws of New York, all of whose physicians are residency trained and Board Certified in Emergency Medicine and all are duly licensed to practice in New York State; and

WHEREAS, NYC Health + Hospitals, in the exercise of its powers and fulfillment of its corporate purposes, desires that UMA provide urgent medical services to Inmates and UMA is ready and willing to do so.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health + Hospitals ("NYC Health + Hospitals ") is hereby authorized to negotiate and execute an agreement with Urgicare Medical Associates PC for the provision of urgent medical services not requiring hospitalization to inmates in the custody of the New York City Department of Correction for one year with two one-year options to renew or an amount not to exceed \$1,828,591 per year with annual increases of not greater than 6%.

EXECUTIVE SUMMARY

RESOLUTION AUTHORIZING A CONTRACT WITH URGICARE MEDICAL ASSOCIATES TO PROVIDE CERTAIN MEDICAL SERVICES WITHIN INSTITUTIONS OPERATED BY THE NYC DEPARTMENT OF CORRECTIONS

- NEED:** With the Mayor's signature of Executive Order No. 11 of 2015 and NYC Health + Hospitals' execution of the Memorandum of Understanding dated as of August 6, 2015 with the City of New York, the NYC Department of Health and Mental Hygiene ("DOHMH") and the NYC Department of Corrections ("DOC"), NYC Health + Hospitals has assumed responsibility for providing health services to individuals in the custody of DOC ("Inmates"). Urgently required medical care that does not require hospitalization has been provided by Urgicare Medical Associates PC ("UMA") under subcontract with Corizon, Inc. The Corizon, Inc. contract expires December 31, 2015. NYC Health + Hospitals will not renew the Corizon, Inc. contract but wishes to continue UMA's services. Thus, it is imperative that NYC Health + Hospitals put a new contract with UMA in place.
- CONTRACTOR:** UMA has provided urgently needed medical services to the Inmates for the last five years. UMA has succeeded in reducing the number of Inmates that require treatment at acute care hospitals by stabilizing their conditions on site.
- PROGRAM:** Under the proposed contract, UMA will continue to provide medical care to Inmates when urgent care is required but acute care is not. UMA operates out of a single urgent care clinic on Rikers Island where Inmates requiring care are brought. UMA identifies Inmates that require acute care and they are transported to an acute care facility (generally Bellevue Hospitals Center or Elmhurst Hospital Center). Those other Inmates that require immediate care are treated by UMA on site. This system, delivers urgent care quickly and reduces the number of Inmates that must be transported off island. UMA will be required to satisfy all the legal requirements applicable to healthcare in correctional facilities including those imposed by virtue of the consent decrees entered into by the City of New York to settle litigations brought over the operation of the DOC facilities.
- ECONOMIC TERMS:** NYC Health + Hospitals will pay UMA a flat amount to provide the services of physicians Board certified in Emergency Medicine. NYC Health + Hospitals will provide all equipment and supplies required for the performance of the services.

EITS Business Continuity Planning

Glenn Manjorin
Director of IT – Business Continuity
December 03, 2015



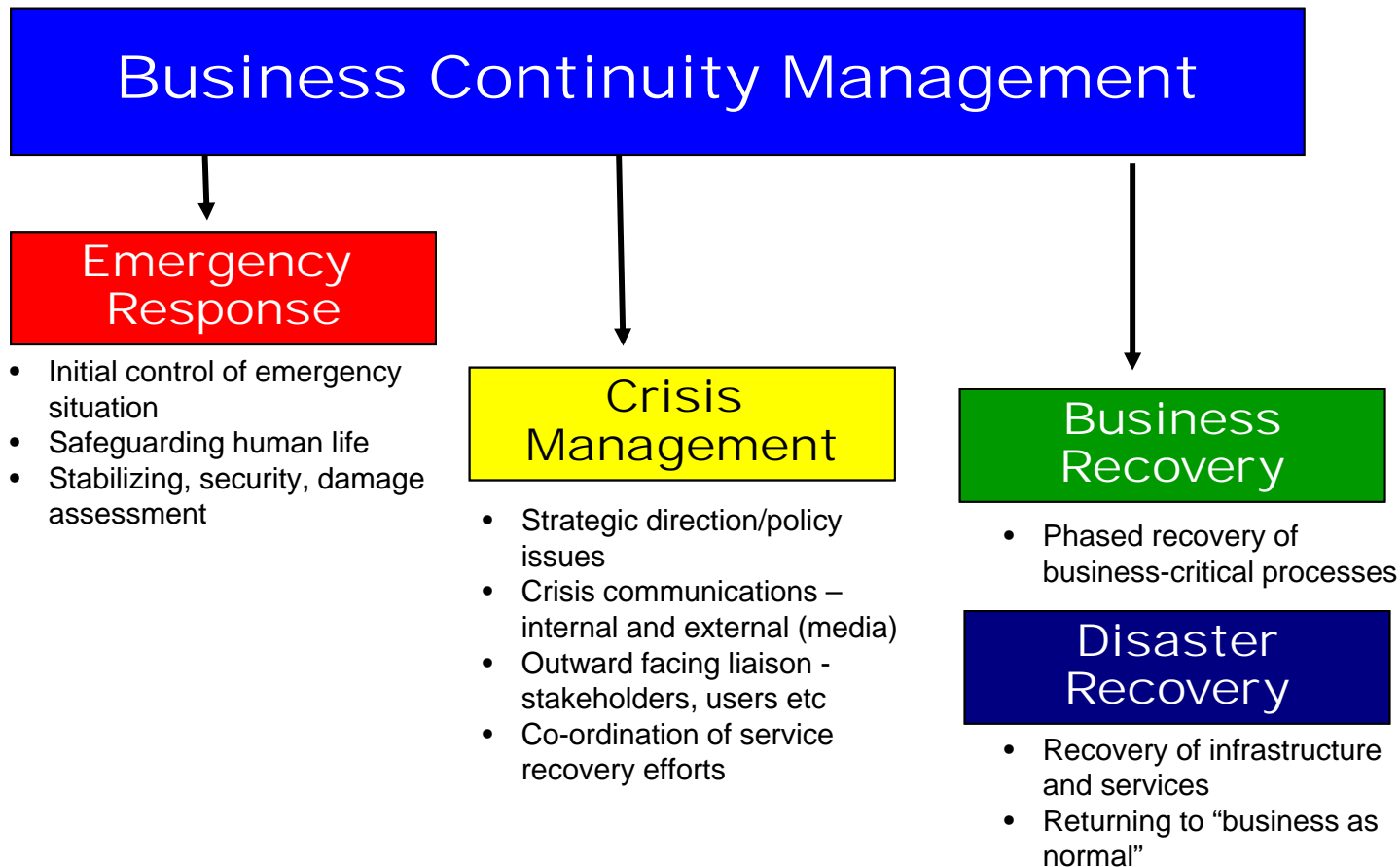
Business Continuity/Disaster Recovery

EITS Disaster Recovery Milestone Recap

- DR Business Impact Analysis completed with 35 critical Applications identified
- Tiering prioritization for the top 35 clinical applications
- Recovery Plans written for Tier 0 and Tier 1 applications
- Standardized DR Guides written for Quadramed
- Current EMR (Quadramed) Failover/Failback tested across all facilities
- Identified and prepared for risks and vulnerabilities for recovery at our facilities
- Risk Management Database created and monitored on Sharepoint
- Financial Applications tested Annually
- Selected critical ancillary applications have been exercised in preparation for EPIC
- Business Continuity, Facility Coordination, Tiered Recovery and Infrastructure plans monitored for updates

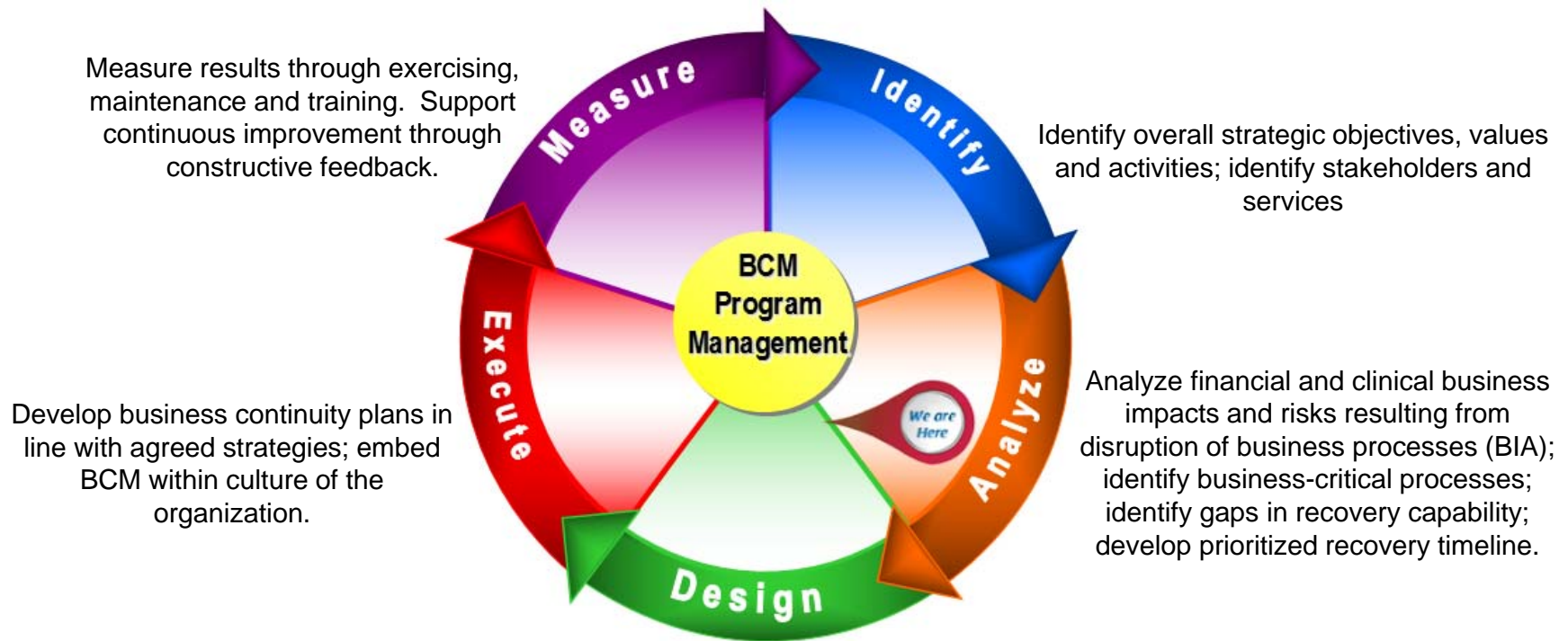


What is Business Continuity Management (BCM)?



How Do We Plan?

BCM program management – driven top-down by executive management ensuring ownership and establishing policy.



Design appropriate levels of recovery strategies that provide practical, cost-effective solutions to continue operations; design organizational structure to implement the formulated strategic objectives and operating model to respond to major incidents.



Business Continuity Management Focus Points

Enterprise IT Services is focusing on three categories of protection to help survive an interruption to our business:

Human Resources

- Determine your employees' ability to continue to work safely
- Alternate staffing plans

Physical Resources

- Protect Facilities from Natural Hazards
- Continued Access to Building
- Alternate Work location

Business Operations

- Critical Inputs – dependencies to do your job
- Critical Outputs – what you produce that others need to do their job
- Continue to provide healthcare to our patients



The Business Impact Analysis

Identify and prioritize:

- Critical Processes
- Process Dependencies including mandatory applications
- Determine impacts of process disruption
 - Patient Care
 - Legal Liabilities
 - Regulatory requirements
- Mission Critical staff
- Third Party Service Provider Service Level Agreement's
- Develop Continuity strategies



BIA Analysis – Next Steps

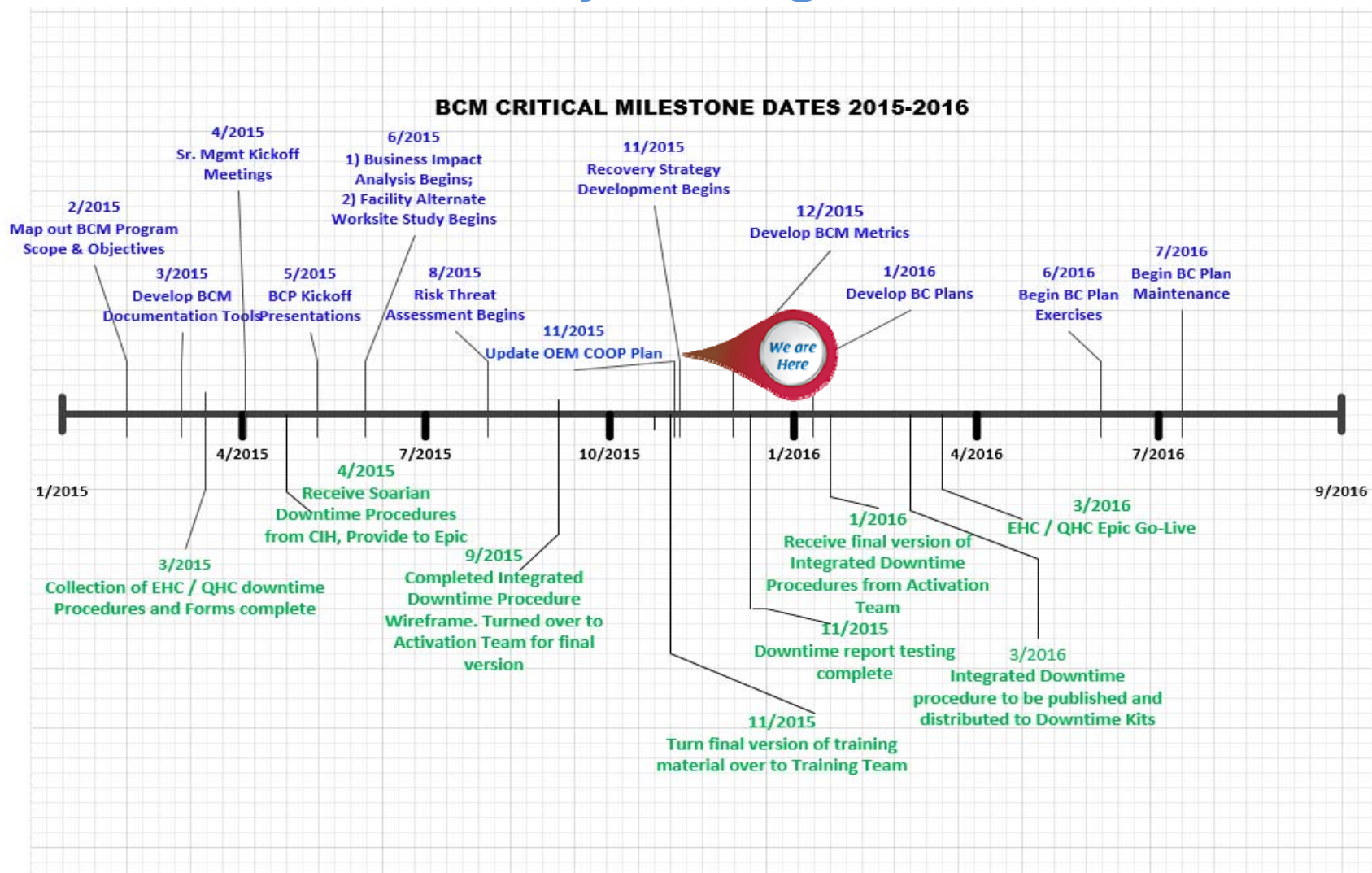
The BIA captures important data and insights into the criticality of the people, processes and technology requirements for HHC following any disruption.

Below are the six primary next steps:

- Business Continuity Plans
- Alignment of IT Capabilities with Business Requirements (Gap Report)
- Alternate Site & Workplace Planning/Analysis
- Analysis of Recovery Time Objectives (RTOs), or Enterprise Data Loss Tolerance (Risk Appetite)
- Validation of Business Continuity Plans(Exercising)
- Deep-Dive on dependencies and our Third Party Vendors Resiliency



Business Continuity Management Milestones



Questions?

