**AGENDA**

**MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE**

**Meeting Date: October 2nd, 2014**
**Time: 1:00 PM**
**Location: 125 Worth Street, Room 532**

**BOARD OF DIRECTORS**

**CALL TO ORDER** — **DR. CALAMIA**

**ADOPTION OF MINUTES**

- ***September 11, 2014***

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

**METROPLUS HEALTH PLAN** — **DR. SAPERSTEIN**

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

**INFORMATION ITEMS:**

1. **Patient Safety** — **MS. JACOBS/MS. KONG**
2. **Meaningful Use** (materials to follow) — **MR. ROBLES**

**OLD BUSINESS**

**NEW BUSINESS**

**ADJOURNMENT**

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**MINUTES**

**MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS**

Meeting Date: September 11, 2014

**ATTENDEES**

Vincent Calamia, MD, Committee Chair
Ramanathan Raju, MD, President
Josephine Bolus, RN

**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
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
Tammy Carlisle, Associate Executive Director, Corporate Planning
Eunice Casey, Senior Management Consultant, Corporate Planning
Deborah Cates, Chief of Staff, Board Affairs
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)
Mary Ann Etiebet, Director, Medical and Professional Affairs
Juliet Gaengan, Senior Director, Clinical Affairs
Sal Guido, Assistant Vice President, Infrastructure Services
Mark Hartman, Senior Counsel, Legal Affairs
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
Imah Jones, Senior Director, Research
Barbara Keller, Deputy Counsel, Legal Affairs
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
Ian Michaels, Director, Communication & Marketing
Hilary Miller, Consultant, Enterprise Information Technology System
Jeff Morrow, Consultant, Enterprise Information Technology System
Charlotte Neuhaus, Senior Management Consultant, Corporate Planning Services
Bert Robles, Senior Vice President, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Jared Sender, Enterprise Information Technology Service
Lori Schomp, Senior Consultant MIS

Nicholas Stine, MD Chief Medical Officer, Accountable Care Organization

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Yolanda Thompson, Asst. Director, IT
Diane Toppin, Senior Director, M&PA Divisional Administrator
Steven Van Schultz, Director, IT Audits
Ross Wilson, Senior Vice President/Corporate Chief Medical Officer, Medical and Professional Affairs

**FACILITY STAFF**:
Ernest Baptiste, Executive Director, King County Hospital Center
Yolanda Bruno, Medical Director, Coler-Carter Specialty Hospital
Vito Buccellato, Chief Operating Officer, Coney Island Hospital
Aaron Cohen, Chief Financial Officer, Bell
Elizabeth Gerdts, Chief Nurse Executive, North Central Bronx Hospital
Neal Glaser, Affiliation Administrator, Coler-Cater Specialty Hospital
Robert Hughes, Executive Director, Coler –Carter Specialty Hospital
John Maese, MD, Medical Director, Coney Island Hospital Center
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
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
Maurice Wright, MD, Medical Director, Harlem Hospital Center**OTHERS PRESENT**
Richard McIntyre, Siemens
Thomas J. Petrone, President of Petrone Associates Medical Physicists
Kristyn Raffaele, Analyst, OMB
Lori Schomp, OMB
Dhruneanne Wood, Analyst OMB

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Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 12:59 pm. The minutes of the July 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 Accountable Care Organization*

The HHC ACO Board of Directors convened on Thursday, August 14. The Board approved resolutions that appoint HHC President Dr. Ram Raju as Director and Chair, as well as a resolution amending the ACO's Bylaws, pending approval by HHC's Board of Directors at their next meeting. Ten facilities are currently live with the ACO patient notification workflow in their Adult Medicine and Geriatrics practices, and all others will implement by early September. The ACO provides facility administrators with a monthly report of all patients eligible for notification who presented for care and whether or not notification was completed.
The ACO is partnering with HHC's Health Home and downstream providers to refer eligible ACO patients for care coordination services and integrate community based providers into the patients' interdisciplinary care teams. The ACO has launched a new integrated ACO Data Dashboard for Population Management. The Dashboard incorporates the ACO's steadily growing master database of clinical, claims, provider, and payor data into a more advanced and platform for population management with descriptive population features, updated performance metrics, background resources, and action items targeted to specific monthly workflows.

These steps are preparing the HHC ACO to have capacity to expand the number of participants and hence the number of patients served, as part our overall strategy to improve geographic access to primary care.

*Ebola*
Infections with Ebola virus are still increasing in Western Africa, with spread to adjoining countries. The health care response there is still insufficient for containing the spread of potentially fatal infection that is spread by contact with body fluids and hence can be curtailed by strict implementation of contact precautions. Supportive care for infected individuals is also not broadly available. In this context, there is a possibility that cases of Ebola will come to the US and need care in our health system. HHC has been at the forefront of local preparations in New York City, working closely with NYC DOHMH, NYS DOH and through them to the national bodies including CDC. We have also had constructive discussions with Emory in Atlanta where the two health care workers were evacuated to, on lessons that were learned on care provision and transportation.

All HHC Emergency Departments have the protocols in place to isolate at risk patients while the appropriate workup and advice is being sought. We have strengthened this preparation with the development of standard scripts using a simulated patient, and this was tested at Queens Hospital last Friday. A very useful structured debrief followed the encounter, which revealed opportunities for improvement. This program is being rolled out across HHC. Last week HHC hospitals saw 8 patients in whom the diagnosis of Ebola was considered.

In addition, Bellevue Hospital has worked very hard to establish an isolation facility for high risk or confirmed cases of Ebola. These facilities will be available for use by patients from all other HHC hospitals, as well as patients from other NYC hospitals as determined for NYC DOHMH.

*HHC Health Home*

HHC has certified Medicaid Health Homes in Manhattan, Queens, Brooklyn and the Bronx. These have focused particularly on the transition of "legacy" patients from Cobra and TCM programs that NYS folded in to the Health Homes and then discontinued the previous funding stream. We have completed or are in the process of completing contracts with 9 community based organizations to undertake patient engagement or care management on our behalf, and this number will likely increase as our Health Homes expand. Both DSRIP activities and the managed behavioral health and HARP programs will also require a stronger and larger health home capacity. As part of this expansion we are also reviewing the current IT platform that allows sharing of care plan information between appropriate parties without dependence on an EMR or RHIO as well as tracking contacts for billing purposes.

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***DSRIP***

A significant portion of our healthcare costs arise from preventable hospital admissions. Since 2011, a NYS Medicaid Redesign Team (MRT) has worked to design solutions to the problem of uncontrolled costs and relatively poor outcomes

New York State Rankings, 2013 Avoidable Admissions Rates

| Category of Potentially Avoidable Admission | NYS Ranking vs Other States |
|---|---|
| **Ambulatory Care Sensitive Conditions** | **13th (2nd quartile)** |
| **Adult Respiratory Disease** | **23rd (3rd quartile)** |
| **Long-Stay Nursing Home Residents with Hospital Admissions** | **25th (3rd quartile)** |
| **Related to Adult Diabetes** | **35th (4th quartile)** |
| **Short-Stay Nursing Home Residents with Readmissions within 30 days** | **37th (4th quartile)** |
| **Related to Pediatric Asthma** | **37th (4th quartile)** |
| **30-Day Readmissions (Medicare)** | **44th (4th quartile)** |

***What is DSRIP?***
The NYS Delivery System Reform Incentive Payment (DSRIP) Program is a 5-year, $6.42B Waiver Program for eligible public and safety net providers. It is intended to put into action the MRT's plans to transform care delivery and achieve the Triple Aim.

*DSRIP Program Objectives*
Achieve 25% reduction in preventable admissions over 5 years, Appropriate utilization of inpatient and ED services, Permanent shift in focus to outpatient or community-based care.

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Accurately identify and address the physical and social determinants of health and well-being, Coordinate care across the continuum – including home-based care, Provide the right level of care for each patient, every time.

Prepare for managed care/shared-risk payment arrangements

Accurate, real-time understanding of patient-level care delivery and outcomes across the continuum – both performance and qualitative data.

***DSRIP Program Requirements***
The DSRIP Program requires formal collaboration between eligible providers (called a Performing Provider System, or PPS) to improve the health of the local community. The PPS should span the care continuum.

***DSRIP and HHC***
HHC's current transformation work (some also NYS-sponsored) puts us on path to meet DSRIP objectives of coordinated, appropriate, whole-person care. We will need to develop new models, new infrastructure, and new mindsets

HHC's Current Transformation and Improvement Efforts:
Ambulatory Care Delivery Models: Patient Centered Medical Home (PCMH), Collaborative Care for Chronic Disease, Health Home ED Care Management.

Process Improvements: Outpatient Access Improvement, ED Flow/Cycle Time Improvements, Inpatient Psych LOS Reduction, Other Patient Experience-Related Improvements.

Care/Risk-Sharing Models: Accountable Care Organization (ACO)

**HHC's Current PPS Configuration**
For simplicity in DSRIP management and governance, HHC will participate as a single PPS with four (4) borough-based "hubs." We will begin to incorporate likely partners and collaborators into hub- and PPS-wide planning.

**Current Status: PPS-Wide Project Selection**
The HHC PPS will collaborate with partners to finalize ten (10) DSRIP projects across all borough-based hubs: each can be tailored locally on the basis of community need. The HHC PPS will also perform the newly-created DSRIP Project 11.

*Currently-Selected PPS-Wide Projects*
Create Integrated Delivery Systems that are focused on evidence-based medicine (2.a.i)
Development of co-located primary care services in the emergency department (2.b.ii)
Care transitions intervention model to reduce 30-day readmissions for chronic conditions (2.b.iv)
Integration of primary care services and behavioral health (3.a.i)
Integration of palliative care into medical homes (3.g.ii)

*Selection Pending*
(TBD) City-wide Domain IV project (with NYC DOHMH
(TBD) Additional projects in Domains ¾
Newly-Created** Implementation of activation activities to engage, educate and integrate the uninsured, NU, and LU Medicaid populations into community-based care (2.d.i)

**MRT/DSRIP Timeline of Key Deliverables**
May 15th LOI Due NON-BINDING

May 30, 2014 IAAF Application Due
June 26thPlanning Application Due NON-BINDING
Dec 16, 2014 Final Project Plan Due BINDING

We are on brisk timeline for DSRIP planning and implementation -- we will need your expertise, PPS partner expertise, and input from our PPS stakeholders.

**DSRIP Project Plan Valuation**

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DSRIP Program payments are performance-based: as always, we must focus on engaging, retaining, and improving the health outcomes of all patients under our care.

Project PMPM
Plan Application Score
Attributed Medicaid Beneficiaries
Project Duration
Maximum ProjectValue

Product of:
Project index score and PMPM payment
Scored by meeting DSRIP objectives and high-quality CNA
Two-stage logic
Likely fixed at 60 months

**CHIEF INFORMATION OFFICER REPORT**
Bert Robles, Senior Vice President, Information Technology Services reported on the following updates.

Meaningful Use (MU) Stage 2 Update:
There are five (5) weeks left to go for facilities to attest for Meaningful Use (MU) Stage 2. Over the past several weeks all facilities have seen an increase in their percentages over their previous week's performance. Corporate leadership, HHC providers and the QCPR team have all focused their attention on increasing their numbers and making their attestations.

With continued sustained performance, Jacobi and North Central Bronx Hospitals could successfully attest for this reporting quarter.

The following HHC facilities are fully engaged and could potentially meet the attestation requirements for MU Stage 2 by September 30th: Coney Island Hospital, Bellevue Hospital, Kings County Hospital, Queens Hospital. However, the following facilities have low performance on Indicator C6- Patient Portal (50% is needed) with less than 5% increment each week. Lincoln Hospital @21%, Harlem Hospital @ 21%, Metropolitan Hospital @ 9% ,Woodhull Hospital @ 21%, Elmhurst Hospital @ 31%. Two (2) Core objectives that are in progress - Risk Assessment and Intra-operability EHR to EHR test via direct HISP. As mentioned in previous reports to the Board, if during the attestation window, we find facilities are not going to make Stage 2 criteria we can attest with 2014 Stage 1criteria. 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).

I continue to 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.

2014 Best IT Collaboration Among Organizations Award:
HHC EITS, the Fire Department of New York (FDNY) and the Department of Information Technology and Telecommunications (DOITT) were awarded the "2014 Best IT Collaboration Among Organizations Award" for the Electronic Patient Care Reporting (ePCR) Wireless Tablet project. Our combined effort was recognized by the Center for Digital Government, which acknowledges through their achievement awards outstanding agency and department web sites and projects at the application and infrastructure level throughout the United States and internationally.

Through this project, HHC integrated its wireless network at all hospital emergency rooms to the FDNY/EMS mobile dispatched vehicles (i.e., ambulances, FDNY Early responder units) using DOITT network infrastructure to seamlessly connect the early responders to the hospitals. As a result, vital patient information can now be transmitted from these remote vehicles to the Emergency Room physicians for early patient diagnostics and admittance.

I'd like to commend both Sal Guido, AVP for Infrastructure and Operations and Kevin Brown, Senior Director, Unified Communications for their work on this critical project.

*HHC Security Measures Update*:
Due to recent reporting by the news media regarding security breaches as well as the ever growing need to remain proactive with safeguarding HHC data and systems, I thought it was important to share with you the security measures EITS has put in place.

HHC's security posture remains at a heightened level with proactive security measures in place. The potential breach recently reported was due to a penetration in internal data bases at several companies. This means that the hackers got into their internal networks and removed the user name and password sequence for the data bases storing this information. Even with complex passwords put in place, the hackers would still poses the required information to get into the individual user accounts. HHC's email system is safeguarded by spam detection, blocking and filtering.

Over the last several year EITS has deployed security product safeguards to protect out Internet connections from breach using Firewalls and Intrusion Protection products that will detect, block and report on unauthorized access and Virtual Private Networks (VPN) using sophisticated encryption algorithms to protect HHC's data. We have recently deployed a Data Loss Prevention product (DLP) that will safeguard HHC's intellectual property and ensures compliance by protecting sensitive data wherever it lives — on premise, in the cloud, or at the endpoints. The Data loss/leak prevention solution system is designed to detect potential data breach / data ex-filtration transmissions and prevent them by monitoring, detecting and blocking sensitive data while in-use (endpoint actions), in-motion (network traffic), and at-rest (data storage). Such sensitive data can come in the form of private or company information, intellectual property (IP), financial or patient information, credit-card data, and other information for the Healthcare industry. EITS has deployed advanced technology to protect our data from potential breaches. While these products safeguard HHC from intrusions and theft of data, it is not a 100% guaranteed that breaches will not occur.

EITS remains diligent on detecting abnormal access to data, researching potential attacks and constantly monitoring and analyzing in- and out-bound traffic to determine and rectify any identified potential gaps. Our thorough EITS security team meets weekly to review the trend analysis for vulnerabilities and threats indications from scans throughout our network.

*EITS SkillSoft Training Update*:
Back on November 1st, 2013, I reported to this Committee that as part of the IT Training & Professional Development program within EITS, all employees were assigned mandatory on-line training to enhance and complement their current skill set. The goal of this program is to further develop those core competencies needed by EITS staff to support HHC's strategic goals.

We developed a core curriculum of essential skills for employees with special curriculums for Project Managers, New and Experienced managers as well as the Enterprise Service Desk employees. Each curriculum was approximately 20 hours in length and employees were given a completion date of June 30, 2014. As of July 1st I am pleased to report that 94% of the EITS staff completed their first year of the Training program. Level 2 training is currently underway and consists of 20-25 hours of foundational and advanced training with five (5) hours of electives chosen by each EITS employee. As with Level 1, all course completions are tracked through the PeopleSoft application. All EITS employees have been informed that timely completion of these courses will factor into staff evaluations and future promotions.

## ACTION ITEM

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a contract with Hyland Software, Inc. (the "Contractor") for OnBase Enterprise Electronic Content Management ("ECM") software through a Federal General Services Administration agreement ("GSA") contract in an amount not to exceed $6,399,646 which includes a 10% contingency of $581,786, over a three year term, with two one-year options to renew.

This resolution was approved by the Board

## INFORMATION ITEMS

*Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan Inc. presented to the Committee, MetroPlus Annual Report.*

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*MetroPlus Background*
Licensed since 1985 in New York State as a Managed Care Organization
In 2001 the Plan converted from an HMO to a Prepaid Health Services Plan (PHSP)
Wholly owned subsidiary corporation of the New York City Health and Hospitals Corporation (HHC)
Lines of business include Medicaid Managed Care, Family Health Plus, Child Health Plus, Medicare plans, two Special Needs Plans (SNP) for the care of HIV+ members in Medicaid and Medicare, Managed Long Term Care, Exchange Products, MetroPlus Gold and, as of January 1, 2015, FIDA and Health and Recovery Plan (HARP).

The MetroPlus Mission is to provide our members with access to the highest quality, cost-effective health care including a comprehensive program of care management, health education and customer service. This is accomplished by partnering with the New York City Health and Hospitals Corporation (HHC) and our dedicated providers.

The MetroPlus Vision is to provide access to the highest quality, cost-effective health care for our members, to achieve superior provider, member and employee satisfaction, and to be a fiscally responsible, ongoing financial asset to HHC. MetroPlus will strive to be the only managed health care partner that HHC will ever need. This will be accomplished by our fully engaged, highly motivated MetroPlus staff

Value:Performance excellence - hold ourselves and our providers to the highest standards to ensure that our members receive quality care. Fiscal responsibility - assure that the revenues we receive are used effectively. Regulatory compliance - with all City, State and Federal laws, regulations and contracts. Team work - everyone at MetroPlus will work together internally and with our providers to deliver the highest quality care and service to our members. Accountability - to each other, our members and providers. Respectfulness - in the way that we treat everyone we encounter.

Membership at 470,517 as of August 1, 2014. MetroPlus membership has increased by 10% in the last 12 months due to the new Exchange and SHOP products.

Strategies to Increase Membership: Aggressive and strategic marketing initiatives and retention campaigns. Increased outreach to members for recertification. Working closely with HHC to maximize referrals of the eligible uninsured patients to MetroPlus.

Provider Network: Unique HHC PCPs" represents non-duplicate HHC PCP providers. If a PCP is at multiple locations, for the purpose of this report, he/she is only counted once. Much of the significant increase in provider count is due to the addition of Jamaica and Flushing hospital providers, as well as increased volume of initial credentialed providers.

Relationship with HHC: Close collaboration with HHC at all levels of the clinical and administrative spectrum, forward-thinking environment. Mutual population served: low-income, inner city communities, many racial minorities with higher health risk profiles. Mutual achievements, increased MetroPlus membership and improved member/patient access to care. The continued growth of MetroPlus and our expansion into new lines of business has allowed for the capture of new populations. MetroPlus membership growth through in-facility referrals from HHC. Increased HHC patient and revenue base.

HHC Financial Arrangement: HHC assumes full risk for all members who select an HHC site. HHC assumes risk for all the medical care other than primary care when the member selects a community physician (that is part of the HHC Community Provider network) as their primary care provider. MetroPlus assumes full risk for all members assigned to a primary care provider not affiliated with the HHC network and for all members in Medicaid HIV SNP and Medicare plans.

Benefits of HHC Risk Arrangement: Allows for the alignment of incentives, Improved outcomes and decreased utilization benefits both MetroPlus and HHC. MetroPlus provides revenue enhancement through, Insurance reimbursement for service, Risk arrangement surplus dollars, Quality incentive pools. Lessons learned from years of partnership will allow MetroPlus and HHC to successfully develop and operate an Accountable Care Organization (ACO) model of care.

*2013 Admin Cost Comparison*

Consumer's Guide to Medicaid Managed Care in NYC: MetroPlus Ranking
MetroPlus has been rated #1 Medicaid Managed Care health plan in NYC for seven out of the last nine years*. For the first time ever, in 2011 MetroPlus was ranked #1 in New York State and New York City.

2014 Changes
Managed Long Term Care, FIDA, New York Health Exchange, HARP.

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*Managed Long Term Care (MLTC) Overview*

MetroPlus began offering full services for enrolled members as of January 2013 and received our first auto-assigned members in February 2013. Managed long-term care (MLTC) offers assistance to people who are chronically ill or have disabilities and who need health and long-term care services, such as home care or adult day care. The goal of the MLTC plan is to allow these individuals to stay in their homes and communities as long as possible. The MetroPlus MLTC plan arranges and pays for a large selection of health and social services, and provides choice and flexibility in obtaining needed services from one place. Our current membership stands at 629 MLTC members; some of the members are auto-enrollees via NYS, while others choose to apply for this product.

*FIDA*

FIDA is a State of NY partnership with CMS to test a new model for providing Medicare-Medicaid enrollees with more coordinated, person centered care experience. MetroPlus Successfully underwent CMS readiness review and an analysis of our policies and procedures in January 2014. CMS pushed back the FIDA implementation date to January 1, 2015. The marketing period will begin December 1, 2014. Education and training for providers contracted for FIDA will be completed by MetroPlus Provider Service Representatives between September and November 2014.

*New York Health Exchange*

MetroPlus offers a total of 38 products across the Individual and SHOP markets. Individual (includes non standard). SHOP (includes non standard), Child Only Catastrophic. MetroPlus currently offers the lowest cost products in three out of four metal levels. The 2015 proposed rates have been submitted to NYS for approval. One hundred percent FEs trained as Marketplace FEs (formerly known as Certified Application Counselors).

*New York Health Exchange Impact on Medicaid and Family Health Plus*

FHP: During 2014, existing FHP enrollees have been transitioned to Medicaid or a QHP, with the program ending at the end of 2014. Beginning January 1, 2014, new applicants who were parents/caretakers with incomes between 138-150% of FPL and qualified for a QHP had their premium paid by the State if they enrolled in a silver plan. Current FHP enrollees who, at renewal, are eligible for a QHP, also receive the premium wrap.

*Health and Recovery Plan (HARP)*

Carve-in of Behavioral Health for SSI members (17,000), Creation of a Health and Recovery Plan (HARP) for the severely mentally ill population (13,000). At this time the State is still expressing a commitment that the HARP line of business will be implemented January 1, 2015. MetroPlus initiated an RFP to secure bids from behavioral health organizations to contract with to manage HARP membership. Beacon was awarded the contract (approved by the HHC Finance Committee and Board of Directors). Effective January 1, 2015 Beacon will manage the MetroPlus membership across all lines of business. Beacon is in the process of contracting for Behavioral Health and Substance Abuse services with HHC through HHC's Office of Managed Care. MetroPlus will submit a revised and enhanced version of the BH-QHP-MCO and BH HARP RFQ based on the State's letter of response.

*Challenges*

Securing access for our new Exchange membership, 56% of Exchange members are assigned to HHC for Primary Care. HHC Access Project will help HHC absorb more members. Managing utilization and costs in the Exchange products. Submitted 2015 rates prior to any utilization data being available; awaiting NYS approval of rates. State website does not allow applicants to choose a PCP, resulting in a high call volume to MetroPlus Customer Services. Highly competitive and rapidly changing healthcare landscape

and market. Inadequate education of potential members on MetroPlus during their outpatient and inpatient visits at HHC. Beginning to see member loss due to non-payment.

*Summary*

MetroPlus is a strong financial asset to HHC, MetroPlus is challenged by the lack of access in the HHC facilities, MetroPlus and HHC have many opportunities to strengthen their existing partnerships to ensure continued success. Medicare Enrollment, Access Improvement, Care Management Linkages, MLTC Referrals, FIDA Referrals, Coordination of Behavioral Health Care.

There being no further business, the meeting was adjourned at 2:12 pm.

**MetroPlus Health Plan, Inc.**
**Report to the**
**HHC Medical and Professional Affairs Committee**
**October 2, 2014**

Total plan enrollment as of September 1, 2014 was 468,849. Breakdown of plan enrollment by line of business is as follows:

| | |
|---|---|
| Medicaid | 385,769 |
| Child Health Plus | 11,845 |
| Family Health Plus | 12,395 |
| MetroPlus Gold | 3,465 |
| Partnership in Care (HIV/SNP) | 5,122 |
| Medicare | 8,350 |
| MLTC | 673 |
| QHP | 40,507 |
| SHOP | 723 |

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans. We have seen some loss of Exchange membership due to non-payment from members who have passed their one- or three-month grace period (based on their financial status).

Since the last report I gave this Committee in September was an Annual Report focused on major accomplishments and challenges during the HHC FY14, this report includes details on significant events that occurred during the months of July and August 2014.

For 2014, MetroPlus succeeded in this new ACA-driven healthcare landscape by offering consumers the lowest cost products for three out of four metal levels in the individual market and by working very closely with HHC to project the impact of our Exchange products on both the plan and HHC, as well as ensuring that resources were properly allocated for this new line of business. We have successfully submitted the proposed 2015 Exchange rates that included an increase to meet costs based on actuarial predictions. The State gave us a 6.9% increase across the board for each of the lines of business. It appears that we will come in second lowest. Affinity is approximately $10/month less than us, Fidelis will be $0.24 more than us, and HealthFirst will be about $5 more than us. Our Silver Plan is at $381/month.

In July, MetroPlus entered into an agreement with the eleven HHC Acute Care facilities to offer a grant for MetroPlus Care Managers. The purpose of this grant is to fund 17 positions as part of an expansion of the HHC Emergency Department (ED) Care/Case Management Project. The new Care Managers are already on site at some facilities, while other facilities are recruiting. The Care Managers are fully integrated and engaged members of the Inpatient Project RED and ED Care Management Interdisciplinary Teams, facilitating the MetroPlus members' progress during their stay in the inpatient and ED setting. The program has shown encouraging results and we expect that this expansion will continue to positively impact our members as patients are admitted and discharged at our HHC facilities.

On July 16, 2014, MetroPlus received a revised timeline from CMS for FIDA implementation. The implementation date was pushed back to January 1, 2015. The marketing period will begin on December 1, 2014. However, education and training of the providers contracted for FIDA has to be completed between September and November of 2014. During this time frame, our Provider Service Representatives will educate over 13,000 providers on the upcoming launch of the FIDA product – either internally or through the PHP Coalition.

On August 10, 2014, MetroPlus received a response from the State on the BH-QHP-MCO and BH HARP RFQ application that was submitted early in June. Senior leadership met with the State in early September (OMH, OSAS, SDOH, and DOHMH). We are continuing ongoing meetings with two State liaisons to help achieve all cures and readiness initiatives required. We will submit a revised and enhanced version based on the State's letter of response indicating where clarification was needed. At this time, the State is expressing that the HARP line of business will be implemented April 1, 2015 (pushed back from the January 1st date). Internally, MetroPlus is creating the infrastructure to make this new line of business operational. This new implementation date has no

bearing on the January 1st timing of delegation to Beacon. MetroPlus will be utilizing Beacon Health Strategies to manage our Behavioral Health services and network for all lines of business beginning January 1, 2015. MetroPlus is working with HHC to ensure that the HHC facilities and providers are included in any network offered by Beacon. We are also going to work with our contracted providers to ensure as much overlap as possible, and to ensure that the transition will provide minimal disruption to members and providers.

As part of MetroPlus' continuing efforts to improve services to our members and provide useful feedback to our providers, the QM department has started their educational forums at HHC facilities. The meetings focus on the facility's overall HEDIS performance, P4P results, improving medical record documentation, using ImpactPro data to identify members with gaps in care and non-compliant on HEDIS measures, Patient Satisfaction Survey results (CAHPS), and Clinical Risk Group (CRG) scores.

In July 2014, as an additional, strategic effort to increase member satisfaction and retention, MetroPlus has signed a hospital and physician contract with Jamaica Hospital and Flushing Hospital in Queens. Together with their Physician-based IPA, these facilities make up the Medisys Health Network. This is a great addition to our provider network, as both of these hospitals currently service a large number of MetroPlus members and service areas where MetroPlus has a large membership base. This relationship will provide much more access for our members residing in Queens. We hope it will also enable us to grow our membership in these communities. The contract went live on August 1, 2014, includes both Primary and Specialty Care, and includes all lines of business. These facilities have a Nursing Home and a considerable number of providers in specialties we were previously lacking.

MetroPlus is working with HHC to assist in the development and implementation of the corporate strategy related to DSRIP. Contracting, Network Relations, Finance, MIS, and other functional areas are all involved in this project. MetroPlus may also partner with other providers and facilities in the community to meet the statewide goals put in place by the DSRIP program.

# Management Indicator Report # 1

*For Enrollment Month 201408*

## *Indicator #1A for Enrollment Month:* August 2014

### Disenrollments To Other Plans

| | | Enrollment Mont | | | Twelve Months Period | | |
|---|---|---|---|---|---|---|---|
| | | FHP | MCAD | Total | FHP | MCAD | Total |
| | INVOLUNTARY | | 18 | 18 | 22 | 274 | 296 |
| | VOLUNTARY | 7 | 52 | 59 | 106 | 897 | 1003 |
| **Affinity Health Plan** | **TOTAL** | **7** | **70** | **77** | **128** | **1171** | **1299** |
| | INVOLUNTARY | | 47 | 47 | 36 | 484 | 520 |
| | VOLUNTARY | 5 | 83 | 88 | 110 | 1590 | 1700 |
| **Amerigroup/Health Plus/CarePlus** | **TOTAL** | **5** | **130** | **135** | **146** | **2074** | **2220** |
| | INVOLUNTARY | 3 | 124 | 127 | 94 | 1339 | 1433 |
| | VOLUNTARY | 10 | 314 | 324 | 402 | 4424 | 4826 |
| **Fidelis Care** | **TOTAL** | **13** | **438** | **451** | **496** | **5763** | **6259** |
| | INVOLUNTARY | 1 | 147 | 148 | 114 | 2163 | 2277 |
| | VOLUNTARY | 25 | 522 | 547 | 529 | 7086 | 7615 |
| **Health First** | **TOTAL** | **26** | **669** | **695** | **643** | **9249** | **9892** |
| | INVOLUNTARY | | 21 | 21 | 7 | 223 | 230 |
| | VOLUNTARY | 1 | 34 | 35 | 49 | 647 | 696 |
| **HIP/NYC** | **TOTAL** | **1** | **55** | **56** | **56** | **870** | **926** |
| | INVOLUNTARY | | 41 | 41 | 12 | 339 | 351 |
| | VOLUNTARY | 2 | 39 | 41 | 69 | 775 | 844 |
| **United Healthcare of NY** | **TOTAL** | **2** | **80** | **82** | **81** | **1114** | **1195** |
| | INVOLUNTARY | 1 | 7 | 8 | 18 | 151 | 169 |
| | VOLUNTARY | | 26 | 26 | 15 | 216 | 231 |
| **Wellcare of NY** | **TOTAL** | **1** | **33** | **34** | **33** | **367** | **400** |
| | INVOLUNTARY | 6 | 414 | 420 | 340 | 5219 | 5559 |
| | VOLUNTARY | 51 | 1084 | 1135 | 1344 | 15783 | 17127 |
| **Disenrolled Plan Transfers** | **TOTAL** | **57** | **1498** | **1555** | **1684** | **21002** | **22686** |
| | INVOLUNTARY | | 14 | 14 | 29 | 508 | 537 |
| | VOLUNTARY | 1 | 40 | 41 | 11 | 434 | 445 |
| **Disenrolled Unknown Plan Transfers:** | **TOTAL** | **1** | **54** | **55** | **40** | **942** | **982** |
| | INVOLUNTARY | 825 | 11048 | 11873 | 11321 | 127937 | 139258 |
| | UNKNOWN | | 19 | 19 | 98 | 86 | 184 |
| | VOLUNTARY | 1 | 44 | 45 | 33 | 1039 | 1072 |
| **Non-Transfer Disenroll Total:** | **TOTAL** | **826** | **11111** | **11937** | **11452** | **129062** | **140514** |
| | INVOLUNTARY | 831 | 11476 | 12307 | 11690 | 133664 | 145354 |
| | UNKNOWN | | 19 | 19 | 105 | 93 | 198 |
| | VOLUNTARY | 53 | 1168 | 1221 | 1388 | 17256 | 18644 |
| **Total MetroPlus Disenrollment:** | **TOTAL** | **884** | **12663** | **13547** | **13183** | **151013** | **164196** |

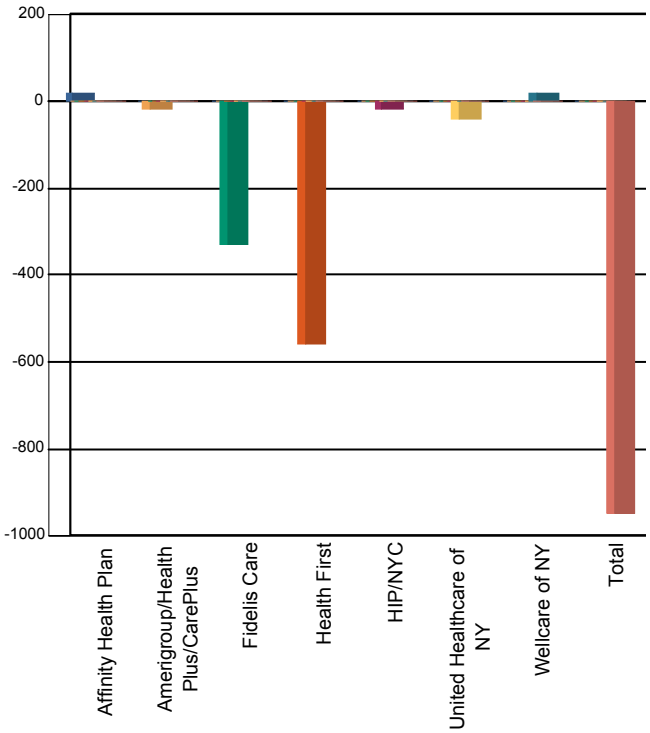
### New MetroPlus Members Disenrolled From Other Plans

| | FHP | MCAD | Total | Y FHP | Y MCAD | Y Total |
|---|---|---|---|---|---|---|
| Affinity Health Plan | 3 | 95 | 98 | 104 | 1,548 | 1,652 |
| Amerigroup/Health Plus/CarePlus | 3 | 115 | 118 | 182 | 2,191 | 2,373 |
| Fidelis Care | 6 | 115 | 121 | 124 | 1,946 | 2,070 |
| Health First | 4 | 134 | 138 | 134 | 2,052 | 2,186 |
| HIP/NYC | | 36 | 36 | 35 | 819 | 854 |
| United Healthcare of NY | | 43 | 43 | 65 | 1,044 | 1,109 |
| Wellcare of NY | 3 | 52 | 55 | 113 | 1,139 | 1,252 |
| Total | 19 | 590 | 609 | 757 | 10,739 | 11,496 |
| Unknown/Other (not in total) | 9 | 4,364 | 4,373 | 11,399 | 91,221 | 102,620 |

### *Net Difference*

| | Enrollment Month | | | Twelve Months Period | | |
|---|---|---|---|---|---|---|
| | FHP | MCAD | Total | FHP | MCAD | Total |
| Affinity Health Plan | -4 | 25 | 21 | -24 | 377 | 353 |
| Amerigroup/Health Plus/CarePlus | -2 | -15 | -17 | 36 | 117 | 153 |
| Fidelis Care | -7 | -323 | -330 | -372 | -3,817 | -4,189 |
| Health First | -22 | -535 | -557 | -509 | -7,197 | -7,706 |
| HIP/NYC | | -19 | -20 | -21 | -51 | -72 |
| United Healthcare of NY | | -37 | -39 | -16 | -70 | -86 |
| Wellcare of NY | 2 | 19 | 21 | 80 | 772 | 852 |
| Total | -38 | -908 | -946 | -927 | -10,263 | -11,190 |

### Enroll Month Net Transfers (Known)



# Disenrolled Member Plan Transfer Distribution

**Last Data Refresh Date:** 08/14/2014

| Other Plan Name | Category | 2013_09 | | 2013_10 | | 2013_11 | | 2013_12 | | 2014_01 | | 2014_02 | | 2014_03 | | 2014_04 | | 2014_05 | | 2014_06 | | 2014_07 | | 2014_08 | | 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 | 0 | 2 | 1 | 3 | 1 | 5 | 1 | 1 | 1 | 2 | 0 | 3 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 2 | 0 | 0 | 28 |
| | VOLUNTARY | 0 | 1 | 0 | 3 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 9 |
| | TOTAL | 0 | 3 | 0 | 5 | 1 | 4 | 3 | 5 | 1 | 1 | 1 | 2 | 0 | 3 | 1 | 1 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 0 | 37 |
| Affinity Health Plan | INVOLUNTARY | 0 | 1 | 0 | 1 | 1 | 2 | 0 | 3 | 0 | 4 | 3 | 29 | 1 | 3 | 1 | 16 | 11 | 89 | 0 | 18 | 5 | 90 | 0 | 18 | 296 |
| | VOLUNTARY | 17 | 113 | 15 | 118 | 14 | 125 | 14 | 100 | 8 | 77 | 7 | 52 | 10 | 77 | 10 | 104 | 0 | 0 | 4 | 79 | 0 | 0 | 7 | 52 | 1,003 |
| | TOTAL | 17 | 114 | 15 | 119 | 15 | 127 | 14 | 103 | 8 | 81 | 10 | 81 | 11 | 80 | 11 | 120 | 11 | 89 | 4 | 97 | 5 | 90 | 7 | 70 | 1,299 |
| Amerigroup/ Health Plus/CarePlus | INVOLUNTARY | 6 | 9 | 2 | 2 | 0 | 11 | 0 | 7 | 4 | 6 | 5 | 54 | 1 | 13 | 0 | 25 | 12 | 164 | 1 | 35 | 5 | 111 | 0 | 47 | 520 |
| | VOLUNTARY | 17 | 221 | 18 | 170 | 18 | 189 | 11 | 220 | 15 | 159 | 1 | 74 | 9 | 143 | 6 | 181 | 0 | 0 | 10 | 149 | 0 | 1 | 5 | 83 | 1,700 |
| | TOTAL | 23 | 230 | 20 | 172 | 18 | 200 | 11 | 227 | 19 | 165 | 6 | 128 | 10 | 156 | 6 | 206 | 12 | 164 | 11 | 184 | 5 | 112 | 5 | 130 | 2,220 |
| BC/BS OF MNE | INVOLUNTARY | 1 | 5 | 0 | 8 | 0 | 6 | 0 | 5 | 2 | 0 | 0 | 4 | 0 | 5 | 0 | 7 | 1 | 6 | 0 | 3 | 1 | 5 | 0 | 5 | 64 |
| | VOLUNTARY | 1 | 3 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 11 |
| | TOTAL | 2 | 8 | 0 | 8 | 0 | 6 | 1 | 5 | 2 | 1 | 0 | 4 | 1 | 6 | 0 | 8 | 1 | 6 | 1 | 4 | 1 | 5 | 0 | 5 | 75 |
| CIGNA | INVOLUNTARY | 0 | 2 | 0 | 1 | 0 | 4 | 0 | 3 | 0 | 1 | 1 | 4 | 0 | 4 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 3 | 31 |
| | VOLUNTARY | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| | TOTAL | 0 | 2 | 0 | 1 | 1 | 4 | 0 | 5 | 0 | 2 | 1 | 4 | 1 | 4 | 0 | 3 | 0 | 4 | 0 | 0 | 0 | 1 | 0 | 3 | 36 |
| Fidelis Care | INVOLUNTARY | 0 | 11 | 0 | 14 | 1 | 5 | 0 | 8 | 2 | 6 | 19 | 191 | 0 | 30 | 2 | 52 | 48 | 427 | 1 | 92 | 18 | 379 | 3 | 124 | 1,433 |
| | UNKNOWN | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 4 |
| | VOLUNTARY | 54 | 670 | 43 | 468 | 59 | 534 | 72 | 576 | 40 | 424 | 8 | 162 | 40 | 404 | 34 | 454 | 0 | 0 | 42 | 418 | 0 | 0 | 10 | 314 | 4,826 |
| | TOTAL | 54 | 682 | 43 | 482 | 60 | 539 | 72 | 584 | 42 | 430 | 27 | 354 | 40 | 434 | 36 | 506 | 48 | 427 | 45 | 510 | 18 | 379 | 13 | 438 | 6,263 |
| GROUP HEAL | INVOLUNTARY | 0 | 1 | 1 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 6 | 0 | 4 | 0 | 4 | 1 | 4 | 0 | 3 | 0 | 4 | 0 | 0 | 35 |

MetroPlus Health Plan

# Disenrolled Member Plan Transfer Distribution

**Last Data Refresh Date:** 08/14/2014

| | | 2013_09 | | 2013_10 | | 2013_11 | | 2013_12 | | 2014_01 | | 2014_02 | | 2014_03 | | 2014_04 | | 2014_05 | | 2014_06 | | 2014_07 | | 2014_08 | | 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 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 6 |
| | TOTAL | 2 | 1 | 1 | 2 | 0 | 5 | 0 | 0 | 0 | 2 | 0 | 6 | 0 | 4 | 1 | 5 | 1 | 4 | 0 | 3 | 0 | 4 | 0 | 0 | 41 |
| Health First | INVOLUNTARY | 0 | 21 | 2 | 11 | 1 | 11 | 6 | 15 | 0 | 15 | 32 | 309 | 1 | 46 | 2 | 88 | 41 | 695 | 6 | 171 | 22 | 634 | 1 | 147 | 2,277 |
| | UNKNOWN | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| | VOLUNTARY | 77 | 1,052 | 74 | 767 | 71 | 834 | 82 | 903 | 58 | 595 | 8 | 275 | 47 | 632 | 48 | 754 | 0 | 2 | 39 | 750 | 0 | 0 | 25 | 522 | 7,615 |
| | TOTAL | 77 | 1,074 | 76 | 778 | 72 | 845 | 88 | 918 | 58 | 610 | 40 | 584 | 48 | 678 | 50 | 842 | 41 | 697 | 46 | 921 | 22 | 634 | 26 | 669 | 9,894 |
| HEALTH INS PLAN OF GREATER NY | INVOLUNTARY | 0 | 3 | 3 | 3 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 19 |
| | VOLUNTARY | 1 | 2 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 |
| | TOTAL | 1 | 5 | 3 | 5 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 1 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 24 |
| HIP/NYC | INVOLUNTARY | 0 | 0 | 0 | 2 | 0 | 2 | 0 | 3 | 0 | 4 | 1 | 33 | 1 | 4 | 0 | 14 | 4 | 57 | 0 | 17 | 1 | 66 | 0 | 21 | 230 |
| | VOLUNTARY | 7 | 88 | 6 | 68 | 8 | 75 | 11 | 75 | 5 | 73 | 2 | 39 | 2 | 55 | 5 | 81 | 0 | 1 | 2 | 58 | 0 | 0 | 1 | 34 | 696 |
| | TOTAL | 7 | 88 | 6 | 70 | 8 | 77 | 11 | 78 | 5 | 77 | 3 | 72 | 3 | 59 | 5 | 95 | 4 | 58 | 2 | 75 | 1 | 66 | 1 | 55 | 926 |
| OXFORD INSURANCE CO. | INVOLUNTARY | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 1 | 0 | 10 |
| | VOLUNTARY | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 6 |
| | TOTAL | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 2 | 0 | 1 | 0 | 1 | 1 | 0 | 16 |
| UNION LOC. 1199 | INVOLUNTARY | 0 | 10 | 0 | 5 | 3 | 3 | 0 | 2 | 0 | 4 | 7 | 20 | 0 | 7 | 2 | 5 | 3 | 12 | 0 | 2 | 1 | 9 | 0 | 1 | 96 |
| | VOLUNTARY | 9 | 26 | 5 | 15 | 13 | 14 | 5 | 8 | 9 | 7 | 0 | 0 | 1 | 12 | 5 | 15 | 0 | 0 | 1 | 10 | 0 | 0 | 1 | 14 | 170 |
| | TOTAL | 9 | 36 | 5 | 20 | 16 | 17 | 5 | 10 | 9 | 11 | 7 | 20 | 1 | 19 | 7 | 20 | 3 | 12 | 1 | 12 | 1 | 9 | 1 | 15 | 266 |
| United Healthcare of NY | INVOLUNTARY | 0 | 7 | 0 | 12 | 0 | 6 | 0 | 3 | 1 | 10 | 0 | 47 | 0 | 10 | 1 | 23 | 4 | 89 | 2 | 25 | 4 | 66 | 0 | 41 | 351 |
| | UNKNOWN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |

# Disenrolled Member Plan Transfer Distribution

**Last Data Refresh Date:** 08/14/2014

| | | 2013_09 | | 2013_10 | | 2013_11 | | 2013_12 | | 2014_01 | | 2014_02 | | 2014_03 | | 2014_04 | | 2014_05 | | 2014_06 | | 2014_07 | | 2014_08 | | 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 | 8 | 119 | 13 | 79 | 9 | 84 | 8 | 102 | 8 | 75 | 2 | 30 | 4 | 99 | 8 | 82 | 0 | 1 | 7 | 65 | 0 | 0 | 2 | 39 | 844 |
| | TOTAL | 8 | 126 | 13 | 91 | 9 | 90 | 8 | 105 | 9 | 85 | 2 | 77 | 4 | 109 | 9 | 105 | 4 | 90 | 10 | 90 | 4 | 66 | 2 | 80 | 1,196 |
| Wellcare of NY | INVOLUNTARY | 0 | 6 | 1 | 8 | 1 | 6 | 0 | 7 | 1 | 6 | 1 | 17 | 2 | 1 | 0 | 16 | 1 | 25 | 1 | 19 | 9 | 33 | 1 | 7 | 169 |
| | UNKNOWN | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| | VOLUNTARY | 0 | 29 | 0 | 22 | 7 | 20 | 3 | 39 | 0 | 23 | 2 | 9 | 2 | 16 | 1 | 20 | 0 | 0 | 0 | 12 | 0 | 0 | 0 | 26 | 231 |
| | TOTAL | 0 | 35 | 1 | 30 | 8 | 26 | 3 | 46 | 1 | 29 | 3 | 26 | 4 | 17 | 1 | 36 | 1 | 25 | 1 | 31 | 11 | 33 | 1 | 33 | 402 |
| **Disenrolled Plan Transfers** | INVOLUNTARY | 7 | 78 | 9 | 72 | 9 | 67 | 8 | 61 | 11 | 58 | 70 | 718 | 7 | 131 | 9 | 257 | 126 | 1,577 | 12 | 385 | 66 | 1,401 | 6 | 414 | 5,559 |
| | UNKNOWN | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 9 |
| | VOLUNTARY | 194 | 2,325 | 175 | 1,712 | 200 | 1,876 | 209 | 2,026 | 143 | 1,437 | 30 | 641 | 117 | 1,439 | 119 | 1,694 | 0 | 4 | 106 | 1,544 | 0 | 1 | 51 | 1,084 | 17,127 |
| | TOTAL | 201 | 2,405 | 184 | 1,784 | 209 | 1,943 | 217 | 2,087 | 154 | 1,495 | 100 | 1,360 | 124 | 1,570 | 128 | 1,951 | 126 | 1,581 | 122 | 1,929 | 68 | 1,402 | 57 | 1,498 | 22,695 |
| **Disenrolled Unknown Plan Transfers** | INVOLUNTARY | 1 | 26 | 3 | 32 | 3 | 39 | 2 | 37 | 1 | 26 | 3 | 74 | 0 | 26 | 7 | 27 | 3 | 57 | 4 | 42 | 2 | 108 | 0 | 14 | 537 |
| | UNKNOWN | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 5 |
| | VOLUNTARY | 1 | 49 | 3 | 41 | 2 | 35 | 1 | 53 | 1 | 56 | 1 | 19 | 0 | 38 | 1 | 33 | 0 | 10 | 0 | 40 | 0 | 20 | 1 | 40 | 445 |
| | TOTAL | 2 | 76 | 6 | 73 | 5 | 75 | 3 | 90 | 2 | 82 | 4 | 93 | 0 | 64 | 8 | 60 | 4 | 67 | 4 | 83 | 2 | 129 | 1 | 54 | 987 |
| **Non-Transfer Disenroll Total** | INVOLUNTARY | 982 | 10,155 | 925 | 9,257 | 1,287 | 10,886 | 1,005 | 9,382 | 1,060 | 10,879 | 742 | 11,888 | 797 | 10,703 | 1,012 | 11,456 | 952 | 11,429 | 868 | 10,523 | 866 | 10,331 | 825 | 11,048 | 139,258 |
| | UNKNOWN | 3 | 4 | 5 | 1 | 1 | 0 | 1 | 2 | 45 | 0 | 2 | 6 | 2 | 1 | 13 | 13 | 14 | 11 | 11 | 14 | 1 | 15 | 0 | 19 | 184 |
| | VOLUNTARY | 12 | 121 | 3 | 114 | 5 | 123 | 2 | 115 | 3 | 71 | 0 | 46 | 2 | 80 | 3 | 88 | 0 | 46 | 2 | 88 | 0 | 103 | 1 | 44 | 1,072 |
| | TOTAL | 997 | 10,280 | 933 | 9,372 | 1,293 | 11,009 | 1,008 | 9,499 | 1,108 | 10,950 | 744 | 11,940 | 801 | 10,784 | 1,028 | 11,557 | 966 | 11,486 | 881 | 10,625 | 867 | 10,449 | 826 | 11,111 | 140,514 |
| **Total MetroPlus Disenrollmen** | INVOLUNTARY | 990 | 10,259 | 937 | 9,361 | 1,299 | 10,992 | 1,015 | 9,480 | 1,072 | 10,963 | 815 | 12,680 | 804 | 10,860 | 1,028 | 11,740 | 1,081 | 13,063 | 884 | 10,950 | 934 | 11,840 | 831 | 11,476 | 145,354 |
| | UNKNOWN | 3 | 7 | 5 | 1 | 1 | 1 | 1 | 2 | 45 | 0 | 2 | 7 | 2 | 1 | 13 | 13 | 15 | 11 | 15 | 15 | 3 | 16 | 0 | 19 | 198 |

# Disenrolled Member Plan Transfer Distribution

**Last Data Refresh Date:** 08/14/2014

| | | 2013_09 | | 2013_10 | | 2013_11 | | 2013_12 | | 2014_01 | | 2014_02 | | 2014_03 | | 2014_04 | | 2014_05 | | 2014_06 | | 2014_07 | | 2014_08 | | 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 Disenrollmen** | VOLUNTARY | 207 | 2,495 | 181 | 1,867 | 207 | 2,034 | 212 | 2,194 | 147 | 1,564 | 31 | 706 | 119 | 1,557 | 123 | 1,815 | 0 | 60 | 108 | 1,672 | 0 | 124 | 53 | 1,168 | 18,644 |
| | TOTAL | 1,200 | 12,761 | 1,123 | 11,229 | 1,507 | 13,027 | 1,228 | 11,676 | 1,264 | 12,527 | 848 | 13,393 | 925 | 12,418 | 1,164 | 13,568 | 1,096 | 13,134 | 1,007 | 12,637 | 937 | 11,980 | 884 | 12,663 | 164,196 |

MetroPlus Health Plan

# New Member Transfer From Other Plans

| | 2013_09 | | 2013_10 | | 2013_11 | | 2013_12 | | 2014_01 | | 2014_02 | | 2014_03 | | 2014_04 | | 2014_05 | | 2014_06 | | 2014_07 | | 2014_08 | | 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 | 4 | 29 | 5 | 15 | 2 | 14 | 1 | 18 | 1 | 17 | 4 | 13 | 3 | 6 | 1 | 6 | 0 | 4 | 1 | 4 | 0 | 3 | 0 | 8 | 159 |
| Affinity Health Plan | 16 | 188 | 15 | 157 | 12 | 154 | 14 | 156 | 6 | 145 | 5 | 114 | 6 | 106 | 10 | 119 | 9 | 113 | 7 | 113 | 1 | 88 | 3 | 95 | 1,652 |
| Amerigroup/Health Plus/CarePlus | 35 | 256 | 25 | 201 | 22 | 211 | 26 | 230 | 16 | 189 | 7 | 165 | 11 | 205 | 17 | 173 | 8 | 141 | 7 | 186 | 5 | 119 | 3 | 115 | 2,373 |
| BC/BS OF MNE | 3 | 26 | 4 | 33 | 1 | 20 | 1 | 35 | 0 | 37 | 4 | 19 | 2 | 14 | 6 | 15 | 0 | 6 | 1 | 10 | 0 | 7 | 0 | 19 | 263 |
| CIGNA | 2 | 15 | 0 | 11 | 2 | 9 | 1 | 18 | 1 | 15 | 2 | 9 | 2 | 3 | 3 | 7 | 0 | 3 | 0 | 5 | 0 | 6 | 0 | 0 | 114 |
| Fidelis Care | 15 | 172 | 21 | 170 | 10 | 182 | 16 | 232 | 4 | 152 | 3 | 131 | 15 | 151 | 10 | 188 | 5 | 163 | 10 | 143 | 9 | 147 | 6 | 115 | 2,070 |
| GROUP HEALTH INC. | 3 | 29 | 3 | 17 | 3 | 17 | 2 | 14 | 1 | 20 | 0 | 11 | 1 | 10 | 1 | 14 | 0 | 10 | 0 | 11 | 0 | 2 | 0 | 5 | 174 |
| Health First | 26 | 280 | 15 | 179 | 13 | 196 | 17 | 199 | 8 | 189 | 9 | 123 | 5 | 151 | 15 | 166 | 7 | 129 | 8 | 159 | 7 | 147 | 4 | 134 | 2,186 |
| HEALTH INS PLAN OF GREATER N | 4 | 27 | 8 | 12 | 2 | 15 | 3 | 23 | 0 | 13 | 0 | 14 | 2 | 7 | 2 | 8 | 2 | 2 | 0 | 5 | 0 | 3 | 0 | 8 | 160 |
| HIP/NYC | 3 | 73 | 8 | 104 | 2 | 74 | 10 | 93 | 2 | 55 | 2 | 69 | 1 | 60 | 2 | 74 | 2 | 64 | 1 | 74 | 2 | 43 | 0 | 36 | 854 |
| OXFORD INSURANCE CO. | 0 | 22 | 2 | 7 | 1 | 10 | 1 | 12 | 1 | 13 | 0 | 3 | 1 | 5 | 0 | 6 | 0 | 3 | 0 | 2 | 0 | 5 | 1 | 2 | 97 |
| UNION LOC. 1199 | 9 | 37 | 4 | 16 | 8 | 21 | 6 | 20 | 6 | 37 | 3 | 20 | 5 | 6 | 8 | 27 | 4 | 20 | 1 | 23 | 4 | 8 | 2 | 12 | 307 |
| United Healthcare of NY | 13 | 111 | 7 | 112 | 5 | 129 | 7 | 142 | 4 | 89 | 7 | 77 | 10 | 72 | 4 | 93 | 3 | 56 | 5 | 66 | 0 | 54 | 0 | 43 | 1,109 |
| Unknown Plan | 2,026 | 10,815 | 1,550 | 7,633 | 1,602 | 8,616 | 1,731 | 10,262 | 1,045 | 14,813 | 1,112 | 6,295 | 1,137 | 5,654 | 943 | 7,268 | 160 | 4,753 | 71 | 6,027 | 13 | 4,722 | 9 | 4,364 | 102,621 |
| Wellcare of NY | 6 | 134 | 12 | 113 | 17 | 103 | 27 | 100 | 10 | 97 | 5 | 98 | 11 | 82 | 9 | 122 | 6 | 103 | 6 | 83 | 1 | 52 | 3 | 52 | 1,252 |
| TOTAL | 2,165 | 12,214 | 1,679 | 8,780 | 1,702 | 9,771 | 1,863 | 11,554 | 1,105 | 15,881 | 1,163 | 7,161 | 1,212 | 6,532 | 1,031 | 8,286 | 206 | 5,570 | 118 | 6,911 | 42 | 5,406 | 31 | 5,008 | 115,391 |

Report ID: MHP1268C
Report Run Date: 8/15/2014

# MetroPlus Health Plan

## Membership Summary by LOB Last 7 Months

## September-2014

| | | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 |
|---|---|---|---|---|---|---|---|---|
| Total Members | Prior Month | 431,845 | 434,935 | 444,788 | 467,640 | 468,032 | 466,142 | 466,840 |
| | New Member | 19,568 | 28,802 | 40,639 | 19,512 | 17,566 | 17,316 | 19,352 |
| | Voluntary Disenroll | 1,862 | 2,144 | 275 | 2,061 | 348 | 1,488 | 1,934 |
| | Involuntary Disenroll | 14,616 | 16,805 | 17,512 | 17,059 | 19,108 | 15,130 | 15,409 |
| | Adjusted | 13 | 30 | 64 | -410 | 86 | 1,527 | 0 |
| | Net Change | 3,090 | 9,853 | 22,852 | 392 | -1,890 | 698 | 2,009 |
| | Current Month | 434,935 | 444,788 | 467,640 | 468,032 | 466,142 | 466,840 | 468,849 |
| Medicaid | Prior Month | 360,024 | 358,552 | 362,966 | 370,774 | 375,279 | 378,488 | 381,791 |
| | New Member | 11,837 | 18,684 | 21,076 | 17,272 | 15,331 | 15,363 | 17,218 |
| | Voluntary Disenroll | 1,557 | 1,816 | 61 | 1,677 | 127 | 1,201 | 1,602 |
| | Involuntary Disenroll | 11,752 | 12,454 | 13,207 | 11,090 | 11,995 | 10,859 | 11,638 |
| | Adjusted | 15 | 28 | 58 | -421 | 98 | 1,451 | 0 |
| | Net Change | -1,472 | 4,414 | 7,808 | 4,505 | 3,209 | 3,303 | 3,978 |
| | Current Month | 358,552 | 362,966 | 370,774 | 375,279 | 378,488 | 381,791 | 385,769 |
| Child Health Plus | Prior Month | 11,644 | 11,562 | 11,623 | 11,927 | 11,893 | 11,714 | 11,707 |
| | New Member | 343 | 469 | 802 | 496 | 445 | 490 | 658 |
| | Voluntary Disenroll | 27 | 38 | 53 | 51 | 54 | 43 | 61 |
| | Involuntary Disenroll | 398 | 370 | 445 | 479 | 570 | 454 | 459 |
| | Adjusted | -1 | 3 | 4 | 5 | 2 | 34 | 0 |
| | Net Change | -82 | 61 | 304 | -34 | -179 | -7 | 138 |
| | Current Month | 11,562 | 11,623 | 11,927 | 11,893 | 11,714 | 11,707 | 11,845 |
| Family Health Plus | Prior Month | 26,490 | 26,223 | 24,596 | 22,797 | 20,144 | 17,552 | 14,959 |
| | New Member | 1,218 | 1,027 | 206 | 108 | 43 | 36 | 22 |
| | Voluntary Disenroll | 119 | 123 | 0 | 108 | 0 | 53 | 65 |
| | Involuntary Disenroll | 1,366 | 2,531 | 2,005 | 2,653 | 2,635 | 2,576 | 2,521 |
| | Adjusted | 1 | 0 | 4 | 7 | 12 | 22 | 0 |
| | Net Change | -267 | -1,627 | -1,799 | -2,653 | -2,592 | -2,593 | -2,564 |
| | Current Month | 26,223 | 24,596 | 22,797 | 20,144 | 17,552 | 14,959 | 12,395 |

# MetroPlus Health Plan

## Membership Summary by LOB Last 7 Months

## September-2014

| | | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 |
|---|---|---|---|---|---|---|---|---|
| HHC | Prior Month | 3,337 | 3,355 | 3,392 | 3,422 | 3,439 | 3,495 | 3,488 |
| | New Member | 31 | 53 | 57 | 44 | 120 | 45 | 3 |
| | Voluntary Disenroll | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Involuntary Disenroll | 13 | 16 | 27 | 27 | 64 | 52 | 26 |
| | Adjusted | -1 | 0 | 0 | 4 | 16 | 50 | 0 |
| | Net Change | 18 | 37 | 30 | 17 | 56 | -7 | -23 |
| | Current Month | 3,355 | 3,392 | 3,422 | 3,439 | 3,495 | 3,488 | 3,465 |
| SNP | Prior Month | 5,317 | 5,306 | 5,267 | 5,219 | 5,231 | 5,253 | 5,201 |
| | New Member | 70 | 86 | 68 | 131 | 129 | 73 | 51 |
| | Voluntary Disenroll | 27 | 40 | 22 | 56 | 8 | 39 | 68 |
| | Involuntary Disenroll | 54 | 85 | 94 | 63 | 99 | 86 | 62 |
| | Adjusted | -1 | -1 | 0 | -3 | -2 | 4 | 0 |
| | Net Change | -11 | -39 | -48 | 12 | 22 | -52 | -79 |
| | Current Month | 5,306 | 5,267 | 5,219 | 5,231 | 5,253 | 5,201 | 5,122 |
| Medicare | Prior Month | 7,949 | 8,016 | 8,007 | 8,116 | 7,938 | 8,142 | 8,250 |
| | New Member | 252 | 280 | 329 | 330 | 461 | 364 | 338 |
| | Voluntary Disenroll | 122 | 125 | 139 | 167 | 158 | 149 | 138 |
| | Involuntary Disenroll | 63 | 164 | 81 | 341 | 99 | 107 | 100 |
| | Adjusted | 0 | 0 | 0 | 0 | -1 | -6 | 0 |
| | Net Change | 67 | -9 | 109 | -178 | 204 | 108 | 100 |
| | Current Month | 8,016 | 8,007 | 8,116 | 7,938 | 8,142 | 8,250 | 8,350 |
| Managed Long Term Care | Prior Month | 477 | 508 | 511 | 535 | 576 | 607 | 632 |
| | New Member | 44 | 16 | 38 | 53 | 43 | 40 | 58 |
| | Voluntary Disenroll | 9 | 0 | 0 | 1 | 0 | 0 | 0 |
| | Involuntary Disenroll | 4 | 13 | 14 | 11 | 12 | 15 | 17 |
| | Adjusted | 0 | 0 | -1 | 0 | -1 | 3 | 0 |
| | Net Change | 31 | 3 | 24 | 41 | 31 | 25 | 41 |
| | Current Month | 508 | 511 | 535 | 576 | 607 | 632 | 673 |

# MetroPlus Health Plan

## Membership Summary by LOB Last 7 Months

## September-2014

| | | Mar-14 | Apr-14 | May-14 | Jun-14 | Jul-14 | Aug-14 | Sep-14 |
|---|---|---|---|---|---|---|---|---|
| QHP | Prior Month | 16,292 | 20,987 | 27,930 | 44,242 | 42,879 | 40,216 | 40,114 |
| | New Member | 5,659 | 8,105 | 17,921 | 1,012 | 945 | 853 | 967 |
| | Voluntary Disenroll | 1 | 2 | 0 | 1 | 1 | 3 | 0 |
| | Involuntary Disenroll | 963 | 1,160 | 1,609 | 2,374 | 3,607 | 952 | 574 |
| | Adjusted | 0 | 0 | 0 | -1 | -37 | -30 | 0 |
| | Net Change | 4,695 | 6,943 | 16,312 | -1,363 | -2,663 | -102 | 393 |
| | Current Month | 20,987 | 27,930 | 44,242 | 42,879 | 40,216 | 40,114 | 40,507 |
| SHOP | Prior Month | 315 | 426 | 496 | 608 | 653 | 675 | 698 |
| | New Member | 114 | 82 | 142 | 66 | 49 | 52 | 37 |
| | Voluntary Disenroll | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Involuntary Disenroll | 3 | 12 | 30 | 21 | 27 | 29 | 12 |
| | Adjusted | 0 | 0 | -1 | -1 | -1 | -1 | 0 |
| | Net Change | 111 | 70 | 112 | 45 | 22 | 23 | 25 |
| | Current Month | 426 | 496 | 608 | 653 | 675 | 698 | 723 |

# Meaningful Use Stage 2 Year 1 Update

## Bert Robles, Senior Vice President/Corporate CIO
## M&PA/IT Committee
## Thursday, October 2, 2014 – 1:00 PM

Thank you and good afternoon. At the September M&PA/IT committee I provided a brief update as to HHC's status to attest for Meaningful Use (MU) Stage 2 prior to the September 30th deadline. Today, I want to share with you the achievements of the HHC facilities and staff in implementing the MU Stage 2 Objectives which have been a struggle for healthcare systems nationally.

In mid-September, the Centers for Medicare and Medicaid Services (CMS) reported that for Eligible Hospitals, only 143 of the 3800 Hospitals that attested to MU Stage 1 have attested to Stage 2 across the United States.

Using the 2014 Edition Certified Electronic Health Record Technology (CEHRT) and 2014 Stage 2 Objectives and Clinical Quality Measures (CQM) the following seven (7) HHC Hospitals have met the attestation requirements for MU Stage 2:

- Coney Island Hospital
- Bellevue Hospital
- Jacobi Medical Center
- North Central Bronx Hospital
- Kings County Hospital
- Queens Hospital Center
- Elmhurst Hospital Center

The following four (4) facilities met MU Stage 2 using the 2011 Edition CEHRT 2013 Stage 1 Objectives and CQM:

- Lincoln Hospital
- Harlem Hospital
- Metropolitan Hospital
- Woodhull Hospital

On August 29th CMS published a final rule that gives flexibility and breathing room for health care providers in how they use CEHRT. Based on public comment and feedback from stakeholders, the Flexibility Rule allowed eligible providers to use the 2011 Edition CEHRT, a combination of 2011 and 2014 Edition CEHRT or 2014 CEHRT for an EHR reporting period in 2014. All eligible professionals, eligible hospitals, and Critical Access Hospitals (CAHs) are required to use the 2014 Edition CEHRT in 2015.

As a result, HHC suffered no loss of incentive monies nor financial penalties because all HHC facilities are able to fully participate in the incentive program.

Over the past year, all HHC facilities faced multiple hurdles in their quest to achieve MU Stage 2. Several of these challenges were:

- QCPR Delays
- Formatting of the Visit Summary
- Patient Portal Launch –July 1st (which did not allow for adequate training and adoption of the new workflow).

All HHC hospitals and staff should be recognized for their effort in overcoming these challenges and meeting these rigorous MU standards.

Our success would not be realized if it were not for the countless clinical and administrative staff who worked diligently to meet the objectives to attain MU. Special recognition should be given to the leadership within Medical & Professional Affairs, our CMO, Dr. Ross Wilson, CNO Lauren Johnson, Dr. Christina Jenkins, and Dr. Machelle Allen. Dr. Louis Capponi, our former CMIO should be recognized for his perseverance and thoroughness in shepherding HHC through the process this past year. Our gratitude also extends to Elaine Chapnik and our Office of Legal Affairs, Maxine Katz and the Finance Team as well as Mei Kong in Patient Safety . We need to recognize the Facility Qmed staff as well as the Facility CMIOs, the Patient Engagement Team led by Inger Dobson and Facility Patient Portal liaisons and staff who signed patients up. We should also recognize the HIM Directors Council led by Lebby Delgado, and the Pharmacy Directors Council led by Joesph D'Agostino and Lorraine Szabo.

At the facilities, we need to thank Network and Hospital Executive leadership, the Qmed staff, the Medical Directors and Chiefs of Staff, Nursing and Departmental leadership. Lastly within Enterprise IT Services, I want to thank the Network CIOs who managed and reported the progress of their respective sites as well as the EITS Patient Portal, Infrastructure, Security, Integration, Business, Training and Finance teams.

The success of this initiative was based on the collective effort of the entire HHC organization.

The work unfortunately does not stop here. All of us need to remain vigilant over the next twelve (12) months in order to meet Stage 2 Year 2. The next phase of this program requires us to maintain our commitment to meeting the measure thresholds and improving the quality, safety and efficiency of HHC's healthcare technology for the good of our patients.

Thank you.

# Patient Safety Update 2014


**Mei Kong, RN, MSN**
**Caroline M. Jacobs, MPH, MS.Ed.**

**M&PA IT Committee**
**Thursday, October 2, 2014**

# Patient Safety Update for FY 2014

- **Enterprise-wide strategic priorities**
  - Workforce development
    - TeamSTEPPS® engagement
  - Improving patient experience
- **2014 patient safety priorities**
  - Just Culture engagement
  - Medication safety
  - Patient Safety Culture Survey
- **Partnerships with external agencies and labor unions**
  - Committee of Interns and Residents - SEIU Healthcare (CIR/SEIU)
  - GNYHA and HANYS New York State Partnership For Patients (NYSPFP)
  - Agency for Healthcare Research and Quality (AHRQ)/Health Research and Educational Trust (HRET)/American Hospital Association (AHA)
  - Institute for Safe Medication Practices (ISMP)
  - National Patient Safety Foundation (NPSF)
- **Overview of other patient safety activities**

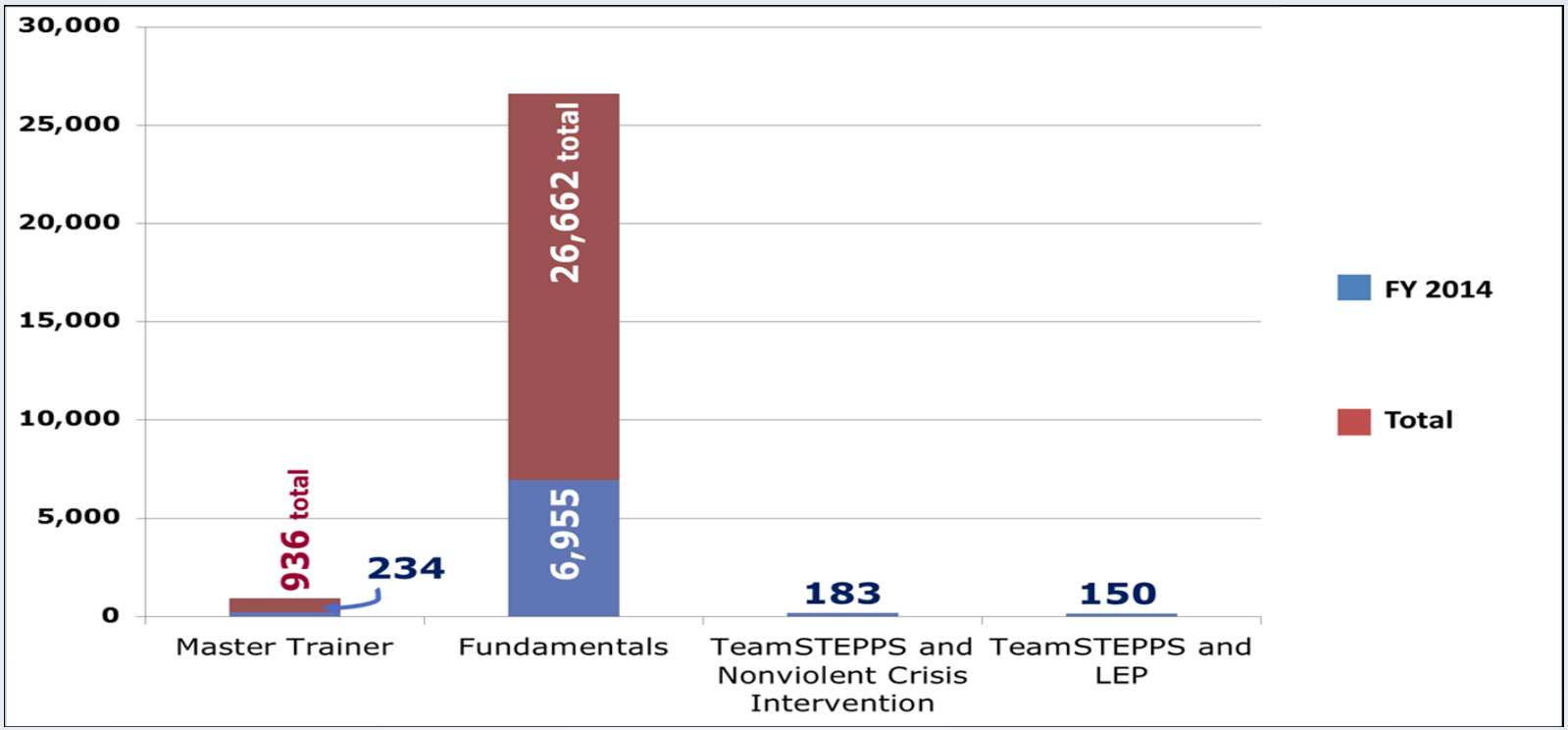
# Enterprise-wide Strategic Priority

## TeamSTEPPS® Engagement

**TeamSTEPPS is an evidence-based framework to optimize team performance. It is comprised of four teachable - learnable skills:**


TeamSTEPPS - Team Strategies and Tools to Enhance Performance and Patient Safety

# TeamSTEPPS® Engagement FY14

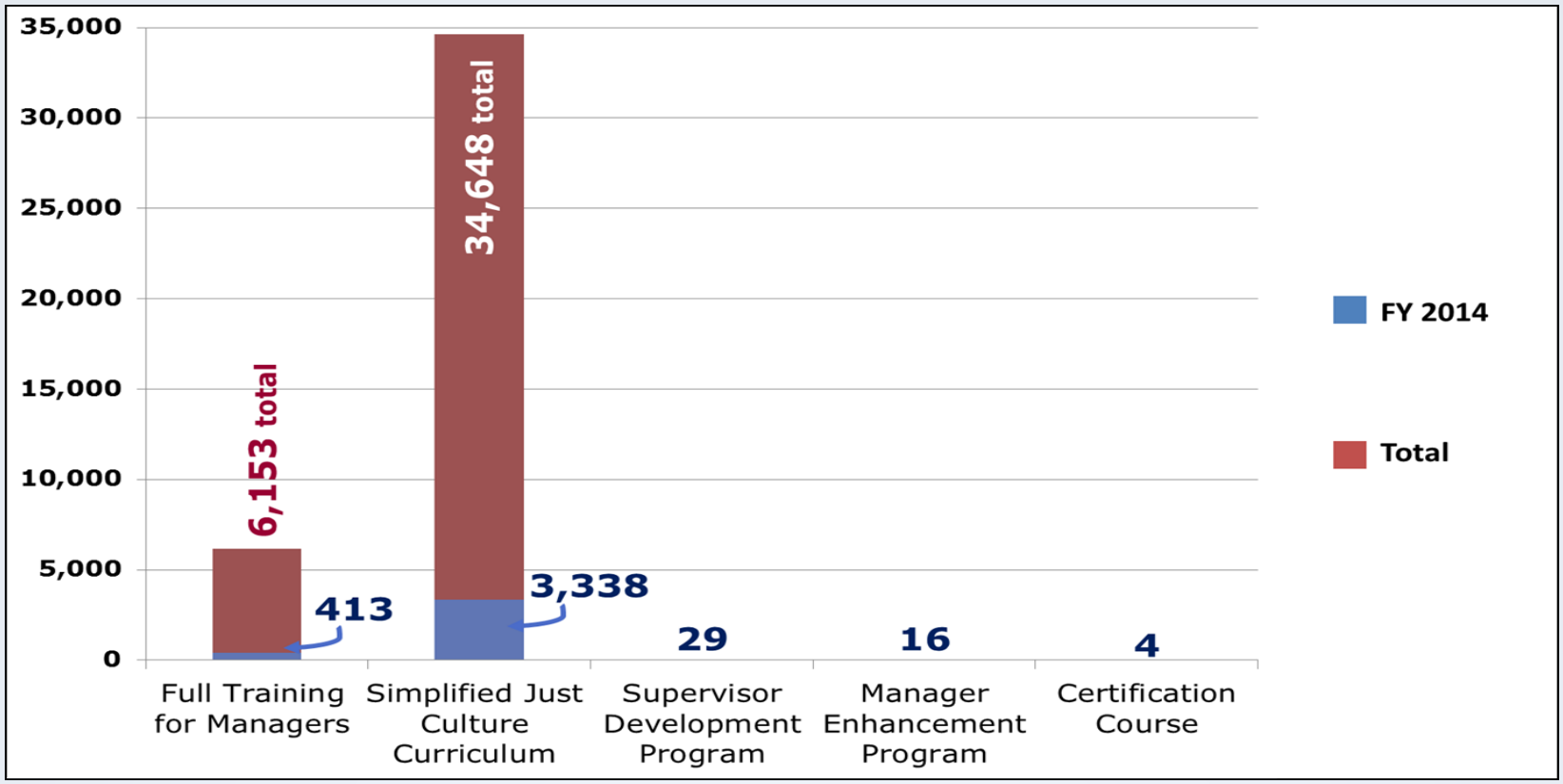



FY14 Hoshin Kanri employee engagement goal = Increase participation in TeamSTEPPS training by **10% or 1,416** employees.

*TeamSTEPPS and Nonviolent Crisis Intervention* is a new module added in FY 14.

*TeamSTEPPS and Limited English Proficiency (LEP)* is a new program funded by AHRQ/HRET/AHA. Will be made available across HHC in FY15.

# Just Culture Engagement FY14




New Supervisor and New Manager Programs are 2 components of HHC's Workforce Development Program

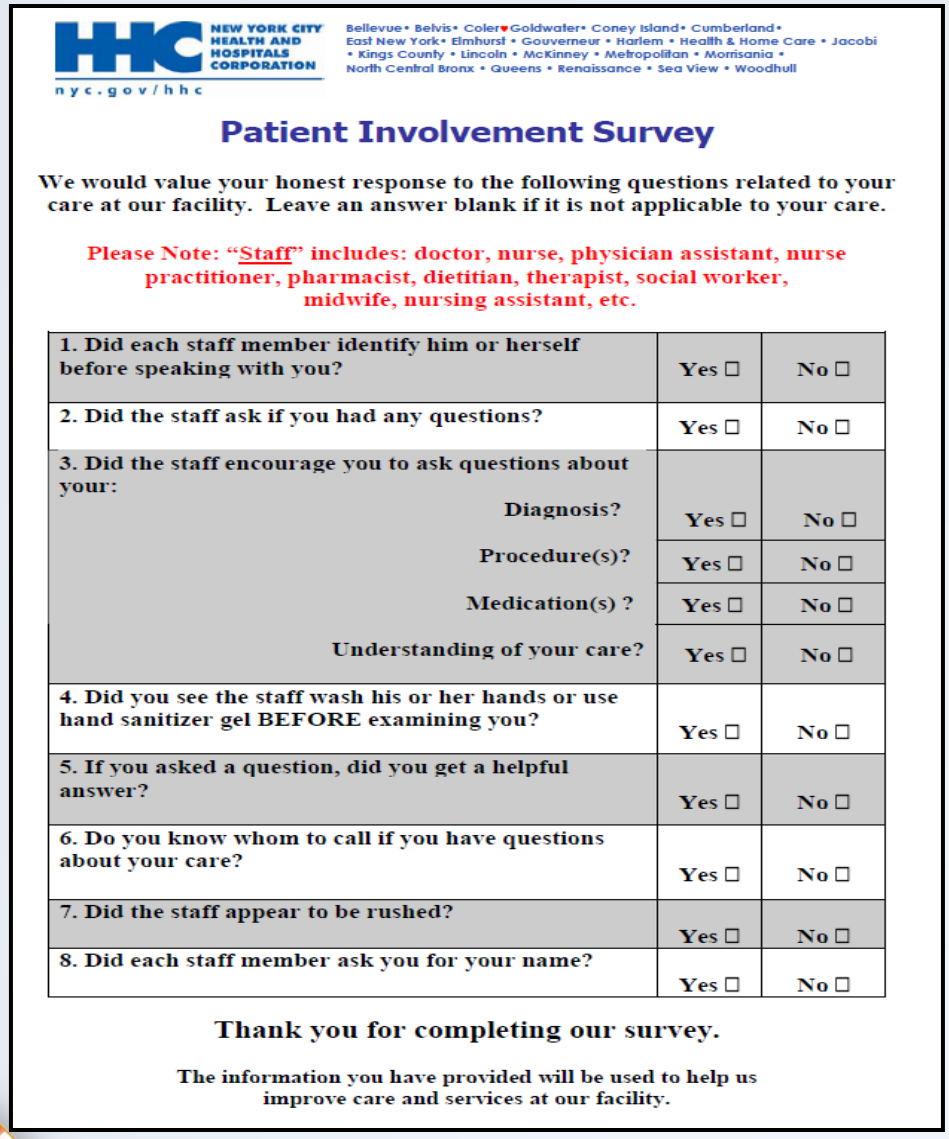
Two-day Just Culture Certification Course to be rolled out to 80 facility leaders in January 2015

# Queens Health Network

## Operationalizing TeamSTEPPS and "connecting the dots" with other strategic priorities

- Developed and launched a ***just-in-time TeamSTEPPS Breakthrough curriculum;*** delivered on day 1 of a Rapid Improvement Event (RIE) to improve team dynamics, communication and productivity of the event
- **100% Breakthrough Staff Master Trained on TeamSTEPPS**; resulting in the enhanced application of team training skills during Breakthrough Events organization-wide
- Collaborated with Breakthrough Value Stream Analysis (VSA) Owners to **identify and develop VSA-specific TeamSTEPPS Master Trainer champions.** The role of these Master Trainers includes supporting the active use of TeamSTEPPS strategies and skills into Breakthrough events
- Collaborated with the Journey to Excellence (JTE) staff to integrate TeamSTEPPS into JTE's Standards of Behavior

# Improving Patient Experience



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

Bellevue • Belvis • Coler • Goldwater • Coney Island • Cumberland • East New York • Elmhurst • Gouverneur • Harlem • Health & Home Care • Jacobi • Kings County • Lincoln • McKinney • Metropolitan • Morrisania • North Central Bronx • Queens • Renaissance • Sea View • Woodhull

## Patient Involvement Survey

We would value your honest response to the following questions related to your care at our facility. Leave an answer blank if it is not applicable to your care.

Please Note: "Staff" includes: doctor, nurse, physician assistant, nurse practitioner, pharmacist, dietitian, therapist, social worker, midwife, nursing assistant, etc.

| | | |
|---|---|---|
| 1. Did each staff member identify him or herself before speaking with you? | Yes ☐ | No ☐ |
| 2. Did the staff ask if you had any questions? | Yes ☐ | No ☐ |
| 3. Did the staff encourage you to ask questions about your: | | |
| Diagnosis? | Yes ☐ | No ☐ |
| Procedure(s)? | Yes ☐ | No ☐ |
| Medication(s) ? | Yes ☐ | No ☐ |
| Understanding of your care? | Yes ☐ | No ☐ |
| 4. Did you see the staff wash his or her hands or use hand sanitizer gel BEFORE examining you? | Yes ☐ | No ☐ |
| 5. If you asked a question, did you get a helpful answer? | Yes ☐ | No ☐ |
| 6. Do you know whom to call if you have questions about your care? | Yes ☐ | No ☐ |
| 7. Did the staff appear to be rushed? | Yes ☐ | No ☐ |
| 8. Did each staff member ask you for your name? | Yes ☐ | No ☐ |

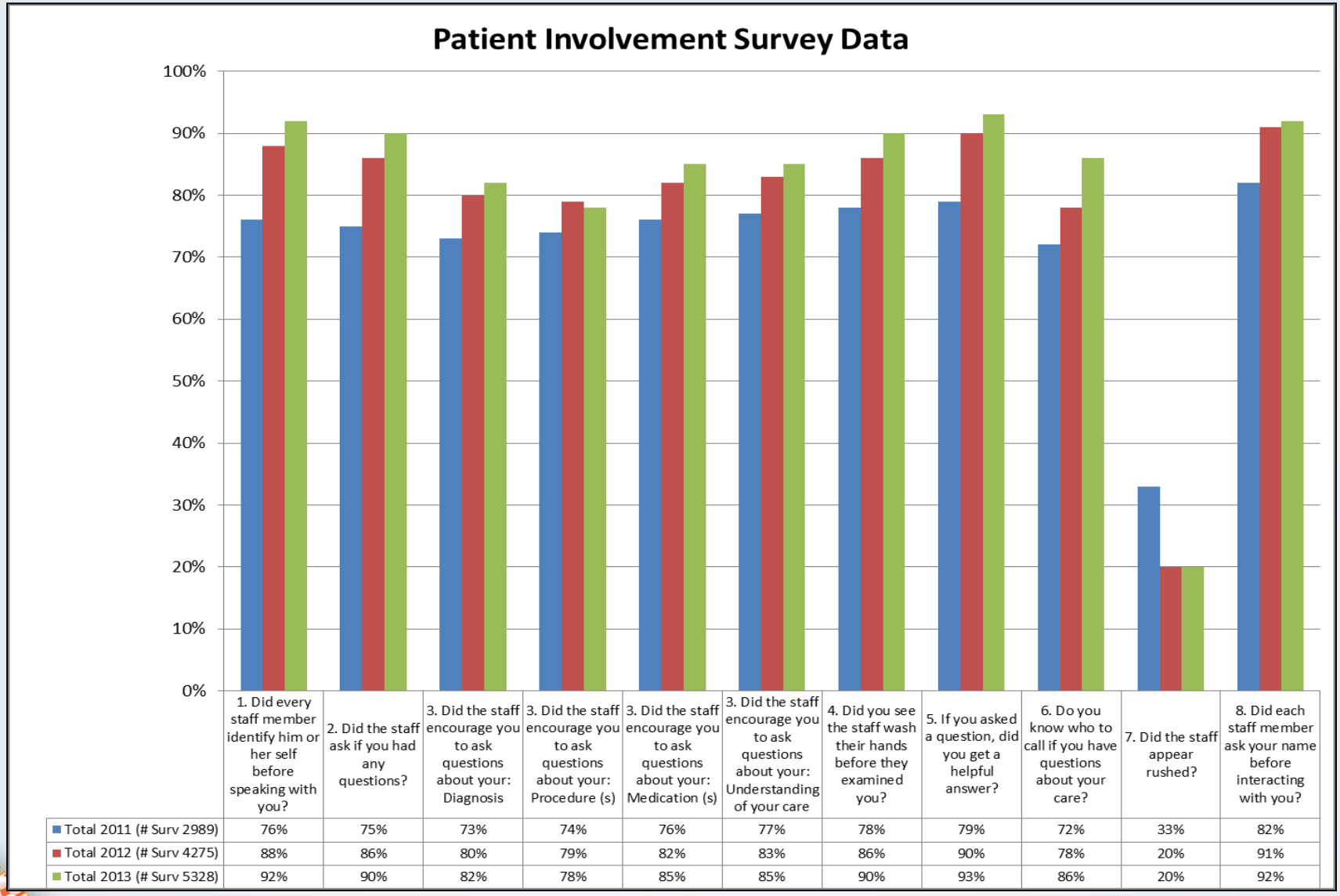
Thank you for completing our survey.

The information you have provided will be used to help us improve care and services at our facility.

## Patient Involvement Survey

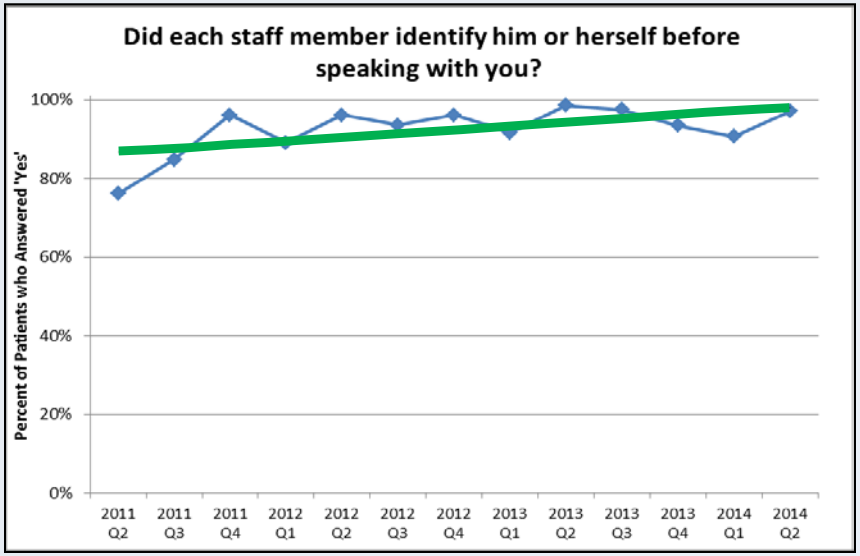
- "Just-in-time" tool to objectively assess patients' perception of involvement in their care
- Translated into 12 languages
- 5,328 surveys completed in CY 2013
- Next Step:
  - Evaluate impact on improvement in patient experience year over year (as measured by HCAHPS scores)

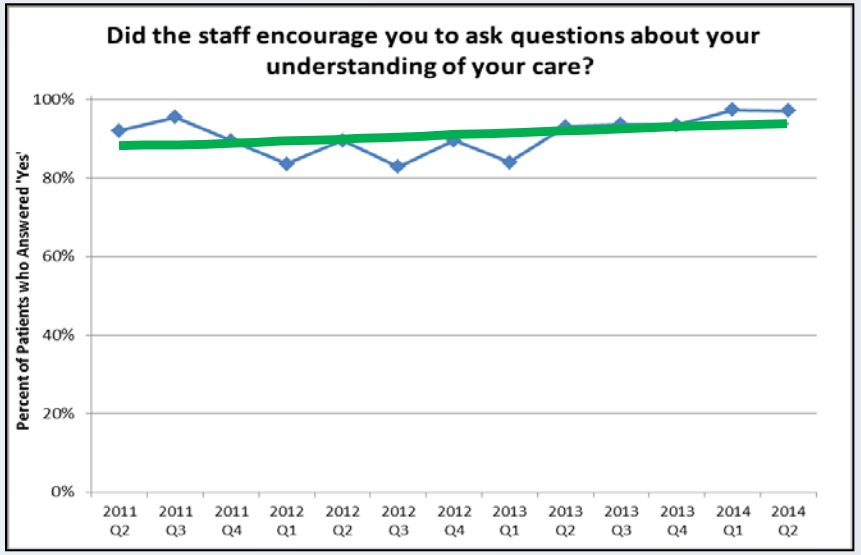
# Patient Involvement

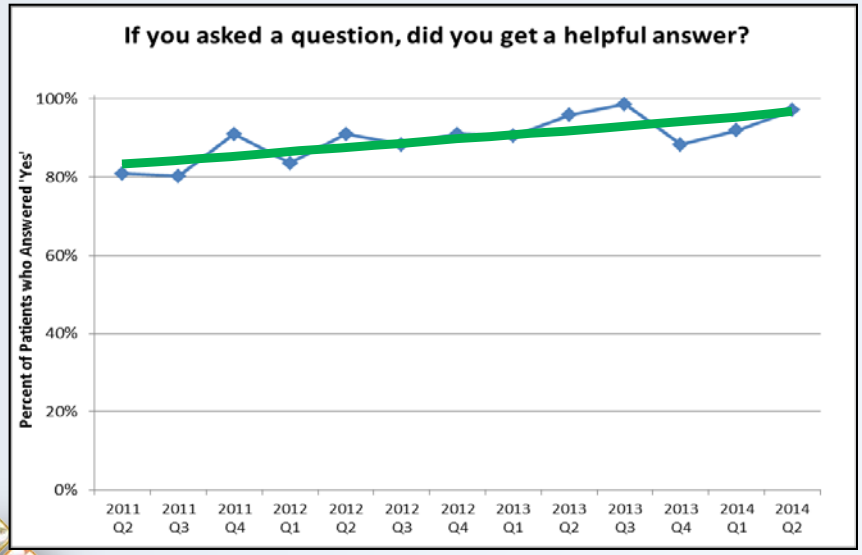



| | 1. Did every staff member identify him or her self before speaking with you? | 2. Did the staff ask if you had any questions? | 3. Did the staff encourage you to ask questions about your: Diagnosis | 3. Did the staff encourage you to ask questions about your: Procedure (s) | 3. Did the staff encourage you to ask questions about your: Medication (s) | 3. Did the staff encourage you to ask questions about your: Understanding of your care | 4. Did you see the staff wash their hands before they examined you? | 5. If you asked a question, did you get a helpful answer? | 6. Do you know who to call if you have questions about your care? | 7. Did the staff appear rushed? | 8. Did each staff member ask your name before interacting with you? |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Total 2011 (# Surv 2989) | 76% | 75% | 73% | 74% | 76% | 77% | 78% | 79% | 72% | 33% | 82% |
| Total 2012 (# Surv 4275) | 88% | 86% | 80% | 79% | 82% | 83% | 86% | 90% | 78% | 20% | 91% |
| Total 2013 (# Surv 5328) | 92% | 90% | 82% | 78% | 85% | 85% | 90% | 93% | 86% | 20% | 92% |

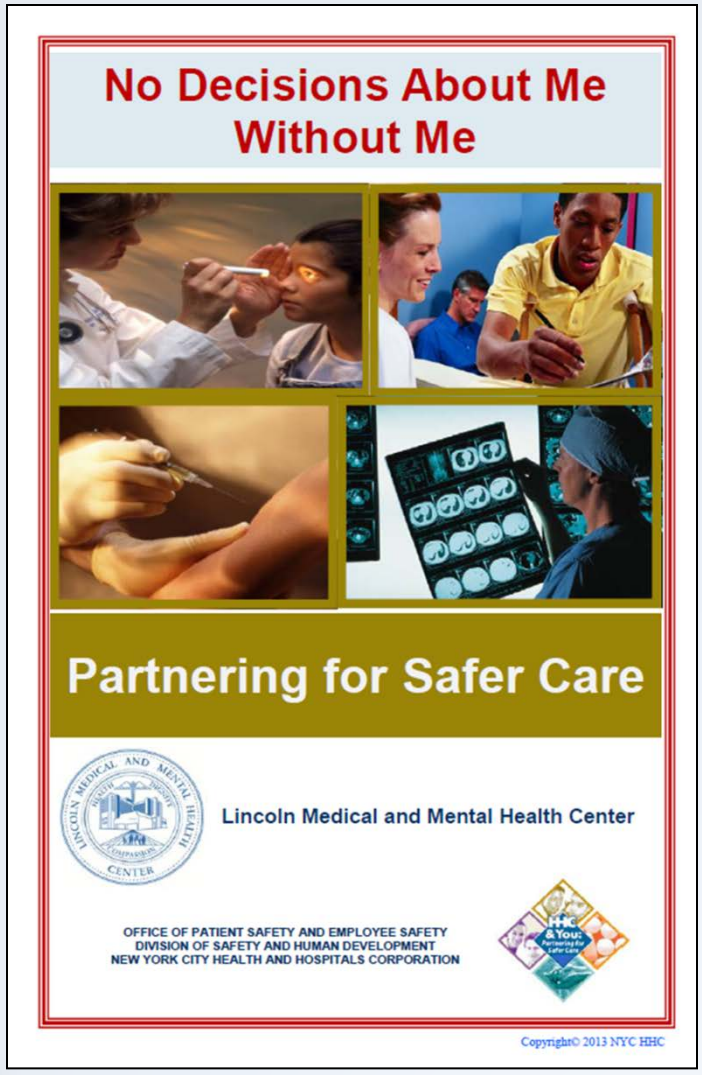
# Elmhurst Hospital

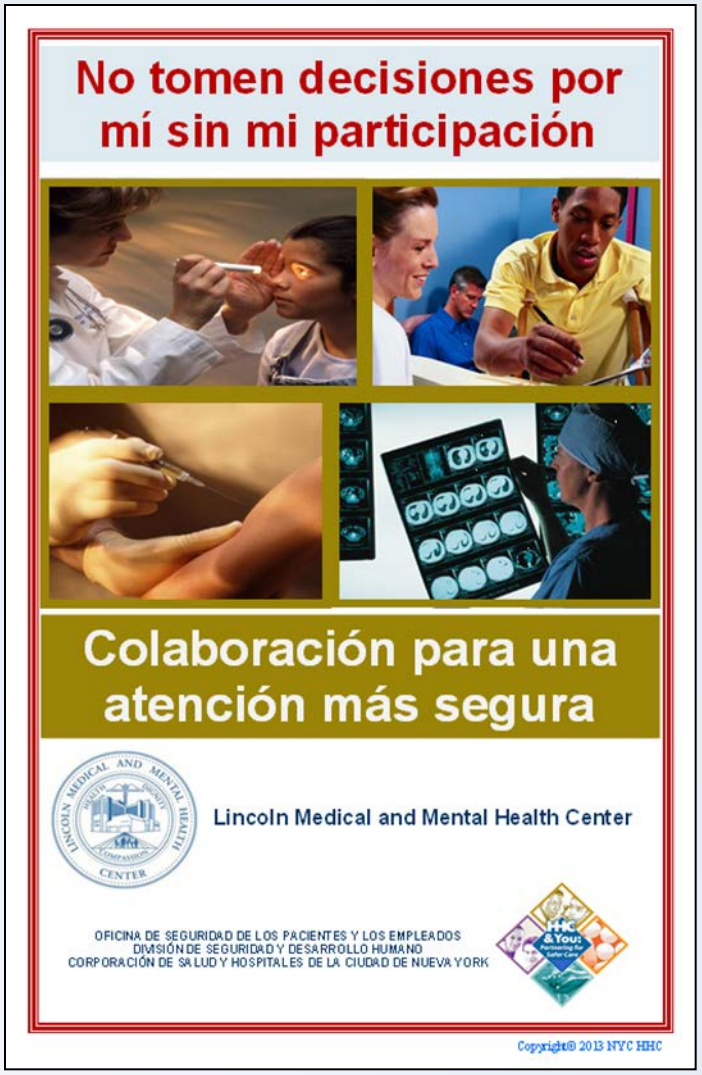


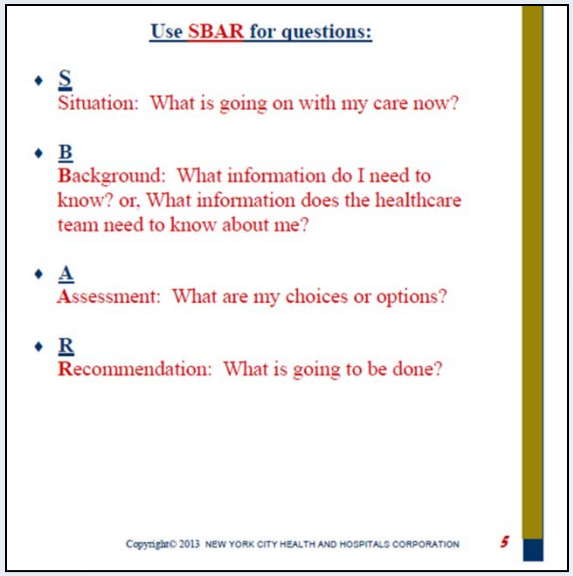

# Patient Involvement

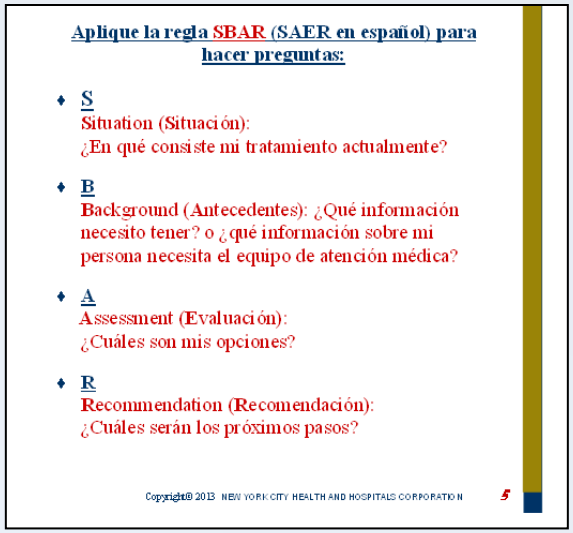


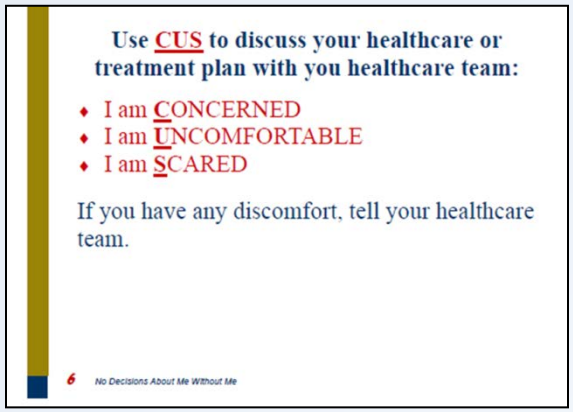



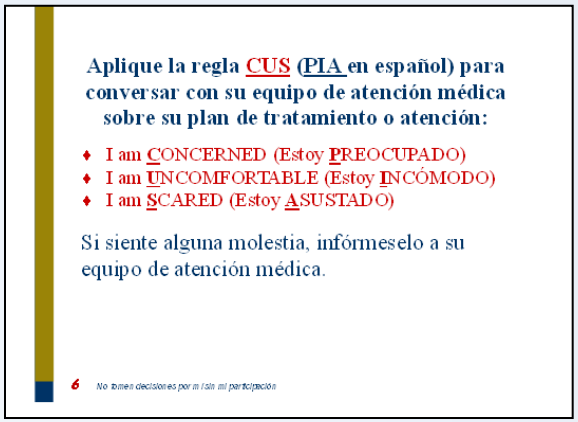
# "No Decisions About Me Without Me"

## Embedded TeamSTEPPS Tools to Engage Patients



# Medication Safety

- **Enterprise Medication Safety Council**

  **Purpose** - improve medication processes to reduce errors and potential harm

  **FY 2014 focus areas**

  - **Improving collection of medication intervention data**
  - **Improving use of "high-alert" medications**
    - Anti-coagulants
    - Insulin
    - Opioids
  - **Improving medication reconciliation processes**
  - **Conducting Medication Safety Grand Rounds**
  - **Producing the Medication Safety Newsletter**

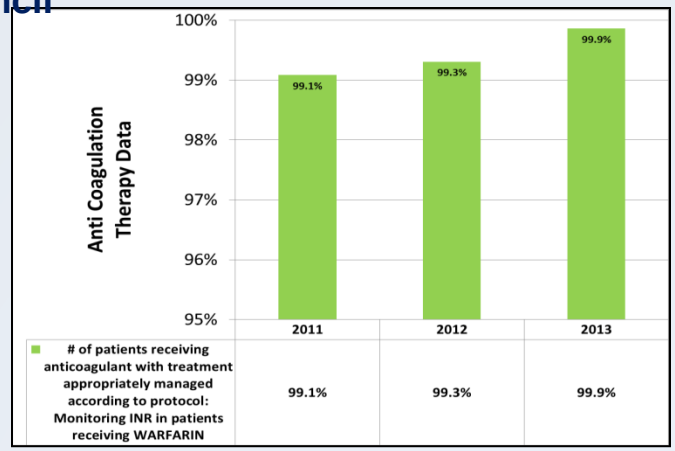
# Medication Interventions

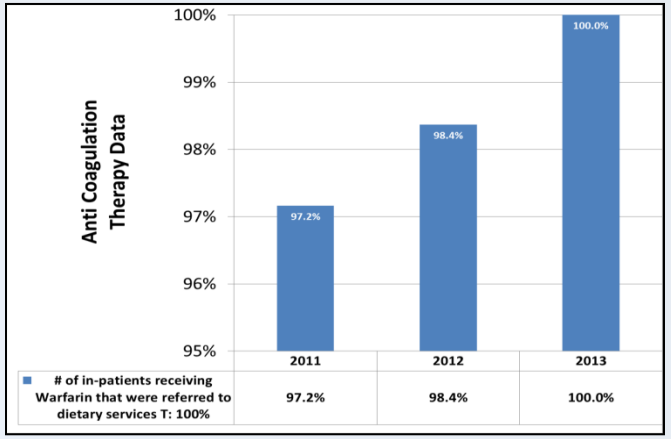

| Top 5 Ranking Medications Requiring Pharmacy Intervention Across Facilities | |
|---|---|
| Vancomycin | 2,670 |
| Acetaminophen | 811 |
| Cefepime | 547 |
| Ciprofloxacin | 530 |
| Vancocin | 345 |

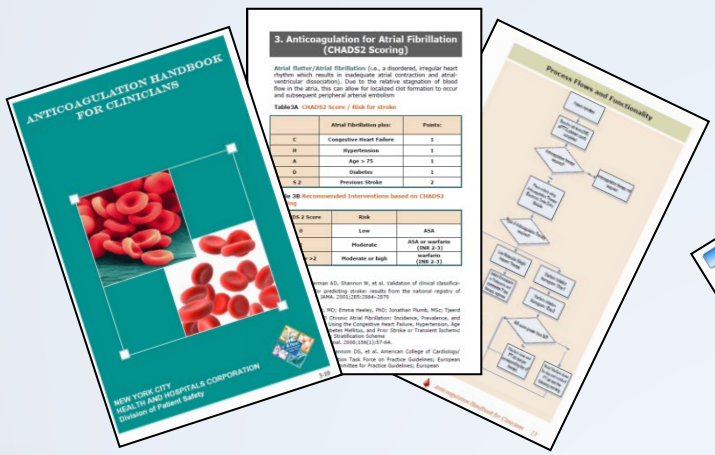
| Medication Interventions (2013 = 58,687) | |
|---|---|
| Drug | 15,713 |
| Dose | 8,249 |
| Patient | 65 |
| Time | 3,060 |
| Route | 1,399 |
| Other | 30,201 |

# Improving Anticoagulation Therapy

- Ten facilities identified anticoagulants (Warfarin and Coumadin) as the medication with the largest number of adverse drug reactions in 2013
- Cases reviewed, lessons-learned discussed, and solutions identified by Medication Safety Council



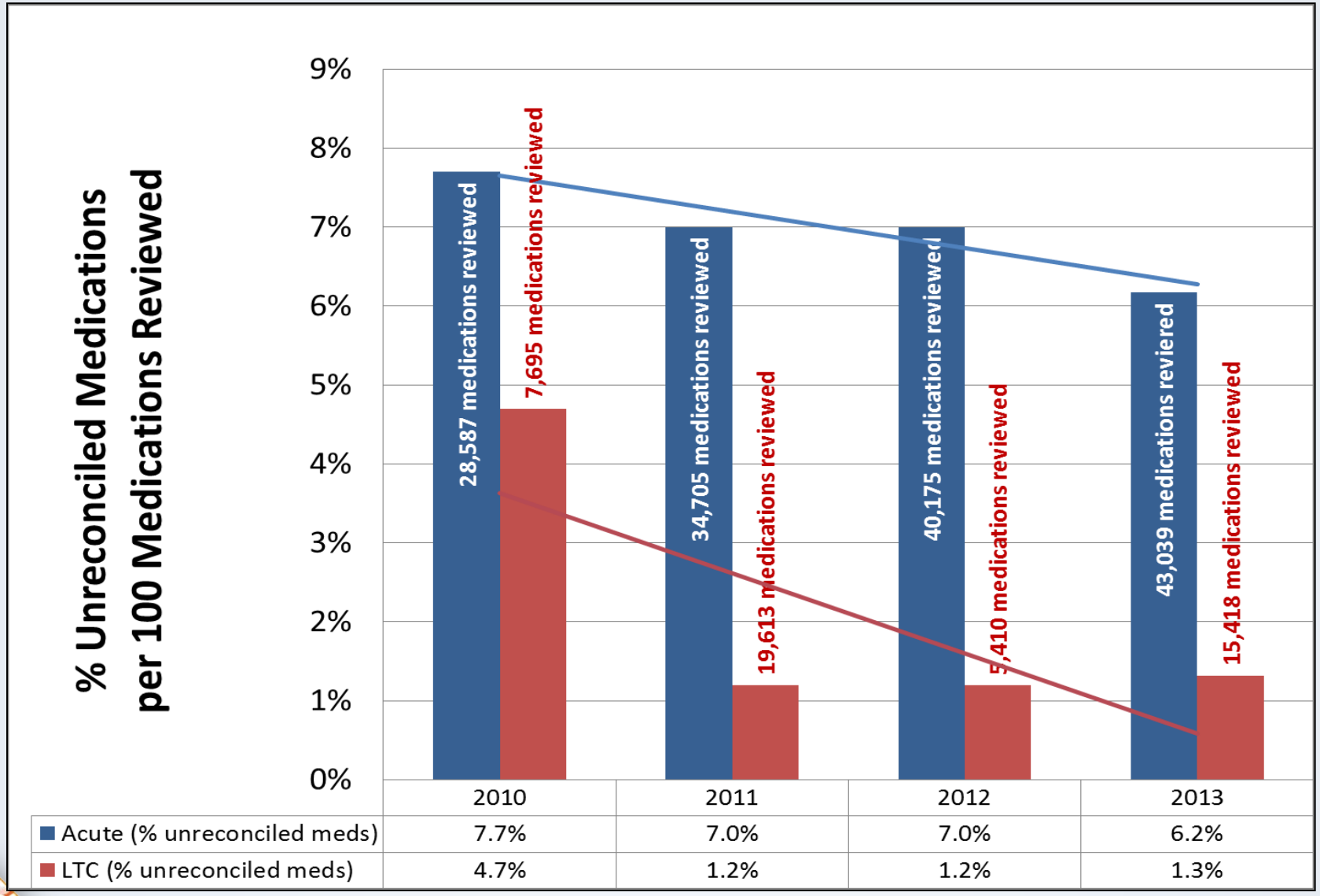





- Developed and disseminated Anticoagulation Handbook For Clinicians and Anticoagulation Therapy Guide for Patients (translated into 12 languages)

# Medication Reconciliation




| | 2010 | 2011 | 2012 | 2013 |
|---|---|---|---|---|
| Acute (% unreconciled meds) | 7.7% | 7.0% | 7.0% | 6.2% |
| LTC (% unreconciled meds) | 4.7% | 1.2% | 1.2% | 1.3% |

# Medication Safety Newsletter

## Diabetes Mellitus and Insulin Therapy

# All Employee Patient Safety Culture Survey – June 2014

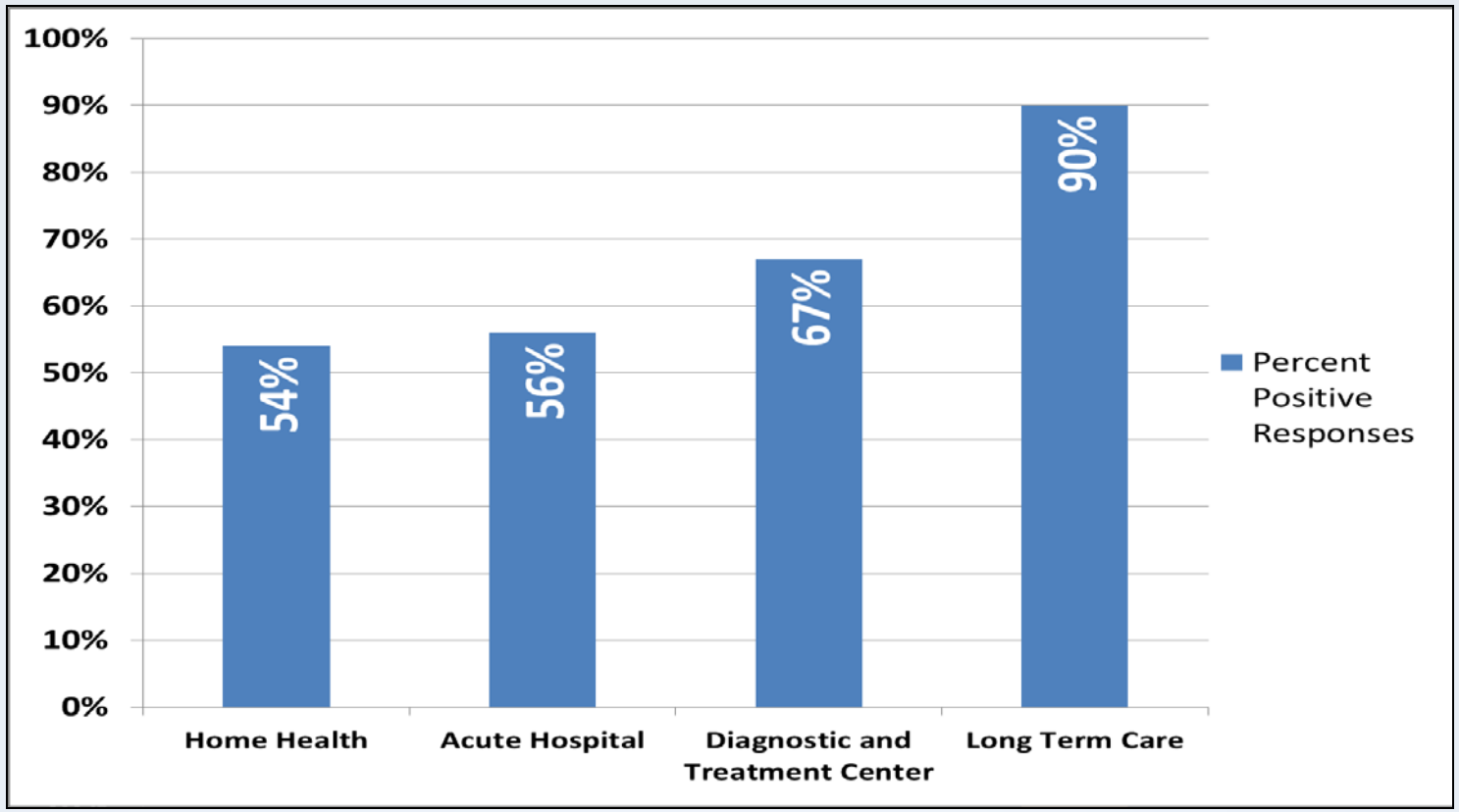
- **AHRQ Survey on Patient Safety Culture**
  - Evidence-based tool comprised of over 40 questions that assess employee opinions about patient safety issues, medical errors, and event reporting
  - All facility staff, medical staff, agency staff and volunteers invited to participate
- **Statistically significant 63% response rate enterprise-wide - approx. 25,000 respondents** **(national average response rate 54%)**
  - Employee response rate and perceptions of safety culture varied by level of care (hospital, LTC, DTC), size of facility, tenure, discipline, etc.
  - Requires a local “solution approach”
- **Continuing to analyze data to support local improvements**

# Patient Safety Culture Survey

- **Enterprise-wide**
  - **Primary area of strength – Organizational learning/continuous improvement (National average 73% positive)**
    - The extent to which staff feel we are actively doing things to improve patient safety.
      - Aggregate % positive responses ranged from 70% (hospital and DTC) to 79% (LTC)
        - Employees with tenure of one year or less 82% positive
  - **Primary opportunity for improvement – Non-punitive response to error (National average 44% positive)**
    - The extent to which staff feel that their mistakes and event reports are not held against them, and that mistakes are not kept in their personnel file
      - % positive response rates ranged from 30% (hospitals) to 57% (LTC)

# Patient Safety Culture Survey

Example of variability by level of care




**Overall Perception of Safety** - % of respondents who stated that the procedures and systems in the organization are good at preventing errors and that there is a lack of patient safety problems.

# Patient Safety Culture Survey

- **Next steps**
  - Facilities engaged in “action planning”
  - Facility Patient Safety Officers and Associates helping us discern specific area(s) to focus on
  - Just Culture Certification course for 80 facility leaders, January 2015
    - Help teams of staff learn how to effectively and consistently apply the Just Culture Algorithm and principles
  - Embed principles into policy and procedure and performance management processes
  - PSO/PSA participation in the National Patient Safety Foundation’s Certified Professional in Patient Safety (CPPS) Course (Spring 2015)

# Partnerships: CIR and HHC Resident Patient Safety Survey

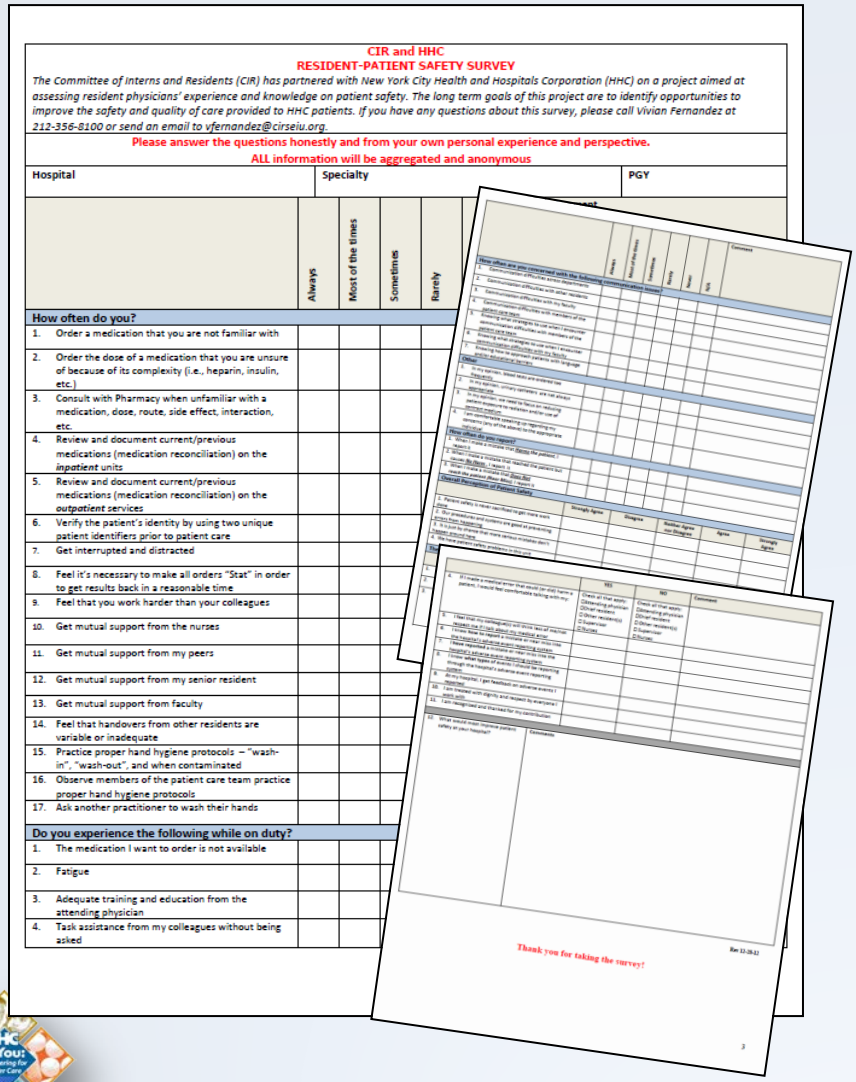
## Background

- **HHC's Office of Patient Safety and CIR's Patient Safety Labor-Management Committee have collaborated for the last 6 years**
  - Annual patient safety conference
  - Conducted focus groups
  - Survey developed by HHC and CIR
  - Survey distributed by CIR team – over seven months

## Method

- **"Top-down" and "bottom-up" methodologies were leveraged for participant recruitment**
  - A core group of resident leaders drove the project and recruited colleagues to participate
  - CIR contract organizers publicized the project interdepartmentally
- **Core patient safety team from HHC and CIR communicated to the facilities patient safety officer and associate, program director, and facility leaders to encourage participation**

# CIR and HHC
# Resident Patient Safety Survey



CIR and HHC
RESIDENT-PATIENT SAFETY SURVEY

*The Committee of Interns and Residents (CIR) has partnered with New York City Health and Hospitals Corporation (HHC) on a project aimed at assessing resident physicians' experience and knowledge on patient safety. The long term goals of this project are to identify opportunities to improve the safety and quality of care provided to HHC patients. If you have any questions about this survey, please call Vivian Fernandez at 212-356-8100 or send an email to vfernandez@cirseiu.org.*

**Please answer the questions honestly and from your own personal experience and perspective.**
**ALL information will be aggregated and anonymous**

Hospital | Specialty | PGY

| | Always | Most of the times | Sometimes | Rarely |
|---|---|---|---|---|
| **How often do you?** | | | | |
| 1. Order a medication that you are not familiar with | | | | |
| 2. Order the dose of a medication that you are unsure of because of its complexity (i.e., heparin, insulin, etc.) | | | | |
| 3. Consult with Pharmacy when unfamiliar with a medication, dose, route, side effect, interaction, etc. | | | | |
| 4. Review and document current/previous medications (medication reconciliation) on the *inpatient* units | | | | |
| 5. Review and document current/previous medications (medication reconciliation) on the *outpatient* services | | | | |
| 6. Verify the patient's identity by using two unique patient identifiers prior to patient care | | | | |
| 7. Get interrupted and distracted | | | | |
| 8. Feel it's necessary to make all orders "Stat" in order to get results back in a reasonable time | | | | |
| 9. Feel that you work harder than your colleagues | | | | |
| 10. Get mutual support from the nurses | | | | |
| 11. Get mutual support from my peers | | | | |
| 12. Get mutual support from my senior resident | | | | |
| 13. Get mutual support from faculty | | | | |
| 14. Feel that handovers from other residents are variable or inadequate | | | | |
| 15. Practice proper hand hygiene protocols – "wash-in", "wash-out", and when contaminated | | | | |
| 16. Observe members of the patient care team practice proper hand hygiene protocols | | | | |
| 17. Ask another practitioner to wash their hands | | | | |
| **Do you experience the following while on duty?** | | | | |
| 1. The medication I want to order is not available | | | | |
| 2. Fatigue | | | | |
| 3. Adequate training and education from the attending physician | | | | |
| 4. Task assistance from my colleagues without being asked | | | | |

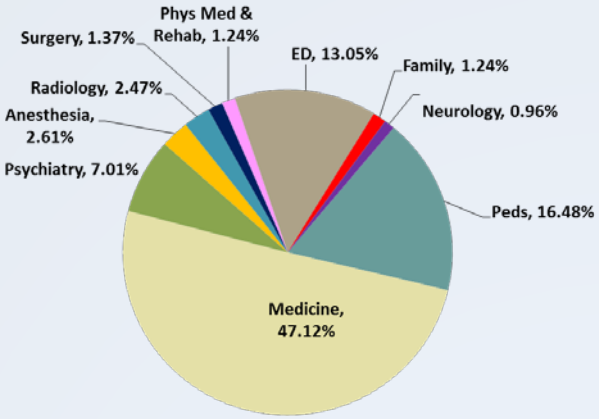
Thank you for taking the survey!

## Purpose of Survey

- Identify what residents know about patient safety processes at HHC
- Evaluate residents' perception of, and experience with, patient safety
- Identify ways to improve the residency experience and to make their patient safety training more robust
- Align labor and management goals on patient safety
- Collaborate on efforts to improve patient safety for the population we serve

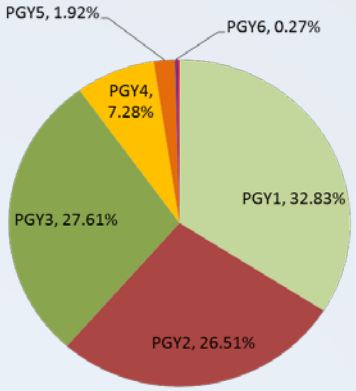
# CIR and HHC
# Resident Patient Safety Survey

### Respondents by specialty




### Respondents by PGY 1 to 7

### N= 728




| Opportunity identified | Improvement strategies |
|---|---|
| Teamwork and communication | TeamSTEPPS training emphasizing on handoffs across transitions |
| Transparency, accountability and perception of risks | Just Culture, near miss reporting and human factors training |
| Involvement in patient safety and quality | Opportunities through the housestaff union and patient safety forums and patient safety committees |
| Medication safety | Participation in medication safety councils and pharmacy led workgroups |
| Joy of work | Working with team members to value and recognize housestaff role |

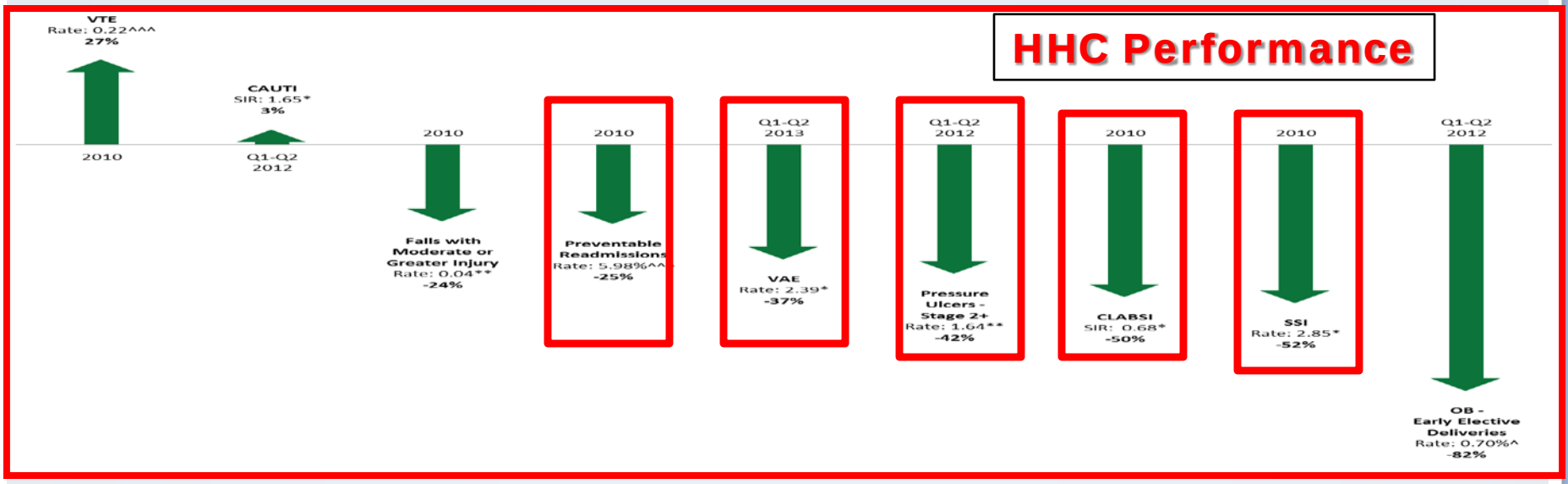
# Patient Safety Alert

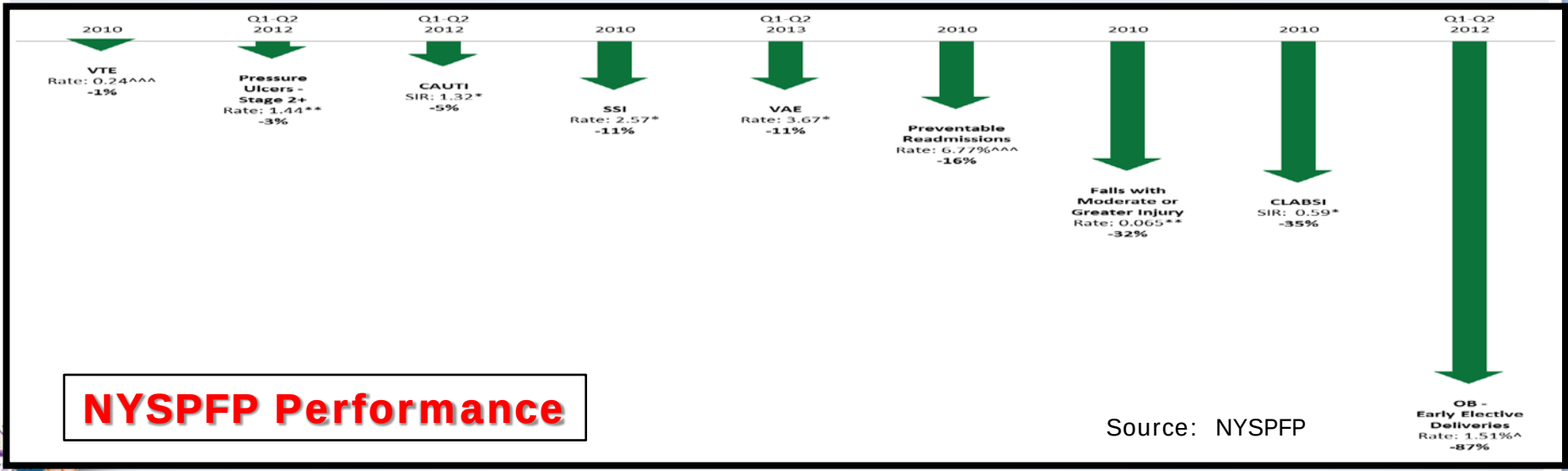
## Patient Safety and Wrong Site Surgery


# NYS Partnership for Patients

- CMS/HHS funded initiative; begun in 2010
- Goals to achieve by December 2014
  - Reduce preventable harm (hospital acquired conditions) in the aggregate by 40%
  - Reduce preventable readmissions in the aggregate by 20%
- 170 participating hospitals state-wide
- 12 focus areas

# Comparison of HHC Performance to NYSPFP Statewide Performance




Source: NYSPFP

# Other Patient Safety Activities

- **Three large-scale conferences**
  - ***The Future of Healthcare***
    - **Featuring Dr. Martin Makary, Author of the New York Times bestseller *"Unaccountable"***
  - ***Improving Patient Safety Outcomes by Understanding the Root Cause of Errors***
    - **A joint project of HHC/CIR-SEIU, and NYSNA**
  - ***Patient Safety Begins with a Compassionate Healthcare Provider***
    - **Exploring the nexus between patient safety, employee safety and employee wellness**
- **Annual Patient Safety Champions Award Ceremony and Forum**
  - ***Creating Joy, Meaning, and Safer Health Care - Building a Culture of Worker and Patient Safety***
- **Patient Safety Expo**

# Other Patient Safety Activities

- **Sharing learnings and successes locally and nationally**
  - Presentations at
    - American Association of Critical Care Nurses – NYC Chapter
    - New York State Association of Nurse Anesthetists
    - National Patient Advocacy Conference
    - National Patient Safety Foundation Annual Congress
  - Faculty to AHRQ TeamSTEPPS Collaborative, NYSPFP, and America's Essential Hospitals
    - Faculty to September 2014 NYSPFP/Institute for Safe Medication Practices (ISMP) Opioid Safety Webinar series
- **Developing and disseminating patient safety resources and tools**
- **Action Planning**
  - Patient Safety Officer and Patient Safety Associate planning retreat to set agenda for FY 15 and 16 (September 2014)


*Division of Safety and Human Development, Office of Patient Safety and Employee Safety*

***http://patientsafety.nychhc.org/***