AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: June 12th, 2014
Time: 9:30 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER	**DR. CALAMIA**
ADOPTION OF MINUTES - ***May 8, 2014***	
CHIEF MEDICAL OFFICER REPORT	**DR. WILSON**
METROPLUS HEALTHPLAN	**DR. SAPERSTEIN**
CHIEF INFORMATION OFFICER REPORT	**MR. ROBLES**
ACTION ITEMS:	
INFORMATION ITEMS:	
1. **Health Home Update**	**MRS. JOHNSTON**
2. **Transfer Center**	**MRS. JOHNSTON**
OLD BUSINESS	
NEW BUSINESS	
ADJOURNMENT	

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: May 8, 2014

ATTENDEES

COMMITTEE MEMBERS
Vincent Calamia, MD, Committee Chair
Ramanathan Raju, MD, President
Josephine Bolus, RN
Amanda Parsons, MD (representing Health Commissioner, Mary Bassett, MD, in a voting capacity)

OTHER BOARD MEMBERS
Emily A. Youssouf

HHC CENTRAL OFFICE STAFF:
Sharon Abbott, Assistant Director, Corporate Planning and HIV Services
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Janette Baxter, Senior Director, Risk Management
Jen Bender, Associate Director, Media Relations
Gary Belkin, MD, Senior Director, Office of Behavioral Health
Suzanne Blundi, Deputy Counsel, Office of Legal Affairs
Nicholas V. Cagliuso, Assistant Vice President, Office of Emergency Management
Louis Capponi, MD, Chief Medical Informatics Officer
Eunice Casey, Senior Management Consultant, Corporate Planning
Deborah Cates, Chief of Staff, Board Affairs
Maria Arias-Clarke, Assistant Director, Corporate Budget
Paul Contino, Chief Technology Officer
Nelson Conde, Senior Director, Office of Professional Service & Affiliation
Megan Cunningham, Associate Director, Accountable Care Organization
Robin Dasilva, Associate Director, Quality Performance and Innovation
Barbara Deiorio, Senior Director, Internal Communications
Christine Desrosiers, Office of Legal Affairs
Joel Font, Consultant, Enterprise IT Service (EITS)
Denise Dudley, Director/Affiliation Administrator, NYU Affiliation
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
Mark Hartman, Senior Counsel, Legal Affairs
Lauren Haynes, Assistant System Analysis, President Office
Lydia Isaac, Assistant Director HIV
Caroline Jacobs, Senior Vice President, Safety and Human Development
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Christina Jenkins, MD, Senior Assistant Vice President, Quality, Performance and Innovation
Mei Kong, Assistant Vice President, Patient Safety
Patricia Lockhart, Secretary to the Corporation
David Larish, Director Procurement, Operation
Ronald Low, MD, Senior Director, Office of Statistic and Data analysis
Katarina Madej, Director, Marketing
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Karen Mattera, Director, Office of Emergency Management
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
Praveen R. Pannala, Associate Director, Research Office
Joseph Quinones, Senior Assistant Vice President, Operations
Bert Robles, Senior Vice President, Chief Information Officer
Deborah Rose, Director, Medical and Professional Affairs
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Loru Schomp, Senior Consultant MIS
David Shi, Senior Director, Primary Car/Medical and Professional Affairs
Pat Slesarchik, Assistant Vice President of Labor Relations
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Nicholas Stine, MD Chief Medical Officer, Accountable Care Organization
Yolanda Thompson, Asst. Director, IT
Diane Toppin, Director, Acting M&PA Divisional Administrator
Steven Van Schultz, Director, IT Audits
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Rick Walker, Chief Finance Officer, North Bronx Health Network
Tony Williams, Director of Information Services

FACILITY STAFF:
Steve Alexander, Executive Director, Bellevue Hospital Center
Ernest Baptiste, Executive Director, King County Hospital Center
David Baksh, Assistant Executive Director, Queens Hospital Center
Yolanda Bruno, Medical Director, Coler-Carter Specialty Hospital
Joseph Carter, Associate Director, Bellevue Hospital Center
Chris Constantino, Senior Vice President, Queens Health Network
Elizabeth Gerdts, Chief Nurse Executive, North Central Bronx Hospital
Robert Hughes, Executive Director, Coler –Carter Specialty Hospital
George Leconte, Assistant Executive Director, Queens Hospital Center
John Maese, MD, Medical Director, Coney Island Hospital Center
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Seth Marine, Coordinating Manager, Bellevue Hospital Center
Ellen O'Connor, Chief Nurse Executive, Jacobi Medical Center
Lillian Rodriquez, Finance Associate Director, Bellevue Hospital Center
Richard Stone, MD Medical Director Metropolitan Hospital
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Anushka Dufresne, Special Assistant to the President, MetroPlus Health Plan
Marie Elivert, Senior Assistant Executive Director, Queens Hospital Center
Rajiv Pant, MD, Assistant Medical Director, Woodhull Medical and Mental Health Center
Denise Soares, Senior Vice President, Generations+/No. Manhattan Network, Harlem Hospital Center
Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island Network
Marcellus Walker, MD Medical Director East New York D&TC
Meryl Weinberg, Executive Director, Metropolitan Hospital
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
Gerald Cohen, MD NYC Department of Mental Health
Richard McIntyre, Siemens
Thomas J. Petrone, President of Petrone Associates Medical Physicists
Samantha ReBurne, Assistant Administrator, NYU
Lori Schomp, OMB

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, May 8, 2014

Dr. Calamia, Chair of the Committee, called the meeting to order at 12:00 noon. The minutes of the April 10, 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 Doctors Day Celebration
On May 1st, HHC recognized 23 physicians who were nominated as honorees by their facilities. Award presentation was performed by Dr Raju at our Doctors Day celebration at Baruch College. Honorees were well supported by executive leadership from their facilities, especially from Chief Nurse Executives. The honorees will have a presence on the HHC intranet site in the near future.

HHC ACO
CMS has confirmed that we have successfully met all 2013 ACO reporting requirements and will not be subject to audit.
In an effort to improve our provision of actionable quality performance data, the ACO is collaborating with IT partners to produce facility-level reports at least quarterly on all ACO measures that can be reliably queried from the clinical data warehouse. The first round of facility-level data will be distributed this month. Based on a retrospective review pilot of 2013 high-utilizers carried out at each hospital and D&TC, facility leadership are currently implementing a process of ACO High-Risk Patient Reviews. At these standing meetings, an interdisciplinary team reviews quality and utilization data on their most vulnerable patients, develops care plans, and tracks progress toward performance measures. These discussions will guide any improvements in care coordination or care management that may be helpful to these patients.

Teen Health Program
HHC held its first HHC Teen Health Improvement Conference on April 9, with 134 attendees from across HHC and key external partners in the field of teen health and wellness. Presenters focused on the social, cultural, and biological determinants of health in teens as well best practices for attracting and retaining teens in care, and shared best practices for quality of care.

The Teen Health program received confirmation for a continuation of funding for FY '15, and attracted a CTSI grant to study the impact of physician training with standardized patients on "real" patient satisfaction, engagement and commitment to effective contraception

Pediatric Obesity
Childhood obesity prevalence and screening data reports are now being generated and shared with our pediatric practices. The corporate-wide screening rate is 97.9% and is consistent across all age groups and sites. HHC-wide obesity rate is 21.0% (ranging from 18.6 at CIH to 24.5 at Belvis. The observed HHC "overweight plus obese" was 38.7%, ranging from 34.8% at Harlem to 41.7% at Belvis**.**

We are now developing reports to identify high risk patients who have not been seen for follow-up on their weight in over 6 months. In addition, on-site training in healthy weight counseling, including motivational interviewing, for all clinical pediatric staff across HHC is occurring across HHC. The goal is for every child to have personalized goals in line with the 5-2-1-0 targets (5 fruits/vegetables per day, 2 hours or less screen time, 1 hour or more physical activity, and zero sugary drinks including juice). Article VI funding is being used to provide patient tools such as scales and pedometers at all HHC facilities.

Hospital-Medical Home Demonstration Award
The NYS Hospital-Medical Home Demonstration Award is the most recent extension to the Partnership Plan 1115 Waiver. The purpose of the program is to support teaching hospitals as they improve coordination, continuity, and quality of care for Medicaid beneficiaries by transforming their outpatient primary care training sites into high quality Patient-Centered Medical Homes and make other inpatient quality and safety improvements. Award funds are distributed based on the successful completion of program milestones and the approval of quarterly reports. As part of the NYS HMH Demonstration Award, HHC has been awarded a total of $95 million dollars over 3 years. In addition to the $37.8 million received as part of year one (2013) funding, HHC received an additional $7.18 million in April 2014 representing 25% of year 2 funding. Funds are being directed to support our ambulatory

transformation, ranging from PCMH models for primary care, to integration of behavioral health into primary care, such as the Collaborative Care program.

As part of this award, HHC published a guide "Implementing a PCMH Curriculum in a Teaching Practice", with the objective to strengthen residency integration in the PCMH. The guide was developed by workgroup of residency program leaders from 6 HHC sites - Harlem, Bellevue, Woodhull, Jacobi, and Metropolitan in collaboration with GNYHA. The guide will be launched at a symposium GNYHA is holding on May 7th, 2014 in conjunction with NYS DOH.
HHC has received NCQA PCMH Level 3 re-certification for 11 hospitals, 6 D&TCs and 17 CHCs. This has allowed us to collect an additional $10.77 million (YTD for FY 14) through the NYS Medicaid PCMH Incentive payments program.

May is Mental Health Month
In recognition of this, we would like to thank all of our workforce for the work you do to further the science and treatment of mental health disorders. Every day we hear about new and innovative interventions that you are doing to help patients and their families toward recovery. From "front line" staff to clinical leaders, to administrators, we have seen the commitment you have to help people have healthier and more productive lives. Our deepest regards and respect for the work you do.

Also to the patients, families and care givers who struggle daily to manage their mental health disorders, we recognize how difficult it is sometimes to cope with daily life, let alone in tandem with other chronic illnesses as well. We applaud their courage, commitment and strength as they work toward improved mental and physical health.

Retirement of Corporate Chemical Dependency Leader
Mr. Peter Coleman Senior Director will retire at the end of this month after a 31 year Career in Chemical Dependency Services, with the last 15 years at HHC. Mr. Coleman has lead activities to standardize care policies, implemented and published about HHC's use of Contingency Management, and supported the transition to TJC Opioid Accreditation. HHC is recognized by OASAS as a leader in creating a more recovery oriented system and our work in moving toward more ambulatory detox services. Mr. Coleman served on the Governor's Substance Abuse Advisory Council and Chaired several provider organizations Board's including COMPA and ASAP. He will be missed.

Gage Award
The Gage Awards Program – named after NAPH (now America's Essential Hospitals) founder and champion for vulnerable populations, Larry S. Gage – honors and shares the outstanding work of NAPH members. Winners are recognized for successful and creative programs that boost patient care and meet community needs.

HHC received an honorable mention in the Gage awards for our work in CLABSI reduction (CY 2012). Our work will be included as a "remarkable project" in the 2014 awards ceremony and published materials.

Nurse Recognition Week
This week is nurse recognition week, with many facility level events supported by local leadership and the Corporate Chief Nurse Executive, Ms Lauren Johnston. This is an important opportunity to thank our many dedicated and expert nurses for the vital work that they do every single day for our patients.
The film "The American Nurse" will be showing at a local theater for staff on May 19 & 20
http://www.youtube.com/watch?v=whnsMbl7KJ0

METROPLUS HEALTH PLAN, INC.

Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan Inc. presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of April 28th, 2014 was 443,255. Breakdown of plan enrollment by line of business is as follows:

Medicaid	361,705
Child Health Plus	11,593
Family Health Plus	24,542
MetroPlus Gold	3,332
Partnership in Care (HIV/SNP)	5,272
Medicare	8,022
MLTC	511
QHP	27,792
SHOP	486

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.

In regards to the New York State of Health Marketplace (NYSoH), over 1.3 million consumers have completed their applications and 949,428 have enrolled for coverage since the launch of the Marketplace on October 1, 2013. More than 70 percent of those who have enrolled to date were uninsured at the time of application. With the exception of individuals who took steps to enroll prior to the March 31 deadline yet require assistance to complete their enrollment, only those individuals and families who qualify for a Special Enrollment Period will be able to enroll in coverage until November of 2014. Special Enrollment Period qualifying events include getting married or divorced, gaining a dependent, losing employer insurance, or permanently moving into New York State. Individuals and families who do not qualify for a Special Enrollment Period will not be able to enroll in coverage until the next open enrollment period, which begins on November 15, 2014 for coverage starting on January 1, 2015. Consumers eligible for Medicaid and all children can enroll for coverage through NY State of Health at any time during the year.

As of April 28th, 2014, MetroPlus has received over 56,000 completed Qualified Health Plan applications and have over 39,500 paid individual and SHOP members. We have also added almost 36,000 new Medicaid and Child Health Plus members, who enrolled through the Exchange website. This 92,000 member enrollment is approximately 10% of the state's enrollment, to a plan that operates in only four counties.

In April, the NYSoH and the Department of Financial Services (DFS) formally issued the invitation to Health Plans to participate on the Exchange in 2015. Most of the provisions from 2014 will remain, with some changes. For out of network, the requirements for 2015 QHPs will match the 2014 requirements. Plans only have to offer an Out Of Network (OON) option on the Marketplace if they are offering an OON product in the individual and/or small business market.

The 2014-15 NYS budget, approved in March, protects consumers from surprise costs and sets up an arbitration process that removes the consumer from billing disputes between out-of-network doctors and health insurers.

Also, the New York State of Health Marketplace has changed the deductible and out of pocket cap for the Silver product (200-250% FPL), lowering the deductible to $1,200 from $1,500 and increasing the Maximum Out Of Pocket (MOOP) cost to $5,200 from $4,000. MetroPlus product pricing has been underway for the last month, and the MetroPlus team has already begun finalizing the model language for our product offerings. Responses to the invitation are due on June 1st, 2014 and we fully anticipate being able to meet the deadline.

In March, MetroPlus expanded its marketing presence to three New York area malls. MetroPlus marketing representatives are marketing MetroPlus products in Green Acres Mall, Queens Center Mall and Kings Plaza Mall. To date, the teams at these malls have submitted 1,449 applications for new members. In addition, over 193 leads for new members have been generated at these new mall sites. The response has been very positive at the malls, and I am pleased that this pilot has proven to be fruitful.

As I reported last month, MetroPlus has been in the process of preparing for the response for the New York State Department of Health (NYSDOH) formal Request for Qualifications (RFQ) for the Health and Recovery Plans (HARP). As I stated to the

committee, I wanted to report on our progress and outline the timeline around the process. In preparation, MetroPlus released a Request for Proposals (RFP) for administrative BHO services on April 10th, 2014. Responses from vendors are due on May 5th, 2014, and we will select a vendor by May 15th, 2014. Final response to the RFQ is due on June 6th, 2014.

ACTION ITEMS:

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of the Affiliation Agreement with the New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Bellevue Hospital Center ("Bellevue") and Gouverneur Healthcare Services ("Gouverneur") for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement.

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of the Affiliation Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care Health Services at Coler Specialty Hospital and Nursing Facility ("Coler") and Henry J. Carter Specialty Hospital and Nursing Facility ("Carter"),for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement.

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an extension of Affiliation Agreement with the New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Woodhull Medical and Mental Health Center ("Woodhull") and Cumberland Diagnostic and Treatment Center ("Cumberland") for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement.

The above resolutions presented by Mr. Antonio Martin, Executive Vice President/Chief Operating Officer was approved under one motion to be consideration by the full Board of Directors.

INFORMATION ITEM:

Performance Improvement, Business Analytics and
QuadraMed Data Migration Strategy

Paul Contino provided an update on the Business Intelligence Platform. Highlights of his presentation included the following; Major Deliverables: Installation and Configuration of all Hardware and Software; Design, Setup and Configuration of Data Extraction process; Acquired key skill sets to support team; Extensive Training of the IT staff on the new platform; Electronic Business Glossary; Data Quality/Profiling "active" for new projects; Phased data loads into the Healthcare Data Warehouse (HDW); Patient demographics; Provider; Organization (location-facility) information; Standard Code Sets (Procedure, Diagnosis, Drug); Encounters – initially for "active patients" – then historical loads; Lab results (some); Diagnosis /Procedures; Setup and Design of Presentation Portal.

There being no further business, the meeting was adjourned at 2:30 pm.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
June 12th, 2014

Total plan enrollment as of May 30th, 2014 was 466,480. Breakdown of plan enrollment by line of business is as follows:

Medicaid	368,976
Child Health Plus	11,908
Family Health Plus	22,724
MetroPlus Gold	3,362
Partnership in Care (HIV/SNP)	5,227
Medicare	8,134
MLTC	540
QHP	44,989
SHOP	620

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.

As of May 30th, 2014, MetroPlus has over 46,000 paid individual and SHOP members. We have also added over 45,000 new Medicaid and Child Health Plus (CHP) members, who enrolled through the Exchange website. This 91,000 member enrollment is approximately 10% of the state's exchange enrollment, to a plan that operates in only four counties. While the addition of 45,000 Medicaid and CHP is positive, there are technical issues with auto-assignment through New York State Of Health (NYSOH). The Department of Health (DOH) has acknowledged issues with auto-assignment for individuals enrolling through NYSOH. Health plans have not received the appropriate proportions of auto-assignments, and some plans that did not qualify to receive members based on their quality performance have received auto-assignments. Some individuals have been assigned to plans that do not participate in their counties, as well. DOH will attempt to rectify the situation moving forward and ensure that plans eventually receive the correct proportion of auto-assignees that they should have initially received, but offered no estimated date or details on the solution.

This month, key MetroPlus staff members have been preparing for the submission of the MetroPlus Qualified Health Plans application for the New York State of Health, due June 13th, 2014. During the week of May 19th, 2014, the Department of Financial Services (DFS) released template notices that insurers should use when drafting initial notices of proposed rate increases that must be sent to policyholders at the time an insurer submits a rate adjustment application to DFS. This notice, required by New York's prior approval law, informs consumers of the proposed rate adjustments and directs policyholders where they can get more information about the proposed rate adjustment and how they can submit comments to DFS. At this point, notices will need to be sent to policyholders no later than June 13, 2014.

Also in May, the MetroPlus Quality Management (QM) Department has been has been focused on HEDIS/QARR data collection. Data has been collected, entered, and reviewed across HHC and non-HHC locations over the past 3 months. The MetroPlus QM department completed reviews for approximately 13,000 medical records. Additionally, the QM department successfully passed the HEDIS audit in collaboration with many other MetroPlus departments. The HEDIS audit is completed on a yearly basis by an outside party to ensure that the plan is meeting all the necessary NCQA data collection requirements and standards. Also, significant progress has been made towards the improvement of MetroPlus Medicare Star Ratings. The most significant effort was the execution of the Medication Adherence Program (MAP). MAP is an outreach campaign aimed at improving member's medication adherence in the areas of anti-hypertensive medications, oral diabetic medications and statin medications that began in May and continues through August 2014. In addition to the MAP, work also began on a high touch telephonic campaign to our membership. The high touch member campaign aims to improve the member experience and prevent issues before they arise.

As I have reported previously, in order to meet the comprehensive requirements of the Health and Recovery Plan (HARP) for the severely mentally ill population as well the additional requirements to assume behavioral health coverage for the previously carved out SSI population, we have done an RFP for a Behavioral Health Organization to assist us in meeting these requirements. We received four responses to our RFP, and the vendor that was chosen was Beacon. The contract will be brought to the MetroPlus Board of Directors on June 10th and to the HHC Board of Directors on June 26th.

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

May-2014

		Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
Total Members	Prior Month	424,713	421,368	421,684	432,790	431,918	435,496	445,532
	New Member	13,451	15,352	33,059	15,966	19,606	28,444	38,359
	Voluntary Disenroll	2,436	2,605	2,005	1,118	1,850	2,128	201
	Involuntary Disenroll	14,360	12,431	19,948	15,720	14,178	16,280	17,210
	Adjusted	5	-5	-17	-28	357	1,335	0
	Net Change	-3,345	316	11,106	-872	3,578	10,036	20,948
	Current Month	421,368	421,684	432,790	431,918	435,496	445,532	466,480
Medicaid	Prior Month	362,247	359,254	359,406	364,069	360,003	358,630	362,927
	New Member	10,837	12,567	17,626	10,001	11,858	18,338	19,965
	Voluntary Disenroll	2,034	2,194	1,563	704	1,548	1,803	16
	Involuntary Disenroll	11,796	10,221	11,400	13,363	11,683	12,238	13,900
	Adjusted	9	-1	-14	-10	362	1,224	0
	Net Change	-2,993	152	4,663	-4,066	-1,373	4,297	6,049
	Current Month	359,254	359,406	364,069	360,003	358,630	362,927	368,976
Child Health Plus	Prior Month	12,186	12,094	12,064	11,894	11,648	11,567	11,621
	New Member	434	476	299	215	342	456	772
	Voluntary Disenroll	29	26	34	18	25	37	49
	Involuntary Disenroll	497	480	435	443	398	365	436
	Adjusted	0	0	0	-4	-9	28	0
	Net Change	-92	-30	-170	-246	-81	54	287
	Current Month	12,094	12,064	11,894	11,648	11,567	11,621	11,908
Family Health Plus	Prior Month	33,825	33,430	33,508	26,498	26,487	26,228	24,583
	New Member	1,696	1,858	1,103	1,147	1,218	1,016	198
	Voluntary Disenroll	207	212	147	31	120	122	0
	Involuntary Disenroll	1,884	1,568	7,966	1,127	1,357	2,539	2,057
	Adjusted	0	1	2	-2	10	41	0
	Net Change	-395	78	-7,010	-11	-259	-1,645	-1,859
	Current Month	33,430	33,508	26,498	26,487	26,228	24,583	22,724

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

May-2014

		Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
HHC	Prior Month	3,324	3,320	3,324	3,544	3,338	3,350	3,376
	New Member	26	38	237	30	28	41	8
	Voluntary Disenroll	0	0	1	181	0	0	0
	Involuntary Disenroll	30	34	16	55	16	15	22
	Adjusted	-3	-3	-2	-4	6	44	0
	Net Change	-4	4	220	-206	12	26	-14
	Current Month	3,320	3,324	3,544	3,338	3,350	3,376	3,362
SNP	Prior Month	5,409	5,359	5,326	5,315	5,318	5,307	5,275
	New Member	70	74	82	84	69	87	56
	Voluntary Disenroll	30	41	25	22	26	40	0
	Involuntary Disenroll	90	66	68	59	54	79	104
	Adjusted	-1	-1	-1	1	-1	2	0
	Net Change	-50	-33	-11	3	-11	-32	-48
	Current Month	5,359	5,326	5,315	5,318	5,307	5,275	5,227
Medicare	Prior Month	7,305	7,478	7,612	7,863	7,957	8,026	8,019
	New Member	355	298	531	286	254	281	331
	Voluntary Disenroll	129	107	221	126	122	125	136
	Involuntary Disenroll	53	57	59	66	63	163	80
	Adjusted	0	-1	-1	-1	-2	-5	0
	Net Change	173	134	251	94	69	-7	115
	Current Month	7,478	7,612	7,863	7,957	8,026	8,019	8,134
Managed Long Term Care	Prior Month	417	433	444	465	477	510	514
	New Member	33	41	39	28	44	16	38
	Voluntary Disenroll	7	25	14	11	8	0	0
	Involuntary Disenroll	10	5	4	5	3	12	12
	Adjusted	0	0	-1	0	2	3	0
	Net Change	16	11	21	12	33	4	26
	Current Month	433	444	465	477	510	514	540

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

May-2014

		Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14
QHP	Prior Month	0	0	0	13,044	16,375	21,449	28,723
	New Member	0	0	13,044	3,957	5,679	8,131	16,845
	Voluntary Disenroll	0	0	0	25	1	1	0
	Involuntary Disenroll	0	0	0	601	604	856	579
	Adjusted	0	0	0	-8	-11	-2	0
	Net Change	0	0	13,044	3,331	5,074	7,274	16,266
	Current Month	0	0	13,044	16,375	21,449	28,723	44,989
SHOP	Prior Month	0	0	0	98	315	429	494
	New Member	0	0	98	218	114	78	146
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	1	0	13	20
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	98	217	114	65	126
	Current Month	0	0	98	315	429	494	620

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 05/14/2014

Other Plan Name	Category	2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		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	5	3	116	0	5	0	2	0	2	1	3	1	5	1	1	1	2	0	3	0	0	1	2	154
	VOLUNTARY	0	2	2	0	0	0	0	1	0	2	0	1	1	0	0	0	0	0	0	0	1	0	0	0	10
	TOTAL	0	7	5	116	0	5	0	3	0	4	1	4	2	5	1	1	1	2	0	3	1	0	1	2	164
Affinity Health Plan	INVOLUNTARY	1	10	0	3	1	2	0	0	0	1	1	2	0	3	0	4	3	29	0	2	1	10	11	78	162
	VOLUNTARY	12	108	12	113	13	76	16	113	15	118	14	125	14	100	9	77	7	52	10	78	10	104	0	0	1,196
	TOTAL	13	118	12	116	14	78	16	113	15	119	15	127	14	103	9	81	10	81	10	80	11	114	11	78	1,358
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	3	33	0	13	0	9	6	9	2	2	0	11	0	7	4	5	4	55	0	3	0	13	11	162	352
	VOLUNTARY	15	208	27	234	12	177	17	221	18	170	18	189	11	219	15	160	1	74	9	143	6	181	0	0	2,125
	TOTAL	18	241	27	247	12	186	23	230	20	172	18	200	11	226	19	165	5	129	9	146	6	194	11	162	2,477
BC/BS OF MNE	INVOLUNTARY	2	5	0	206	2	4	1	5	0	8	0	6	0	5	2	1	0	4	0	5	0	2	0	6	264
	VOLUNTARY	1	4	1	1	0	0	0	4	0	0	0	0	0	2	0	1	0	0	1	1	0	1	0	0	17
	TOTAL	3	9	1	207	2	4	1	9	0	8	0	6	0	7	2	2	0	4	1	6	0	3	0	6	281
CIGNA	INVOLUNTARY	0	3	0	322	1	5	0	2	0	1	0	4	0	3	0	1	1	4	0	2	0	2	0	2	353
	VOLUNTARY	1	2	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	0	0	6
	TOTAL	1	5	0	322	1	5	0	2	0	1	0	4	0	5	0	1	1	4	1	2	0	2	0	2	359
Fidelis Care	INVOLUNTARY	8	52	0	10	1	17	0	11	0	14	1	5	0	8	2	6	19	191	0	15	0	34	49	418	861
	UNKNOWN	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	3
	VOLUNTARY	70	530	92	672	67	495	55	669	43	468	60	534	71	577	40	424	8	162	40	404	34	454	0	0	5,969
	TOTAL	78	582	92	683	68	512	55	681	43	482	61	539	71	585	42	430	27	354	40	419	34	488	49	418	6,833
GROUP HEAL	INVOLUNTARY	0	6	0	132	2	4	0	1	1	2	0	5	0	0	0	0	0	6	0	5	0	0	0	1	165

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 05/14/2014

		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		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	0	1	0	0	1	1	1	0	0	0	0	0	0	0	0	1	0	0	1	0	1	1	0	0	8
	TOTAL	0	7	0	132	3	5	1	1	1	2	0	5	0	0	0	1	0	6	1	5	1	1	0	1	173
Health First	INVOLUNTARY	10	66	1	31	1	14	0	21	2	11	1	11	6	15	0	15	32	308	1	18	0	56	40	665	1,325
	UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	70	812	92	1,050	57	769	75	1,052	75	768	71	834	84	902	58	596	8	275	46	633	48	754	0	0	9,129
	TOTAL	80	878	93	1,081	58	783	75	1,074	77	779	72	845	90	917	58	611	40	583	47	651	48	810	40	665	10,455
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	6	0	157	0	0	0	3	3	3	1	1	1	0	0	0	0	2	1	1	0	2	0	1	182
	VOLUNTARY	1	2	0	0	1	1	1	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
	TOTAL	1	8	0	157	1	1	1	5	3	4	1	1	1	0	0	0	0	2	1	1	0	2	0	1	191
HIP/NYC	INVOLUNTARY	0	4	0	3	0	5	0	0	0	2	0	2	0	3	0	4	1	33	1	2	0	12	4	58	134
	VOLUNTARY	9	71	4	66	5	71	8	88	6	68	8	75	11	74	4	74	2	39	2	55	5	81	0	0	826
	TOTAL	9	75	4	69	5	76	8	88	6	70	8	77	11	77	4	78	3	72	3	57	5	93	4	58	960
OXFORD INSURANCE CO.	INVOLUNTARY	0	2	0	45	0	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	0	0	0	2	53
	VOLUNTARY	0	0	0	1	1	0	2	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	0	0	7
	TOTAL	0	2	0	46	1	0	2	1	0	1	0	2	0	1	0	1	0	0	0	0	0	1	0	2	60
UNION LOC. 1199	INVOLUNTARY	0	3	0	232	1	5	0	10	0	5	3	3	0	2	0	5	7	21	0	5	2	3	4	11	322
	UNKNOWN	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	7	11	11	13	10	19	10	26	5	15	12	14	5	8	9	7	0	0	1	12	5	18	0	0	218
	TOTAL	7	14	11	245	11	25	10	36	5	20	15	17	5	10	9	12	7	21	1	17	7	21	4	11	541
United Health	INVOLUNTARY	2	29	1	343	1	10	0	8	0	12	0	6	0	3	1	10	1	46	0	5	0	15	3	80	576

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 05/14/2014

		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		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	
United Healthcare of NY	VOLUNTARY	18	110	5	141	8	112	8	119	13	79	9	84	8	102	8	75	2	30	3	99	8	81	0	1	1,123
	TOTAL	20	139	6	484	9	122	8	127	13	91	9	90	8	105	9	85	3	76	3	104	8	96	3	81	1,699
Wellcare of NY	INVOLUNTARY	7	32	2	5	0	1	0	6	1	8	1	6	0	7	1	6	3	14	0	0	0	13	1	11	125
	VOLUNTARY	2	28	3	30	3	18	0	29	0	22	7	20	3	39	0	23	2	9	3	15	1	20	0	0	277
	TOTAL	9	60	5	35	3	19	0	35	1	30	8	26	3	46	1	29	5	23	3	15	1	33	1	11	402
Disenrolled Plan Transfers	INVOLUNTARY	33	256	7	1,618	10	81	7	78	9	72	9	67	8	61	11	59	72	715	3	66	3	162	124	1,497	5,028
	UNKNOWN	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	5
	VOLUNTARY	206	1,889	249	2,321	178	1,739	193	2,325	175	1,711	199	1,876	208	2,026	143	1,438	30	641	117	1,440	119	1,696	0	1	20,920
	TOTAL	239	2,145	256	3,940	188	1,821	200	2,405	184	1,783	208	1,943	216	2,087	154	1,497	102	1,357	120	1,506	122	1,858	124	1,498	25,953
Disenrolled Unknown Plan Transfers	INVOLUNTARY	3	93	5	191	3	26	1	26	3	32	3	39	2	37	1	24	2	70	0	25	4	13	3	58	664
	UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	2	70	1	68	0	58	2	49	3	42	3	35	2	53	1	55	1	19	1	35	1	34	0	7	542
	TOTAL	5	163	6	259	3	84	3	76	6	74	6	75	4	90	2	79	3	89	1	60	5	47	3	65	1,208
Non-Transfer Disenroll Total	INVOLUNTARY	1,069	9,461	919	9,193	1,002	9,766	982	10,155	925	9,257	1,287	10,886	1,005	9,382	1,056	10,861	740	11,874	796	10,746	1,034	11,298	1,010	12,202	136,906
	UNKNOWN	6	1	2	2	0	2	3	4	5	1	1	0	1	2	45	0	2	6	2	1	11	13	15	6	131
	VOLUNTARY	8	184	2	71	0	110	12	121	3	114	5	123	2	115	3	70	0	44	2	74	2	73	0	8	1,146
	TOTAL	1,083	9,646	923	9,266	1,002	9,878	997	10,280	933	9,372	1,293	11,009	1,008	9,499	1,104	10,931	742	11,924	800	10,821	1,047	11,384	1,025	12,216	138,183
Total MetroPlus Disenrollment	INVOLUNTARY	1,105	9,810	931	11,002	1,015	9,873	990	10,259	937	9,361	1,299	10,992	1,015	9,480	1,068	10,944	814	12,659	799	10,837	1,041	11,473	1,137	13,757	142,598
	UNKNOWN	6	1	2	3	0	3	3	7	5	1	1	1	1	2	45	0	2	7	2	1	11	13	15	6	138
	VOLUNTARY	216	2,143	252	2,460	178	1,907	207	2,495	181	1,867	207	2,034	212	2,194	147	1,563	31	704	120	1,549	122	1,803	0	16	22,608

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 05/14/2014

		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		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 MetroPl	**TOTAL**	**1,327**	**11,954**	**1,185**	**13,465**	**1,193**	**11,783**	**1,200**	**12,761**	**1,123**	**11,229**	**1,507**	**13,027**	**1,228**	**11,676**	**1,260**	**12,507**	**847**	**13,370**	**921**	**12,387**	**1,174**	**13,289**	**1,152**	**13,779**	**165,344**

MetroPlus Health Plan

New Member Transfer From Other Plans

	2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		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	6	16	2	24	2	12	4	29	5	15	3	14	1	18	2	17	4	13	3	6	1	6	0	4	207
Affinity Health Plan	16	149	13	172	13	137	18	188	15	157	12	154	14	156	6	145	5	114	6	107	10	119	9	113	1,848
Amerigroup/Health Plus/CarePlus	17	217	27	250	21	191	35	256	25	201	22	211	26	231	16	189	7	166	11	205	17	173	8	142	2,664
BC/BS OF MNE	2	30	1	24	5	25	3	26	4	34	1	20	1	35	0	37	4	19	2	14	6	15	0	6	314
CIGNA	4	19	3	29	4	19	2	16	0	11	2	9	1	19	1	15	2	10	2	3	3	7	1	3	185
Fidelis Care	16	232	25	215	14	167	15	173	21	170	10	182	16	232	4	152	3	131	15	151	10	189	5	163	2,311
GROUP HEALTH INC.	3	19	3	32	1	13	3	29	3	17	3	17	2	14	2	20	0	11	1	10	1	14	0	10	228
Health First	13	170	31	288	23	224	26	280	15	179	13	196	17	199	8	189	9	123	5	151	15	167	7	129	2,477
HEALTH INS PLAN OF GREATER N	1	21	4	19	4	22	4	27	8	12	2	15	3	23	0	13	0	14	2	7	2	8	2	2	215
HIP/NYC	2	90	3	81	2	67	3	73	8	104	2	74	10	93	2	55	2	69	1	60	2	74	2	64	943
Neighborhood Health Provider PHPS	10	140	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	155
OXFORD INSURANCE CO.	0	8	2	13	1	13	0	23	2	7	1	10	1	12	1	14	0	3	1	5	0	6	0	3	126
UNION LOC. 1199	7	34	16	63	12	27	9	37	4	17	8	21	6	20	7	38	3	21	5	6	9	27	4	20	421
United Healthcare of NY	9	127	15	133	12	96	14	111	7	112	5	129	7	142	4	89	7	77	10	72	4	94	3	56	1,335
Unknown Plan	1,670	9,397	1,848	10,257	1,646	8,747	2,023	10,812	1,550	7,632	1,601	8,615	1,731	10,261	1,044	14,813	1,112	6,293	1,137	5,653	942	7,265	160	4,752	120,961
Wellcare of NY	16	101	22	117	25	109	6	134	12	113	17	104	27	100	10	97	5	98	11	82	9	122	6	103	1,446
TOTAL	1,792	10,770	2,015	11,722	1,785	9,869	2,165	12,214	1,679	8,781	1,702	9,771	1,863	11,555	1,107	15,883	1,163	7,162	1,212	6,532	1,031	8,286	207	5,570	135,836

Report ID: MHP1268C
Report Run Date: 5/15/2014

Disenrollments To Other Plans

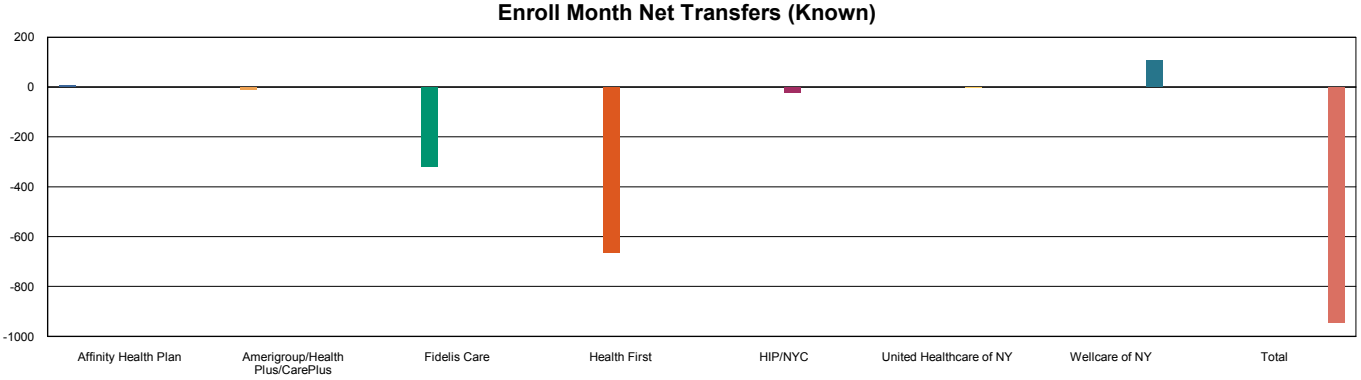
		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOLUNTARY	1	9	10	7	66	73
	VOLUNTARY	10	104	114	152	1190	1342
Affinity Health Plan	**TOTAL**	**11**	**113**	**124**	**159**	**1256**	**1415**
	INVOLUNTARY		13	13	21	169	190
	VOLUNTARY	6	182	188	168	2208	2376
Amerigroup/Health Plus/CarePlus	**TOTAL**	**6**	**195**	**201**	**189**	**2377**	**2566**
	INVOLUNTARY	1	29	30	34	359	393
	VOLUNTARY	34	454	488	637	5983	6620
Fidelis Care	**TOTAL**	**35**	**483**	**518**	**671**	**6342**	**7013**
	INVOLUNTARY		42	42	56	559	615
	VOLUNTARY	48	755	803	755	9254	10009
Health First	**TOTAL**	**48**	**797**	**845**	**811**	**9813**	**10624**
	INVOLUNTARY		12	12	2	72	74
	VOLUNTARY	5	80	85	67	829	896
HIP/NYC	**TOTAL**	**5**	**92**	**97**	**69**	**901**	**970**
	INVOLUNTARY		13	13	6	493	499
	VOLUNTARY	8	81	89	105	1147	1252
United Healthcare of NY	**TOTAL**	**8**	**94**	**102**	**111**	**1640**	**1751**
	INVOLUNTARY		5	5	15	92	107
	VOLUNTARY	1	20	21	27	286	313
Wellcare of NY	**TOTAL**	**1**	**25**	**26**	**42**	**378**	**420**
	INVOLUNTARY	4	130	134	179	3245	3424
	VOLUNTARY	119	1696	1815	2015	21099	23114
Disenrolled Plan Transfers:	**TOTAL**	**123**	**1826**	**1949**	**2194**	**24344**	**26538**
	INVOLUNTARY	4	12	16	32	581	613
	VOLUNTARY	1	34	35	15	616	631
Disenrolled Unknown Plan Transfers:	**TOTAL**	**5**	**46**	**51**	**47**	**1197**	**1244**
	INVOLUNTARY	1062	11876	12938	11936	123651	135587
	UNKNOWN	13	14	27	82	35	117
	VOLUNTARY	2	73	75	41	1164	1205
Non-Transfer Disenroll Total:	**TOTAL**	**1077**	**11963**	**13040**	**12059**	**124850**	**136909**
	INVOLUNTARY	1070	12018	13088	12147	127477	139624
	UNKNOWN	13	14	27	82	41	123
	VOLUNTARY	122	1803	1925	2071	22879	24950
Total MetroPlus Disenrollment:	**TOTAL**	**1205**	**13835**	**15040**	**14300**	**150397**	**164697**

Disenrollments From Other Plans

	FHP	*MCAD*	*Total*	*Y FHP*	*Y MCAD*	*Y Total*
Affinity Health Plan	10	119	129	136	1,727	1,863
Amerigroup/Health Plus/CarePlus	17	173	190	246	2,550	2,796
Fidelis Care	10	189	199	163	2,190	2,353
Health First	15	167	182	189	2,316	2,505
HIP/NYC	2	74	76	46	915	961
United Healthcare of NY	4	94	98	102	1,336	1,438
Wellcare of NY	9	122	131	173	1,228	1,401
Total	67	938	1,005	1,055	12,262	13,317
Unknown/Other (not in total)	942	7,265	8,207	17,848	109,499	127,347

Net Difference

	FHP	MCAD	Total	Y FHP	Y MCAD	Y Total
Affinity Health Plan	-1	6	5	-23	471	448
Amerigroup/Health Plus/CarePlus	11	-22	-11	57	173	230
Fidelis Care	-25	-294	-319	-508	-4,152	-4,660
Health First	-33	-630	-663	-622	-7,497	-8,119
HIP/NYC	-3	-18	-21	-23	14	-9
United Healthcare of NY	-4	0	-4	-9	-304	-313
Wellcare of NY	8	97	105	131	850	981
Total	-56	-888	-944	-1,139	-12,082	-13,221



Bert Robles
Senior Vice President, Information Technology Services
Report to the M&PA/IT Committee to the Board
Thursday, June 12, 2014 – 9:30 AM

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

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

On Tuesday May 20th, Centers for Medicare & Medicaid Services and the Office of the National Coordinator for Health IT announced a proposed rule that would give providers an additional year to upgrade electronic health record systems to meet reporting requirements for Stage 2 of the Medicare Meaningful Use program.

The proposed rule includes a provision that would extend Stage 2 through 2016. If finalized, the earliest a provider would participate in Stage 3 of meaningful use would be 2017.

Additionally, the proposed rule would allow for relaxed attestation criteria (valid only for the 2014 reporting year) that would provide the option to attest with the updated 2014 Stage 1 objectives.

The 2014 Participation Options that apply to HHC are as follows:

Providers currently working on Stage 2 in 2014 would be able to attest using:
Stage 1 (2014+ Definition) using 2014 Edition Certified Electronic Health Record Technology (CEHRT); or
Stage 2 (2014+ Definition) using 2014 Edition CEHRT.

The 2014 Stage 1 objectives were updated to include:

1. Provide patients the ability to view online, download and transmit information about a hospital admission
2. More than 50 percent of all patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or Critical Access Hospitals (CAH) have their information available online within 36 hours of discharge.

2014 Stage 1 objectives do not include the TOC (Transition of Care) - Measure 12 Objective which has been the most difficult measure to meet due to the immaturity of the technology needed to support this measure (i.e., lack of direct addresses amongst providers, unavailable HISP functionality and lack of provider directories).

However, I strongly suggest we stay the course and continue with push for Stage 2. We will be required to meet these measure and objectives in 2015 and we need to ramp up our volumes so we can sustain the measure thresholds. If during the attestation window, we find facilities are not going to make Stage 2 criteria we can attest with 2014 Stage 1criteria.

2. **ICIS Update:**

The ICIS team continues facilitating Work Group meetings for work flow and content build. To date, over 110 individual meetings with clinicians, administrators, corporate office and ancillary staff have been conducted. Several meetings have been conducted with inter-department and inter-disciplinary teams to support patient flow throughout their admission/ visit.
For example, discussions were facilitated on the integrated workflow between Radiology and Cardiology Nuclear Stress departments. A key discussion point addressed: Is it appropriate for the Cardiology portion of the Nuclear Stress test report to be released to the ordering physician before the Radiology report is completed? The final report is a combined report of both portions of the Cardiology and Radiology test.

To enhance the foundational knowledge of our clinicians at our facilities, the ICIS leadership team facilitated the May monthly Physician and Nurse Champion call focusing on education that would be beneficial for the Champions. This education is offered by Epic. It includes both on-line and on-site EPIC courses at the Verona, Wisconsin campus. The goal of the educational sessions is to provide our Champions a more in-depth knowledge of Epic functionality. This will foster informed decision making and provide our Champions with a solid knowledge base when addressing their colleagues in the field.

As we plan for our initial sites to come up on the Epic EMR the following planning and analysis activities are in progress:

- Reviewing the credentialed EPIC /ICIS training program as well as planning how best to develop and execute a curriculum for basic computer skills training required prior to Epic training for our end users

- Preparing to work with Cerner laboratory team post kick off in early June to draft, review, finalize and incorporate the Lab implementation work plan

In addition, as we move forward, we continue to work closely with both Soarian and Laboratory restructuring leadership to ensure open communication, planning and design collaboration.

3. **Active Directory (AD) Upgrade Status:**

Enterprise IT Services continues to complete the Active Directory (AD) upgrade at all HHC facilities. The AD system allows for the authentication and authorizes all HHC users and computers throughout all HHC facilities and sites. AD creates user accounts, assigns and enforces security policies for all computers on the HHC network and installs and/or updates software. For example, if an HHC user logs into a HHC computer that is part of the HHC domain, AD would check the submitted password and determine whether the individual logging in would be a normal user.

To date, the AD upgrade is 85% complete with no significant problems identified. The next sites to be upgraded are North Bronx, South Manhattan and North Brooklyn networks along with Central Office. The project timeline has been accelerated so that the project can be completed by mid-October 2014. This upgrade is a pre-requisite for the Corporation to migrate from the current Groupwise email system to Microsoft Exchange email system. EITS anticipates that the migration to Microsoft Exchange will be completed by the end of second quarter calendar year 2015.

This completes my report today. Thank you.

patient
centered
value
evidence-based
access
wellness
staff
system
mandatory
development
improve
provide
coordination
take
employee
employees
program
across
shared
data
ideas
level
role
waste
culture
medical
processes
accountability
effective
cross
think
easy
challenges
service
integration
ambitious
environment
change
strive
process
health
care
high
standardize
professional
standard
communication
one
based
possible
best
respect
unified
frontline
training
safety
recognize
integrated
organization
increased
quality
transparency
regardless
good
understand
accessible
new
facilities
community
practices
better
HHC
workforce
work
needs
everyone
satisfaction
improvement
learning
outcomes
listen
education
efficient
cost
opportunities
corporation
excellence
first
collaboration
productive

Health Home

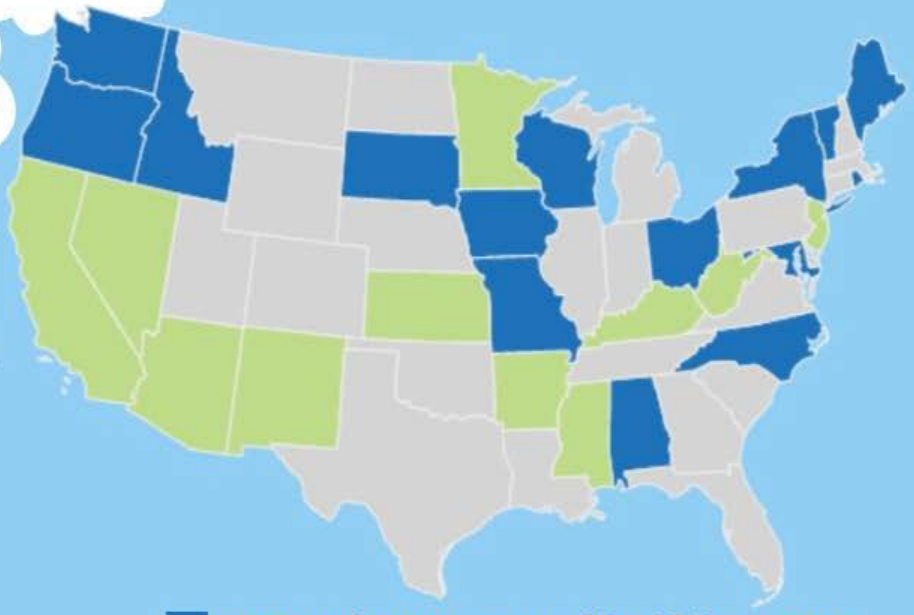
Medical and Professional Affairs

June 12, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Medicaid Health Homes: State Update



- Created by the Affordable Care Act to integrate physical and behavioral health care and long-term services and supports with the goal of improving health outcomes and controlling costs
- Provide person-centered care planning and coordination of services to eligible Medicaid beneficiaries with:
  - Two chronic conditions;
  - One chronic condition and risk for a second; or
  - A serious mental illness (SMI)

Types of Health Homes

Of the state health home models approved by the Centers for Medicare & Medicaid Services (CMS):

- 23% target chronic medical conditions only
- 36% target SMI or substance use disorder (SUD) only
- 41% target chronic medical conditions and some combination of SMI and SUD

Early Results

- Hospital admissions 10-13%
- Emergency department use 6-8%
- Savings: $52 per member per month

- Primary care visits 14%
- Hospital admissions and emergency department visits 23%

CHCS Center for Health Care Strategies, Inc.

March 2014

For more information, read the fact sheet at www.chcs.org.

Health Home

Criteria

Medicaid eligible individuals must have:

- Two chronic conditions

  OR

- One chronic condition - HIV/AIDS or serious persistent mental health condition (SPMI)

  AND

- Eligible individuals are also frequent users of Medicaid services.

Services

- Comprehensive care management
- Health promotion
- Transitional care including appropriate follow-up from inpatient to other settings
- Patient and family support
- Referral to community and social support services

HHC Health Home Design

- One HHC Health Home, multi focal
- Care Coordination for high-need, high-cost Medicaid recipients with *chronic* conditions
- Single care coordinator
- Unified care team
- Linkage to PCP
- Shared Care Plan
- Integrated approach to meet medical, behavioral health, substance abuse and social needs
- Per Member/Per Month (PMPM) capitated rate

HHC Health Home Enrollments

As of March, 2014	Enrolled	Trying to Engage
Bellevue	170	61
Coney Island	75	3
EHC/QHN	301	15
Harlem	99	14
Jacobi/NCB	22	115
Kings	206	208
Lincoln	204	3
Metropolitan	100	15
Woodhull	509	36
Total	***1686***	***470***

What's next? *Expansion*

- Infrastructure:
  - Community Based Organization Partners
  - More robust IT platform
- MRT Housing Pilot
- Accountable Care Organizations (ACOs)
- Adult Homes/Olmstead Mandate
- Delivery System Reform Incentive Program (DSRIP)
- Health and Recovery Plans (HARPs)
- Beyond Medicaid

Transfer Center

Medical and Professional Affairs

June 12, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

I need to send a patient……

- Contact the Transfer Center at: **844-HHC-BEDS** if you need to initiate a transfer
- The Transfer Center will contact the *receiving provider* and connect them to the referring provider for clinician report
- Once accepted, the coordinator will confirm where accepted, if updates needed, type of transport required.
- If an update requested, the transfer center will update with an ETA and bed assignment when known
- HHC Transfer Center will take care of bed placement, transportation, connecting nurse report, faxing paperwork, notifying other facility of incoming transfer as necessary
- All communications are completed on a recorded line

Goals and Objectives

Establish a 24 hour transfer center that will:

- Expedite transfers involving HHC Hospitals with one call
- Increase efficiencies
- Service differentiation
- Transportation coordination
- Comprehensive Reporting
- Minimize leakage

How does this happen?

- dedicated staff to answer transfer requests coming into our transfer center line
- access to on line physician on call schedules, phone lists, etc.
- coordinate physician to physician communication
- coordinate bed placement with admitting and bed management
- follow escalation policies put in place by our administration
- coordinate transportation for patients
- Uses existing contracts and methods of transportation

Reporting Capabilities:

- Direct Call Provides a Web Based Reporting Solution
- Analyze Trends
- Access to Current Protocols
- Reference any Transfer Data 24/7
- Data, outcomes and trends reviewed at Councils

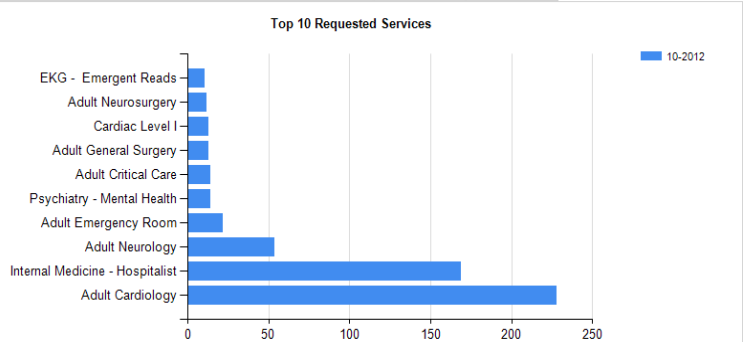
Actions | 1 of 3 | Find Next | 100%

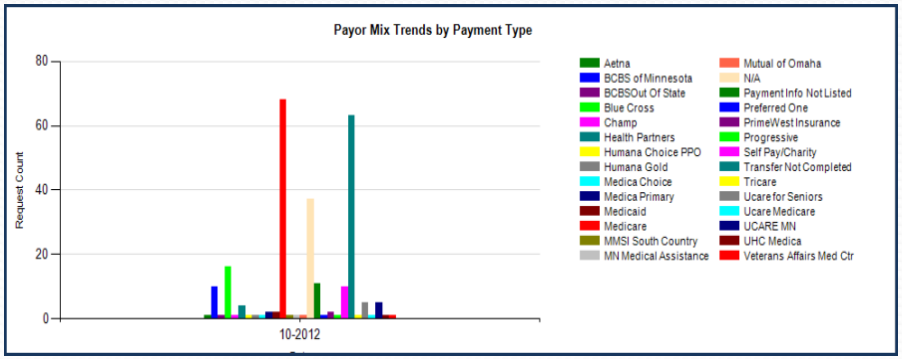
DIRECTCALL TRANSFER CENTER

Service Summary

Abbott Northwestern Hospital - 10/1/2012 to 10/31/2012

Top 10 Requested Services	10-2012	Total
Adult Cardiology	228	228
Internal Medicine - Hospitalist	169	169
Adult Neurology	54	54
Adult Emergency Room	22	22
Psychiatry - Mental Health	14	14
Adult Critical Care	14	14
Adult General Surgery	13	13
Cardiac Level I	13	13
Adult Neurosurgery	12	12
EKG - Emergent Reads	11	11
Total	612	612





DIRECTCALL TRANSFER CENTER

Acceptance Volume by Service

TEST TEST - 1/1/2012 to 10/31/201

Accepting Service	1-2012	Total
Adult Cardiology	1	1
Adult Critical Care	1	1
Adult Emergency Room	2	2
Adult Neurology	1	1
Adult Neurosurgery	1	1
Adult Trauma	2	2
Adult Urology	1	1
Internal Medicine - Hospitalist	1	1
Total	10	10

Shows how many times each service accepted a transfer broken down by month wtih a final total. In this example, Test Hospital, it only shows data for January 2012 due to this being the only data avaialable.

If any of these services accpeted a call in February 2012, this would be displayed as well making the Total a total of January and February Data.

DirectCall Acceptance Volume by Service.rdl Report Created on 11/20/2012 2:26:36 PM by AMC\cfeller

1 of 1

Activity to date:

3/17/2014 – 6/8/2014

- 783 Patient Transfers
- All but 55 patients bypassed receiving ED
  - 268 cardiology Transfers
- 32 transfers left HHC to other systems
- 19 Transfers not completed
- 171 Medicaid Patient Transfers
  - 24 were MetroPlus

What's Next: *Expansion*

- Reduce Total Transfer time (current average was: 5 hours 17 minutes
- Enhance transportation capacity and contracts
- Expand service to:
  - Psychiatry transfers
  - skilled nursing facilities
  - community providers
  - Market to broader audience

HHC Transfer Center

844-HHC-BEDS