AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: February 13, 2014
Time: 12:30 PM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **MR. AVILES**

ADOPTION OF MINUTES
- ***January 9, 2014***

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

METROPLUS HEALTHPLAN — **DR. SAPERSTEIN**

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

ACTION ITEMS:

1. **Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $7,200,000, over a 12 month period, which includes a 10% contingency of $654,545.50.** — **MR. GUIDO**

2. **Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7,200,000 for a one year period, which includes a 10% contingency of $654,545.50.** — **MR. GUIDO**

3. **Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase networking hardware, software and related consulting and technical services through various vendors via Third party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period.** — **MR. GUIDO**

INFORMATION ITEMS:

1. **Chronic Illness Control in the HHC PCMH: Hypertension** — **DR. STEVENS**

2. **Behavioral Health Update** — **MS. WALE**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

_____

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: January 9, 2014

ATTENDEES

COMMITTEE MEMBERS

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN
Amanda Parsons, MD (representing Health Commissioner, Thomas Farley, MD, in a voting capacity)

OTHER BOARD MEMBERS

Emily Youssouf

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning and HIV Services
Machelle Allen, Deputy Chief Medical Officer, Office of Health Care Improvement
Janette Baxter, Senior Director, Risk Management
Jen Bender, Associate Director, Media relations
Suzanne Blundi, Deputy Counsel, Office of Legal Affairs
Louis Capponi, MD, Chief Medical Informatics Officer
Deborah Cates, Chief of Staff, Board Affairs
Maria Arias-Clarke, Assistant Director, Corporate Budget
Paul Contino, Chief Technology Officer
Megan Cunningham, Associate Director, Accountable Care Organization
Barbara DeIorio, Senior Director, Internal Communications
Christine Desrosiers, Office of Legal Affairs
Joel Font, Consultant, Enterprise IT Service (EITS)
Juliet Gaengan, Senior Director, Clinical Affairs
Marisa Salamone-Greason, Assistant Vice President, EITS
Sal Guido, Assistant Vice President, Infrastructure Services
Terry Hamilton, Assistant Vice President, Corporate Planning Services
Lauren Haynes, Assistant System Analysis, President Office
Caroline Jacobs, Senior Vice President, Safety and Human Development
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Irene Kaufman, Senior Assistant Vice President, Ambulatory Care Transformation
Mei Kong, Assistant Vice President, Patient Safety
Patricia Lockhart, Secretary to the Corporation
Katarina Madej, Director, Marketing
Tamiru Mammo, Chief of Staff, Office of the President

Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Kathleen McGrath, Senior Director, Communications & Marketing
Andreea Mera, Director, Office of Healthcare Improvement
Charlotte Neuhaus, Senior Management Consultant, Corporate Planning Services
Deirdre Newton, Office of Legal Affairs

ATTENDEES – cont'd

Bert Robles, Senior Vice President, Chief Information Officer
Deborah Rose, Director, Medical and Professional Affairs
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
David Shi, Senior Director, Primary Car/Medical and Professional Affairs
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Gary Belkin, Senior Director, Office of Behavioral Health
Diane Toppin, Director, Acting M&PA Divisional Administrator
Steven Van Schultz, Director, IT Audits
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Tony Williams, Director of Information Services
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer
Yolanda Thompson, Asst. Director, IT
Ronald Low, MD, Senior Director, Office of Statistic and Data analysis
Joseph Quinones, Senior Assistant Vice President, Operations
Loru Schomp, Senior Consultant MIS
David Larish, Director, Operations
Christina Jenkins, MD Senior Assistant Vice President, Quality, Performance and Innovation
Eunice Casey, Senior Management Consultant, Corporate Planning

FACILITY STAFF:

Ernest Baptiste, Executive Director, King County Hospital Center
Lynda D. Curtis, Senior Vice President, South Manhattan Network
Elizabeth Gerdts, Chief Nurse Executive, North Central Bronx Hospital
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Ellen O'Connor, Chief Nurse Executive, Jacobi Medical Center
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Anushka Dufresne, Special Assistant to the President, MetroPlus Health Plan
Rajiv Pant, MD, Assistant Medical Director
Denise Soares, Senior Vice President, Generations+/No. Manhattan Network, Harlem Hospital Center
Maurice Wright, MD, Medical Director, Harlem Hospital Center

OTHERS PRESENT

Moira Dolan, Senior Assistant Director, DC37, Research & Negotiations Department
Simon Herelle, EMC Corporation
Scott Hill, Account Executive, QuadraMed
Richard McIntyre, Siemens

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, January 9, 2014

Michael Stocker, MD, Chairman of the Board called the meeting to order at 12:00 noon. The minutes of the January 9, 2014 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:

HHC CME Program
The HHC Continuing Medical Education Program has been resurveyed by the Medical Society of the State of New York (MSSNY) and awarded Accreditation with Commendation for a term of six years as a provider of continuing medical education for physicians. Six-year accreditation is the highest accreditation awarded. While New York City Health and Hospitals Corporation CME has long met MSSNY high standards, receiving Accreditation with Commendation is a first in our history.

The New York City Health and Hospitals Corporation Continuing Nursing Education Program was adopted by the New Jersey State Nurses Association as a provider of continuing nursing education in 2012 as a provider of continuing medical education for nurses. This program has remained in good standing and scheduled for resurvey late 2014.

The New York City Health and Hospitals Corporation continuing professional education program continues to develop into a fully automated process with a standardized workflow from the provider application process to the process of participant retrieval of educational credits.

While there are many challenges, below are listed some of the accomplishments in 2013:

Application for continuing nursing and medical education are available online via the HHC intranet CME site; Applications for medical or nursing programs may be submitted electronically to a designated continuing education mailbox; Program participants have the ability to register for courses via the continuing education website by creating a profile; Program providers have the ability to review registrants of their programs prior to actual course date due to programs being added to the website once a course is approved (when programs are submitted within the designated time frame); Nursing participants now have the ability to retrieve and track continuing education credits from the website; Application submitted to American College of Healthcare Executives for the pre-approval of ACHE Qualified Education credits for TeamSTEPPS and Breakthrough Programs.

HHC Accountable Care Organization Update
The HHC ACO now has a Clinical Leadership Team including operational point people at every facility. Presentations are occurring at 2-3 facilities per week as part of our ongoing engagement strategy. We have just received our first set of full claims data for our ACO population. We are working with IT and

Health Endeavors (external vendor) to sort by facility for dissemination and development of facility-specific analyses and clinical intervention plans.

The ACO will conduct annual quality measure reporting to CMS between January 27 and March 21, 2014. This reporting includes a manual chart review component for any measures that we cannot abstract electronically from the data warehouse. Each facility has identified a Reporting Lead to manage this process and Chart Reviewers who will collect and report data elements. Training for the facility-based teams is underway.

We mailed notification packets to approximately 1,000 patients newly attributed to the ACO in Mid-December. We will request claims beginning in February 2014 for those patients who do not opt out of data sharing before that time.

Adult Psychiatry Length of Stay Reduction Project
Today is the next project meeting to review the progress in reduction of LOS and to share among the facilities the high leveraging Best Practices that have yielding results. These practices include:

Symptom Reduction & Medication Optimization, Aggressive Management of 15-30 day stay population, seven day a week care, proactive and intensified discharge planning including collateral, family contact and the use of Visual Control Boards

The Aim of the project was to reduce the ALOS to 12 days. HHC to date has been able to reduce from the baseline average of >22 days by nearly 20%. This project is one of the key steps in HHC's preparation for the HARP (managed behavioral health in NY).

Centralized Credentialing Project Update
HHC's new centralized credentialing system, IntelliSoft, was rolled out to the first facilities/network, Queens Hospital Center on Monday, December 16, 2013, and Elmhurst Hospital Center on Tuesday, December 17, 2013. The implementation is ongoing, and lessons learned and efficiencies realized from this initial roll-out will be integrated into all subsequent system installations. Medical staff office training, data conversions, and system implementations are currently being coordinated in preparation for roll-out to the next three groups of facilities/networks, which will cover Brooklyn and Staten Island.

Once this program is implemented throughout HHC, we will be able to cross-credential providers much more efficiently because with this system credentials need only be verified once and they will be available digitally throughout our system. Privileging will remain local.

At this point we will still be requiring the scanning of paper documents, but we are working towards a fully digital process.

Hepatitis C
In accordance with NYS law, HHC has issued a Hepatitis C Screening Guideline that specifies that all inpatients and outpatients born between 1945 and 1965 be offered screening for Hepatitis C. This is in addition to our previous practice of screening patients with HIV, IV drug use or other risk factors. The guideline includes a standardized work up and referral for patients who test positive.

Our Departments of Medicine are actively monitoring both case finding rates and access for patients needing treatment. While our case finding rate for this new group of screened patients has been low at facilities that adopted this guideline 6 months ago (such as Elmhurst, Lincoln, Belvis) and access for GI clinics has not been affected, the Directors of Medicine have assessed their current capacity and have identified strategies to quickly increase capacity in the event of a spike in new referrals.

While the new medication regimens are more effective and much better tolerated by patients, they are also more expensive (up to $85,000 per treatment course). Our clinical services have been working to enroll patients without coverage in Patient Assistance programs to mitigate this cost.

MetroPlus Health Plan, Inc.

Total plan enrollment as of December 27th, 2013 was 419,668. Breakdown of plan enrollment by line of business is as follows:

Medicaid	357,536
Child Health Plus	12,047
Family Health Plus	33,474
MetroPlus Gold	3,267
Partnership in Care (HIV/SNP)	5,325
Medicare	7,574
MLTC	445

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. There has been no change in membership since my last report to the committee.

In regards to the New York Exchanges, as of December 24th, almost 448,000 New Yorkers completed the full application process and were determined eligible for health insurance plans. Almost 26,000 New Yorkers enrolled on the Exchange on December 24th, 2013, which was the enrollment deadline. As of December 24th, MetroPlus received 17,277 completed applications. We have also received our first file with Medicaid enrollments, and we have approximately 1,100 Medicaid members. In mid-December, the Exchange clarified that our Certified Application Counselors (CACs) are permitted to accept premium payments directly from prospective enrollees if the enrollee has selected MetroPlus. This will allow prospective members yet another method to pay their premiums. In addition to mail-in payments, MetroPlus also accepts premiums from members that are visiting our main offices to remit their premium payments. We currently accept credit card payments, and are in the final stages of adding electronic payments to our website, to make it easier for members in the near future.

After months of preparation to join the Fully Integrated Duals Advantage (FIDA) program, MetroPlus has been notified of our on-site FIDA readiness review. Reviewers from NYS and CMS will conduct their review beginning on January 14th, 2014 and ending the following day. In preparation, we will be

conducting a mock audit to ensure that all areas are prepared for the review. We anticipate a successful site visit and will share results with this committee as they are made available.

In December, the State Department of Health posted the Regional Consumer Guides for 2013. The Guides provide ratings of the health plans on Preventive and Well-Care for Adults and Children, Quality of Care Provided to Members with Illnesses, and Patient Satisfaction with Access and Service. MetroPlus Health Plan was rated number 2 of all Medicaid Managed Care Plans in New York City with an overall rating of 70%.
Information Technology Services

Thank you and good afternoon. I would like to provide the Committee with the following updates:

Meaningful Use (MU) Stage 2 Update:
Last month, QuadraMed announced the general availability of QCPR Release 6.0. This release will support the US American Recovery and Reinvestment Act/Heath Information Technology for Economic and Clinical Health Act (ARRA/HITECH) 2014 Meaningful Use requirements. This version was tested by Drummond Group, Inc., which is an Office of the National Coordinator Authorized Testing and Certification (ONC-ATCB) body as a complete Electronic Health Record (EHR). QuadraMed is awaiting final certification notice.

HHC is moving forward as quickly as possible with this upgrade and is scheduled to complete implementation across HHC by the end of February 2014. This is a major update and will require some changes in clinical workflow (for example, Bar Code Med Administration and Patient Engagement through the Portal) to enable the achievement of meaningful use status this Federal Fiscal Year (October 1st through September 30th).

Prescription Printer Update:
In October of 2014, EITS presented a solution to secure the prescription printing paper from unauthorized access using a software package provided by the vendor, LRS. The software package performed to all business specifications flawlessly. To date we have installed software drivers on over 33,000 workstations and completed 1,088 out of 2,416 networked printers.

Five (5) facilities have completed Phase 1 of the migrations with the remainder of the facilities to be completed by the end of January 2014. During the discovery of the facilities we found that over 2,000 printers were not connected to HHC's computer network. Epic requires all printers to be connected to HHC's computer network to print prescriptions. As part of Phase 2, EITS will be connecting all prescription printers to the HHC computer network. All work is scheduled to be completed by April with the LRS solution installed.

Annual Financial Systems Disaster Recovery Test:
The annual Financial Systems Disaster Recovery test has been scheduled for the fourth quarter in Fiscal Year 2014. Enterprise IT Services will be partnering with various HHC business units to accomplish this test. The scope of this year's test will be expanded from prior years. The expansion is to include more business functions that were not part of the prior testing (e.g., payroll and OTPS checks). Part of the

testing that will occur this year will be to test the resolutions that were put in place as a result of issues discovered during Superstore Sandy.

Mandatory Training Program for Enterprise IT Services Employees:
Beginning on November 1, 2013, as part of the IT Training & Professional Development program within EITS, all employees were assigned mandatory on-line training to enhance as well as complement their current skill set. A core curriculum of essential skills was developed for employees with special curriculums for Project Managers, new and experienced managers as well as the Enterprise Service Desk employees. Each curriculum is approximately 20 hours in length and must be completed by June 30, 2014. Course completion will be tracked through the PeopleSoft application. It will also factor into staff evaluation and future promotions. Development of Year 2 and 3 curriculums is already underway.

ACTION ITEM:

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a contract with EMC Corporation (the "Contractor") for VMWare virtualization software through a NYS Office of General Services ("OGS") contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term.

Mr. Sal Guido, Assistant Vice President, Infrastructure Services, Enterprise wide IT Division presented the action item and reported the following concerning this proposal:

HHC Requirements
New Enterprise license agreement for virtual desktop and virtual server software and maintenance.
Portion of the Enterprise Licensing agreement is related to EMR Program.

Current Scenario
In 2007, HHC entered into an ELA with Dell for unlimited VMWARE licenses that ended in 2010. HHC is currently paying for any new server licenses without the benefit of ELA discounts. HHC is currently paying maintenance to VMWARE using isolated contracts. HHC needs desktop virtualization and support software for the new EPIC rollout. HHC plans to roll-out a corporate virtual desktop environment over the next three years. Provide technology to enable "Bring Your Own Device" configurations.

EMC Enterprise Licensing Agreement - New Capabilities
VMware Horizon View
VMware vCenter Operations Manager
VMware vCenter Log Insight
VMware vCenter Operations 5.6 Management Suite Enterprise
VMware vCloud Suite 5 Enterprise
Upgrade: VMware vSphere 5 Enterprise to vSphere 5 Enterprise Plus
---
Training Credits
Business Critical Service (uplift over Production Support)
VMware Technical Account Manager (TAM)

Extended Payment Plan (includes year 3 maintenance)

This resolution was approved for consideration by the full Board of Directors.

INFORMATION ITEM:

Patient Self-Service Scheduling Through Patient Portal

Enterprise IT Services and the Revenue Cycle Technical team investigated the possibility of integrating the Patient Portal with the Siemens Soarian scheduling application to allow for HHC patients to schedule their medical/ clinical appointments via their patient portal.

Potential Benefits to the implementation of Patient Self Scheduling may include:

Improved patient satisfaction with the ability to choose best location and time to meet their schedules; patients can manage appointments without a phone call; reduced no-shows with integrated clinical preps and instructions to ensure proper preparation; save staff time and reduce administrative burdens leading to increased capabilities or options to reduce staff; reduce phone calls and maximize front-desk efficiency; Improved physician satisfaction due to reduced demand on support staff and reduced time on phone with facility scheduling office; streamline the workflow for the professional schedulers; will support HHC in meeting the Meaningful Use II requirements whereby, 5% of our patient population utilizes the patient portal; proposed Current Patient Portal - Utilize Caradigm's Patient Portal (GetReal Health); and proposed Future Patient Portal – Utilize EPIC's MyChart.

Executive Leadership Approval and Sponsorship for the Patient Scheduling Self Service Development and Implementation, including the appropriate resource allocations; Siemens build and implementation; Third party patient portal build and implementation; HHC staff-hours for build and implementation; Staff allocation for ongoing support and maintenance; Workflow Design and Approvals; Security Design; Scheduling Design; Messaging Design; Associate Reports and alerts.

Patient / End User Form Design and Approvals (*Conduct Patient focus group); Patient / End User Education and Training development including educational/ training material for patients on portal services including scheduling process; Develop an integrated and well managed process for scheduling regardless of venue (by phone, online, in person) including administrative support for patients (help desk/ call center functions) which needs to be in place; Clinician Education and Training development; Marketing Materials Designed for Clinicians to Encourage Patients to Login to Portal.

There being no further business, the meeting was adjourned at 2:00 pm.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
February 13th, 2014

Total plan enrollment as of January 30th, 2014 was 433,300. Breakdown of plan enrollment by line of business is as follows:

Medicaid	362,516
Child Health Plus	11,678
Family Health Plus	26,430
MetroPlus Gold	3,501
Partnership in Care (HIV/SNP)	5,312
Medicare	7,860
MLTC	465
QHP	15,210
SHOP	328

The QHP numbers have increased to over 15,210 since January 1st, 2014 because we have allowed members to pay through January 24th, 2014. In addition, we still have over 10,000 additional applicants who have not yet paid for their coverage.

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. On a positive note, the losses to Healthfirst and Fidelis were 30% lower this month.

MetroPlus membership has increased since my last report to this committee. We gained over 15,000 Exchange members in January, with the implementation of our Qualified Health Plan offerings on the New York State of Health (NYSoH).

MetroPlus ended 2013 with our membership at 421,000 members. This reflects a 4.5% decrease in membership over the year. As I have discussed throughout 2013, factors contributing to the decrease include eligibility correction due to Third Party Health Insurance, failure of members to recertify, losses to competitor health plans and delays in processing applications through HRA.

In regards to the New York State of Health (NYSoH), as of January 31st, over 380,000 New Yorkers enrolled in the NYSoH. As of January 30th, 2014, MetroPlus has received over 26,000 completed applications and have over 15,000 paid members. We have also received our files with Medicaid and Child Health Plus enrollments, and we have approximately 4,900 new Medicaid and Child Health Plus members who have enrolled through the Exchange website. We have identified that there is a lag in the time from when a consumer completes an application to when they are enrolled in a health plan. Given this delay, as well as continued consumer interest, we anticipate a continued increase in membership until the open enrollment period ends on March 31st, 2014.

The Department of Financial Services (DFS) presented health plan representatives with a timeline for 2015 forms and rate submissions for our marketplace products. DFS and NYSoH

staff indicated that invitations for plans to participate in the marketplace will be issued in early-March, with plan responses due back a month after the release.

This month, MetroPlus received a notice from the NYSDOH of its intent to begin on-site focus surveys of our plan compliance with the Fraud and Abuse Program Integrity requirements. This is a result of the findings of an audit of the New York State Department of Health's oversight of these requirements by CMS. The first component of the survey is a review of certain documents that are to be submitted no later than February 11, 2014. The second component of the survey is an on-site review of the Plan's Fraud and Abuse Program, as well as compliance with Medicaid Program Integrity requirements. During the on-site component, the team will meet with key staff who are responsible for the Plan's Fraud and Abuse Program and Medicaid Integrity Compliance Program, including the Plan's Fraud and Abuse Director (and/or compliance officer), Medical Director or Director of Credentialing, and staff responsible for fraud and abuse and compliance training for all Plan employees. Our Compliance area is currently compiling all of the documentation that will be needed for the onsite visits as well as ensuring that pertinent MetroPlus staff is ready for their respective interviews. We expect the DOH to be onsite on March 25th, 2014.

After months of preparation to join the Fully Integrated Duals Advantage (FIDA) program, MetroPlus has completed our on-site FIDA readiness review. Reviewers from NYS and CMS conducted their review beginning on January 14th, 2014 and ended the following day. The site visit was an overall success, and the verbal feedback provided by the reviewers has been taken into consideration as we continue to push towards an October 1st, 2014 deadline.

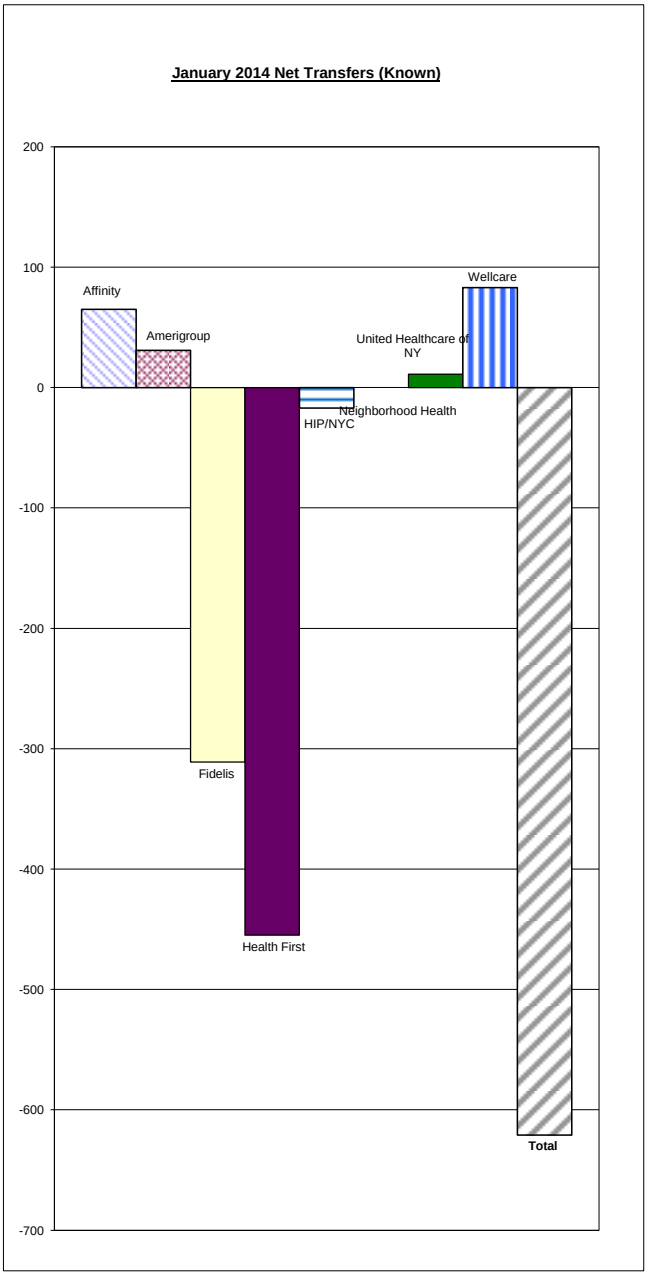
Finally, as I have been reporting to this committee, MetroPlus had been preparing for the carve-in of the nursing home population beginning January 1st, 2014. This carve-in has been delayed until March 1st, 2014, pending CMS approval.

Disenrollments TO Other Plans		Jan-14			Dec-12 to Jan-14		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOL.	0	1	1	4	45	49
	VOL.	9	76	85	177	1,393	1,570
Affinity Health Plan	TOTAL	9	77	86	181	1,438	1,619
	INVOL.	0	1	1	20	120	140
	VOL.	15	159	174	227	2,435	2,662
Amerigroup/Health Plus/CarePlus	TOTAL	15	160	175	247	2,555	2,802
	INVOL.	0	1	1	16	155	171
	VOL.	41	425	466	788	7,077	7,865
Fidelis Care	TOTAL	41	426	467	804	7,232	8,036
	INVOL.	0	2	2	26	231	257
	VOL.	58	593	651	857	10,302	11,159
Health First	TOTAL	58	595	653	883	10,533	11,416
	INVOL.	0	0	0	0	30	30
	VOL.	4	71	75	85	899	984
HIP/NYC	TOTAL	4	71	75	85	929	1,014
	INVOL.	0	0	0	0	0	0
	VOL.	0	0	0	17	154	171
Neighborhood Health	TOTAL	0	0	0	17	154	171
	INVOL.	1	0	1	12	453	465
	VOL.	6	77	83	137	1,333	1,470
United Healthcare of NY	TOTAL	7	77	84	149	1,786	1,935
	INVOL.	0	1	1	14	82	96
	VOL.	0	23	23	37	326	363
Wellcare of NY	TOTAL	0	24	24	51	408	459
	INVOL.	1	14	15	124	2,573	2,697
	VOL.	142	1,435	1,577	2,457	24,182	26,639
Disenrolled Plan Transfers:	TOTAL	143	1,449	1,592	2,581	26,755	29,336
	INVOL.	0	10	10	35	547	582
	VOL.	1	58	59	16	778	794
Disenrolled Unknown Plan Transfers:	TOTAL	1	68	69	51	1,325	1,376
	INVOL.	1,108	11,431	12,539	13,864	127,371	141,235
	UNK.	0	0	0	26	27	53
	VOL.	3	53	56	40	1,196	1,236
Non-Transfer Disenroll Total:	TOTAL	1,111	11,484	12,595	13,930	128,594	142,524
	INVOL.	1,109	11,455	12,564	14,023	130,491	144,514
	UNK.	1	0	1	28	34	62
	VOL.	146	1,546	1,692	2,513	26,156	28,669
Total MetroPlus Disenrollment:	**TOTAL**	**1,256**	**13,001**	**14,257**	**16,564**	**156,681**	**173,245**

Disenrollments FROM Other Plans	Dec-13			Nov-12 to Dec-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	6	145	151	172	1,836	2,008
Amerigroup/Health Plus/CarePlus	17	189	206	280	2,717	2,997
Fidelis Care	4	152	156	182	2,357	2,539
Health First	8	190	198	205	2,368	2,573
HIP/NYC	2	56	58	62	981	1,043
Neighborhood Health	0	0	0	62	646	708
United Healthcare of NY	4	91	95	122	1,469	1,591
Wellcare of NY	10	97	107	200	1,222	1,422
Total	51	920	971	1,285	13,596	14,881
Unknown/Other (not in total)	1,043	14,809	15,852	19,434	120,903	140,337

Data Source: RDS Report 1268a&c Updated 02/04/2014

Net Difference	Jan-14			Dec-12 to Jan-14		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	-3	68	65	-9	398	389
Amerigroup/Health Plus/CarePlus	2	29	31	33	162	195
Fidelis Care	-37	-274	-311	-622	-4,875	-5,497
Health First	-50	-405	-455	-678	-8,165	-8,843
HIP/NYC	-2	-15	-17	-23	52	29
Neighborhood Health	0	0	0	45	492	537
United Healthcare of NY	-3	14	11	-27	-317	-344
Wellcare of NY	10	73	83	149	814	963
Total	-92	-529	-621	-1,296	-13,159	-14,455



MetroPlus Health Plan

New Member Transfer From Other Plans

	2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
AETNA	1	28	2	13	6	28	4	24	6	16	2	24	2	12	4	29	5	15	3	14	2	18	2	18	278
Affinity Health Plan	19	138	15	141	21	170	9	128	16	149	13	172	13	137	18	188	15	157	12	154	15	157	6	145	2,008
Amerigroup/Health Plus/CarePlus	20	204	21	236	28	271	21	259	17	217	27	250	21	191	35	257	25	201	22	211	26	231	17	189	2,997
BC/BS OF MNE	2	35	2	24	0	46	3	36	2	30	1	25	5	25	3	27	5	34	1	20	1	35	0	38	400
CIGNA	3	32	6	16	4	12	4	27	4	20	3	29	4	19	2	16	0	11	2	9	1	19	1	17	261
Fidelis Care	11	189	15	197	21	251	14	195	16	232	25	215	14	167	15	173	21	171	10	182	16	233	4	152	2,539
GROUP HEALTH INC.	2	29	1	24	4	19	0	20	3	19	3	32	1	13	3	29	3	17	3	17	3	14	2	21	282
Health First	11	148	18	162	15	180	14	150	13	171	31	288	24	224	26	281	15	179	13	196	17	199	8	190	2,573
HEALTH INS PLAN OF GREATER N	4	32	3	20	4	30	1	34	1	21	4	19	4	22	4	28	8	12	2	15	3	23	0	16	310
HIP/NYC	5	94	6	82	9	91	10	73	2	90	3	82	2	68	3	73	8	105	2	74	10	93	2	56	1,043
Neighborhood Health Provider PHPS	19	156	11	128	11	118	11	99	10	140	0	5	0	0	0	0	0	0	0	0	0	0	0	0	708
OXFORD INSURANCE CO.	2	18	3	17	2	10	0	10	0	8	2	13	1	13	0	23	2	7	1	10	1	12	1	16	172
UNION LOC. 1199	10	40	6	35	8	34	12	40	7	35	18	65	12	27	10	39	5	17	8	22	6	20	8	39	523
United Healthcare of NY	14	104	18	117	9	149	8	152	9	128	15	134	12	97	14	112	7	112	5	129	7	144	4	91	1,591
Unknown Plan	1,701	11,792	1,354	8,622	1,730	10,219	1,543	9,761	1,670	9,393	1,846	10,253	1,645	8,747	2,022	10,806	1,549	7,630	1,601	8,614	1,730	10,257	1,043	14,809	140,337
Wellcare of NY	16	105	18	89	18	102	13	51	16	101	22	117	25	109	6	134	12	113	17	104	27	100	10	97	1,422
TOTAL	1,840	13,144	1,499	9,923	1,890	11,730	1,667	11,059	1,792	10,770	2,015	11,723	1,785	9,871	2,165	12,215	1,680	8,781	1,702	9,771	1,865	11,555	1,108	15,894	157,444

Report ID: MHP1268C
Report Run Date: 1/15/2014

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 01/14/2014

Other Plan Name	Category	2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
AETNA	INVOLUNTARY	0	2	1	5	1	0	0	1	0	5	3	116	0	5	0	2	0	2	1	1	0	1	0	0	146
	VOLUNTARY	0	0	1	3	1	3	0	1	0	2	2	0	0	0	0	1	0	3	0	1	1	0	0	0	19
	TOTAL	0	2	2	8	2	3	0	2	0	7	5	116	0	5	0	3	0	5	1	2	1	1	0	0	165
Affinity Health Plan	INVOLUNTARY	1	5	0	6	0	8	1	5	1	10	0	3	1	2	0	0	0	1	0	1	0	3	0	1	49
	VOLUNTARY	24	123	13	156	17	154	18	129	12	108	12	113	13	76	16	113	15	118	14	126	14	101	9	76	1,570
	TOTAL	25	128	13	162	17	162	19	134	13	118	12	116	14	78	16	113	15	119	14	127	14	104	9	77	1,619
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	1	13	4	17	1	9	3	9	3	33	0	13	1	9	6	8	1	3	0	3	0	2	0	1	140
	VOLUNTARY	25	208	18	196	32	226	20	228	15	207	27	233	12	177	17	221	18	170	17	188	11	222	15	159	2,662
	TOTAL	26	221	22	213	33	235	23	237	18	240	27	246	13	186	23	229	19	173	17	191	11	224	15	160	2,802
BC/BS OF MNE	INVOLUNTARY	1	5	0	8	0	4	0	6	2	5	0	206	2	4	1	5	0	8	0	3	0	1	0	0	261
	VOLUNTARY	0	1	0	2	0	0	2	1	1	6	2	1	0	0	0	2	0	0	0	0	2	2	0	1	23
	TOTAL	1	6	0	10	0	4	2	7	3	11	2	207	2	4	1	7	0	8	0	3	2	3	0	1	284
CIGNA	INVOLUNTARY	0	5	1	3	0	2	1	6	0	3	0	322	1	5	0	2	0	1	0	1	0	1	0	1	355
	VOLUNTARY	0	1	1	3	2	2	0	0	1	3	0	0	0	0	0	0	0	0	1	0	0	2	0	1	17
	TOTAL	0	6	2	6	2	4	1	6	1	6	0	322	1	5	0	2	0	1	1	1	0	3	0	2	372
Fidelis Care	INVOLUNTARY	1	18	1	13	2	10	3	7	8	52	0	10	1	17	0	11	0	14	0	1	0	1	0	1	171
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	2
	VOLUNTARY	73	712	65	646	95	752	56	593	70	530	92	672	67	495	56	670	43	468	59	537	71	577	41	425	7,865
	TOTAL	74	730	66	659	97	762	59	600	78	582	92	683	68	512	56	682	43	482	59	538	71	578	41	426	8,038
GROUP HEAL	INVOLUNTARY	1	4	0	5	1	1	0	3	0	6	0	133	2	4	0	1	1	2	0	3	0	0	0	2	169

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 01/14/2014

		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
GROUP HEALTH INC	VOLUNTARY	1	1	0	1	1	1	0	1	0	1	0	0	1	1	0	0	0	0	0	1	0	1	0	2	13
	TOTAL	2	5	0	6	2	2	0	4	0	7	0	133	3	5	0	1	1	2	0	4	0	1	0	4	182
Health First	INVOLUNTARY	3	12	4	14	1	20	1	26	10	66	1	31	1	14	0	21	1	11	0	7	4	7	0	2	257
	UNKNOWN	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	3
	VOLUNTARY	61	844	63	854	84	1,007	66	816	70	810	92	1,050	58	768	77	1,052	75	767	71	838	82	903	58	593	11,159
	TOTAL	65	857	67	868	85	1,027	67	842	80	876	93	1,081	59	782	77	1,074	76	778	71	845	86	910	58	595	11,419
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	10	0	7	0	3	0	3	0	6	0	157	0	0	0	3	3	2	1	1	0	0	0	0	196
	VOLUNTARY	1	1	1	2	0	1	0	2	1	2	0	0	0	1	1	3	0	1	0	0	0	0	0	0	17
	TOTAL	1	11	1	9	0	4	0	5	1	8	0	157	0	1	1	6	3	3	1	1	0	0	0	0	213
HIP/NYC	INVOLUNTARY	0	3	0	8	0	3	0	0	0	4	0	3	0	5	0	0	0	2	0	0	0	2	0	0	30
	VOLUNTARY	13	80	4	84	10	83	3	68	9	71	4	66	5	71	8	88	6	68	8	75	11	74	4	71	984
	TOTAL	13	83	4	92	10	86	3	68	9	75	4	69	5	76	8	88	6	70	8	75	11	76	4	71	1,014
Neighborhood Health Provider	VOLUNTARY	17	121	0	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	171
	TOTAL	17	121	0	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	171
OXFORD INSURANCE CO.	INVOLUNTARY	0	7	0	5	0	0	0	1	0	2	0	45	0	0	0	0	0	1	0	2	0	0	0	0	63
	VOLUNTARY	0	0	0	1	1	0	0	0	0	0	0	2	2	0	1	1	1	0	0	0	0	2	0	0	11
	TOTAL	0	7	0	6	1	0	0	1	0	2	0	47	2	0	1	1	1	1	0	2	0	2	0	0	74
UNION LOC. 1199	INVOLUNTARY	3	6	1	7	2	11	0	7	0	3	0	232	0	5	0	10	0	4	2	1	0	0	0	5	299
	UNKNOWN	0	0	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	8	27	6	12	11	16	11	16	7	11	10	14	10	20	9	26	5	17	12	15	5	11	9	7	295

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 01/14/2014

		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
UNION LOC.	TOTAL	11	33	8	19	13	27	11	23	7	14	10	246	10	26	9	36	5	21	14	16	5	11	9	12	596
United Healthcare of NY	INVOLUNTARY	2	10	1	17	2	7	1	13	2	29	1	343	1	10	0	8	0	9	0	4	1	3	1	0	465
	VOLUNTARY	13	137	17	112	18	151	14	111	18	110	5	140	7	112	8	119	13	79	10	85	8	100	6	77	1,470
	TOTAL	15	147	18	129	20	158	15	124	20	139	6	483	8	122	8	127	13	88	10	89	9	103	7	77	1,935
Wellcare of NY	INVOLUNTARY	2	8	2	6	1	12	0	6	7	32	2	5	0	1	0	6	0	3	0	1	0	1	0	1	96
	VOLUNTARY	3	38	3	21	9	26	4	33	2	28	3	30	3	18	0	29	0	22	7	20	3	38	0	23	363
	TOTAL	5	46	5	27	10	38	4	39	9	60	5	35	3	19	0	35	0	25	7	21	3	39	0	24	459
Disenrolled Plan Transfers	INVOLUNTARY	15	108	15	121	11	90	10	93	33	256	7	1,619	10	81	7	77	6	63	4	29	5	22	1	14	2,697
	UNKNOWN	1	1	1	0	0	0	0	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	7
	VOLUNTARY	239	2,294	192	2,126	281	2,422	194	1,999	206	1,889	249	2,321	178	1,739	193	2,325	176	1,713	199	1,886	208	2,033	142	1,435	26,639
	TOTAL	255	2,403	208	2,247	292	2,512	204	2,092	239	2,145	256	3,941	188	1,821	200	2,404	182	1,776	203	1,915	213	2,055	143	1,449	29,343
Disenrolled Unknown Plan Transfers	INVOLUNTARY	9	26	1	50	5	22	2	17	3	93	5	190	3	26	1	26	3	32	1	29	2	26	0	10	582
	UNKNOWN	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	2
	VOLUNTARY	0	68	1	93	1	93	2	92	2	70	1	68	0	58	2	49	2	42	2	33	2	54	1	58	794
	TOTAL	9	95	2	143	6	115	4	109	5	163	6	258	3	84	3	76	5	74	3	62	4	80	1	68	1,378
Non-Transfer Disenroll Total	INVOLUNTARY	1,625	12,368	1,902	15,760	925	9,485	1,088	10,179	1,069	9,461	919	9,193	1,002	9,766	984	10,146	928	9,262	1,298	10,830	1,016	9,490	1,108	11,431	141,235
	UNKNOWN	6	7	1	2	0	5	2	3	6	1	2	2	0	2	3	4	5	1	0	0	0	0	1	0	53
	VOLUNTARY	0	88	0	86	2	83	2	71	8	184	2	71	0	110	12	121	3	112	6	114	2	103	3	53	1,236
	TOTAL	1,631	12,463	1,903	15,848	927	9,573	1,092	10,253	1,083	9,646	923	9,266	1,002	9,878	999	10,271	936	9,375	1,304	10,944	1,018	9,593	1,112	11,484	142,524
Total MetroPl	INVOLUNTARY	1,649	12,502	1,918	15,931	941	9,597	1,100	10,289	1,105	9,810	931	11,002	1,015	9,873	992	10,249	937	9,357	1,303	10,888	1,023	9,538	1,109	11,455	144,514

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 01/14/2014

		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Total MetroPlus Disenrollment	**UNKNOWN**	7	9	2	2	0	5	2	3	6	1	2	3	0	3	3	7	5	1	0	0	0	0	1	0	62
	VOLUNTARY	239	2,450	193	2,305	284	2,598	198	2,162	216	2,143	252	2,460	178	1,907	207	2,495	181	1,867	207	2,033	212	2,190	146	1,546	28,669
	TOTAL	1,895	14,961	2,113	18,238	1,225	12,200	1,300	12,454	1,327	11,954	1,185	13,465	1,193	11,783	1,202	12,751	1,123	11,225	1,510	12,921	1,235	11,728	1,256	13,001	173,245

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

January-2014

		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
Total Members	Prior Month	429,832	428,592	426,759	426,901	424,746	421,520	421,234
	New Member	15,698	13,476	16,500	12,515	13,462	14,817	28,726
	Voluntary Disenroll	2,900	2,280	2,891	2,241	2,430	2,574	1,969
	Involuntary Disenroll	14,038	13,029	13,467	12,429	14,258	12,529	20,513
	Adjusted	1	25	78	149	626	1,520	0
	Net Change	-1,240	-1,833	142	-2,155	-3,226	-286	6,244
	Current Month	428,592	426,759	426,901	424,746	421,520	421,234	427,478
Medicaid	Prior Month	367,972	366,443	364,730	364,410	362,268	359,401	358,971
	New Member	12,757	10,923	13,339	9,945	10,851	12,039	17,012
	Voluntary Disenroll	2,460	1,907	2,495	1,867	2,033	2,190	1,546
	Involuntary Disenroll	11,826	10,729	11,164	10,220	11,685	10,279	11,921
	Adjusted	2	25	80	146	614	1,436	0
	Net Change	-1,529	-1,713	-320	-2,142	-2,867	-430	3,545
	Current Month	366,443	364,730	364,410	362,268	359,401	358,971	362,516
Child Health Plus	Prior Month	12,643	12,545	12,391	12,280	12,186	12,094	12,065
	New Member	393	351	436	472	434	480	78
	Voluntary Disenroll	20	36	51	38	29	26	33
	Involuntary Disenroll	471	469	496	528	497	483	432
	Adjusted	0	0	1	0	0	18	0
	Net Change	-98	-154	-111	-94	-92	-29	-387
	Current Month	12,545	12,391	12,280	12,186	12,094	12,065	11,678
Family Health Plus	Prior Month	33,453	33,601	33,552	33,870	33,826	33,428	33,498
	New Member	2,001	1,764	2,146	1,659	1,694	1,856	1,085
	Voluntary Disenroll	252	178	207	181	207	212	146
	Involuntary Disenroll	1,601	1,635	1,621	1,522	1,885	1,574	8,007
	Adjusted	-3	-2	-2	0	-3	24	0
	Net Change	148	-49	318	-44	-398	70	-7,068
	Current Month	33,601	33,552	33,870	33,826	33,428	33,498	26,430

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

January-2014

		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
HHC	Prior Month	3,315	3,352	3,307	3,320	3,323	3,318	3,313
	New Member	61	22	43	33	25	34	198
	Voluntary Disenroll	0	0	0	0	0	0	1
	Involuntary Disenroll	24	67	30	30	30	39	9
	Adjusted	2	2	-1	2	14	45	0
	Net Change	37	-45	13	3	-5	-5	188
	Current Month	3,352	3,307	3,320	3,323	3,318	3,313	3,501
SNP	Prior Month	5,456	5,457	5,451	5,420	5,415	5,365	5,331
	New Member	104	79	89	78	70	74	68
	Voluntary Disenroll	44	33	38	27	31	41	22
	Involuntary Disenroll	59	52	82	56	89	67	65
	Adjusted	0	0	0	0	-1	7	0
	Net Change	1	-6	-31	-5	-50	-34	-19
	Current Month	5,457	5,451	5,420	5,415	5,365	5,331	5,312
Medicare	Prior Month	6,795	6,936	7,040	7,230	7,307	7,479	7,608
	New Member	313	293	349	266	355	292	530
	Voluntary Disenroll	124	126	100	128	130	105	221
	Involuntary Disenroll	48	63	59	61	53	58	57
	Adjusted	0	0	0	1	1	-13	0
	Net Change	141	104	190	77	172	129	252
	Current Month	6,936	7,040	7,230	7,307	7,479	7,608	7,860
Managed Long Term Care	Prior Month	198	258	288	371	421	435	448
	New Member	69	44	98	62	33	42	39
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	9	14	15	12	19	29	22
	Adjusted	0	0	0	0	1	3	0
	Net Change	60	30	83	50	14	13	17
	Current Month	258	288	371	421	435	448	465

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

January-2014

		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14
QHP	Prior Month	0	0	0	0	0	0	0
	New Member	0	0	0	0	0	0	9,637
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0	9,637
	Current Month	0	0	0	0	0	0	9,637
SHOP	Prior Month	0	0	0	0	0	0	0
	New Member	0	0	0	0	0	0	79
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0	79
	Current Month	0	0	0	0	0	0	79

Bert Robles
Senior Vice President, Information Technology Services
Report to the M&PA/IT Committee to the Board
Thursday, February 13, 2014 – 12:00 noon

Thank you and good afternoon. I would like to provide the Committee with the following updates:

1. **Meaningful Use (MU) Stage 2 Update:**

As I reported here last month, once QuadraMed announced the general availability of QCPR Release 6.0, HHC would quickly move forward with this upgrade with the goal of completing this upgrade implementation across HHC by the end of February 2014.

I am pleased to report that the North Bronx Healthcare Network's Quadramed version 6.0 went live on January 10th after a demanding seven (7) month s worth of regression testing, validation and configuration of this new functionality. Harlem and Kings County Hospital Centers immediately followed as early adopters on January 24th and February 2nd respectively. The remaining seven (7) HHC hospitals are scheduled to go live by the end of this month.

This upgrade to version 6.0 is an important step towards HHC achieving Meaningful Use (MU) Stage 2. The attestation period is still planned for the third quarter of Federal Fiscal Year 2014.

Of the nineteen (19) MU objectives, Medication Reconciliation, patient access (portal) and transition of care (summary of care) remain at risk as they require extensive user training, patient engagement and involved technical integration with external sources. Equally challenging are the higher thresholds set for each objective. Barcoding Medication Administration (BCMA), also complex, is now complete.

The ongoing activities for this month include preparation and planning for QCPR 6.0 go-lives for the remaining hospitals, monitor and manage progress of work accomplished, continued collaboration with business and vendors, data validation and the initiation of security risk assessment.

2. **Patient Portal Update:**

To meet Meaningful Use (MU) Stage 2, a patient portal is required to address Measure 6 which provides patients with electronic access to their visit summary after discharge. The decision was made to leverage the patient portal that is part of the Care Plan Management System (CPMS) deployed last year to our care coordinators.

The patient portal is currently ready but deployment is dependent on the upgrade of QuadraMed to version 6.0 and the interfacing of QCPR with the portal which is currently underway. In QuadraMed, our clinicians will create the visit summary as part of the discharge process. The visit summary is formatted as a CCDA (continuity of care) document and transmitted to the

portal, where a patient can then view the information online. Training materials are in place for the portal.

QCPR version 6.0 is being rolled out across all facilities and should be complete by the end of this month. Testing of the integration with the Portal will follow.

This completes my report today. Thank you.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $7,200,000, over a 12 month period, which includes a 10% contingency of $654,545.50.

WHEREAS, the Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops; and

WHEREAS, the recommended refresh cycle for desktop PCs is three to four years and for portable laptops is two to three years; and

WHEREAS, in Calendar Year 2014, approximately 8,500 units will be replaced, based on a four year refresh cycle; and

WHEREAS, EITS's strategy is to standardize equipment with one manufacturer and limit the number of computer workstation models in order to maintain a standard environment; and

WHEREAS, Third Party Contracts offer discounted pricing compared to the market price for such equipment; and

WHEREAS, through volume purchasing via Third Party Contracts, EITS was able to procure PCs and Laptops with savings of approximately $1.7 million this past year; and

WHEREAS, the accountable person for this purchase is the Senior Vice President/ Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of the New York City Health and Hospitals Corporation be and hereby is authorized to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed $7,200,000, over a 12 month period, which includes a 10% contingency of $654,545.50.

EXECUTIVE SUMMARY
PC Refresh Program/ User Access Devices

The accompanying resolution requests approval to purchase computer workstations from various vendors on an on-going basis via Third Party Contract(s) for the New York City Health and Hospitals Corporation's PC Refresh Program, for an amount not to exceed $7,200,000, which includes additional new PC/ Laptop needs, over a 12 month period. This includes a 10% contingency of $654,545.50. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this 12 month period, which will include the specific bid and contract award information.

As presented to the Board of Directors in 2011, EITS plans to refresh equipment on a regular basis and make volume purchases to ensure cost savings. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. According to information technology research and advisory companies, the recommended PC and laptop refresh cycle is typically three to four years. EITS plans to replace PCs based on a four year refresh cycle. In Calendar Year 2014, approximately 8,500 units will be replaced, based on a four year refresh cycle. New PCs/ laptops may also be purchased for new needs.

There are a number of factors that can increase complexity within our desktop-computing environment: a variety of aging PC models from a host of manufacturers; third-party vendors sporadically changing hardware components and software drivers; a lack of standard hardware configurations; spontaneous software image updates; and improvised deployment processes. All of these factors can create an environment that drives IT support costs higher every day with increasing numbers of help desk calls, desktop visits to resolve issues, and overall management inefficiencies. Failure to take a holistic view of PC life cycle services can lead to inefficiencies, duplication, omissions and, ultimately, unnecessary cost — essentially raising total cost of ownership (TCO).

EITS strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment. A standardized PC infrastructure forms the foundation for desktop optimization. By standardizing desktop hardware and software components the Corporation can ultimately advance toward a more flexible, agile, and optimized infrastructure. Ad-hoc PC purchases often driven by price, or by departmental and end-user preferences can ultimately prove much more costly to the Corporation when a comprehensive view of PC lifecycle costs is taken into account. When the entire span of the PC lifecycle is viewed as a whole, from purchase through retirement, it is clear that purchase price is just one component of PC lifecycle costs.

This program targets old computers that are either past or approaching their useful life expectancy and PC/Laptop needs for new projects. IT plans to solicit various vendors via Third Party Contracts for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment. This past year in 2013, HHC's purchases via NYS OGS contracts resulted in savings of approximately $1.7 million.

Based on our 2013 PC Refresh Program, the average discounted price via NYS OGS contract for the Corporation for the latest standard PC model has been approximately $762 versus the projected unit price of $960 and the average discounted price for the latest standard laptop model has been approximately $760 versus the projected unit price of $1220. Through volume purchasing via Third Party Contract(s), savings of approximately $1.7 million have been realized.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: PC Refresh Program / User Access Devices

Project Title & Number: PC Refresh Program

Project Location: Enterprise-Wide

Requesting Dept.: Enterprise IT Services

Successful Respondent:

Multiple Solicitations via Third Party Contracts

Contract Amount: **$7,200,000 (includes 10% contingency of $654,545.50)**

Contract Term: **Anticipated 12 month period**

Number of Respondents: Multiple Vendors (Third Party Contracts)
(If Sole Source, explain in Background section)

Range of Proposals: $ Not Applicable to $

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

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

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: (please explain)
To be determined upon acceptance

EEO Analysis:

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

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

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or $100,000 or more if awarded pursuant to an RFB.)

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

These purchases are for PCs and Laptops, which are hardware and equipment that will replace end of life equipment. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. According to information technology research and advisory companies, the recommended PC and portable laptop refresh cycle is three to four years. Enterprise IT Services (EITS) plans to replace PCs based on a four year refresh cycle. In Calendar Year 2014, approximately 8,500 units will be replaced, based on a four year refresh cycle.

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

CRC reviewed this action item on January 29, 2014.

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

No.

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

Process used to select the proposed contractor –

Multiple solicitations will be conducted via Third Party Contracts to procure computer workstations for this IT Refresh Program.
By conducting solicitations via Third Party Contract, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. Third Party Contracts offer discounted pricing compared to the market price for such equipment.

The selection criteria –

Enterprise IT Services will solicit various vendors via Third Party Contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

The justification for the selection –

A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

Vendors will provide PCs, Laptops, IT Peripherals and Accessories. The anticipated project duration for this refresh phase is approximately 12 months (February 2014 – January 2015). This is an annual program.

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

This program targets old computers that are either past or approaching their useful life expectancy. IT plans to solicit various vendors via Third Party Contract for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment.

Based on our 2013 PC Refresh Program, the average discounted price via NYS OGS contract for the Corporation for the latest standard PC model has been approximately $762 versus the projected unit price of $960 and the average discounted price for the latest standard laptop model has been approximately $760 versus the projected unit price of $1220. This past year in 2013, HHC's purchases via NYS OGS contracts resulted in savings of approximately $1.7 million.

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

FY2011- Central Office *and* Facility Spending on PCs and Laptops was $9.7 million.

FY2012- Central Office and Facility Spending on PCs and Laptops was approximately $5.6 million

FY2013 – Central Office and Facility Spending on PCs and Laptops was approximately $6.9 million

---

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

Not applicable. These purchases are for PCs and Laptops, which are hardware and equipment that will replace end of life equipment.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No.

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

Bert Robles, Senior Vice President/Corporate CIO.

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

(Not Applicable if via NYS OGS Contract or Federal GSA contract; Applicable to Group Purchasing Organization (GPO) Contract.)

Received By E.E.O. _____

Analysis Completed By E.E.O._____
Date

_____
Name

PC Refresh Program/ User Access Devices

M&PA/ IT Committee

February 13, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

PC Refresh Program – Background

The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops.

According to information technology research and advisory companies, the recommended PC and laptop refresh cycle is typically three to four years. Enterprise IT Services (EITS) plans to replace PCs based on a four year refresh cycle.

We plan to refresh approximately 8,500 computer workstations this year. We also anticipate new need PC/Laptop purchases this upcoming year.

This program targets old computer workstations that are either past or at the end of their useful life.

EITS' strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment.

PC Refresh Program – Volume Purchases

IT plans to solicit vendors via Third Party Contract(s) for these purchases. Third Party Contracts offer discounted pricing for such equipment. A purchase order will be issued to the lowest responsive bidder for each purchase.

The request for spending authority is for $7.2 million for a 12 month period.

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7,200,000 for a one year period, which includes a 10% contingency of $654,545.50.

WHEREAS, the Corporation has over 5.0 petabytes of storage, which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems; and

WHEREAS, this storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care; and

WHEREAS, in order to keep up with the demand of storing mission critical data and providing continuous access to our email, business and clinical data applications as well as surveillance video systems, the Corporation must continuously upgrade and add additional storage to our Storage Area Network; and

WHEREAS, the Corporation will solicit proposals from manufacturers and authorized resellers on an on-going basis via Third Party Contract(s); and

WHEREAS, Third Party Contracts offer discounted pricing compared to the market price for such equipment;

WHEREAS, the accountable person for this purchase is the Senior Vice President/ Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of New York City Health and Hospitals Corporation be and hereby is authorized to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7,200,000 over a one year period, which includes a 10% contingency of $654,545.50.

Executive Summary –
On-Going Purchases for Storage Hardware, Software and Maintenance via Third Party Contracts

The accompanying resolution requests approval to purchase storage hardware, software and maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed $7.2 million for enterprise wide projects and end of life equipment for a one year period. This amount includes a 10% contingency of $654,545.50. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this 12 month period, which will include the specific bid and contract award information. The increase in this year's request is due to an increase in approved projects and data retention requirements.

The Corporation has over 5.0 Petabytes (equivalent to about five times the data volume of Facebook's Photo Storage) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care. Of the total amount of storage specifically dedicated to mission critical applications, there is approximately 19.0% of this storage available. At the current consumption rate, the Corporation would run out of this storage in 10 months if no other projects or storage migrations took place.

In order to keep up with the demand of storing mission critical data and providing 24x7x 365 access to our applications and systems we need to continuously upgrade and add additional storage to our Storage Area Network. A **Storage Area Network** (**SAN**) is a dedicated network that provides access to consolidated, block level data storage. SANs are primarily used to make storage devices, such as disk arrays, tape libraries, and optical jukeboxes, accessible to servers so that the devices appear like locally attached devices to the end user.

Under this program, multiple solicitations will be conducted via Third Party Contract(s) to procure storage equipment on an on-going basis for the Corporation's data center SAN's. Enterprise Information Technology Services will solicit manufacturers and authorized resellers via various Third Party Contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive bidder for each purchase.

Third Party Contracts offer discounted pricing compared to the market price for such equipment. For example, a HP Storage Server was purchased for a unit price of $7,858 via Premier contract, a savings of 41% off the list price of $11,913. By soliciting vendors via Third Party Contracts, the Corporation can obtain a potential savings of approximately 40% up to 60% off list pricing for storage hardware and software purchases.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Storage Hardware, Software, and Maintenance Refresh Program

Project Title & Number: Storage Hardware, Software, and Maintenance Refresh Program

Project Location: Enterprise-Wide

Requesting Dept.: Enterprise IT Services

Successful Respondent: Multiple Vendors via Third Party Contracts

Contract Amount: $7,200,000 (includes 10% contingency of $654,545.50)

Contract Term: 12 months

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

Range of Proposals: $ Not Applicable to $

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

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

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: explain Upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No

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

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source, or $100,000 or more if awarded pursuant to an RFB.)

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

The Corporation has over 5.0 Petabytes (equivalent to about four times the data volume of the Google database) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care. Of the total amount of storage specifically dedicated to mission critical applications, there is approximately 19.0% of this storage available. At the current consumption rate, the Corporation would run out of this storage in 10 months, if no other projects or storage migrations took place.

In order to keep up with the demand of storing mission critical data and providing 24x7x 365 access to our applications and systems, we need to continuously upgrade and add additional storage to our Storage Area Network. A **Storage Area Network** (**SAN**) is a dedicated network that provides access to consolidated, block level data storage. SANs are primarily used to make storage devices, such as disk arrays, tape libraries, and optical jukeboxes, accessible to servers so that the devices appear like locally attached devices to the end user.

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

CRC reviewed this action item on January 29, 2014.

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

No.

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

Process used to select the proposed contractor –

Solicitations will be conducted via various Third Party contracts to procure storage hardware, software, and maintenance on an on-going basis for the Corporation's data center SAN's.

By conducting solicitations via Third Party contracts, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. Third party contracts offer discounted pricing compared to the market price for such equipment.

The selection criteria –

Enterprise IT Services will solicit manufacturers and authorized resellers via various Third Party contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

The justification for the selection –

A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

Vendors will provide Storage Equipment on an on-going basis for the Corporation's SAN's. The anticipated project duration for these purchases is one year. Purchases will continue to occur on an annual basis based on need. The increase in this year's request is due to an increase in approved projects and data retention requirements.

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

Third Party Contracts offer discounted pricing compared to the market price for such equipment. For example, a HP Storage Server was purchased for a unit price of $7,858 via Premier contract, a savings of 41% off the list price of $11,913. By soliciting vendors via Third Party Contracts, the Corporation can obtain a potential savings of approximately 40% up to 60% off list pricing for storage hardware and software purchases.

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

The total spending for the past 3 years is as follows:

FY11: **$6.3 million**

FY12: **$3.9 million**

FY13: **$6.1 million**

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

Not applicable. These purchases are for Storage Hardware, Software and Maintenance.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No.

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

Bert Robles, Senior Vice President/Corporate CIO.

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

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

Analysis Completed By E.E.O._____
Date

_____
Name

On-Going Purchases for Storage Hardware, Software and Maintenance

M&PA/ IT Commitee Meeting

Thursday, February 13, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Storage Hardware, Software & Maintenance Purchases – Background

The Corporation has over 5.0 Petabytes (equivalent to about five times the data volume of Facebook's Photo Storage) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems.

This storage is configured to be highly available and provide disaster recovery protection for mission critical business and clinical applications used for patient care.

Storage Hardware, Software & Maintenance Purchases – Procurement Process

Multiple solicitations will be conducted via Third Party Contract(s) to procure storage hardware, software and maintenance on an on-going basis. A purchase order will be issued to the lowest responsive bidder for each purchase.

By soliciting vendors via Third-Party contract, the Corporation can obtain a potential savings of approximately 40% to 60% off list pricing for storage hardware and software purchases.

The request for spending authority is for $7.2 million over a 12 month period.

Questions

Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase networking hardware, software and related consulting and technical services through various vendors via Third party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period.

WHEREAS, the Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points that are utilized to link various computers and data systems throughout the Corporation in order to share business and clinical applications used for patient care; and

WHEREAS, industry standards for the refresh of networking equipment is typically three to five years depending on equipment type; and

WHEREAS, the Corporation's end of life network infrastructure must be replaced in order to avoid any outages associated with equipment/part failures, software glitches and software upgrades that are utilized to optimize network performance, and failure to refresh network infrastructure equipment can result in system unavailability, which may adversely impact patient care; and

WHEREAS, EITS will also be installing an enterprise wireless network throughout the organization that will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community; and

WHEREAS, EITS will also replace the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment; and

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

WHEREAS, the Third Party contract prices for such infrastructure are discounted from market price; and

WHEREAS, purchase orders will be issued to the vendors offering the lowest price for the requested hardware and software; and

WHEREAS, the accountable person for this purchase is the Senior Vice President/Corporate Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT THE President of New York City Health and Hospitals Corporation be and hereby is authorized to purchase networking hardware, software and related consulting and technical services through various vendors via Third party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period.

EXECUTIVE SUMMARY

Network Infrastructure Refresh Program

The accompanying resolution requests approval to purchase networking hardware, software and technical services through various vendors via Third Party contracts on an on-going basis in an amount not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program over a two year period. Enterprise IT Services (EITS) will provide an interim spending update to the Board of Directors for these purchases during this two year period, which will include the specific bid and contract award information. This program requires an additional $15,000,000 for the reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets), which will be managed by the Office of Facilities Development (OFD). The total cost for the network infrastructure refresh program will be $43,300,000 over this two year period. The funding for the network infrastructure refresh program is not included in the $1.4 billion Electronic Medical Record (EMR) program budget.

The Corporation has an inventory of approximately 200 routers, 1,500 switches and over 3,000 wireless access points, which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care.

An industry standard for the refresh of networking equipment is typically three to five years depending on equipment type. The Corporation's refresh cycle has been five to seven years. The Corporation's end of life network infrastructure must be replaced in order to avoid any outages associated with equipment/part failures, software glitches and software upgrades which are utilized to optimize network performance. Failure to replace network infrastructure equipment can result in system unavailability, which may have an impact on patient care.

As part of the overall program, Enterprise Information Technology Services ("EITS"), in conjunction with Office of Facilities Development, will be retrofitting the intermediate distribution frames ("IDF") closets and the main distribution frame ("MDF") closets in HHC facilities that require additional power, heating/ventilation/air conditioning ("HVAC"), Uninterruptible Power Supplies ("UPS") and redundant power provided by generators which will require $15,000,000. OFD will manage the procurement of these needs in accordance with HHC operating procedures.

Enterprise Information Technology Services will also be installing an enterprise wireless network throughout the organization that will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community.
EITS will also replace the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full Business Continuity throughout the HHC environment
Under this refresh program, multiple solicitations will be conducted via various Third Party contracts to procure networking equipment on an on-going basis for the Corporation's facilities and diagnostic and treatment centers. Information Technology Services will solicit authorized resellers via various Third Party contracts. A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive bidder for each purchase.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Network Infrastructure Upgrades/ LAN Migration / VOIP

Project Title & Number: Network Infrastructure Upgrades/ LAN Migration / VOIP

Project Location: Enterprise-wide

Requesting Dept.: EITS

Successful Respondent:

Multiple Vendors – On-Going Procurements via Third Party Contract

Contract Amount: $28,300,000 for IT infrastructure components*

***** *Total Program is $43,300,000 which includes $15,000,000 for the reconditioning of intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) to be managed by OFD.*

Number of Respondents: N/A, on-going procurements via third party contract
(If Sole Source, explain in Background section)

Range of Proposals: $ N/A to $ N/A

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

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

Method of Payment: Lump Sum Per Diem Time and Rate
X Other: explain Upon acceptance

EEO Analysis:

Compliance with HHC's McBride Principles? Yes No

Vendex Clearance Yes No X N/A

(Required for contracts in the amount of $100,000 or more awarded pursuant to an RFP, NA or as a Sole Source,
or $100,000 or more if awarded pursuant to an RFB.)

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

The Corporation has an inventory of approximately 200 routers, 1500 switches and over 3,000 wireless access points which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care. The Corporation's network infrastructure spans across 11 acute care, six diagnostic and treatment centers, four nursing facilities and over 80 community based clinics.

HHC's networking needs have increased in recent years due to the following factors:

The migration of over approximately 250 applications to the two corporate data centers with all applications disaster recovery/business continuity based on a tiered structure tied to criticality of application.

-A tiered storage architecture that matches the tier of the application and provides for scalability.

-An enhanced and vastly upgraded Wide Area Network as well as the installation of a back-up network to ensure uninterrupted service to all of HHC's facilities.

An Enterprise wireless network throughout the organization will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community.

Replace the existing Private Branch Exchange (PBX) with an agile phone system Voiceover Internet Protocol with full business continuity throughout the HHC environment

-Increase of data and business requirements to support existing applications and new applications.

Industry standards for the refresh of networking equipment are typically from three to five years depending on equipment type. HHC's refresh cycle has been five to seven years. As networking equipment reaches its end of life, vendors no longer offer replacement parts, software upgrades or technical support.

Contract Review Committee

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

CRC reviewed this action item on January 29, 2014.

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

N/A.

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

Multiple solicitations will be conducted via third party contract to procure networking equipment for this refresh program project.

A minimum of three resellers will be solicited for each purchase. A purchase order will be issued to the lowest responsive and responsible bidder for each purchase.

Scope of work and timetable:

An industry standard for the refresh of networking equipment is typically three to five years. The Corporation's refresh cycle has been five to seven years. The Corporation's end of life network infrastructure must be replaced in order to avoid any outages associated with equipment/part failures, software glitches and software upgrades which are utilized to optimize network performance. Failure to replace network infrastructure equipment can result in system unavailability, which may have an impact on patient care.

As part of the overall program Enterprise Information Technology Services ("EITS"), in conjunction with Office of Facilities Development, will be retrofitting the intermediate distribution frames ("IDF") closets and the main distribution frame ("MDF") closets in all HHC facilities that require additional power, heating/ventilation/air conditioning ("HVAC"), Uninterr**up**tible **Power** S**up**plies ("UPS") and redundant power provided by generators which will require an additional $15,000,000. OFD will manage the procurement of these needs in accordance with HHC operating procedures.

Enterprise Information Technology Services will also be installing an enterprise wireless network throughout the organization that will transform patient care by providing clinicians with the capability of handheld wireless devices to provide patient care and provide wireless access to the patient community.

EITS will also replace the existing Private Branch Exchange (PBX) with an agile phone system Voice Over Internet Protocol with full Business Continuity throughout the HHC environment.

Vendors will provide networking equipment including, but not limited to, networking hardware (routers, switches, wireless access points) and cabling. The anticipated project duration for this phase is approximately two years.

CONTRACT FACT SHEET (**continued**)

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

By conducting mini-bids via State contract, this mechanism will ensure that HHC is promoting competition by receiving the best price for the required equipment. Third party contracts offers discounted pricing compared to the market price for such equipment.

In addition, this hardware is required to support technologies for the clinical Electronic Medical Record (EMR). These systems and several others all require a robust data communication system in order to operate efficiently. This refresh program will enable IT to support increased business requirements, improve performance, introduce new technology and stay current with industry standards.

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

FY2011- Annual expenditures for network infrastructure including routers, switches, cabling, wireless access points and operating leases for networking equipment totaled $4.5 million.

FY2012- Annual expenditures for network infrastructure including routers, switches, cabling, wireless access points and operating leases for networking equipment totaled $14.1 million.

FY2013- Annual expenditures for network infrastructure including routers, switches, cabling, wireless access points and operating leases for networking equipment totaled $5.3 million.

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

Not applicable. These purchases are for networking hardware and equipment which will refresh end of life equipment.

Will the contract produce artistic/creative/intellectual property? Who will own It? Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

No.

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

The contract will be administered by Bert Robles, Senior Vice President/Corporate CIO.

Equal Employment Opportunity Analysis *(include outreach efforts to MBE/WBE's, selection process, comparison of vendor/contractor EEO profile to EEO criteria. Indicate areas of under-representation and plan/timetable to address problem areas):*

(Not Applicable if via NYS OGS Contract or Federal GSA contract; Applicable to Group Purchasing Organization (GPO) Contract.)

Received By E.E.O. _____
Date

*Analysis Completed By E.E.O.*_____
Date

_____
Name

NETWORKING INFRASTRUCTURE REFRESH PROGRAM

M&PA/ IT Committee Meeting

February 13, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Background

- **In order to support new technologies, initiatives and increasing network infrastructure the Enterprise Information Technology Services (EITS) Group developed a Network Refresh Program In February 2011, the Board of Directors approved a capital spend of $25.3 million for the 1st Wave of the ON-GOING Network Infrastructure Refresh Program.**
- **Aligning with industry standards to refresh network infrastructure equipment between 3 to 5 years**
- **This program is needed in order to support new initiatives and technologies such as:**
  - A new clinical EMR/Meaningful Use
  - Financial Enterprise Resource Planning (ERP) System Replacement/ Upgrade
  - Soarian (Siemens Registration System)
  - Business Intelligence
  - IP Telephony
  - Picture Archiving and Communication System (PACS)
- **These systems and several others require a robust data communication system in order to operate efficiently**
- **EITS Completed Wave 1 in the 4th Quarter of 2013.**

  Sites completed:

  LAN - Queens, Elmhurst, Lincoln, Harlem, Woodhull, Cumberland and Belvis

  Wireless – Queens, Elmhurst, Lincoln, Woodhull and Cumberland

Wave 2

- **One gating factor to the progress of this project has been the readiness of the environmental requirements at the facilities (power and cooling). As a result, we are now taking a joint approach with the Office of Facilities Development (OFD) to engage architectural/engineering resources to address this in a more comprehensive, corporation-wide manner, rather than the site-by-site approach which was not proving to be efficient or effective.**

- **Wave 2**

  LAN – Jacobi Medical and North Central Bronx

  Environmentals – Queens, Elmhurst, Jacobi Medical and North Central Bronx (reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) managed by OFD

  Wireless - Jacobi Medical and North Central Bronx

  VOIP – Coney Island, Queens, Elmhurst, Jacobi Medical and North Central Bronx

Capability to purchase routing, switching, Unified Communications (VOIP), Wireless Infrastructure hardware, environmental equipment and Professional Services off the NY State OGS or GSA contracts not to exceed $28,300,000 in capital funds for a networking infrastructure refresh program.

An additional $15,000,000 for the reconditioning of the intermediate distribution frames (IDF Closets) and the main distribution frame (MDF closets) will be managed by OFD. Total cost for the combined projects will be $43,300,000 over 24 months.

Procurement Approach for Networking Equipment

- Multiple solicitations will be conducted via NYS OGS and GSA contracts to procure networking equipment and professional services.
- A minimum of three resellers will be solicited for each purchase
- A purchase order will be issued to the lowest responsive and responsible bidder for each purchase

Questions

Questions?

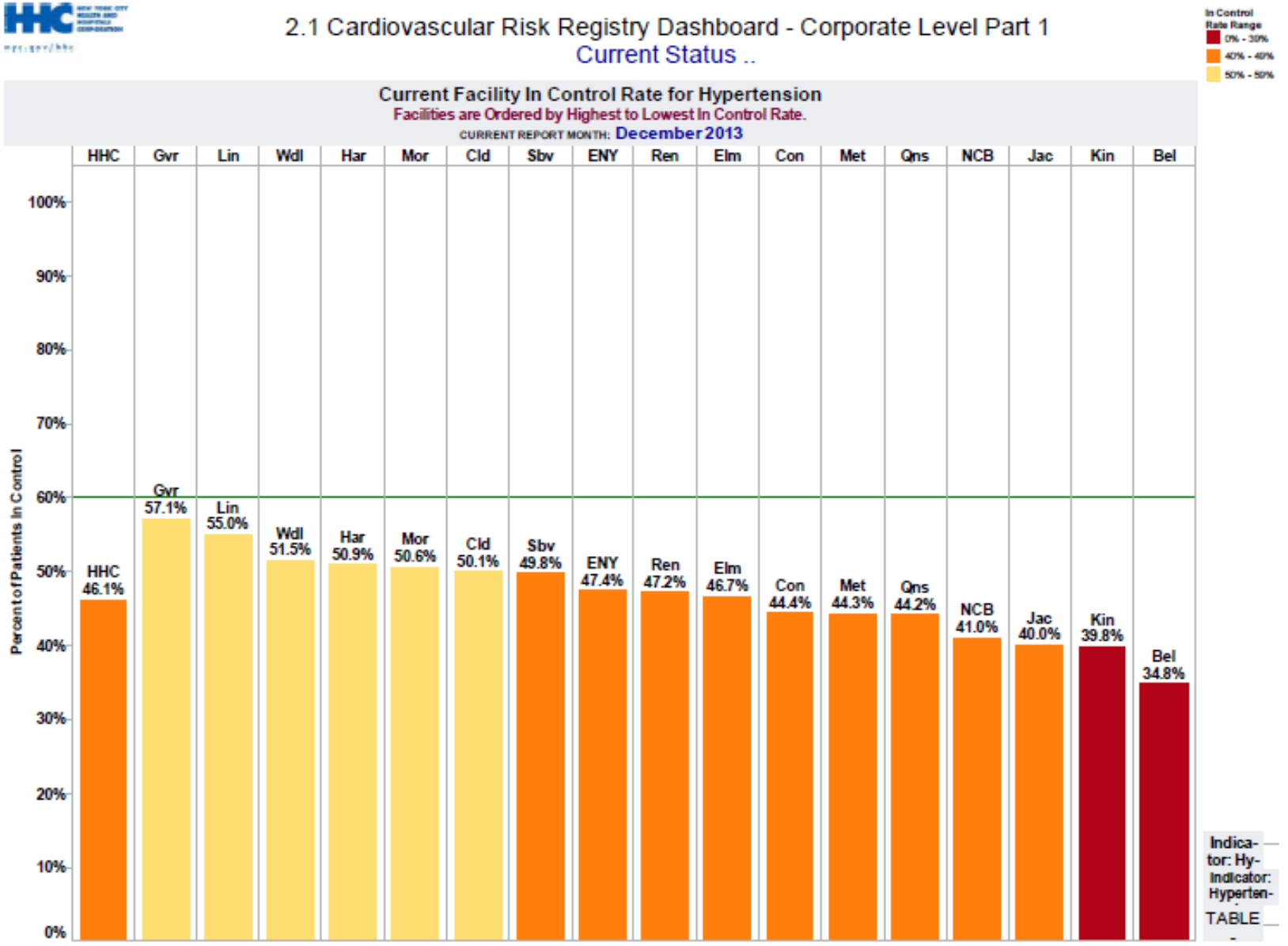
Chronic Illness Control in the HHC PCMH: **Hypertension**

David Stevens, MD
Senior Director, Office of Healthcare Improvement

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

2.1 Cardiovascular Risk Registry Dashboard - Corporate Level Part 1

Current Status ..



What Impedes Chronic Illness Control?

Lack of Patient Engagement	***Variations in Clinical Management***	***Ineffective Self-Management Support***	***Maintenance Treatment is Not Patient-Centered***
• 1 in 3 patients with HTN have not been seen in over 6 months	• Control rate for PCP panels vary 10-15% within the same practice	• Half of patients do not take medications as directed	• Appointments with PCP are inconvenient and difficult to schedule

Recognition of Uncontrolled Illness

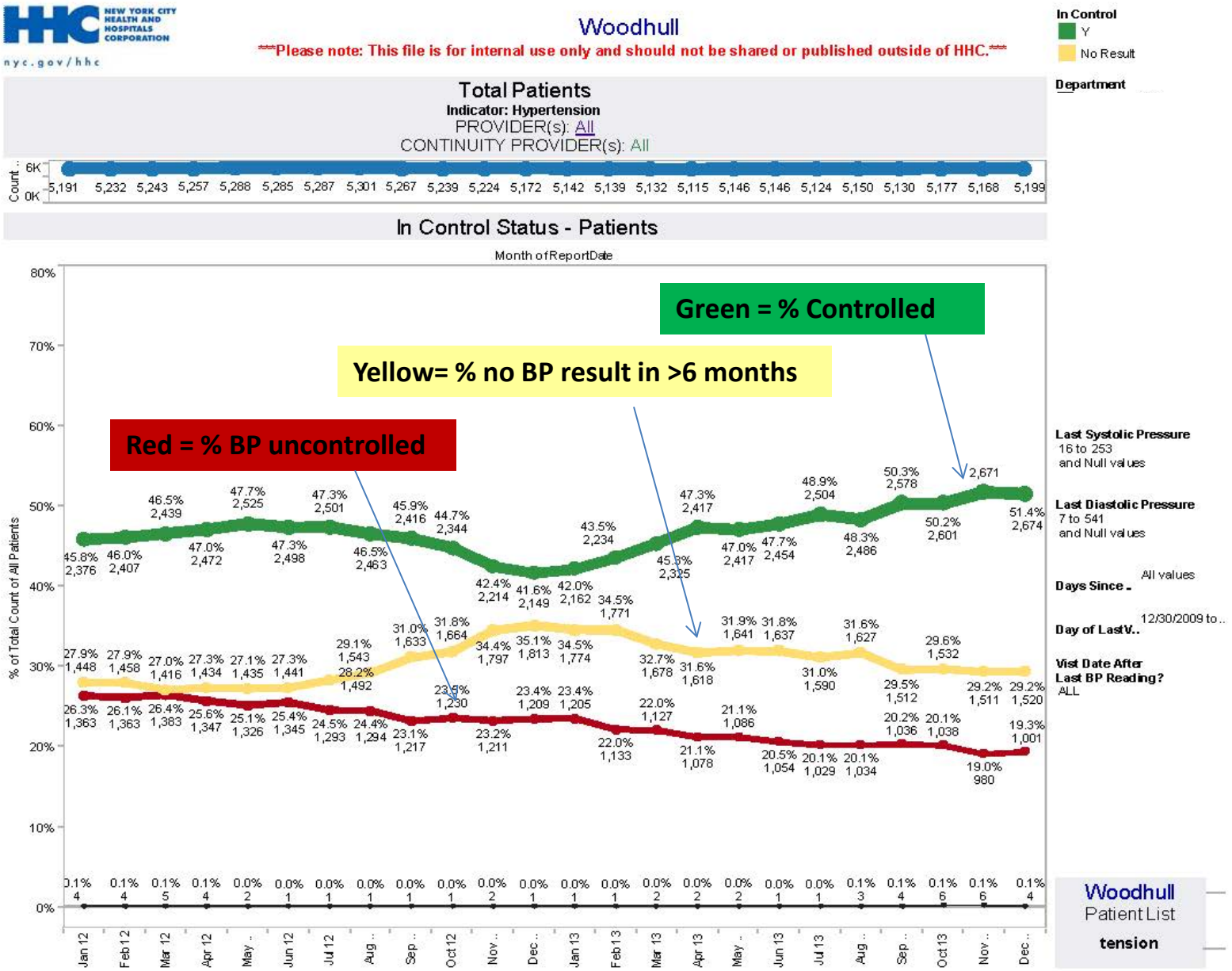
"I realize I have a problem"

Workflow:

- Registry Outreach: Engage patients on the phone to come in
- Home monitoring: Help patients recognize for themselves

Process Measures:

- % of registry patients with BP result within 6 months


NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc
Woodhull
Please note: This file is for internal use only and should not be shared or published outside of HHC.
In Control
Y
No Result
Department
Total Patients
Indicator: Hypertension
PROVIDER(s): All
CONTINUITY PROVIDER(s): All
Count
6K
0K
5,191 5,232 5,243 5,257 5,288 5,285 5,287 5,301 5,267 5,239 5,224 5,172 5,142 5,139 5,132 5,115 5,146 5,146 5,124 5,150 5,130 5,177 5,168 5,199
In Control Status - Patients
Month of ReportDate
% of Total Count of All Patients
80%
70%
60%
50%
40%
30%
20%
10%
0%
Green = % Controlled
Yellow= % no BP result in >6 months
Red = % BP uncontrolled
45.8% 2,376
46.0% 2,407
46.5% 2,439
47.0% 2,472
47.7% 2,525
47.3% 2,498
47.3% 2,501
46.5% 2,463
45.9% 2,416
44.7% 2,344
42.4% 2,214
41.6% 2,149
42.0% 2,162
43.5% 2,234
34.5% 1,771
45.3% 2,325
47.3% 2,417
47.0% 2,417
47.7% 2,454
48.9% 2,504
48.3% 2,486
50.3% 2,578
50.2% 2,601
2,671
51.4% 2,674
27.9% 1,448
27.9% 1,458
27.0% 1,416
27.3% 1,434
27.1% 1,435
27.3% 1,441
29.1% 1,543
28.2% 1,492
31.0% 1,633
31.8% 1,664
34.4% 1,797
35.1% 1,813
34.5% 1,774
32.7% 1,678
31.6% 1,618
31.9% 1,641
31.8% 1,637
31.0% 1,590
31.6% 1,627
29.5% 1,512
29.6% 1,532
29.2% 1,511
29.2% 1,520
26.3% 1,363
26.1% 1,363
26.4% 1,383
25.6% 1,347
25.1% 1,326
25.4% 1,345
24.5% 1,293
24.4% 1,294
23.1% 1,217
23.5% 1,230
23.2% 1,211
23.4% 1,209
23.4% 1,205
22.0% 1,133
22.0% 1,127
21.1% 1,078
21.1% 1,086
20.5% 1,054
20.1% 1,029
20.1% 1,034
20.2% 1,036
20.1% 1,038
19.0% 980
19.3% 1,001
0.1% 4
0.1% 4
0.1% 5
0.1% 4
0.0% 2
0.0% 1
0.0% 1
0.0% 1
0.0% 1
0.0% 2
0.0% 1
0.0% 1
0.0% 1
0.0% 2
0.0% 2
0.0% 2
0.0% 1
0.0% 1
0.1% 3
0.1% 4
0.1% 6
0.1% 6
0.1% 4
Jan 12
Feb 12
Mar 12
Apr 12
May ..
Jun 12
Jul 12
Aug ..
Sep ..
Oct 12
Nov ..
Dec ..
Jan 13
Feb 13
Mar 13
Apr 13
May ..
Jun 13
Jul 13
Aug ..
Sep ..
Oct 13
Nov ..
Dec ..
Last Systolic Pressure
16 to 253
and Null values
Last Diastolic Pressure
7 to 541
and Null values
Days Since ..
All values
Day of LastV..
12/30/2009 to ..
Vist Date After
Last BP Reading?
ALL
Woodhull
Patient List
tension

Effective Treatment Plan

"My doctor gives me the right treatment"

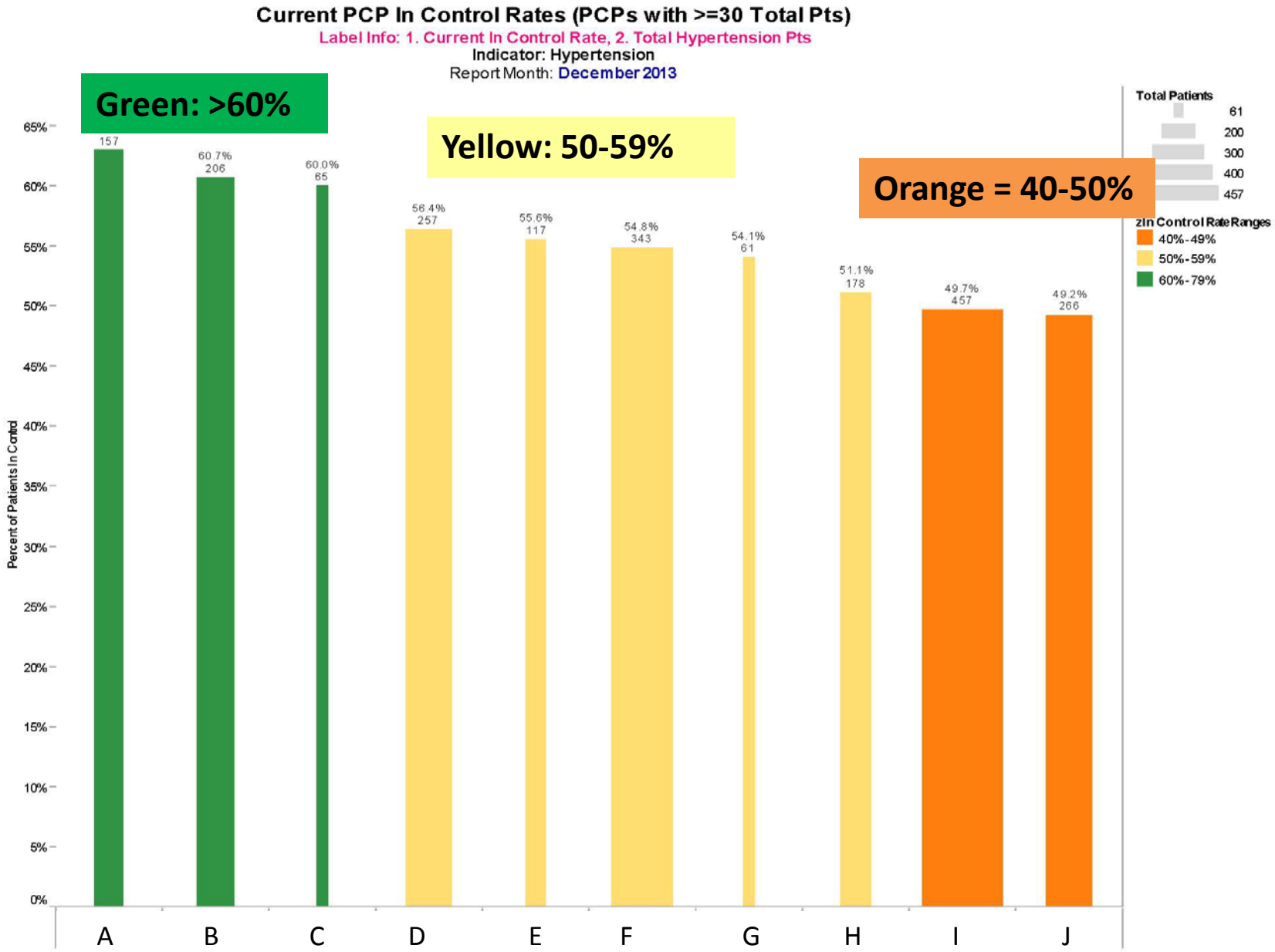
Workflow:

- Clinical Guidelines: The right medications, the right message

- Feedback to PCP: Drives PCPs to aim for excellent control

Process Measures:

- % of PCPs with < 60% control rate that received focused feedback


Current PCP In Control Rates (PCPs with >=30 Total Pts)
Label Info: 1. Current In Control Rate, 2. Total Hypertension Pts
Indicator: Hypertension
Report Month: December 2013
Green: >60%
Yellow: 50-59%
Orange = 40-50%
Total Patients
61
200
300
400
457
zIn Control Rate Ranges
40%-49%
50%-59%
60%-79%
Percent of Patients In Control
65%
60%
55%
50%
45%
40%
35%
30%
25%
20%
15%
10%
5%
0%
157
60.7%
206
60.0%
65
56.4%
257
55.6%
117
54.8%
343
54.1%
61
51.1%
178
49.7%
457
49.2%
266
A
B
C
D
E
F
G
H
I
J

Self-Management Support

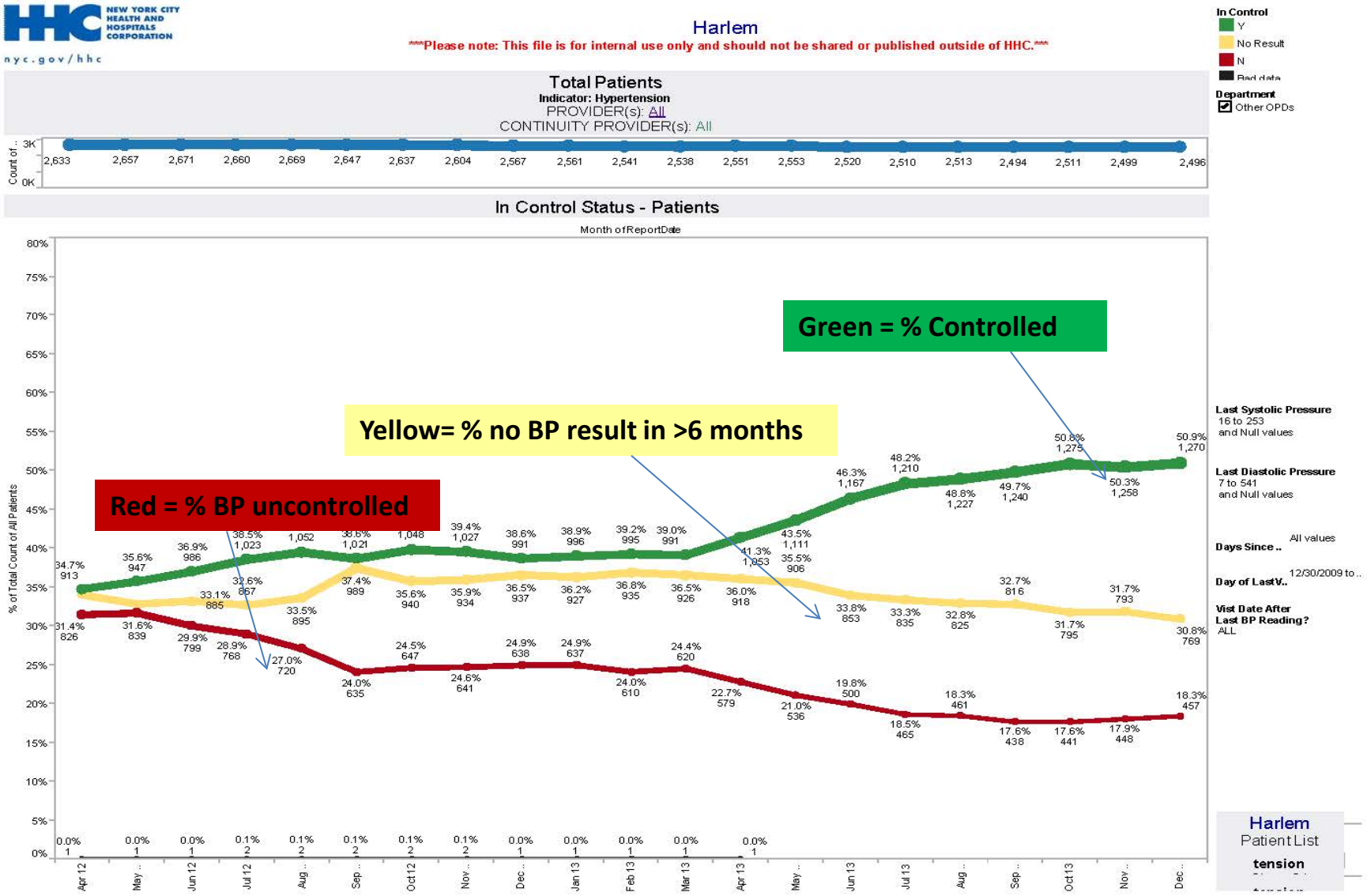
"I get help from my team learning what I need to do for myself"

Workflow: RN Coaching/Treat-to-Target:

- **Track BP**
- **Adherence Counseling**
- **Medication Adjustment**

Process Measures:

- **# of "graduates"/ # needed to reach population rate of 60%**


NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
nyc.gov/hhc
Harlem
Please note: This file is for internal use only and should not be shared or published outside of HHC.
In Control
Y
No Result
N
Bad data
Department
Other OPDs
Total Patients
Indicator: Hypertension
PROVIDER(s): All
CONTINUITY PROVIDER(s): All
Count of ..
3K
0K
2,633 2,657 2,671 2,660 2,669 2,647 2,637 2,604 2,567 2,561 2,541 2,538 2,551 2,553 2,520 2,510 2,513 2,494 2,511 2,499 2,496
In Control Status - Patients
Month of ReportDate
% of Total Count of All Patients
80% 75% 70% 65% 60% 55% 50% 45% 40% 35% 30% 25% 20% 15% 10% 5% 0%
Green = % Controlled
Yellow= % no BP result in >6 months
Red = % BP uncontrolled
34.7% 913
35.6% 947
36.9% 986
38.5% 1,023
1,052
38.6% 1,021
1,048
39.4% 1,027
38.6% 991
38.9% 996
39.2% 995
39.0% 991
41.3% 1,053
43.5% 1,111
46.3% 1,167
48.2% 1,210
48.8% 1,227
49.7% 1,240
50.8% 1,275
50.3% 1,258
50.9% 1,270
33.1% 885
32.6% 867
33.5% 895
37.4% 989
35.6% 940
35.9% 934
36.5% 937
36.2% 927
36.8% 935
36.5% 926
36.0% 918
35.5% 906
33.8% 853
33.3% 835
32.8% 825
32.7% 816
31.7% 795
31.7% 793
30.8% 769
31.4% 826
31.6% 839
29.9% 799
28.9% 768
27.0% 720
24.0% 635
24.5% 647
24.6% 641
24.9% 638
24.9% 637
24.0% 610
24.4% 620
22.7% 579
21.0% 536
19.8% 500
18.5% 465
18.3% 461
17.6% 438
17.6% 441
17.9% 448
18.3% 457
0.0% 1
0.0% 1
0.0% 1
0.1% 2
0.1% 2
0.1% 2
0.1% 2
0.1% 2
0.0% 1
0.0% 1
0.0% 1
0.0% 1
0.0% 1
Apr 12 May .. Jun 12 Jul 12 Aug .. Sep .. Oct 12 Nov .. Dec .. Jan 13 Feb 13 Mar 13 Apr 13 May .. Jun 13 Jul 13 Aug .. Sep .. Oct 13 Nov .. Dec ..
Last Systolic Pressure
16 to 253
and Null values
Last Diastolic Pressure
7 to 541
and Null values
Days Since .. All values
Day of LastV.. 12/30/2009 to ..
Vist Date After
Last BP Reading?
ALL
Harlem
Patient List
tension

Patient-Centered Access for Maintaining Control

"I can check in with my team easily to make sure I'm doing OK and get med refills"

Workflow:

- Tele-visits

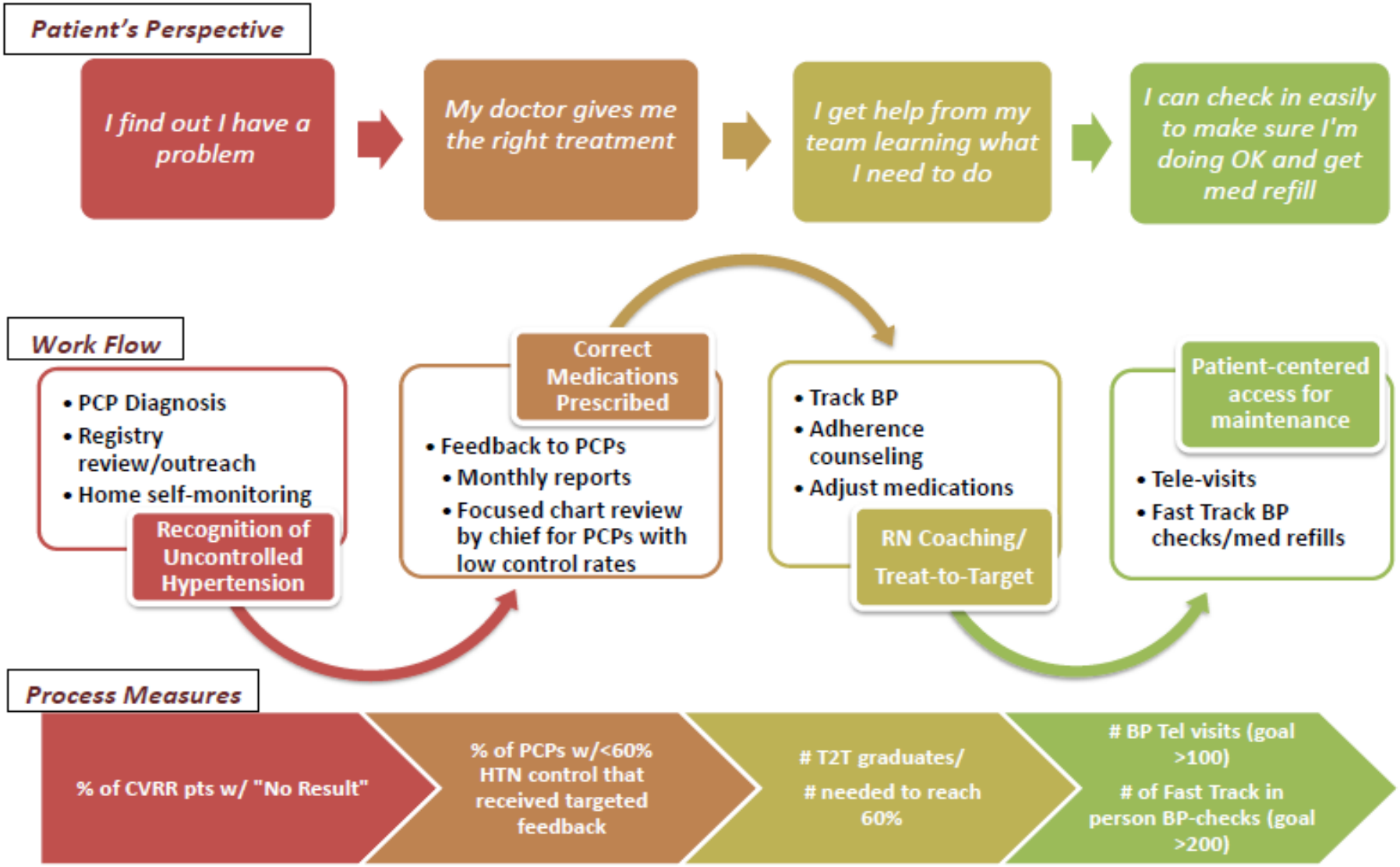
- Fast-Track BP Checks/Med Refills

Process Measures:

- # of Telephone visits for BP check (goal >100)

- # of Fast-Track/no-waiting BP checks (goal >200)

Hypertension Control: The Patient's Journey and the Clinical Workflow



New York City Health and Hospitals Corporation

Board of Directors
Medical & Professional Affairs Committee

Behavioral Health Update

February 13, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Joyce B. Wale, Senior AVP
Gary Belkin, MD, Senior Director
Office of Behavioral Health

Behavioral Health Environment

- **Brooklyn Hospital** uncertainties
- NYS will create Health and Recovery Plans (**HARPs**) within licensed health plans that integrate a health and behavioral healthcare benefit
- Reporting of CMS **inpatient psychiatry core measures** expands from six to eight to include alcohol use screening with future potential financial penalties
- Achieving the **triple aim** through enhanced service delivery which recognizes the need to better integrate and co-locate treatment as well as to develop a more robust array of ambulatory and crisis intervention services

HHC Transformational Activities

As a major and essential provider of BH services, the opportunity to fundamentally rethink how services are provided, with careful attention to clinical, utilization and cost performance.

- ***Reduce inpatient LOS and readmission rates***
- ***Reconfigure ambulatory services and improve access, retention in care with expansion of vocational and rehabilitation services***
- ***Optimize and coordinate care management activities through the Health Homes***
- ***Expand the PCMH TeamCare model and co-locate BH services to include SUD care***
- ***Patient and family member-driven care*** (Patient Portal)
- ***Better develop the synergies between MetroPlus and the delivery system***

Utilization Data

Psychiatric Emergency Services – FY 2011-FY 2013				
	FY 11	**FY 12**	**FY 13***	**% Change****
CPEP	28,763	28,695	27,238	-5.3%
Non-CPEP	9,716	8,775	11,724	20.7%
Total	**38,479**	**37,470**	**38,962**	**1.26%**

Inpatient – FY 2011-FY 2013								
	Beds				**Discharges**			
	FY 11	**FY 12**	**FY 13***	**% Change**	**FY 11**	**FY 12**	**FY 13***	**% Change****
Adult	1,121	1,151	1,156	0.4%	17,629	18,140	22,859	29.7%
Youth	120	120	120	None	1,611	1,592	1,295	-19.6%
Forensic	82	82	82	None	1,239	1,004	766	-38.2%
Detox	131	131	131	None	9,345	9,194	7,382	-21.0%

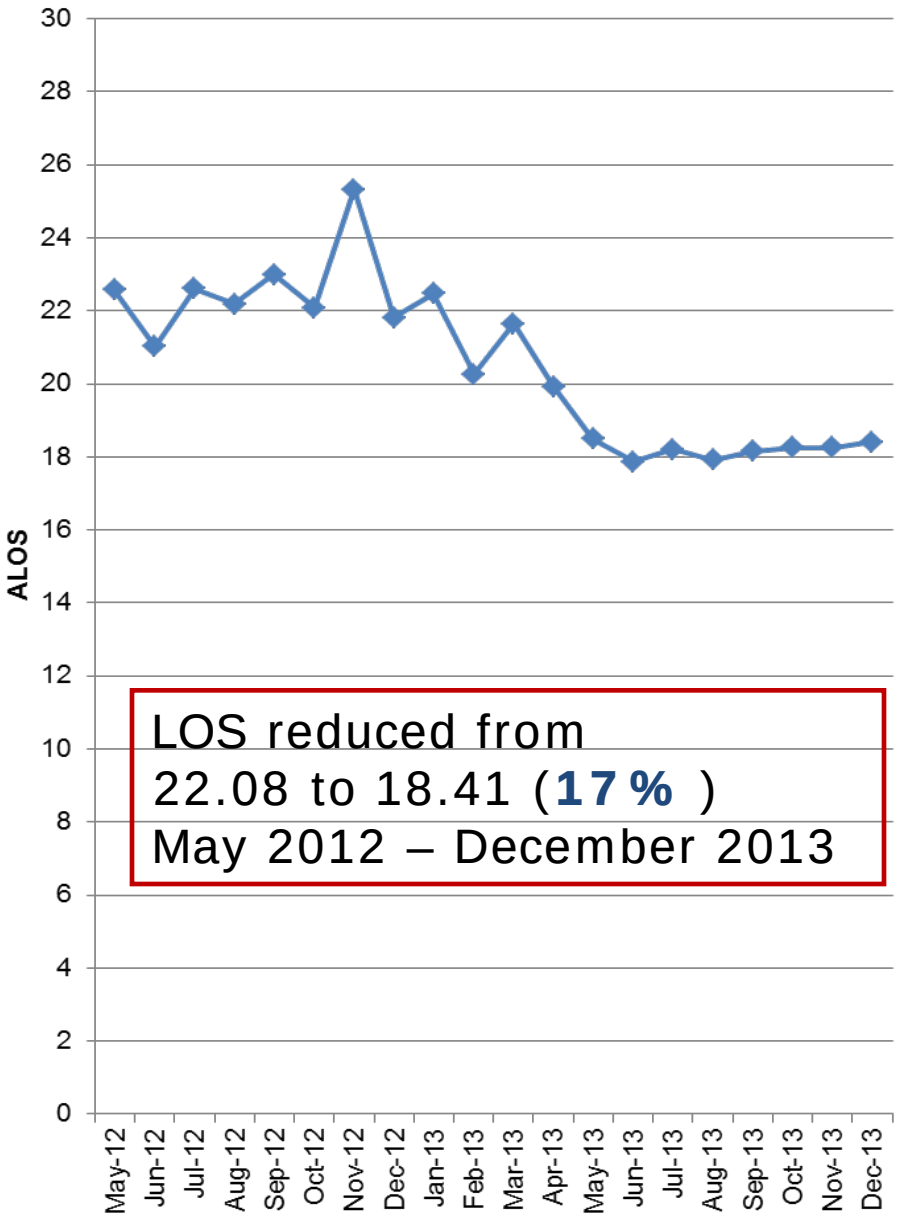
*Bed count reflects licensed capacity. Hurricane Sandy-related closures at Bellevue and Coney Island Hospitals impacted discharge and Psych Emergency Services (both CPEP and non-CPEP) volume. **Compares FY11 to FY13.

Utilization Data

Outpatient Utilization – FY 2011-FY 2013				
	FY 11	**FY12**	**FY 13***	**% Change****
Total BH Visits	889,424	867,627	797,500	-10.3%
--Mental Health Clinics	463,468	480,596	463,879	0.09%
--Chemical Dependency Clinics	153,139	135,711	115,501	-24.6%
--Methadone Programs	262,734	247,636	217,130	-17.4%
ACT Teams	50,950	52,592	52,273	2.6%

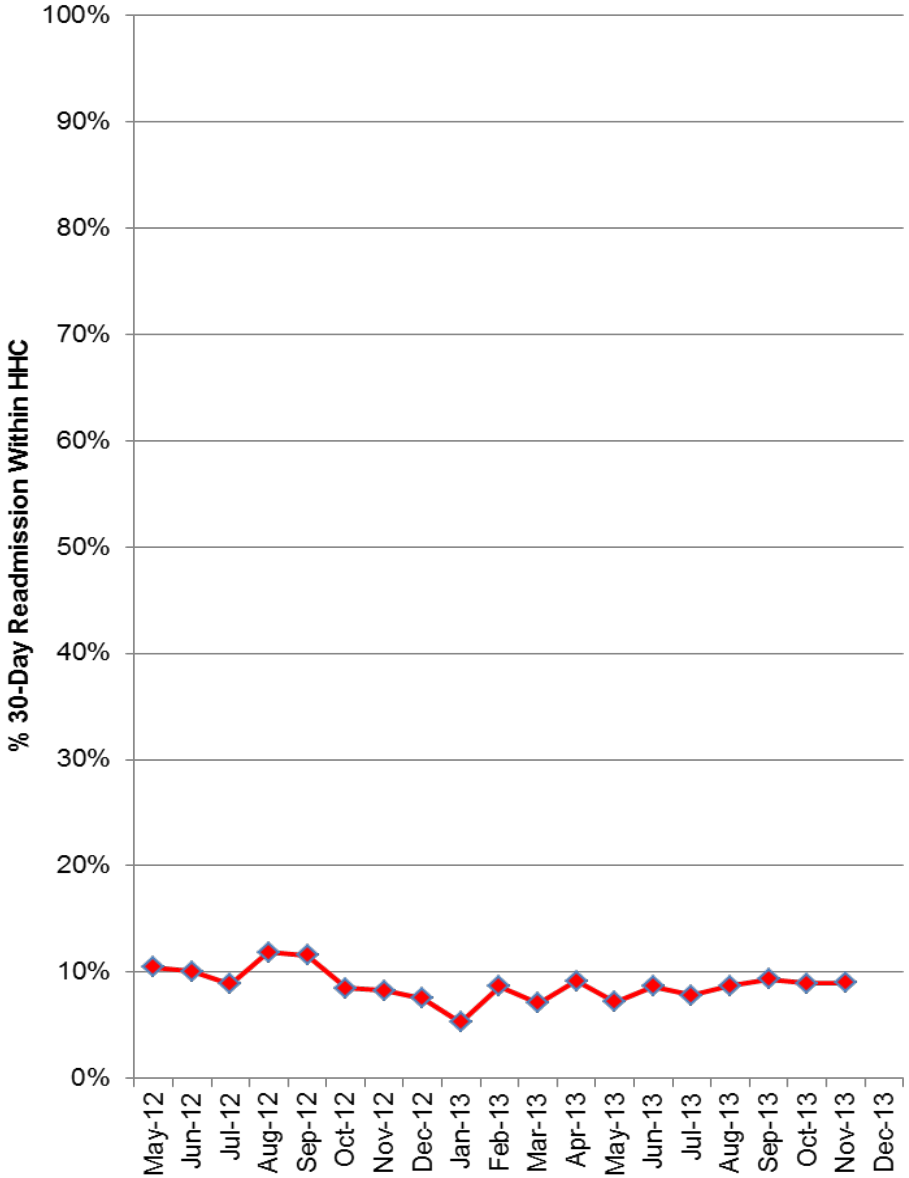
*Hurricane Sandy-related closures at Bellevue and Coney Island Hospitals impacted ambulatory BH service volume. **Compares FY11 to FY13.

HHC ALOS

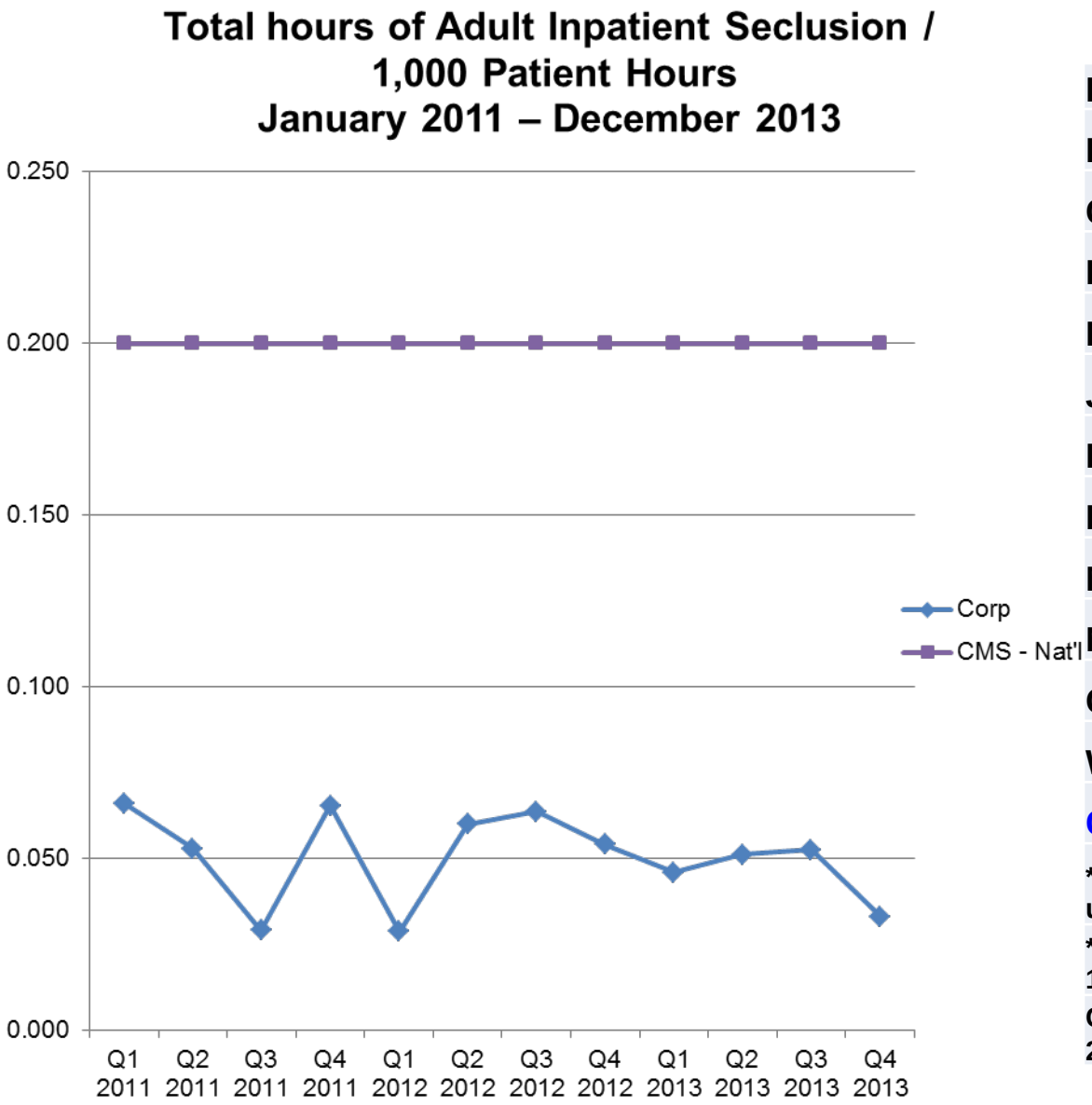


LOS reduced from 22.08 to 18.41 (**17%**)
May 2012 – December 2013

30-Day Readmission Rate within HHC



Use of Seclusion



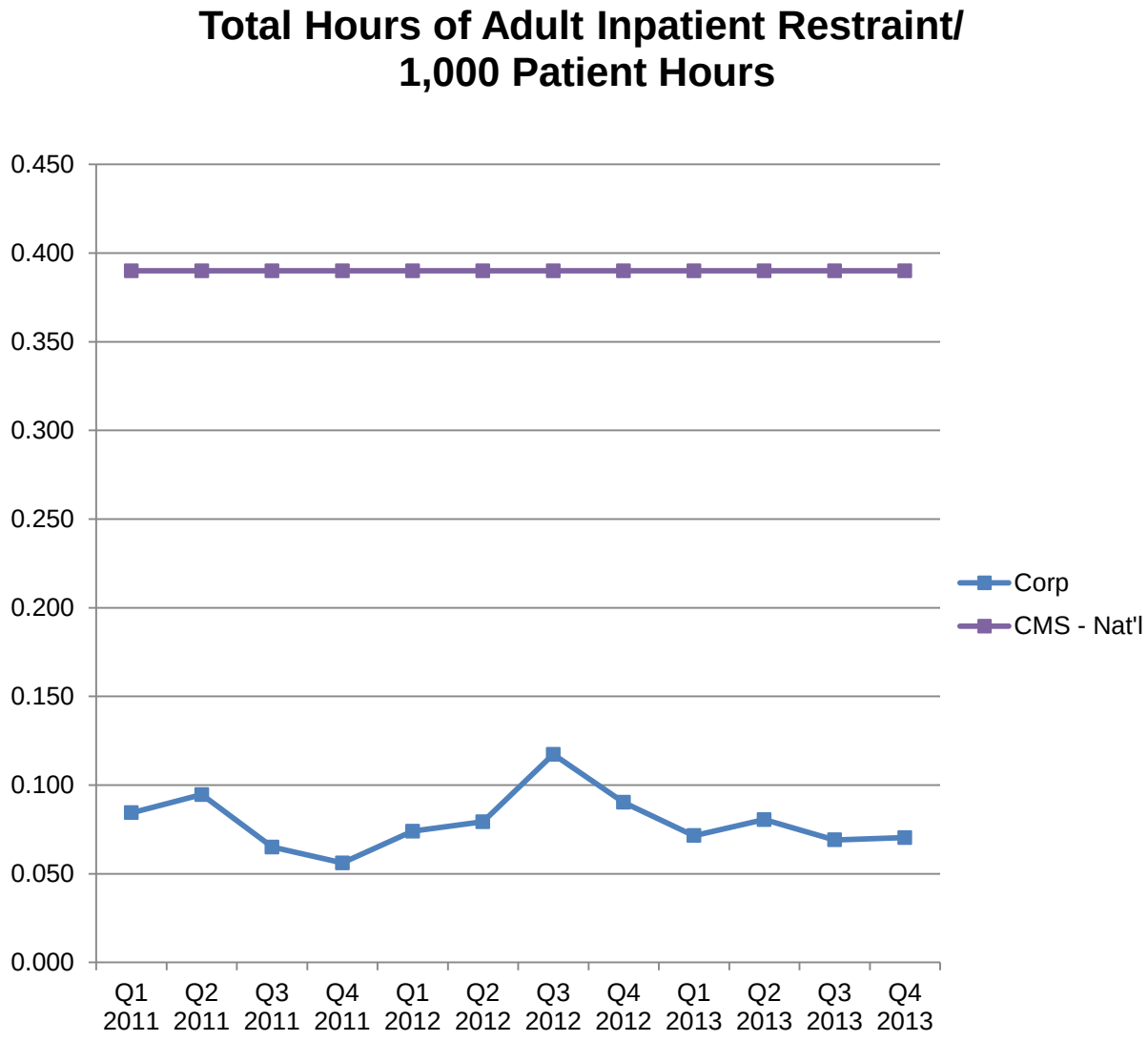
Facility	CY11	CY12	CY13**
BHC	0.024	0.042	0.048
CI	0.001	0.031	0.000
EHC	0.006	0.002	0.000
HAR*	NA	NA	NA
JMC	0.159	0.102	0.130
KCHC*	NA	NA	NA
LIN	0.204	0.069	0.216
MET	0.055	0.056	0.046
NCB	0.023	0.062	0.052
QHC	0.017	0.002	0.013
WMC	0.067	0.047	0.108
CORP	0.062	0.046	0.046

***Harlem and Kings County Hospitals do not use seclusion.**

**** Facility performance compares CY 11 to CY 13.**

CMS National rate is for Q4-2012 through Q1-2013 discharges.

Use of Physical Restraint

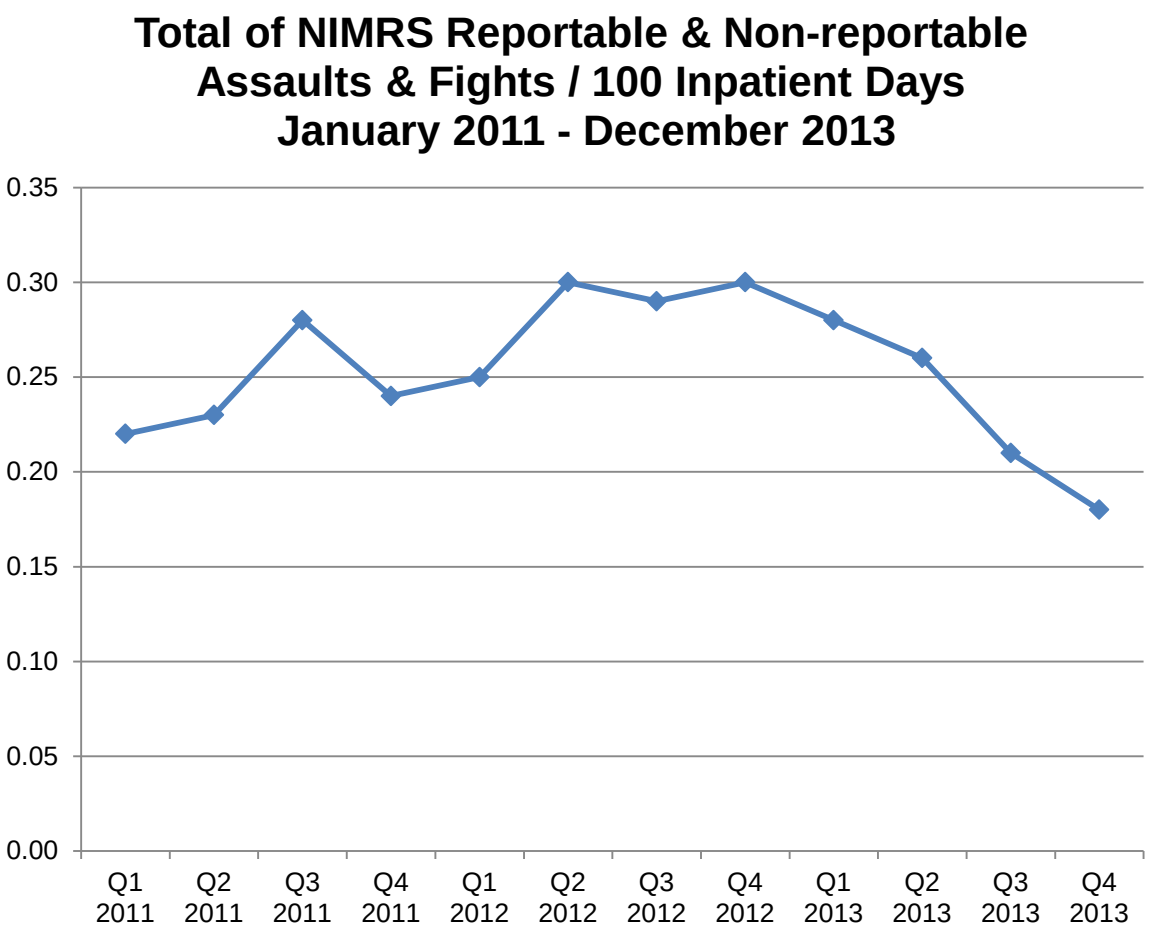


Facility	CY11	CY12	CY13*
BHC	0.074	0.047	0.069
CI	0.176	0.037	0.074
EHC	0.037	0.092	0.169
HAR	0.171	0.131	0.212
JMC	0.062	0.04	0.105
KCHC	0.229	0.165	0.105
LIN	0.000	0.000	0.000
MET	0.018	0.017	0.032
NCB	0.030	0.030	0.058
QHC	0.057	0.019	0.024
WMC	0.136	0.176	0.246
CORP	0.090	0.069	0.109

***Facility performance compares CY11 to CY13.**

CMS National rate is for Q4-2012 through Q1-2013 discharges.

Assaults and Fights

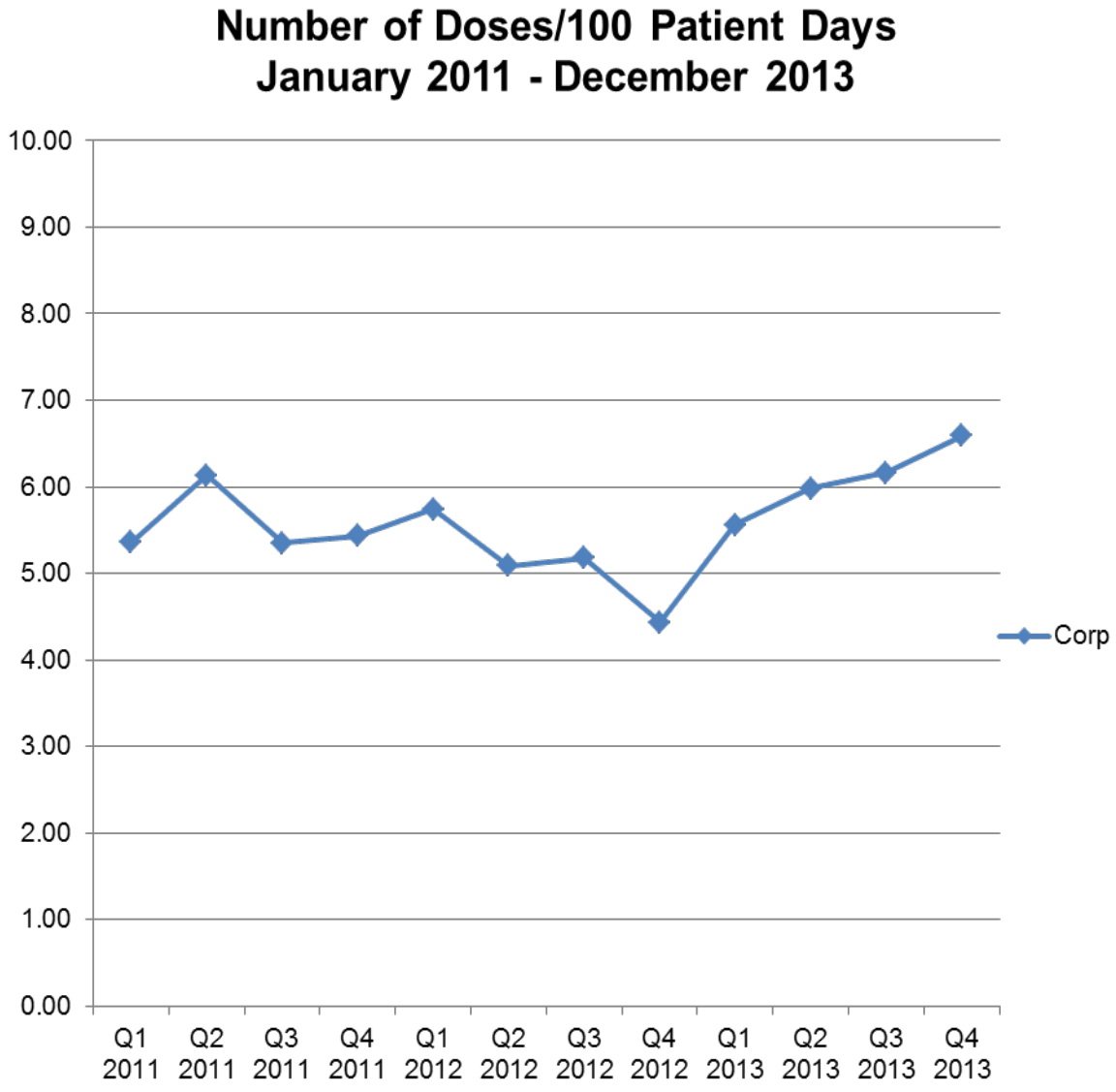


Facility	CY11	CY12	CY13*
BHC	0.15	0.23	0.21
CI	0.08	0.08	0.05
EHC	0.39	0.33	0.28
HAR	0.44	0.43	0.32
JMC	0.14	0.11	0.17
KCHC	0.34	0.62	0.40
LIN	0.30	0.30	0.24
MET	0.22	0.18	0.20
NCB	0.35	0.42	0.23
QHC	0.18	0.23	0.26
WMC	0.19	0.19	0.12
CORP	0.24	0.29	0.23

Comparison average of 0.40-0.60 aggressive incidents/100 patient days. Bowers, L. (2007). The International Journal of Social Psychiatry, 53(1), 75.

*** Facility performance compares CY11 to CY 13.**

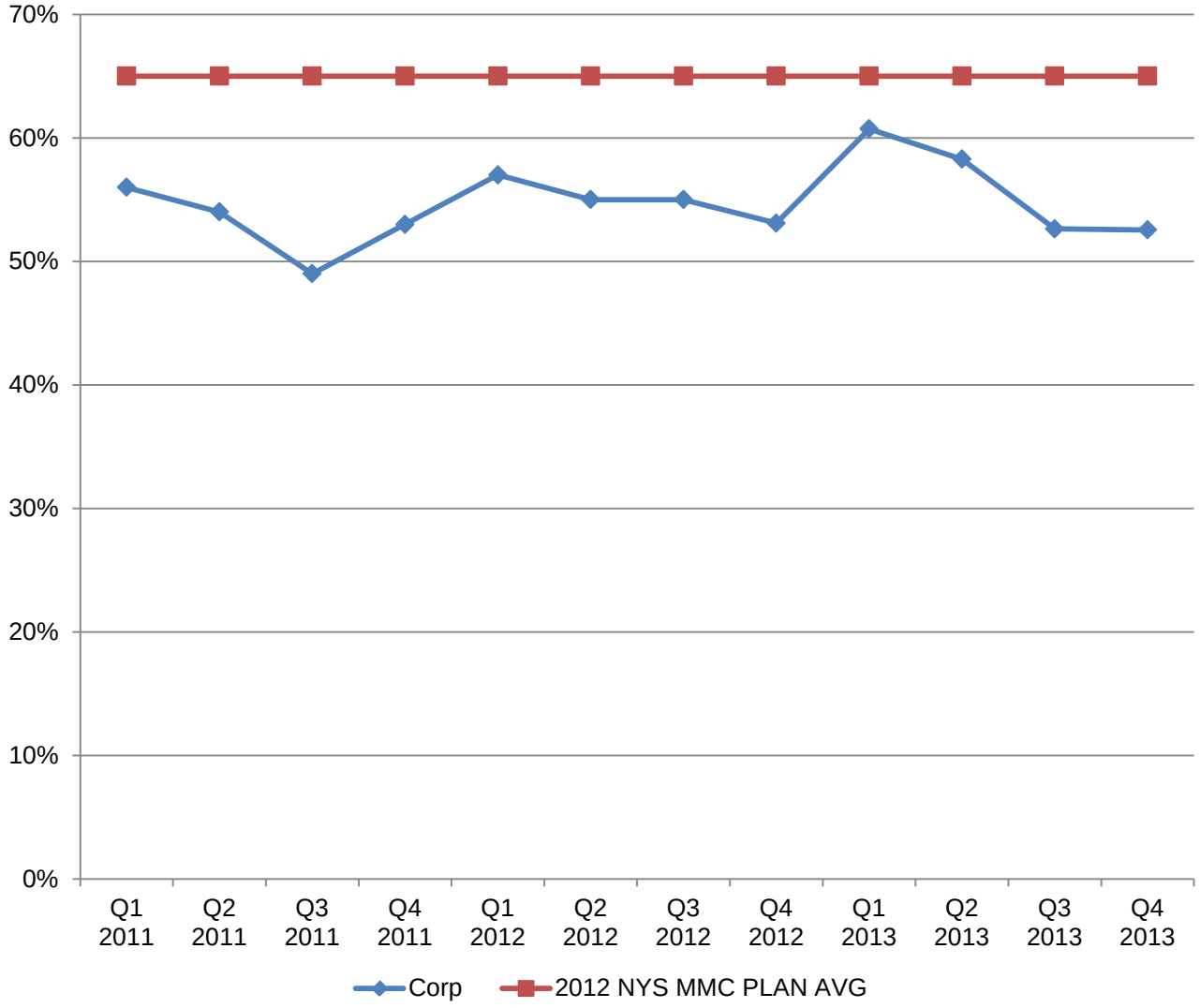
Rate of Inpatient Psych IM Medication Use



Facility	CY11	CY12	CY13*
BHC	8.25	6.65	7.74
CI	5.80	4.54	4.13
EHC	2.03	2.35	2.61
HAR	9.64	8.92	11.83
JMC	5.46	5.17	6.59
KCHC	4.77	4.09	2.61
LIN	8.63	7.86	10.42
MET	2.45	2.95	4.14
NCB	8.71	9.65	9.75
QHC	6.09	5.83	8.35
WMC	3.35	4.30	7.72
CORP	5.57	5.13	6.08

*** Facility performance compares CY 11 to CY 13.**

Continuity of Care – 1st Appointment Kept after Inpatient Stay (HHC Referrals)

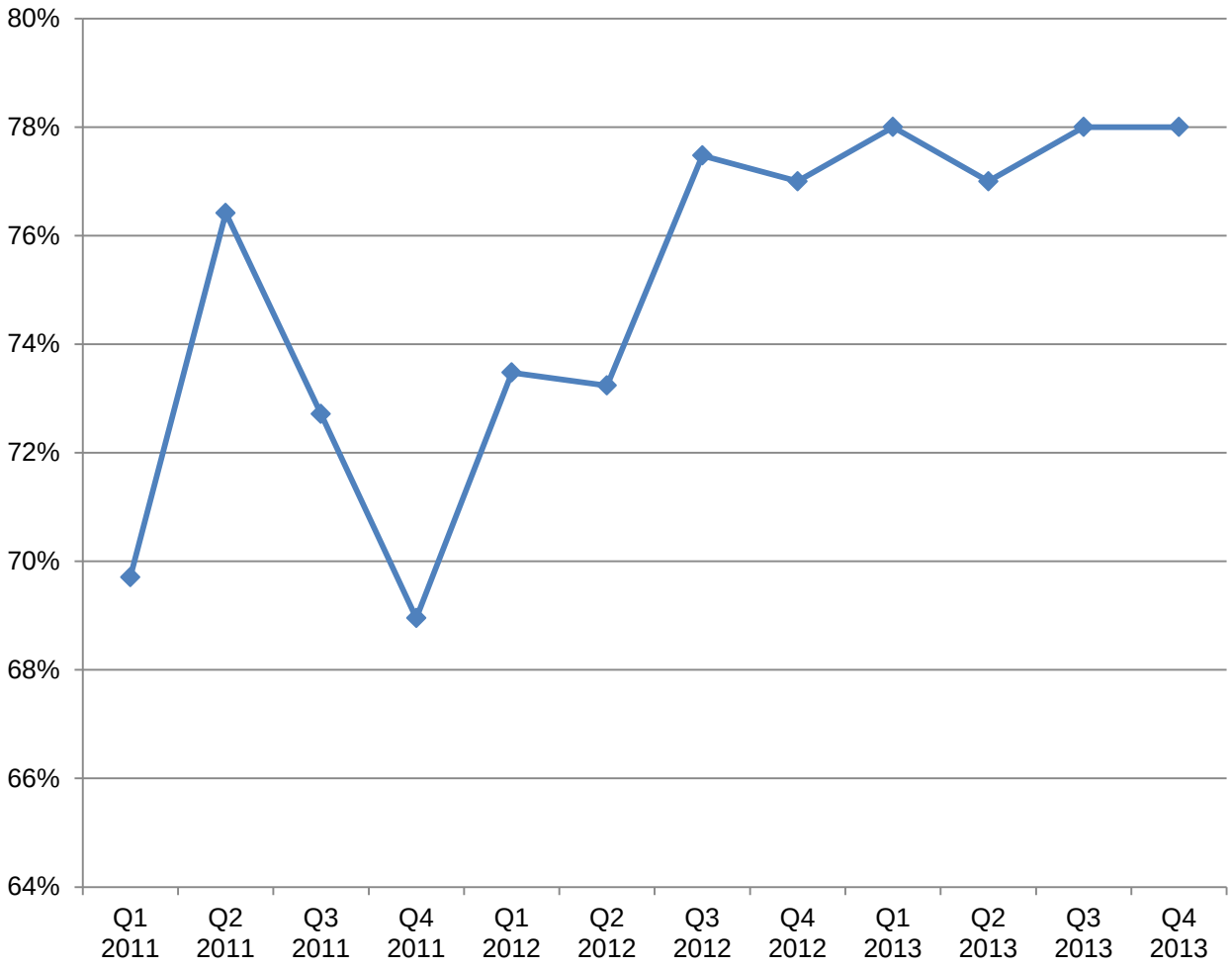


Facility	CY11	CY12	CY13*
BHC	38%	47%	52%
CI	56%	55%	61%
EHC	52%	54%	57%
HAR	65%	49%	66%
JMC	73%	74%	65%
KCHC	51%	56%	52%
LIN	56%	63%	61%
MET	33%	31%	35%
NCB	61%	59%	49%
QHC	68%	62%	60%
WMC	55%	55%	61%
CORP	54%	55%	56%

*** Facility performance compares CY 11 to CY 13.**

Detox Aftercare Met

Percentage of 1st Appointment Kept After Detox Discharge – HHC



Facility	CY11	CY12	CY13*
BHC	58%	86%	72%
CI	76%	77%	NA
HAR	69%	76%	74%
JMC	73%	69%	90%
KCHC	71%	72%	90%
MET	84%	89%	83%
QHC	76%	NA	NA
WMC	72%	64%	70%
CORP	72%	75%	78%

*** Facility performance compares CY 11 to CY 13.**

Challenges and Uncertainties

- Citywide Hospital Closures
- HARP Implementation
  - Reimbursement rates unknown
  - SDOH use of Health Homes for care management
- Ability to develop new, efficient ambulatory and crisis services including rehabilitation and recovery services, part of the 1915(i) waiver
- Underdeveloped cost accounting and cost management links with clinical management data or processes