AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: November 12th, 2015
Time: 9:00 AM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **DR. CALAMIA**

ADOPTION OF MINUTES
October 8th, 2015

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

METROPLUS HEALTH PLAN — **DR SAPERSTEIN**

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

ACTION ITEM:

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

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

INFORMATION ITEM:

I. ACO Update — **DR. STINE**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: October 8, 2015

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair
Josephine Bolus, RN
Antonio Martin, (representing Dr. Ram Raju in a voting capacity)
Hillary Kunins, MD (representing Dr. Gary Belkin in a voting capacity)

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning
Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement
Chalice Averett, Director, Office Audit Internal
Charles Barron, MD, Director of Psychiatry, Office of Behavioral Health
Janette Baxter, Senior Director, Risk Management
Jill Bowen, PhD, Assistant Vice President, Behavioral Health Transformation
Nicholas Cagliuso, Sr., PhD, MPH, Assistant Vice President, Emergency Management
Deborah Cates, Chief of Staff, Board Affairs
Eunice Casey, Senior Management Consultant, Corporate Planning
Kenra Ford, Assistant Vice President Clinical Lab Operations/M&PA
Juliet Gaengan, Senior Director, Quality and Innovation
Alfred Garofalo, Senior Director, Enterprise Information Technology System
Lucinda Glover, Senior Director, Medical and Professional Affairs
Sal Guido, Acting Chief Information Officer, Enterprise Information Technology System
Ed Hamilton, Assistant Vice President, Corporate Planning
Caroline Jacobs, Senior Vice President, Patient Safety
Lauren Johnston, Senior Assistant Vice President, Office of Patient Centered Care
Barbara Lederman, Senior Director, Enterprise Information Technology System
JoAnn Liburd, Assistant Vice President, Accreditation and Regulatory Services
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communications & Marketing
Randall Mark, Chief of Staff, President Office
Stephanie Masaba, Legal Fellow, Legal Affairs
Ian Michaels, Media Director, Communication and Marketing
Deirdre Newton, Senior Counsel, Legal Affairs
Charlotte Nuehaus, Senior Management Consultant, Corporate Planning Services
Joseph Reyes, Director, Healthcare Improvement
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Marisa Salamone Gleason, Assistant Vice President, Enterprise Information Technology System
Brenda Schultz, Assistant Vice President, EITS IT Financial Administration
David Shi, Senior Director Medical and Professional Affairs
Patricia Slesarchik, Assistant Vice President, Labor Relations

Preethi Swamy, Associate Counsel, Office of Legal Affairs
Diane E. Toppin, Senior Director Medical and Professional Affairs
Eli Tarlow, Enterprise Information Technology System
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer, Medical& Professional Affairs

FACILITY STAFF:
Lillian Diaz, Deputy Executive Director, Metropolitan Hospital
Marie Elivert, Senior Associate Executive Director, Queens Hospital Center
John Maese, MD, Medical Director, Coney Island Hospital
Andreea Mera, Special Assistant, MetroPlus Health Plan
John T. Pellicone, Chief Medical Officer, Metropolitan
Anthony Rajkumar, Executive Director, Metropolitan Hospital Center
Arnold Saperstein, MD Executive Director, MetroPlus Health Plan

OTHERS PRESENT:
James Cassidy, Analyst, OMB
Tyler DeRubio, Analyst, OMB
Marian Dolin, Senior Assistant Director, DC37
David N. Hoffman, Chief Compliance Officer, PAGNY
Larry Garves, Cerner
Kristyn Raffaele, Analyst, Office of Management and Budget

**MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, October 8, 2015**

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00 AM. The minutes of the September 10th, 2015 Medical & Professional Affairs/IT Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

Ross Wilson MD, Senior Vice President/Corporate Chief Medical Officer, reported on the following initiatives.

Hurricane Joaquin

Last week HHC activated its coastal storm preparations in response to the threat posed by this hurricane. Fortunately the hurricane changed course to avoid New York City, but did significant damage elsewhere. Our preparations demonstrated the great team work at HHC, and also how much progress we have made since Hurricane Sandy. Systematic debriefing will be undertaken so that we continue to learn, particularly for those facilities in zones 1 & 2 for possible evacuation. Those sites are Bellevue, Coler, Metropolitan, Coney Island and our office space on Water St.

Accountable Care Organization (ACO)

In September, the ACO released the newest version of its Population Management Dashboard to our 18 facility-based ACO Clinical Teams. This tool continues to evolve to optimize the value of Medicare financial utilization data, and joining it together with clinical, demographic, and social service information to guide teams to our highest risk patients and connecting them to the most valuable supportive interventions to keep them healthy.

Building upon the ACO's innovative use of data to drive high value patient-centered care, the ACO has also completed initial data validation with clinical and IT colleagues for a new Business Intelligence (BI) dashboard release. This BI dashboard is focused on an initial subset of clinical quality measures, and will be the first phase of development of a comprehensive Ambulatory Care Dashboard for HHC's total primary care population. The new tool was recently opened for clinician feedback.

As part of maintaining a rigorous compliance plan, the ACO recently completed a proactive risk assessment exercise with the Office of Corporate Compliance.

Office of Behavioral Health

The Office of Behavioral Health hosted a half-day conference on K-2 (Synthetic Cannabanoids) for Medical and Psychiatric emergency services staff from each of our facilities. The conference goal was to provide education, information and data on K-2. The conference also focused on establishing a standardized approach to management and treatment of patients presenting with K-2 use. Weekly data is collected from all facilities, adult, pediatric, and psychiatric and compared with the data collected by DOHMH. A representative work group from the facilities has been established to formalize these processes.

The Office of Behavioral Health is coordinating a work group related to the management of violence. This involves the Councils of Emergency Medicine and Psychiatry as well as other identified staff from facilities. The goal is to review the current state of resources, assessment and management of violence, review other best practices, and establish additional tools and interventions for the management of violence in HHC.

Behavioral Health Transformation activities are moving forward. There is ongoing work on both Access and High Utilizer projects. The Office is working with other M&PA divisions – Ambulatory Care, Population Health, ACO – to ensure alignment. OBH is working with One City Health on the DSRIP projects such as integration of Primary Care and Behavioral Health. The office is also working with facilities in readiness for Managed Care through a gap analysis.

Office of Patient Centered Care

The New York City Health and Hospitals Corporation 2015 Nursing Excellence Awards Ceremony honor nurses who exhibit excellence in six award categories. Award recipients are a remarkable group of individuals who serve as staff nurses, educators, leaders, innovators, collaborators, coaches, mentors and advocates. The six HHC nurses who will be awarded for their outstanding achievements are:

- Home, Community and Ambulatory Care Services –Tiffany Reid, CLC, MS, PNP – Harlem Hospital Center
- Professional Management – Susan Gullo, RN – North Central Bronx Hospital
- Volunteerism and Service – Bindu Rai, RN – Elmhurst Hospital Center
- Clinical Nursing for Inpatient Services – Marie E. Torell-Alverio, RN,MSN,BC,WCC – Coney Island
- Education and Mentorship – Eileen Achacoso, BSN, MA Central Office (EITS)
- Advancing and Leading the Profession, Robert Smeltz, NP – Bellevue Hospital Center

Event Details:

HHC's 2015 Nursing Excellence Award Ceremony
Tuesday, October 27, 2015 from 2:00 PM to 4:00 PM
New York Law School
185 West Broadway, 2nd Floor
New York, New York 10013

Office of Ambulatory Care Transformation

Access to Primary Care: we continue to sustain and build on improvements. At an HHC average level, appointment access for new patients is improved to ~18 days in adult medicine and ~7 days in pediatrics on average (vs. 55 days and 14 days at baseline), though there is significant variation across sites.

IMSAL

HHC's Simulation Center expanded access to Queens based healthcare teams with the opening of the IMSAL Elmhurst Simulation Center. This is the first satellite center in the devolving structure of IMSAL. The center has staff who have been trained by IMSAL Central in simulation administration, simulation technical operations and simulation educational and debriefing expertise. The center will offer clinicians the access to train in a risk-free setting to perfect teamwork and communications skills and improve clinical techniques

and procedures without having to spend hours each day in travel time. Using electronically programmed mannequins in real-life, orchestrated scenarios, HHC clinicians practice airway management, central line placement, pediatric and adult codes, postpartum hemorrhage teamwork/skills, and labor and delivery emergency management for shoulder dystocia. Simulation rooms replicate operating, intensive care, and emergency rooms, as well as patient exam rooms.

Are the IMSAL HHC Satellite Simulation Center going to be mobile, will they be taken from hospital to hospital or *centralized in each hospital or borough?* No, they will be staying in each hospital it's the people, not the equipment that will move around. Simulation training has devolved to satellite clinics from centralized program at Jacobi. The satellite simulation centers will stay at the site, the staff will move around. The objective is to reduce travel by staff to go to training and bring the training closer to staff. The protocols will be standardized centrally, the Leads may move around and assist local teachers at each site. *This is a good idea, older staff is leaving they have the experience and the younger staff needs more training and experience.* There should be a knowledge and skill transfer. Some of the mobility will be video conferencing. We have to make sure new staff have more experience need additional strategies for more training of knowledge and skills transfer.

A question on DSRIP- How are things progressing, budgets and I am curious on how we are working with our partners and is everything going smoothly? On time with all reporting requirements to the State. On time in expected financial receipts from the State. We are progressing well in our discussion with our 200 partners. We are in the contracting phase of the agreement issuing contract to particular partners for particular bodies of work. Contract Phase Agreement with the master contract will look like a lot of consultation. The expectation is that the contract will commence within the next 4 to 6 weeks. The partners' next concern will be that they received the budget they expected and amount they want to be paid. The point of potential tension over the next 3 to 4 months is the impact on jobs. The State has created a level of uncertainty as to what happens to jobs as a result of DSRIP. If DSRIP may lead to decrease in the number of beds what will happen to staff. Tension is ahead of identifying the problem, the tension it's not helpful. We can't solve the problem at this time. We are struggling to make demand ie: the Behavioral Health issue and emergency department visits are huge and not going down. We can't solve the problem right now. Demand is huge and is not going down. Wanted a sense of where the potential tension would be.

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 September 1, 2015 was 472,251. Breakdown of plan enrollment by line of business is as follows:

Medicaid	417,698
Child Health Plus	112,194
MetroPlus Gold	3,609
Partnership in Care (HIV/SNP)	4,645
Medicare	8,451
MLTC	874
QHP	24,116
SHOP	479
FIDA	185

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.

Since my last report to this committee, New York State of Health has approved the Qualified Health Plan rates we submitted. MetroPlus is the least expensive plan among our competitors. We are hoping for a significant enrollment due to our competitive rates. The Open Enrollment Period (OEP) begins in November. For our Silver product, our rate decreased by 4%, while the competitors' increased between 6% and 9%. For the Platinum product, our rate for 2016 decreased by 2%, while the competitors raised their rates by 5% - 10%. We reduced our Bronze and Gold metal tier rates by 7% and 2%, respectively, while the other plans' increased between 5% and 8%.

MetroPlus has received conditional approval for the new line of business, the Essential Plan, which is starting on November 1st. The Essential Plan is either free or $20/month and it will cover eligible population that is between 138% and 200% of the Federal Poverty Level. We are looking to work closely with the HHC facilities to train all the HCIs. Some facilities are already scheduled for such training. Furthermore, MetroPlus and HHC are joining efforts in sending a mailing to the HHC self-pay population informing them how they can enroll in the Essential Plan.

MetroPlus Gold Open Enrollment opens on October 1st. We are excited about the expansion of the program to all NYC employees (CUNY employees, libraries, cultural organizations and some charter schools). MetroPlus, in conjunction with HHC, has developed a full marketing campaign and roll-out. We are also trying to increase the awareness in the HHC facilities; there will be a one sheet flyer with paychecks on October 9th, HHC wide, in addition to an email from Dr. Raju.

We have been preparing diligently for the upcoming Open Enrollment Period both operationally and strategically. We have developed aggressive marketing campaigns that now include TV advertising in addition to previously used venues such as subway, buses, etc. We continue to focus our efforts on both new member enrollment and retention of existing members.

I would also like to inform this committee that MetroPlus applied for and has been approved to participate in the Value Based Purchasing Quality Improvement Program (VBPQIP) as the lead for HHC's OneCity Health. We will establish governance oversight via a VBPQIP committee which will include leadership from

MetroPlus Medical Management and Finance, OneCity Health, HHC Finance, Corporate Planning, and Medical and Professional Affairs, as well as representatives from HealthFirst and Emblem. The governance committee will ensure the PPS receives the data it requires to create quality improvement processes in collaboration with the facilities. There will be a key link between this committee and the facilities/participating entities forming the PPS. The program is scheduled to commence in April 2016.

Over the past several months, MetroPlus has been successfully working to achieve ICD-10 readiness for the October 1st implementation date. We are hopeful that our providers are also prepared. I will be submitting updates to the committee in the upcoming months.

As of the date of this report, we are undergoing the Article 44 audit (a full licensing audit conducted by the NYS DOH with representatives from both Albany and NYC offices). I will present the findings at this Committee's next meeting.

Do we have dental as part of MetroPlus? No, it is not standard we do have an option for it; it is the same dental plan the city uses Healthplex. *What other plans are part of shop (small business)*? MetroPlus has a very

small percentage of shop. What are the other two plans? One is Emblem, I can remember the other plans. *Is there anything on the Staten Island issue*? Yes, we may be able to have MetroPlus Gold is good but there probably not until next year.

Sal Guido, Acting Senior Vice President/Corporate CIO Enterprise Information Technology Services reported on the following initiatives: 20 Requirement Contracts Awarded to provide IT Consultants, Spending Authority for non-Epic IT Consultant up to $43 million, Benefits Associated IT Consultant Requirements Contracts and Work Order Assignment Process

ACTION ITEM:

Machelle Allen, MD Deputy Chief Medical Officer, Health Care Improvement presented the resolution to the committee on the trauma center.

Approving the application for verification by the American College of Surgeons of Harlem Hospital Center ("Harlem Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Harlem Hospital Center through the American College of Surgeons, Committee on Trauma.

Approving the application for verification by the American College of Surgeons of Jacobi Medical Center ("Jacobi Medical Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Jacobi Medical Center through the American College of Surgeons, Committee on Trauma.

Approving the application for verification by the American College of Surgeons of Kings County Hospital Center ("Kings County Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Kings County Hospital Center through the American College of Surgeons, Committee on Trauma.

Approving the application for verification by the American College of Surgeons of Lincoln Medical & Mental Health Center ("Lincoln Medical & Mental Health Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Lincoln Medical and Mental Health Center through the American College of Surgeons, Committee on Trauma.

Approving the application for verification by the American College of Surgeons of Bellevue Hospital Center ("Bellevue Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Bellevue Hospital Center through the American College of Surgeons, Committee on Trauma.

Approving the application for verification by the American College of Surgeons of Elmhurst Hospital Center ("Elmhurst Hospital Center") as a trauma center.

Committing to maintain the high standards needed to provide optimal care of all trauma patients, and that the multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions; and

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation"), or his designee, to execute any and all documents necessary to verify trauma Center designation for Elmhurst Hospital Center through the American College of Surgeons, Committee on Trauma.

Trauma center designation for Harlem, Jacobi, Kings County, Lincoln, Bellevue and Elmhurst was approved for consideration by the full board.

Does the leadership feels it's worth the investment? Does it fulfill a community service even though there is low volume? We believe as the public system it is part of our roll to provide trauma centers in the community. They are the determining body. If the American College of Surgeons believe this is not enough than the service cannot be provided. There is a real cost. *Does the trauma center designation have a revenue implication?* Yes. *Does trauma center designation going to have an impact on the services to the community?* No, we remain steadfast to our mission.

Sal Guido, Acting Senior Vice President/Corporate CIO and Brenda Schultz, Assistant Vice President Enterprise Information Technology Services presented the committee the following.

Authorizing the New York City Health and Hospitals Corporation ("the Corporation") to enter into a Cisco Enterprise License Agreement ("ELA") through a Third Party Contract as part of the LAN Migration/Network Infrastructure refresh project in an amount not to exceed $11,410,000 for a five year period.

Approved for consideration by the full board

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to use the 20 requirement contracts that were awarded for a two year term with three one-year options to renew to purchase health information related professional IT consultant services as needed to meet non-Epic EMR related IT consulting needs for an amount not to exceed $43 million for the initial two year term.

Approved for consideration by the full board

INFORMATION ITEMS:

Alfred Garafalo, Interim Chief Medical Informatics Officer, Enterprise Information Technology Services presented the committee the following. At 12:01 on ICD 10 (give a summary): Six months of work in the following area CIS ICD10 Preparation - CIS Communication Strategy (Weekly Foreign Systems Updates, Quadramed Communication, Communication Plan, and Support Materials) – Thirty Six hour snapshot (Enterprise Service Desk Tickets, Unmatched Codes, Monitoring, White Glove Support Staff, and Command Center Updates) Manual updates no problems as of October 1. I would like to underscore that the e integrated teamwork in getting the job done was excellent. This is a model for how this type of work should be done. ICD 10 went off without a hitch. We won't see the results on billing until we have a look at revenues.

There being no further business, the meeting was adjourned 10:16 am

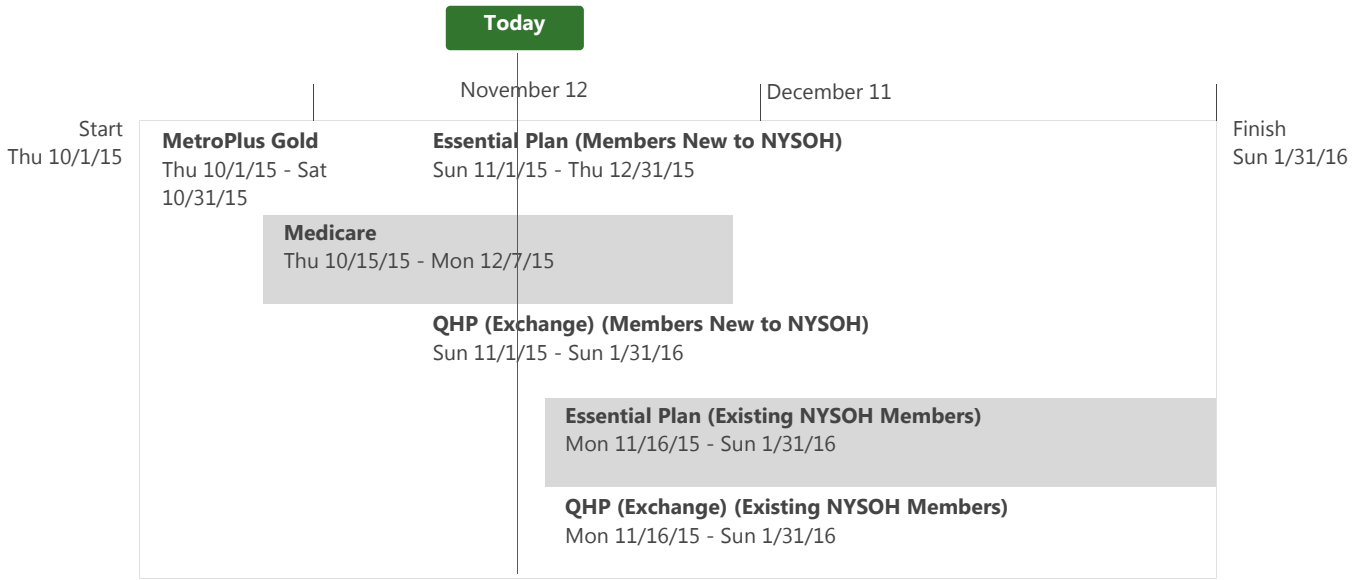
MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
November 12, 2015

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

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

Attached are reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

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



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

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

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

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

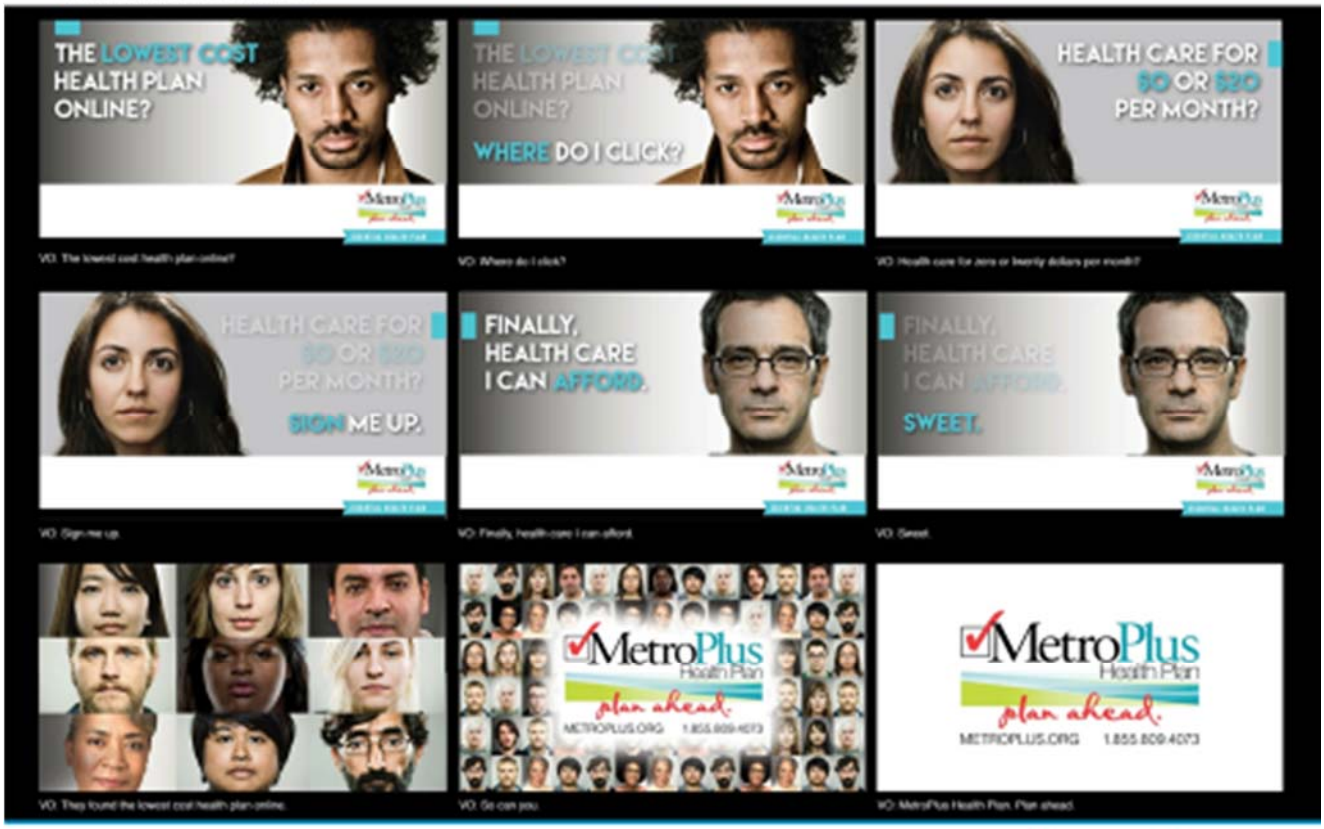
In order to differentiate ourselves from the competitors, we are looking to expand access to our members through the use of telehealth medical consults offered by NYS licensed providers. Members who will be utilizing these services will complete a brief medical history before a consult can be provided.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

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

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

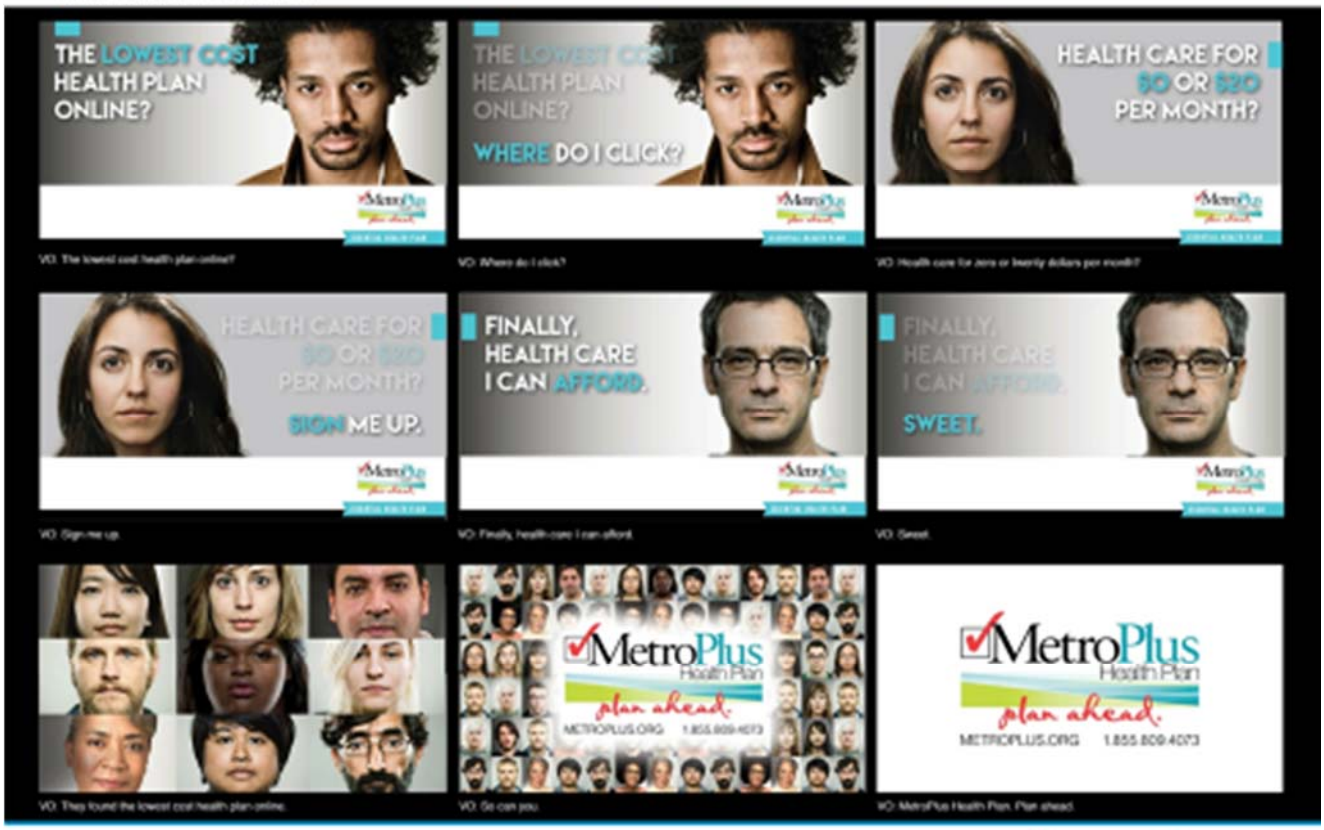
MetroPlus has been working rigorously to transition to our new utilization management system, CareConnect. We are now ready to go live on November 1, 2015.

:30 Television Commercial



MetroPlus Health Plan

:30 Television Commercial



MetroPlus Health Plan

MetroPlus Health Plan

Management Indicator Report # 1

For Enrollment Month 201509

Membership Change Month-To-Month As of: 201509

	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
CHP	11845	12047	12231	12291	11923	12078	12287	12601	12978	12685	12562	12139	12144
FHP	12395	9419	5820	3510	77	7	0	3	0	1	0	0	0
FIDA	0	0	0	0	3	12	16	58	98	102	138	177	185
HHC	3465	3349	3401	3405	3573	3420	3441	3454	3511	3559	3580	3621	3642
Medicaid	385769	389919	395407	402711	409350	409748	411536	411214	414927	417018	417314	419821	417054
Medicare	8350	8395	8477	8548	8593	8599	8587	8500	8459	8445	8460	8465	8447
MLTC	673	720	774	810	815	824	883	854	872	897	889	876	878
QHP	40507	38241	37318	36086	25082	26001	27557	28093	26919	25794	25175	24232	23685
SHOP	723	699	688	749	729	736	641	603	601	526	514	480	477
SNP	5122	5034	4954	4945	4913	4836	4802	4770	4759	4739	4708	4687	4638
Total	468849	467823	469070	473055	465058	466261	469750	470150	473124	473766	473340	474498	471150

% Of Membership Change Month-To-Month

	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15
CHP	1.71%	1.53%	0.49%	-2.99%	1.30%	1.73%	2.56%	2.99%	-2.26%	-0.97%	-3.37%	0.04%
FHP	-24.01%	-38.21%	-39.69%	-97.81%	-90.91%	-100.00%	0.00%	-100.00%	0.00%	0.00%	0.00%	0.00%
FIDA	0.00%	0.00%	0.00%	0.00%	300.00%	33.33%	262.50%	68.97%	4.08%	35.29%	28.26%	4.52%
HHC	-3.35%	1.55%	0.12%	4.93%	-4.28%	0.61%	0.38%	1.65%	1.37%	0.59%	1.15%	0.58%
Medicaid	1.08%	1.41%	1.85%	1.65%	0.10%	0.44%	-0.08%	0.90%	0.50%	0.07%	0.60%	-0.66%
Medicare	0.54%	0.98%	0.84%	0.53%	0.07%	-0.14%	-1.01%	-0.48%	-0.17%	0.18%	0.06%	-0.21%
MLTC	6.98%	7.50%	4.65%	0.62%	1.10%	7.16%	-3.28%	2.11%	2.87%	-0.89%	-1.46%	0.23%
QHP	-5.59%	-2.41%	-3.30%	-30.49%	3.66%	5.98%	1.95%	-4.18%	-4.18%	-2.40%	-3.75%	-2.26%
SHOP	-3.32%	-1.57%	8.87%	-2.67%	0.96%	-12.91%	-5.93%	-0.33%	-12.48%	-2.28%	-6.61%	-0.63%
SNP	-1.72%	-1.59%	-0.18%	-0.65%	-1.57%	-0.70%	-0.67%	-0.23%	-0.42%	-0.65%	-0.45%	-1.05%

Disenrollment Summary by Reason top 10

LOSS OF MEDICAID	13,218
PLAN 92 ON EMEV NOT ON ROSTER	1,769
TRANSFER TO OTHER PLAN	1,159
UNKNOWN	735
WANTS TO JOIN ANOTHER HEALTH PLAN	381
ENROLLEE EXCLUDED FROM MANAGED CARE	213
FAILED TO MAKE PAYMENT	199
WANT TO JOIN ANOTHER HEALTHPLAN	191
FAILURE TO SUBMIT ANNUAL RECERTIFICATION	126
BILL DENIED, NOT ACTIVE ON EMEVS	98

MetroPlus Health Plan

Management Indicator Report # 1

For Enrollment Month 201509

% Of Membership Change In 12 Months

Year/Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2013	1.01%	-0.63%	-2.12%	-0.08%	-0.36%	-0.29%	-0.29%	-0.45%	0.05%	-0.50%	-0.78%	0.08%
2014	2.63%	-0.21%	0.72%	2.28%	5.20%	0.38%	-0.11%	0.12%	-0.23%	-0.22%	0.27%	0.85%
2015	-1.69%	0.26%	0.75%	0.09%	0.63%	0.14%	-0.09%	0.24%	-0.71%	0.00%	0.00%	0.00%

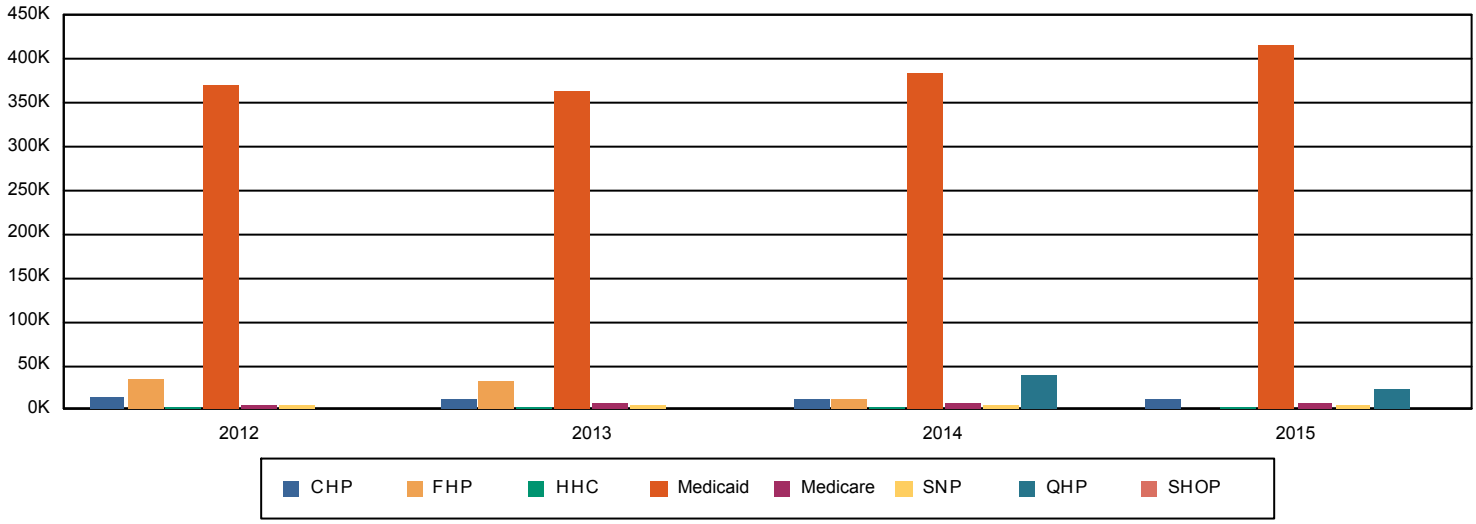
Note: (Formula - Difference From Month Total and Previous Month Total / Previous Month Total) %

MetroPlus Health Plan

Management Indicator Report # 1

For Enrollment Month 201509

Membership Change YTD vs Previous 3 Years by LOB



Enrollment Year	*CHP*	*FHP*	*% FHP in Total Membership*	*HHC*	*Medicaid*	*Medicare*	*SNP*	*QHP*	*SHOP*	*Total*
2012										
Enrolled	15,366.00	36,297.00	8.00%	3,127.00	371,424.00	5,953.00	5,769.00			437,936.00
2013										
Enrolled	12,280.00	33,871.00	7.00%	3,325.00	364,369.00	7,227.00	5,416.00			426,856.00
Percent Change	-20.08	-6.68		6.33	-1.90	21.40	-6.12			-2.53
2014										
Enrolled	11,845.00	12,395.00	2.00%	3,465.00	385,769.00	8,350.00	5,122.00	40,507.00	723.00	468,849.00
Percent Change	-3.54	-63.41		4.21	5.87	15.54	-5.43			9.84
2015										
Enrolled	12,144.00			3,642.00	417,054.00	8,447.00	4,638.00	23,685.00	477.00	471,150.00
Percent Change	2.52			5.11	8.11	1.16	-9.45	-41.53	-34.02	3.22

Note: the report compares enrollment month 201509 with the same month for the past three years
Formula - (Difference From Month Total and Previous Year Month Total / Previous Year Month Total) %

Management Indicator Report # 1

For Enrollment Month 201509

Indicator #1A for Enrollment Month: September 2015

Disenrollments To Other Plans

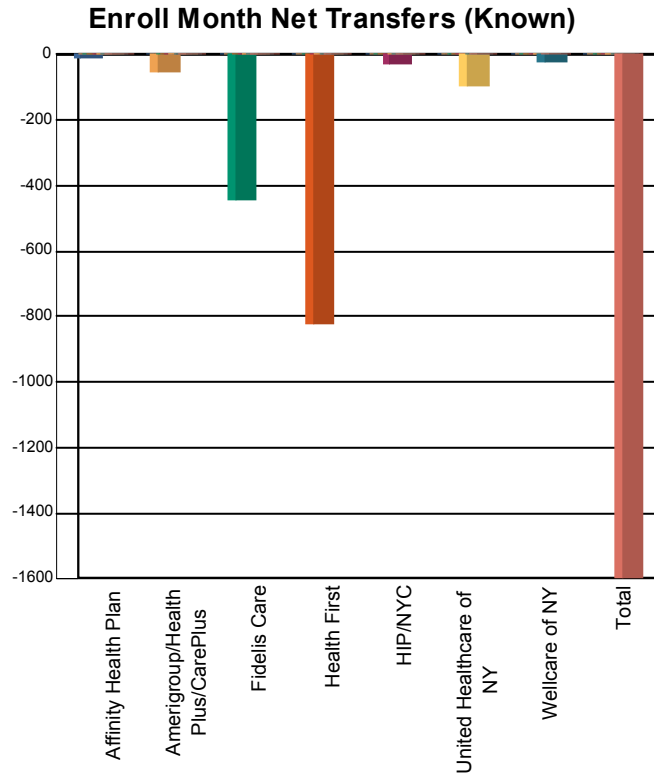
		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOLUNTARY		43	43	7	447	454
	VOLUNTARY		34	34	10	497	507
Affinity Health Plan	**TOTAL**		**77**	**77**	**17**	**944**	**961**
	INVOLUNTARY		82	82	15	852	867
	VOLUNTARY		82	82	6	956	962
Amerigroup/Health Plus/CarePlus	**TOTAL**		**164**	**164**	**21**	**1808**	**1829**
	INVOLUNTARY		245	245	14	2396	2410
	VOLUNTARY		288	288	42	3285	3327
Fidelis Care	**TOTAL**		**533**	**533**	**56**	**5681**	**5737**
	INVOLUNTARY		415	415	25	3811	3836
	UNKNOWN		3	3	5	9	14
	VOLUNTARY		547	547	44	6193	6237
Health First	**TOTAL**		**965**	**965**	**74**	**10013**	**10087**
	INVOLUNTARY		41	41		325	325
	VOLUNTARY		17	17	5	348	353
HIP/NYC	**TOTAL**		**58**	**58**	**5**	**673**	**678**
	INVOLUNTARY		107	107	11	909	920
	VOLUNTARY		39	39	3	518	521
United Healthcare of NY	**TOTAL**		**146**	**146**	**14**	**1427**	**1441**
	INVOLUNTARY		56	56	4	525	529
	VOLUNTARY		14	14	6	187	193
Wellcare of NY	**TOTAL**		**70**	**70**	**10**	**712**	**722**
	INVOLUNTARY		1108	1108	89	10081	10170
	UNKNOWN		3	3	21	14	35
	VOLUNTARY		1033	1033	122	12093	12215
Disenrolled Plan Transfers	**TOTAL**		**2144**	**2144**	**232**	**22188**	**22420**
	INVOLUNTARY		87	87	16	813	829
	UNKNOWN		1	1	1	2	3
	VOLUNTARY		60	60	2	706	708
Disenrolled Unknown Plan Transfers:	**TOTAL**		**148**	**148**	**19**	**1521**	**1540**
	INVOLUNTARY		14438	14438	3431	147343	150774
	UNKNOWN		69	69	40	462	502
	VOLUNTARY		39	39	9	1309	1318
Non-Transfer Disenroll Total:	**TOTAL**		**14546**	**14546**	**3480**	**149114**	**152594**
	INVOLUNTARY		15633	15633	3536	158237	161773
	UNKNOWN		73	73	62	478	540
	VOLUNTARY		1132	1132	133	14108	14241
Total MetroPlus Disenrollment:	**TOTAL**		**16838**	**16838**	**3731**	**172823**	**176554**

New MetroPlus Members Disenrolled From Other Plans

	FHP	MCAD	Total	Y FHP	Y MCAD	Y Total
Affinity Health Plan		67	67	5	914	919
Amerigroup/Health Plus/CarePlus		113	113	3	1,261	1,264
Fidelis Care		89	89	2	1,209	1,211
Health First		145	145	4	1,494	1,498
HIP/NYC		31	31		496	496
United Healthcare of NY		53	53		645	645
Wellcare of NY		49	49	2	580	582
Total		547	547	16	6,599	6,615
Unknown/Other (not in total)		2,539	2,539	26	44,193	44,219

Net Difference

	Enrollment Month			Twelve Months Period		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan		-10	-10	-12	-30	-42
Amerigroup/Health Plus/CarePlus		-51	-51	-18	-547	-565
Fidelis Care		-444	-444	-54	-4,472	-4,526
Health First		-820	-820	-70	-8,519	-8,589
HIP/NYC		-27	-27		-177	-182
United Healthcare of NY		-93	-93		-782	-796
Wellcare of NY		-21	-21	-8	-132	-140
Total		-1,597	-1,597	-216	-15,589	-15,805



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2015

Other Plan Name	Category	2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_1	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
AETNA	INVOLUNTARY	0	5	0	7	1	8	9	5	12	9	21	10	17	16	15	135
	VOLUNTARY	0	0	0	0	0	0	0	0	0	0	1	0	0	1	0	2
	TOTAL	0	5	0	7	1	8	9	5	12	9	22	10	17	17	15	137
Affinity Health Plan	INVOLUNTARY	0	37	2	23	2	36	37	46	29	39	35	40	58	43	51	478
	UNKNOWN	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	3
	VOLUNTARY	3	60	0	43	1	45	37	49	36	31	46	40	23	34	25	473
	TOTAL	3	97	2	66	6	81	74	95	65	70	81	80	81	77	76	954
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	6	55	4	57	4	74	51	60	63	97	87	79	93	82	59	871
	UNKNOWN	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	2
	VOLUNTARY	1	97	3	93	2	65	79	74	100	80	82	81	56	82	62	957
	TOTAL	7	152	7	150	7	139	130	134	163	178	169	160	149	164	121	1,830
BC/BS OF MNE	INVOLUNTARY	2	21	3	13	1	29	18	68	33	37	40	13	36	50	41	405
	VOLUNTARY	0	3	0	2	0	4	0	1	2	0	1	0	2	4	0	19
	TOTAL	2	24	3	15	1	33	18	69	35	37	41	13	38	54	41	424
CIGNA	INVOLUNTARY	0	5	0	0	0	3	4	5	2	4	10	4	4	6	9	56
	TOTAL	0	5	0	0	0	3	4	5	2	4	10	4	4	6	9	56
Fidelis Care	INVOLUNTARY	1	171	2	136	7	228	127	187	189	198	233	243	278	245	205	2,450
	UNKNOWN	2	0	1	0	1	0	0	1	0	0	1	0	1	0	0	7
	VOLUNTARY	11	335	7	341	8	279	202	257	242	246	338	216	243	288	231	3,244
	TOTAL	14	506	10	477	16	507	329	445	431	444	572	459	522	533	436	5,701

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2015

		2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_1	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
GROUP HEALTH INC.	INVOLUNTARY	0	6	0	4	0	6	8	3	12	4	6	7	10	3	5	74
	VOLUNTARY	0	0	0	0	0	0	1	2	1	0	2	1	0	1	0	8
	TOTAL	0	6	0	4	0	6	9	5	13	4	8	8	10	4	5	82
Health First	INVOLUNTARY	6	275	7	219	6	366	296	336	319	338	353	308	346	415	316	3,906
	UNKNOWN	2	1	1	0	0	0	0	0	2	0	0	1	1	3	0	11
	VOLUNTARY	12	560	10	649	4	512	363	549	528	550	579	421	412	547	443	6,139
	TOTAL	20	836	18	868	10	878	659	885	849	888	932	730	759	965	759	10,056
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	1	6	0	2	0	4	2	7	2	8	6	6	7	17	4	72
	VOLUNTARY	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
	TOTAL	1	6	0	2	0	4	2	7	2	8	7	6	7	17	4	73
HIP/NYC	INVOLUNTARY	0	26	0	24	0	39	22	20	19	26	40	21	19	41	19	316
	VOLUNTARY	1	33	1	28	1	34	24	33	20	35	36	27	23	17	24	337
	TOTAL	1	59	1	52	1	73	46	53	39	61	76	48	42	58	43	653
OXFORD INSURANCE CO.	INVOLUNTARY	1	5	0	2	0	3	3	7	4	7	10	2	1	10	10	65
	VOLUNTARY	0	0	0	0	0	1	1	0	0	0	0	0	0	1	0	3
	TOTAL	1	5	0	2	0	4	4	7	4	7	10	2	1	11	10	68
UNION LOC. 1199	INVOLUNTARY	2	4	0	3	0	5	4	3	12	6	4	6	12	17	8	86
	UNKNOWN	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	1	9	0	5	0	14	3	1	6	6	6	7	6	5	0	69
	TOTAL	3	13	0	8	1	19	7	4	18	12	10	13	18	22	8	156

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2015

		2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_1	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
United Healthcare of NY	INVOLUNTARY	4	49	2	58	5	81	54	68	58	60	73	97	142	107	81	939
	UNKNOWN	1	0	3	0	0	0	0	0	0	0	0	0	1	0	0	5
	VOLUNTARY	0	32	0	60	0	44	27	40	37	45	61	43	52	39	46	526
	TOTAL	5	81	5	118	5	125	81	108	95	105	134	140	195	146	127	1,470
Wellcare of NY	INVOLUNTARY	0	55	2	33	1	38	26	36	61	56	45	48	35	56	47	539
	UNKNOWN	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	1	13	0	14	0	12	15	20	16	16	25	14	14	14	11	185
	TOTAL	1	68	3	47	2	50	41	56	77	72	70	62	49	70	58	726
Disenrolled Plan Transfers	INVOLUNTARY	23	720	22	581	27	920	661	851	815	889	963	884	1,058	1,108	870	10,392
	UNKNOWN	5	1	6	0	7	0	0	1	2	1	1	1	3	3	0	31
	VOLUNTARY	30	1,142	21	1,235	16	1,010	752	1,026	988	1,009	1,178	850	831	1,033	842	11,963
	TOTAL	58	1,863	49	1,816	50	1,930	1,413	1,878	1,805	1,899	2,142	1,735	1,892	2,144	1,712	22,386
Disenrolled Unknown Plan Transfers	INVOLUNTARY	6	68	3	45	3	53	65	75	74	80	52	84	90	87	81	866
	UNKNOWN	0	0	1	0	0	0	0	0	0	0	0	0	1	1	0	3
	VOLUNTARY	0	67	0	48	0	40	38	59	67	56	70	68	55	60	57	685
	TOTAL	6	135	4	93	3	93	103	134	141	136	122	152	146	148	138	1,554
Non-Transfer Disenroll Total	INVOLUNTARY	1,285	10,310	365	8,160	720	13,249	11,230	13,672	13,301	12,175	14,076	12,622	13,242	14,438	14,276	153,121
	UNKNOWN	19	41	7	40	13	30	40	32	28	18	31	23	55	69	14	460
	VOLUNTARY	4	76	4	125	0	51	524	68	123	55	44	71	52	39	27	1,263
	TOTAL	1,308	10,427	376	8,325	733	13,330	11,794	13,772	13,452	12,248	14,151	12,716	13,349	14,546	14,317	154,844

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 10/14/2015

		2014_11		2014_12		2015_01		2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_0	2015_1	TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
Total MetroPlus Disenrollment	**INVOLUNTARY**	1,314	11,098	390	8,786	750	14,222	11,956	14,598	14,190	13,144	15,091	13,590	14,390	15,633	15,227	164,379
	UNKNOWN	24	42	14	40	20	30	40	33	30	19	32	24	59	73	14	494
	VOLUNTARY	34	1,285	25	1,408	16	1,101	1,314	1,153	1,178	1,120	1,292	989	938	1,132	926	13,911
	TOTAL	1,372	12,425	429	10,234	786	15,353	13,310	15,784	15,398	14,283	16,415	14,603	15,387	16,838	16,167	178,784

MetroPlus Health Plan

New Member Transfer From Other Plans

	2014_11		2014_12		2015	2015	2015	2015	2015	2015	2015	2015	2015	2015	TOTAL
	FHP	MCAD	FHP	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	MCAD	
AETNA	1	9	0	8	7	1	1	11	5	7	7	5	1	6	69
Affinity Health Plan	1	88	2	118	62	68	76	63	93	81	63	48	67	53	883
Amerigroup/Health Plus/CarePlus	0	93	0	142	91	147	89	118	108	106	82	76	113	89	1,254
BC/BS OF MNE	0	48	0	44	28	18	12	14	10	14	5	4	8	10	215
CIGNA	0	1	0	1	1	0	1	2	2	2	1	0	3	0	14
Fidelis Care	0	97	0	113	113	123	90	87	92	129	78	82	89	69	1,162
GROUP HEALTH INC.	0	4	0	8	8	3	5	5	4	9	8	3	3	3	63
Health First	3	131	0	196	115	134	103	97	116	147	93	89	145	96	1,465
HEALTH INS PLAN OF GREATER N	0	10	0	15	10	2	6	5	1	2	5	1	6	2	65
HIP/NYC	0	50	0	52	36	46	30	52	42	44	25	33	31	38	479
OXFORD INSURANCE CO.	0	4	0	5	2	3	1	2	5	4	5	1	4	1	37
UNION LOC. 1199	2	3	0	6	14	2	0	4	3	8	2	1	0	2	47
United Healthcare of NY	0	62	0	54	44	56	57	47	67	56	55	39	53	40	630
Unknown Plan	4	5,172	8	5,908	6,011	3,517	2,942	3,010	2,867	3,374	2,078	1,965	2,539	2,220	41,615
Wellcare of NY	0	37	1	53	64	62	46	48	33	56	43	41	49	38	571
TOTAL	11	5,809	11	6,723	6,606	4,182	3,459	3,565	3,448	4,039	2,550	2,388	3,111	2,667	48,569

Report ID: MHP1268C
Report Run Date: 10/15/2015

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

October-2015

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
Total Members	Prior Month	468,697	469,172	472,025	472,251	473,553	472,329	471,150
	New Member	18,136	19,642	19,523	18,391	17,297	17,220	18,027
	Voluntary Disenroll	1,634	1,642	1,886	1,487	1,540	1,796	1,513
	Involuntary Disenroll	16,027	15,147	17,411	15,602	16,981	16,603	16,881
	Adjusted	-10	-6	-1,324	-392	-1,730	-664	0
	Net Change	475	2,853	226	1,302	-1,224	-1,179	-367
	Current Month	469,172	472,025	472,251	473,553	472,329	471,150	470,783
Medicaid	Prior Month	412,054	412,144	415,190	416,175	418,096	418,044	417,054
	New Member	15,501	17,337	17,409	16,535	15,727	15,497	14,680
	Voluntary Disenroll	1,179	1,120	1,292	989	938	1,131	926
	Involuntary Disenroll	14,232	13,171	15,132	13,625	14,841	15,356	15,882
	Adjusted	21	32	-1,280	-371	-1,744	-622	0
	Net Change	90	3,046	985	1,921	-52	-990	-2,128
	Current Month	412,144	415,190	416,175	418,096	418,044	417,054	414,926
Child Health Plus	Prior Month	12,271	12,408	12,473	12,443	12,325	12,146	12,144
	New Member	653	694	689	562	551	731	813
	Voluntary Disenroll	177	255	347	264	388	377	383
	Involuntary Disenroll	339	374	372	416	342	356	332
	Adjusted	-17	-22	-24	-4	7	-50	0
	Net Change	137	65	-30	-118	-179	-2	98
	Current Month	12,408	12,473	12,443	12,325	12,146	12,144	12,242
Family Health Plus	Prior Month	0	0	0	0	0	0	0
	New Member	0	0	0	0	0	0	0
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0	0
	Current Month	0	0	0	0	0	0	0

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

October-2015

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
HHC	Prior Month	3,504	3,548	3,560	3,592	3,617	3,632	3,642
	New Member	63	49	65	108	52	28	0
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	19	37	33	83	37	18	8
	Adjusted	-13	-15	-18	-14	9	31	0
	Net Change	44	12	32	25	15	10	-8
	Current Month	3,548	3,560	3,592	3,617	3,632	3,642	3,634
SNP	Prior Month	4,790	4,768	4,759	4,737	4,705	4,681	4,638
	New Member	50	64	53	56	63	53	51
	Voluntary Disenroll	32	16	30	33	24	40	20
	Involuntary Disenroll	40	57	45	55	63	56	42
	Adjusted	0	0	-1	-3	-7	-9	0
	Net Change	-22	-9	-22	-32	-24	-43	-11
	Current Month	4,768	4,759	4,737	4,705	4,681	4,638	4,627
Medicare	Prior Month	8,597	8,490	8,455	8,442	8,460	8,465	8,447
	New Member	317	314	286	366	322	302	240
	Voluntary Disenroll	229	241	191	185	190	209	170
	Involuntary Disenroll	195	108	108	163	127	111	100
	Adjusted	-2	-2	-2	-2	-2	-15	0
	Net Change	-107	-35	-13	18	5	-18	-30
	Current Month	8,490	8,455	8,442	8,460	8,465	8,447	8,417
Managed Long Term Care	Prior Month	882	868	871	895	885	881	878
	New Member	50	60	66	50	54	61	54
	Voluntary Disenroll	16	10	26	16	0	39	14
	Involuntary Disenroll	48	47	16	44	58	25	19
	Adjusted	0	0	-1	0	5	4	0
	Net Change	-14	3	24	-10	-4	-3	21
	Current Month	868	871	895	885	881	878	899

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

October-2015

		Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15
QHP	Prior Month	25,986	26,307	26,069	25,332	24,813	23,816	23,685
	New Member	1,436	1,072	919	660	469	516	412
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	1,115	1,310	1,656	1,179	1,466	647	482
	Adjusted	0	0	1	1	-2	-7	0
	Net Change	321	-238	-737	-519	-997	-131	-70
	Current Month	26,307	26,069	25,332	24,813	23,816	23,685	23,615
SHOP	Prior Month	598	585	557	536	515	486	477
	New Member	26	14	23	15	13	14	2
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	39	42	44	36	42	23	6
	Adjusted	1	1	1	1	5	6	0
	Net Change	-13	-28	-21	-21	-29	-9	-4
	Current Month	585	557	536	515	486	477	473
FIDA	Prior Month	15	54	91	99	137	178	185
	New Member	40	38	13	39	46	18	8
	Voluntary Disenroll	1	0	0	0	0	0	0
	Involuntary Disenroll	0	1	5	1	5	11	10
	Adjusted	0	0	0	0	-1	-2	0
	Net Change	39	37	8	38	41	7	-2
	Current Month	54	91	99	137	178	185	183
HARP	Prior Month	0	0	0	0	0	0	0
	New Member	0	0	0	0	0	0	1,767
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	0
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	0	0	1,767
	Current Month	0	0	0	0	0	0	1,767

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

Thursday, November 12, 2015@ 9:00 AM

Thank you and good morning. I'd like to provide the Committee members with several updates:

1. National Cyber Security Awareness Month-October 2015:

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

2. Information Security Policy Steering Committee:

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

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

their first review of the HHC policy- "Acceptable Use of Corporate IT Resources".

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

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

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

4. Identity IQ Implementation:

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

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

Upon completion of the first phase at the end of December 2015, access requests will be submitted by designated account requesters across the organization, which will automatically generate the network and email

account information within minutes. Next phases of implementation will include the integration with the PeopleSoft and Epic Electronic Medical Record (EMR) applications.

I will keep the Committee informed of our progress.

5. Secure Texting:

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

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

6. Electronic Resource Planning (ERP) Implementation:

Working with Finance and Supply Chain, IT is supporting the purchase of an Enterprise Resources Planning ("ERP") System to replace the independent finance and supply chain business applications currently in operation that are over thirty (30) years old. Current systems are very manual, processes are paper based and lack modern day efficiencies and integration. Many of our current manual paper-driven processes – bank transfers, timesheets, etc. will no longer exist as we implement electronic time keeping and electronic bank transfers. The current back office software

and processes do not support Health and Hospital's 2020 vision nor our dynamic healthcare environment which requires access to information quickly and integrated reporting to support business decisions, patient experiences, and promote profitability and strategic objectives.

The ERP will include:

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

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

This completes my report today. Thank you.

Resolution

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

WHEREAS, the end users of the Epic electronic medical record system ("Epic EMR") at each of the Corporation's facilities will require a single point of contact for Epic Pre and Post Go-live Service Desk Support to resolve requests and issues as they arise on a 24/7/365 basis as Epic EMR is rolled out to each facility; and

WHEREAS, the Corporation issued a Request for Proposals seeking an appropriately qualified vendor to provide Epic Service Desk Support for all Corporation facilities; and

WHEREAS, CareTech was selected as it was the highest ranked responsive and responsible proposer that demonstrated the experience and organizational capacity necessary to provide the services and its proposed pricing was consistent with industry rates for similar services; and

WHEREAS, CareTech will provide Epic Pre and Post Go-live Service Desk Support by credentialed or certified clinical experts with direct experience supporting Epic applications for each HHC facility as Epic is deployed in the facility on a 24/7/365 basis and will provide knowledge transfer and training to the HHC service desk; and

WHEREAS, the HHC service desk will continue to provide and maintain support for all other non-Epic related applications issues and requests, including the Quadramed EMR; and

WHEREAS, the funding for this contract will be provided through the Epic EMR budget previously presented to the Board of Directors; and

WHEREAS, the contract will be managed and monitored under the direction of the Senior Assistant Vice President/ Interim Chief Information Officer.

NOW, THEREFORE, be it:

RESOLVED, THAT the President of NYC Health + Hospitals be and hereby is authorized to enter into a contract with CareTech Solutions, Inc. ("CareTech") for Epic Service Desk Support in an amount not to exceed $14,694,651 (includes a 7.5% contingency of $1,024,673) for the contract term of 5 years with 2 one-year options to renew, at the Corporation's exclusive option.

EXECUTIVE SUMMARY

The accompanying Resolution requests approval to enter into a contract with CareTech Solutions, Inc. ("CareTech") for Epic Service Desk Support in an amount not to exceed $14,694,651 (includes a 7.5% contingency of $1,024,673) for the contract term of 5 years with 2 one-year options to renew. The funding for this contract will be provided through the Epic EMR budget previously presented to the Board of Directors.

CareTech will provide Epic Pre and Post Go-live Service Desk Support by credentialed or certified clinical experts with direct experience supporting Epic applications for each HHC facility as Epic is deployed in the facility on a 24/7/365 basis. The Epic Service Desk will be a single point of contact for facility clinicians and other end users to resolve all Epic requests and issues. Since these requests and issues arise while the clinician or end user is actually in the Epic EMR system tending to a patient or patient record, it is imperative that the requests and issues are resolved as quickly as possible so as not to negatively impact productivity or patient care.

A Request for Proposals (RFP) was issued and advertised in the City Record and HHC received 8 responses. The 7 proposals that met the Minimum Qualification Requirements were evaluated and scored by a selection committee. Based on an initial scoring, the evaluation committee determined that a short list of the top 4 respondents would give oral presentations and demonstrations of their proposed solutions. The evaluation committee provided final scores of the short list after the oral presentations. Site visits were then conducted by HHC of the two (2) highest ranked vendors.

CareTech was selected as it was the highest ranked responsive and responsible proposer that demonstrated the experience and organizational capacity necessary to provide the services and their proposed pricing was consistent with industry rates for similar services.

Currently, HHC operates a service desk that supports all non-Epic related applications, including the Quadramed EMR. Due to the large scale of HHC's Epic implementation, for each Go-Live the Epic Service Desk will have trained staff that will specifically support Epic incidents/requests to offset the load on the current HHC Service Desk. The current HHC Service Desk will continue to provide and maintain support for all other non-Epic related issues/requests, including the Quadramed EMR.

Since the Epic EMR will be a phased roll-out across all facilities, the combination of the current HHC service desk and the Epic Service Desk will be necessary to ensure high quality service delivery. The objective is to transition the Epic EMR service desk support to the HHC service desk, as Epic is rolled out to more facilities and as the service desk staff is appropriately trained. CareTech will provide knowledge transfer and training for the HHC service desk.

A dedicated Epic Service Desk will optimize agent availability and direct calls to specialized trained agents to assist users with their needs. Existing HHC service desk customers will be not be impacted by the increased call volume as a result of the Epic Go-Lives.

These Services will provide the following benefits:

- Improve patient care
- A knowledgeable clinical Support Team
- A Single point of contact for Epic issues or requests
- 24/7/365 Support

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: EPIC Enterprise Service Desk Support

Project Title & Number: EPIC Enterprise Service Desk Support

Project Location: HHC Corporate and Facilities

Requesting Dept.: Enterprise IT Services

Successful Respondent: CareTech

Contract Amount: $14,694,651 (includes a 7.5% contingency of $1,024,673)

Total Not to Exceed

Contract Term: Five (5) years with two (2) one-year options to renew

Number of Respondents: Eight (8)
(If Sole Source, explain in Background section)

Range of Proposals: $11.0 M (Lowest to highest) $31 M

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

Funding Source:
☐ General Care ☐Capital
☐ Grant: explain
☑ Other: explain EMR Operating Budget

Method of Payment: Lump Sum ☐ Per Diem ☐ Time and Rate
☑ Other: One-Time Implementation Fee, Monthly Recurring Service Desk and On-site Tech Support Fees

EEO Analysis:

Compliance with HHC's McBride Principles? ☐Yes ☐ No X Pending

Vendex Clearance ☐Yes ☐ No X Pending

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

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

The purpose of the contract is to support the transition to an Enterprise Epic EMR system at each facility for EPIC implementation Go-lives, and software upgrades.

CareTech will provide Epic Pre and Post Go-live Service Desk Support staffed by credentialed or certified clinical experts with direct experience supporting Epic applications for each HHC facility as Epic is deployed in the facility on a 24/7/365 basis. The Epic Service Desk will be a single point of contact for facility clinicians and other end users to resolve all Epic requests and issues. Since these requests and issues arise while the clinician or end user is actually in the Epic EMR system tending to a patient or patient record, it is imperative that the requests and issues are resolved as quickly as possible so as not to negatively impact productivity or patient care.

Currently, HHC operates a service desk that supports all non-Epic related applications, including the Quadramed EMR. Due to the large scale of HHC's Epic implementation, for each Go-Live the Epic Service Desk will have trained staff that will specifically support Epic incidents/requests to offset the load on the current HHC Service Desk. The current HHC Service Desk will continue to provide and maintain support for all other non-Epic related issues/requests, including the Quadramed EMR.

Since the Epic EMR will be a phased roll-out across all facilities, the combination of the current HHC service desk and the Epic Service Desk will be necessary to ensure high quality service delivery to patients at all HHC facilities. The objective is to transition the Epic EMR service desk support to the HHC service desk as Epic is rolled out to more facilities and as the service desk staff is appropriately trained.

Existing HHC service desk customers will not be impacted by the increased call volume as a result of the Epic Go-Lives.

These Services will provide the following benefits:

- Improve patient care
- A knowledgeable clinical Support Team
- A Single point of contact for Epic issues or requests
- 24/7/365 Support

The funding for this purchase will be provided from the EPIC EMR budget previously presented to the Board of Directors.

Contract Review Committee

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

The Request to issue a Request for Proposals was presented to the CRC for approval on June 18, 2014 and was approved by the CRC on July 14, 2014.
The request to award the contract was approved by CRC on 10/28/15.

Has the proposed contract's scope of work, timetable, budget, contract deliverables or accountable person changed since presentation to the CRC?

No

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

An ad was placed in the City record. Proposals were received from eight (8) vendors on the due date specified in the RFP. The proposals were reviewed for responsiveness and to determine whether the Minimum Qualification Requirements (MQR) were met.

Of the 8 vendors that responded to the RFP, one (1) vendor did not meet the MQR and was not considered by the evaluation committee.

The evaluation committee evaluated the seven (7) proposals that met the MQR based on the following criteria:

Past Performance	25%
Management Plan	20%
Cost	20%
Technical Qualifications	15%
Company Qualifications	10%
Understanding of Work	10%

Below are the initial scores:

Vendor	**Total Score**
Dell	78%
CareTech Solutions	76%
Enterprise Systems Software (ESD)	75%
Xerox	62%
LinkEHR	52%
Nordic & PDS	45%
TEKSystems	44%

Based on the initial scoring, the evaluation committee determined that a short list of the top 4 firms (CareTech, Dell, ESD and Xerox) would be asked to provide oral presentations and demonstrations of their proposed solutions.

The evaluation committee provided final scores after the presentations:

Vendor	Total Score
CareTech Solutions	78.2%
Dell	67.5%
Enterprise Systems Software (ESD)	50.6%
Xerox	60.8%

HHC conducted site visits of the 2 top ranked vendors, CareTech and Dell.

CareTech received the highest score based on its technical abilities, experience and cost therefore, CareTech was selected as offering HHC the best combination of technical approach and cost.

Attachment A – Evaluation Committee Members
Attachment B – Vendor Respondents/Vendors Considered

Scope of work and timetable:

The contract will commence on January 1, 2016 for a 5 year term with two (2) one-year options to renew. CareTech will provide operational Epic EMR application support, including but not limited to: on-site Command Centers at each Go-Live, on-going Service Desk Support Post Go-Live support, initial triaging, and level 1 support and ticket routing based on defined policies/procedures. A comprehensive, but not limited, sampling of work to be performed includes:

- Level 1 Support for each Go-live: Support for the Epic application for all interactions and tickets during Go-live and post Go-live which includes incident control, life cycle management of all service requests, and communicating with the clinician for all Epic related incidents and/or service requests.

- Knowledge transfer: Provide an up to date knowledge database for NYCHHC specific to the Epic implementation, to include knowledge articles, phone scripts, Epic application support materials. Additionally, the vendor must provide HHC with the knowledge (via the HHC Knowledge Management System) required to become fully familiar with the Epic support processes and procedures, as well as the relevant support materials. They will also be responsible for providing pertinent training materials to HHC in the event of an early transition of support to internal resources.

- Support for Epic upgrades: Maintain same level of support during and after any major Epic upgrade or any major upgrade to the environment.

- Continual Service Improvement: Continually align and re-align services to the changing business needs to increase service performance for the Epic customers based on the results of service reviews and process evaluations by HHC.

- Customer Survey – Maintain a comprehensive customer survey review process to ascertain performance against the critical success factors i.e., customer satisfaction

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

CareTech offered the lowest pricing of the top two finalists.

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

N/A

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

The current HHC Enterprise Service Desk will continue to support our legacy EMR application and will begin EPIC support training. The objective is to transition the Epic EMR service desk support being procured under the proposed contract to the HHC service desk, as Quadramed calls decline as Epic is rolled out to more facilities and as the service desk staff is appropriately trained.

CareTech will be providing Knowledge Transfer and Training to ensure and plan proper handoff to the HHC Enterprise Service Desk from the Epic Service Desk.

Currently, HHC operates a service desk that supports all non-Epic related applications, including the Quadramed EMR. Due to the large scale of HHC's Epic implementation, for each Go-Live the Epic Service Desk will have trained staff that will specifically support Epic incidents/requests to offset the load on the current HHC Service Desk. The current HHC Service Desk will continue to provide and maintain support for all other non-Epic related issues/requests, including the Quadramed EMR.

Since the Epic EMR will be a phased roll-out across all facilities, the combination of the current HHC service desk and the Epic Service Desk will be necessary to ensure high quality service delivery to patients at all HHC facilities. The objective is to transition the Epic EMR service desk support to the HHC service desk, as Quadramed calls decline as Epic is rolled out to more facilities and as the service desk staff is appropriately trained.

Will the contract produce artistic/creative/intellectual property?

No

Will a copyright be obtained? Will it be marketable? Did the presence of such property and ownership thereof enter into contract price negotiations?

Not applicable.

Contract monitoring (include which Senior Vice President is responsible): Sal Guido Interim, Senior VP / Corporate CIO

This contract will be administered by *Sal Guido Interim,* Senior VP / Corporate CIO.

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

Received By E.E.O. _____
Date

Analysis Completed By E.E.O. _____
Date

_____
Name

ATTACHMENT A
EVALUATION COMMITTEE MEMBERS

Jim Gomez – Interim AVP
Michael Keil - AVP
Eli Tarlow – NCIO – South Manhattan
Jeffrey Lutz – Sr Director – Infrastructure Services
Ruby Ditchfield-Agboh – NCIO – North Manhattan
Angel Zumaran – Director –Enterprise Service Desk/Workplace Services

ATTACHMENT B
VENDORS

List of firms responding to solicitation:

1. LinkEHR
2. Nordic
3. TEKsystems
4. ESD
5. Xerox
6. CareTech
7. Dell
8. HCi – (Did not meet the Minimum Qualification Requirements)

List of Firms Considered

1. LinkEHR
2. Nordic
3. TEKsystems
4. ESD
5. Xerox
6. CareTech
7. Dell

EPIC SERVICE DESK SUPPORT CONTRACT
CARETECH SOLUTIONS, INC.

Medical & Professional Affairs/IT Committee

November 12, 2015

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

The Request

Award Contract to CareTech Solutions Inc. for Epic Service Desk Support

- Contract Term 5 years + 2 one-year renewals
- $14,694,651 (includes a 7.5% contingency of $1,024,673) for 7 years
- Funding for this contract will be provided through the Epic EMR budget

CareTech will provide Epic Pre and Post Go Live Service Desk

- Staffed by credentialed or certified clinical experts with direct experience supporting Epic applications for each HHC facility as Epic is deployed across HHC
- 24/7/365 basis
- Provide a single point of contact for facility clinicians and other end users to resolve all Epic requests and issues
- Knowledge transfer and training for the HHC internal Enterprise Service Desk

Business Justification

Combination of the HHC internal Service Desk and CareTech will ensure high quality service delivery, maintain productivity and improve patient care at all HHC facilities:

- HHC internal Service Desk will continue to provide support for all non-Epic applications, including Quadramed
- CareTech Epic Service Desk support will offset the anticipated upsurge in call volume that will result from the Epic implementation, allowing the internal HHC Service Desk to continue supporting all HHC applications without a decline in service
- CareTech will provide knowledge transfer and training for the HHC service desk

Procurement Process

Request for Proposals

Solicitation

- Publicly Advertised in City Record
- 8 proposals received
  - 1 proposal did not meet the Minimum Qualification Requirements

Evaluation

- 7 proposals were evaluated by evaluation committee based on the criterial identified in the RFP
- Based on initial scores a short list of the 4 top vendors gave oral presentations/demonstrations
- The committee re-scored after the oral presentations
- Conducted site visits of the top 2 vendors

Selection

- CareTech Solutions, Inc. was selected as it received the highest score and offered HHC the best combination of technical ability and price

6 Year Epic Implementation Budget

EMR Project - Six Year Implementation Budget [Expenditures include Invoices Paid or In-Process]					
	Item		Total Implementation Dollars (in millions)		
			Total Budget	Expenditures [Paid or in Process] as of 9/30/2015	Balance
1	Epic Contract	Includes Software and Implementation and Training Services.	$144	$69	$75
2	Third Party & Other Software	Includes Endoscopy, Fetal Monitoring Systems, ePrescribing, Patient Education.	$30	$5	$25
3	Hardware	Includes Servers, Storage, Server Licensing, Network Switches.	$83	$26	$57
4	Interfaces	Includes Interface Software/Biomed Middleware.	$38	$4	$35
5	Implementation Support	Third party vendor staff augmentation, go-live support and training (Includes costs associated with backfilling non-IT staff and temps).	$356	$39	$317
6	Application Support Team	New HHC FTE staff to be used through the implementation period including fringe benefits. These costs will become on-going after implementation period.	$113	$31	$82
	Clinicals-Only Total	[Without QuadraMed Transition/Existing Application/Existing Staff Costs]	$764	$174	$590

Note: :

1. 5 year current cost projection for Revenue Cycle was an additional $125 million. Budget is under review. Further evaluation required.

Questions?

RESOLUTION

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

WHEREAS, currently NYC Health + Hospitals radiologic technology platforms are siloed, disparate and unintegrated and rely on outsourcing for certain off-hour readings of scans; and

WHEREAS, NYC Health + Hospitals wishes to move to a model where all scans may be read by in-house staff, where scans from one facility can be read at any other facility and where there is enhanced opportunities for quality assurance; and

WHEREAS, NYC Health + Hospitals requires the services of a vendor who can assist in transforming its radiology practices and create an integrated platform where images can be read at any site and managed through an intelligent worklist; and

WHEREAS, a Request for Proposals ("RFP") was issued on August 14, 2015 for Radiology Integration Services and the selection committee, which rated the proposals using criteria specified in the RFP, recommended that McKesson Technologies Inc. be awarded the contract; and

WHEREAS, the proposal meets all of NYC Health + Hospitals' technological and regulatory security requirements, and uptime performance expectations; and

WHEREAS, responsibility for monitoring the contract shall be under the Senior Vice President/Chief Medical Officer and interim Chief Information Officer.

NOW, THEREFORE, be it

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

Executive Summary
Radiology Integration and Practice Management Services

NYC Health + Hospitals seeks to enter into a contract with McKesson Technologies Inc. ("McKesson") to provide radiology integration and practice management services for a three year term, with two, one-year options to renew, exercisable solely by NYC Health + Hospitals, in an amount not to exceed $16,684,855. Radiology services are currently provided at NYC Health + Hospitals' eleven acute care hospitals, six diagnostics and treatment centers, clinics at the City's jails under the new Correctional Health Services division, and at its three long term care facilities and at various community health clinics. Over 1.4 million radiology scans are made and read at NYC Health + Hospitals facilities annually. Additionally, 200,000 overnight radiology scans are read and interpreted by external vendors annually. NYC Health + Hospitals currently has two image storing (PACS) systems (SECTRA and AGFA), each covering 5-6 facilities. With different PACS systems, images cannot be shared by any one facility with any other. Similarly, the current Talk Tech and Voice Brook dictation systems cannot manage worklist/distribute reports outside a host facility.

The proposed McKesson program will drive patient outcome, quality, and efficiency improvements by establishing radiology network connectivity across the entire NYC Health + Hospitals system, enabling a cross-facility radiology imaging sharing protocol, optimizing radiology practice management, and generating transparent performance metrics in such a way that services, quality and productivity are improved. The program will also support operational expansion via an open platform that would allow NYC Health + Hospitals' facilities to read the scans of providers outside the system.

In addition the proposed McKesson program will eliminate outsourcing of radiology services. 100% of all radiology interpretations will become available 24/7/365 days. Turnaround times will be reduced and a robust quality assurance mechanism will be easily put in place along with for performance tracking/reporting and continuous improvement.

The proposed McKesson program meets all technological security requirements and will protect NYC Health + Hospitals against unacceptable levels of information security risk; will adhere to the information security principles of confidentiality, integrity, availability, non-repudiation, accountability, and authenticity of information; and will assist with external and internal regulatory compliance.

A Request for Proposals ("RFP") was issued on August 14, 2015. Eight proposals were received and all eight proposals met the minimum qualification criteria. The proposals were evaluated by a selection committee using criteria specified in the RFP. Four vendors were eliminated after the first round of scoring. The remaining four vendors provided oral presentations as well as onsite demonstrations. After multiple rounds of scoring the Selection Committee narrowed the selection down to two finalists which were McKesson Technologies Inc. and Imaging Advantage. Ultimately McKesson offered the best overall solution and was selected as the vendor to provide radiology integration and practice management services for NYC Health + Hospitals.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: New York City Health and Hospitals Corporation Radiology Integration

Project Title & Number: DCN# 2200

Project Location: Corporate wide

Requesting Dept.: Medical and Professional Affairs

Successful Respondent: **McKesson Technologies Inc.**

Contract Amount: $16,684,855.00

Contract Term: Three years with two consecutive one-year options to renew

Number of Respondents: Eight (8)
(If Sole Source, explain in Background section)

Range of Proposals: **$ 12,873,919.00** to **$39,675,077**

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

Funding Source: ? General Care **X** Capital
? Grant: explain
X Other: explain Capital and Central Budget

Method of Payment: Time and Rate
Other: explain

EEO Analysis: In process with EEO

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

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

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

In the current state of radiology HHC is faced with the following challenges.

- Different PACS systems. Can't share images with each other.
- Outdated Agfa systems. Unable to share images outside the host facility.
- Talk Tech and Voicebrook dictation systems cannot manage worklist/ distribute reports outside host facility.
- QuadraMed can't share images/final reports.
- Only three facilities have existing capability to provide overnight coverage in-house.

Future state of radiology

This new solution will drive patient outcome, quality, and efficiency improvements by establishing enterprise radiology network connectivity, eliminating the outsourcing of radiology professional services, enabling a cross-facility radiology imaging sharing protocol, optimizing radiology practice management, and supporting operational and expansion via an open platform. Our vision is to build a system where any images can be read at any sites within the corporation, using a single platform and generating transparent performance metrics in such a way that service quality and productivity are improved.

- Single technology platform
- No outsourcing of radiology service
- 100% final radiology interpretations 24/7/365
- Subspecialist read for identified specialties (e.g., Neuroradiology, MSK, Pediatrics, Women's Imaging)
- Fast turnaround time for STAT cases
- Robus Quality Assurance mechanism (e.g., real time double-blind peer review for high risk cases)
- Critical Results Notification and Tracking workflows
- Pooled caseload/resources
- Standardized policies, procedures and workflow
- Mechanism for performance tracking/reporting and continuous improvement

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

It was presented to the CRC on 08/05/2015 for approval to issue an RFP.

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

No Changes have been made since the presentation to the CRC. The proposed contract will be submitted at the November 09, 2015 CRC meeting.

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

- Request for Proposal process was utilized
- Advertisement posted in the City Record
- Eight (8) vendors submitted proposals
- 4 Vendors were eliminated following Round 1 of Scoring
- Remaining 4 vendors were invited for onsite demonstrations at Gouverneur Hospital
- Selection committee:
  - **Machelle Allen, MD, Chair, HHC Medical and Professional Affairs**
  - **Nia Berdebes, Elmhurst Hospital Center**
  - **Michael Ambrosino, MD, Bellevue Hospital Center**
  - **Daniel Contractor, MD, Coney Island Hospital**
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  - **Martin Fine, MD, Elmhurst Hospital Center**
  - **Joseph Hood, HHC Enterprise Information Technology Services**
  - **Sheldon McLeod, Kings County Hospital Center**
  - **Paul Moh, MD, Lincoln Medical Center**
  - **David Shi, HHC Medical and Professional Affairs**
  - **Roslyn Weinstein, HHC Operations**
  - **Tony Williams, HHC Enterprise Information Technology Services**

McKesson is the selected vendor based on the following criteria:

- Clinical and Operational Requirement – 30%
- Technical Requirements – 20%
- Training and Implementation Plan – 10%
- Cost and Financial Impact – 25%
- References – 5%
- Financial Stability – 10%

McKesson brings 30 years of experience in delivering and innovating in Radiology Technology Services. McKesson has provided integrated Radiology IT solutions through their PACS, VNA's and Conserus offerings. McKesson also received very positive reviews from their references:

- UnityPoint Health (formerly Iowa Health System), large IDN in Iowa, Illinois and Wisconsin
- Mount Sinai Hospital System (formerly Continuum Health Partners), New York, New York
- Children's Hospital and Medical Center, Omaha, Nebraska

Scope of work and timetable:

Scope of work and timetable enclosed.

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

This new solution will drive patient outcome, quality, and efficiency improvements by establishing enterprise radiology network connectivity, eliminating the outsourcing of radiology professional services, enabling a cross-facility radiology imaging sharing protocol, optimizing radiology practice management, and supporting operational and expansion via an open platform.

Provide a brief summary of historical expenditure(s) for this service, if applicable.
Not Applicable

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

HHC Does not have the expertise, tools or technology to carry out the implementation of this type of services.

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

NO.

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

Ross Wilson, SVP/ Corporate CMO
Sal Guido, AVP, Interim CIO

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

Received By E.E.O. _____
Date

Analysis Completed By E.E.O._____
Date

_____
Name

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Radiology Integration and Practice Management Contract with McKessons Technologies Incorporated

11/4/2015

Ross Wilson, MD, Sr. VP and Chief Medical Officer
Sal Guido, Interim Chief Information Officer
Machelle Allen, MD, Sr. AVP and Deputy CMO

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HHC's Radiology Service Line Transformation Opportunity

HHC has a facility-based radiologic care delivery model. Our current technology platform does not allow HHC to share images across facilities. HHC is unable to take advantage of its economies of scale in pooling clinical resources and expertise to meet our radiologic reading demand.

- ~1.4 million radiology cases are performed and read at HHC facilities annually
- 200, 000 overnight radiology cases are interpreted by external vendors annually

HHC has the opportunity to integrate its radiology services by building an integrated technology platform and redesigning workflows to support a unified radiology practice. This transformation will include the implementation of a concierge service to facilitate ease of communication between referrer and radiologist.

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HHC's Current Disparate Technology Infrastructure

Existing radiology system architect and challenges

	Harlem	Bellevue	Metropolitan	Lincoln	Kings	Queens	Elmhurst	Jacobi/NCB	Coney	Woodhull
PACS	SECTRA					AGFA		AGFA	AGFA	AGFA
Dictation	Talk Tech	Power Scribe 360		Talk Tech	Talk Tech	Talk Tech	Talk Tech	voicebrook	voicebrook	Talk Tech
QuadraMed	GP2	SMN	GP1		CBN	Queens		MBX	SBN	NBN
Overnight Coverage	IN-HOUSE	IN-HOUSE	vRad						NEXXRAD	IN-HOUSE

Existing Challenges for Integrated Radiology Coverage

1.) Different PACS Systems (Sectra vs Agfa) can't share images with each other
2.) Outdated Agfa systems (Jacobi/NCB/ Coney/ Woodhull) can't share images outside the host facility
3.) Talk Tech and Voicebrook dictation systems can not manage worklist / distribute reports outside host facility
4.) 8 instances of QuadraMed can't share images/ final reports across
5.) Sites are transitioning to EPIC over the next 2-3 years
6.) Only three facilities have existing capability to provide overnight coverage in-house

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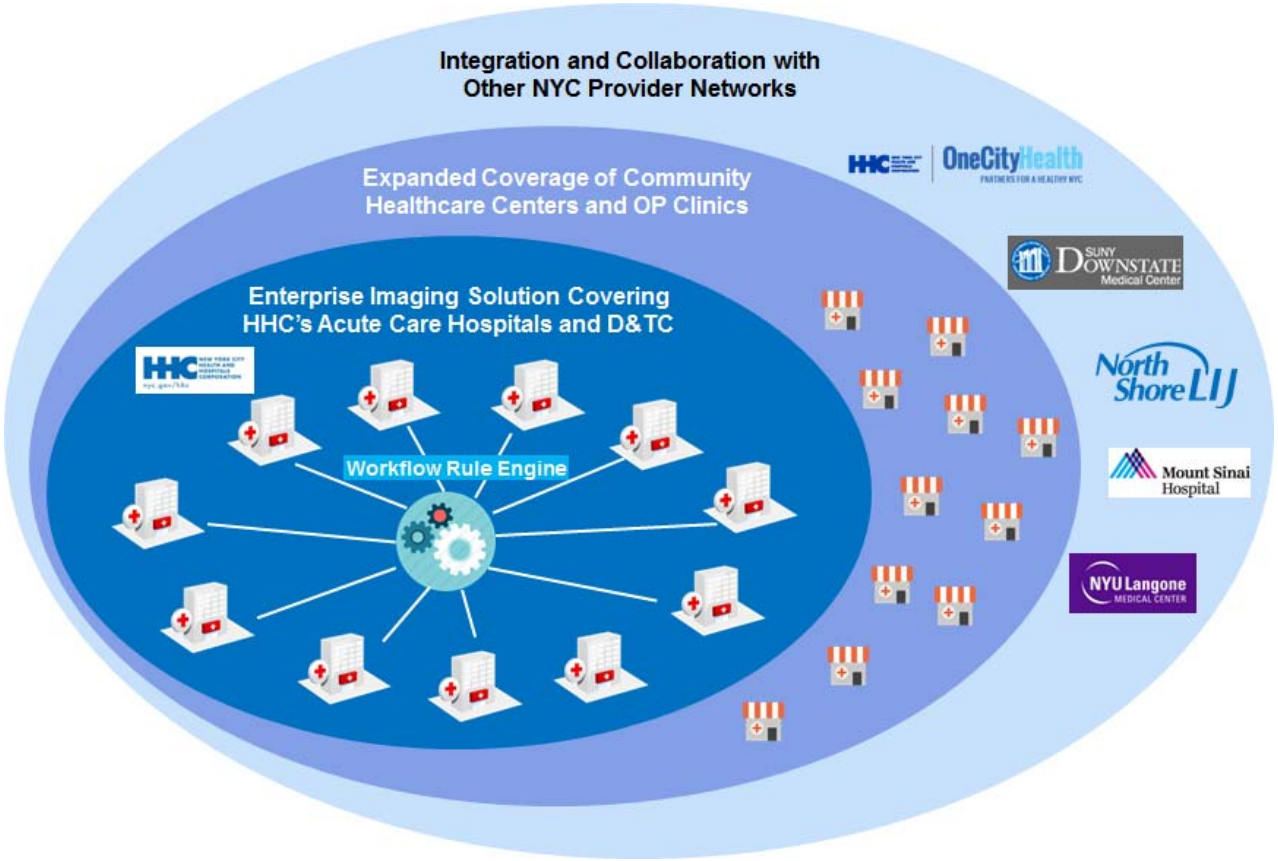
HHC's Future State Vision for Radiology Integration

Our vision is to build a system where any images can be read at any site within the corporation, using a single platform and generating transparent performance metrics, in such a way that service, quality and productivity are improved.



- Single technology platform
- No outsourcing of radiology service
- 100% final radiology interpretations 24/7/365
- Concierge service to facilitate communication btw providers.
- Subspecialist read for identified specialties (e.g., Neuroradiology, MSK, Pediatrics, Women's Imaging)
- 30 mins turnaround time for STAT cases
- Robust Quality Assurance mechanism (e.g., real time double-blind peer review for high risk cases)
- Critical Results Notification and Tracking workflows
- Pooled caseload/ resources
- Standardized policies, procedures and workflow
- Mechanism for performance tracking/ reporting and continuous improvement
- Creation of Centers of Excellence

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Radiology Integration Framework

Vision →

Transformed Radiology Operation

"A system where any image can be read at any site within the corporation using a single platform and generating transparent performance metrics, in such a way that service quality and productivity are improved."

PREP	GO LIVE	CONTINUOUS IMPROVEMENT
Elements of the Vision →		
1.) Baseline Radiologist and Resource Scheduling and Planning (B2.2.15) 2.) Design Cross Facility Workflow (B2.1.3) 3.) Design QA Process (B2.2.13) 4.) Design Concierge Service (B2.2.12) 5.) Identify and Baseline Process Metrics (B2.2.8) 6.) User Training	1.) Implement Workflow (B2.1.3) 2.) Implement QA Process (B2.2.13) 3.) Implement Command Center (B2.2.12) 4.) Implement Dashboard (B2.2.8) 5.) Continue to Optimize Workforce (B2.2.15)	1.) Performance Monitoring and Continuous Improvement (B2.2.9) Including, but not limited to • Improve departmental scheduling, Patient Wait times, LOS, exam TAT, throughput, patient satisfaction (B2.2.14) • Improve rad tech efficiency (B2.2.#) • Optimize Radiologist Planning (B2.2.15) 2.) Assist with Coding and Billing and Revenue Cycle Management (B#)

Components of the Vision →

VNA	PACS	Diagnostic Viewer	Clinical Viewer	Worklist	Speech Recognition	Peer Review	Critical Result Mgmt	Data Migration

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Radiology Integration Timeline

	0 months	3 months	6 months	9 months	12 months	15 months	18 months	21 months	24 months	27 months	30 months	33 months	36 months
Lincoln, Metropolitan, Jacobi and NCB	PREP	GO LIVE	CONTINUOUS IMPROVEMENT & ONGOING MONITORING										
Harlem and Kings	PREP		GO LIVE	CONTINUOUS IMPROVEMENT & ONGOING MONITORING									
Elnhurst and Queens	PREP			GO LIVE	CONTINUOUS IMPROVEMENT & ONGOING MONITORING								
Bellevue, Woodhull, Coney and Gouverneur	PREP				GO LIVE	CONTINUOUS IMPROVEMENT & MONITORING							
D&TC, LTC	PREP					GO LIVE	CONTINUOUS IMPROVEMENT & MONITORING						
Community Health Centers, Correctional Health	PREP					GO LIVE	CONTINUOUS IMPROVEMENT & MONITORING						

▲ = Tollgate Meeting / Business Review see slide 4

▮ = Training Before Implementation

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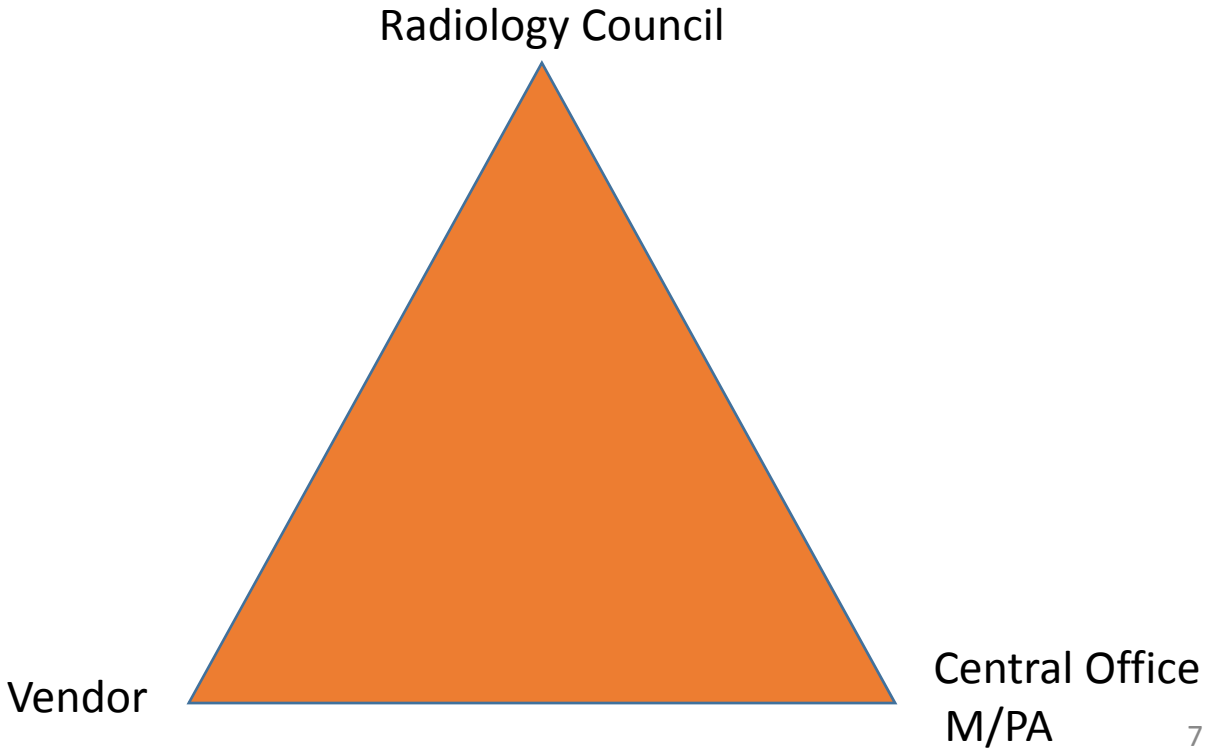
Tollgate Meetings and Business Reviews

Tollgate Meetings – Review Progress and assure readiness for the next phase of project.

Business Reviews – Regular reviews post-implementation to assure performance and efficiency metrics are achieved and continuous improvement is in place.



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Procurement Methodology

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8/14/2015 RFP Published to NYC Records → 8/31/2015 RFP Close Date → 9/9/2015 1st Round of Selection → 9/11/2015 Oral Presentations from TOP 4 → 9/16/2015 Onsite Demonstrations form TOP 4 → 9/18/2015 3rd Round Scoring to select TOP 3 → 10/16/2015 Reference Calls on TOP 3 → 10/26/2015 Best and Final Offer from TOP 2 → 11/2/2015 Selection of McKesson

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McKesson Technologies Incorporated– The Selected Vendor

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- Children's Hospital and Medical Center, Omaha, Nebraska

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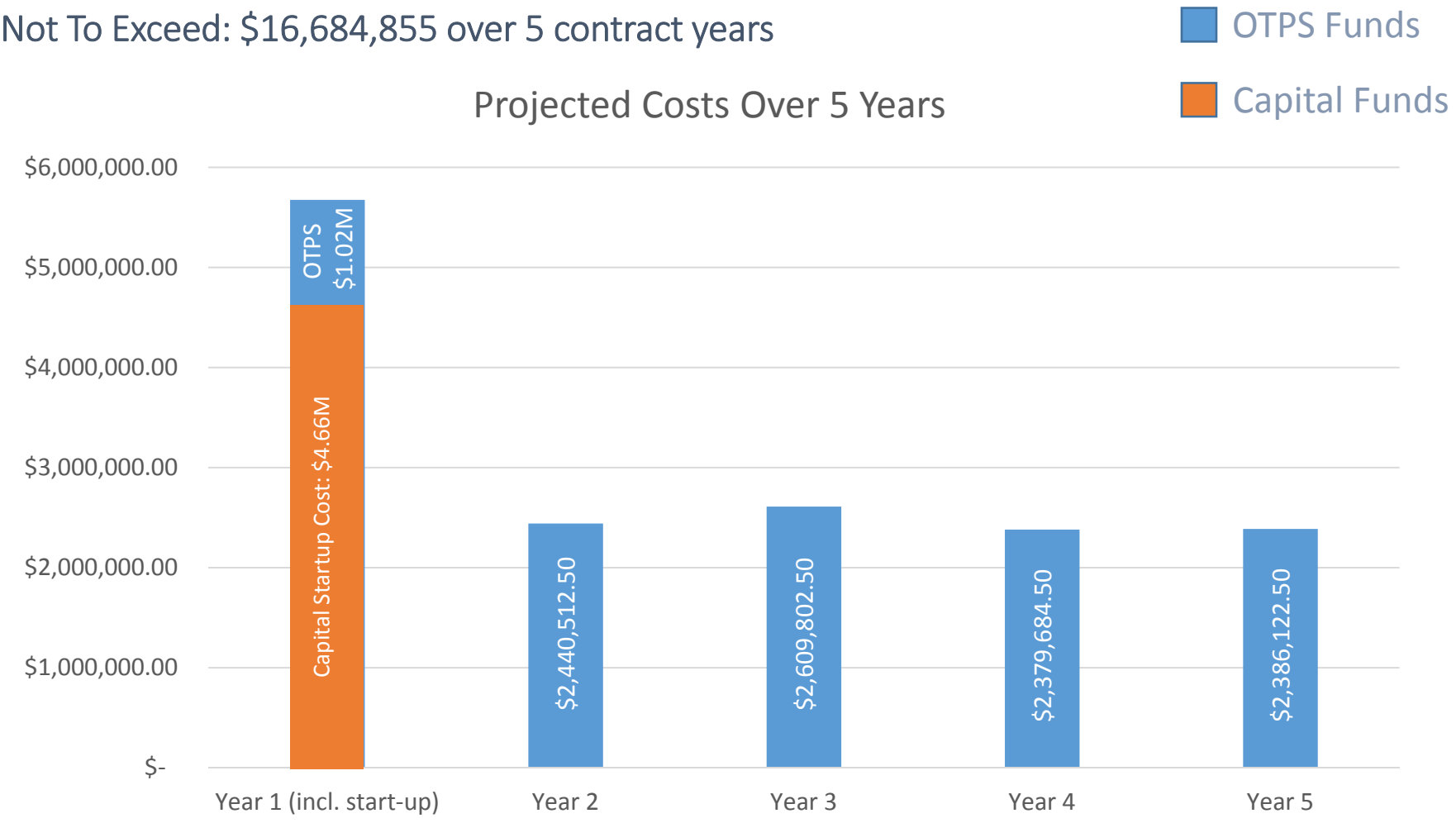
5 Year Contract Cost

Not To Exceed: $16,684,855 over 5 contract years



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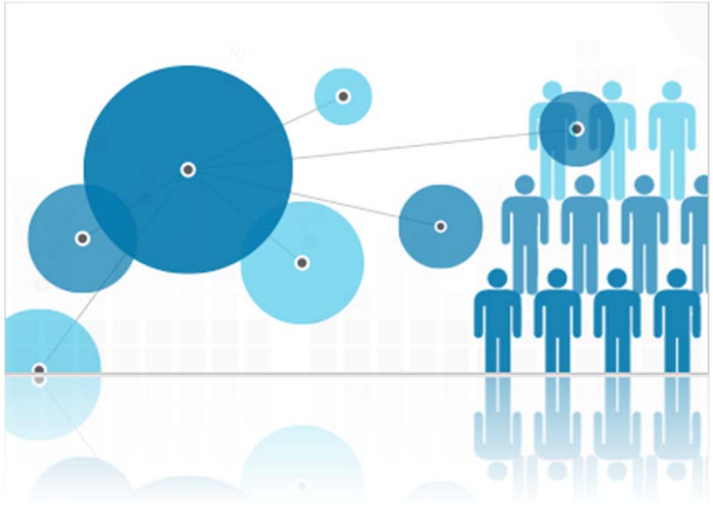
Resolution

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

NYC HEALTH+ HOSPITALS

HHC Accountable Care Organization

M&PA/IT Committee
November 12th, 2015

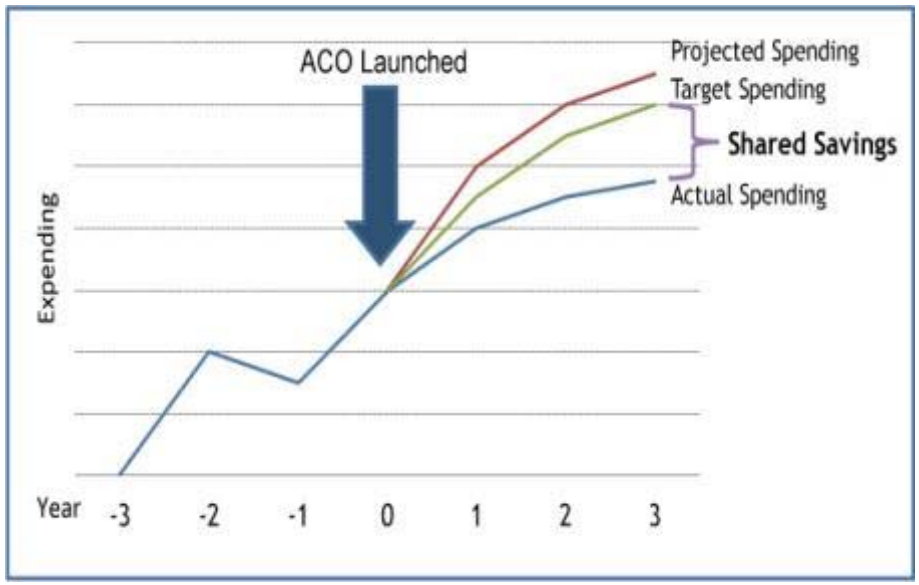


HHC Accountable Care Organization

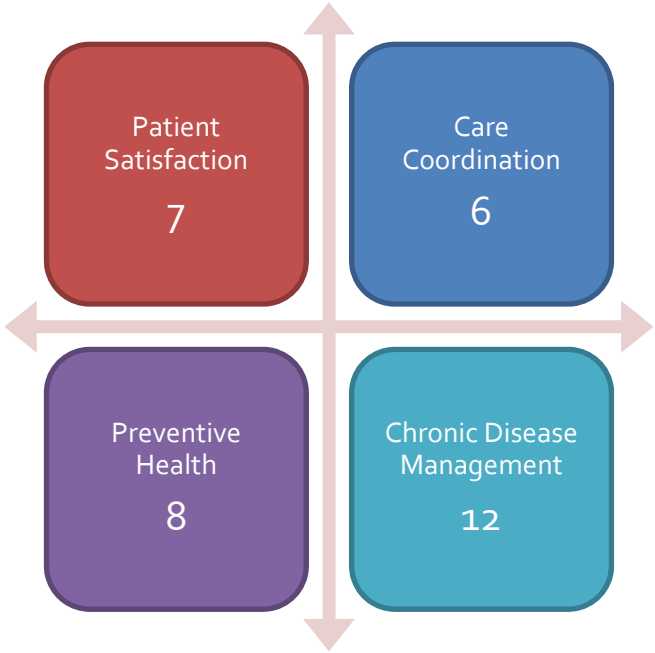
HHC ACO Launch

2013: Reporting Year → 2014: Performance Year → 2015: Performance Year

ACO Theory



ACO Measurement



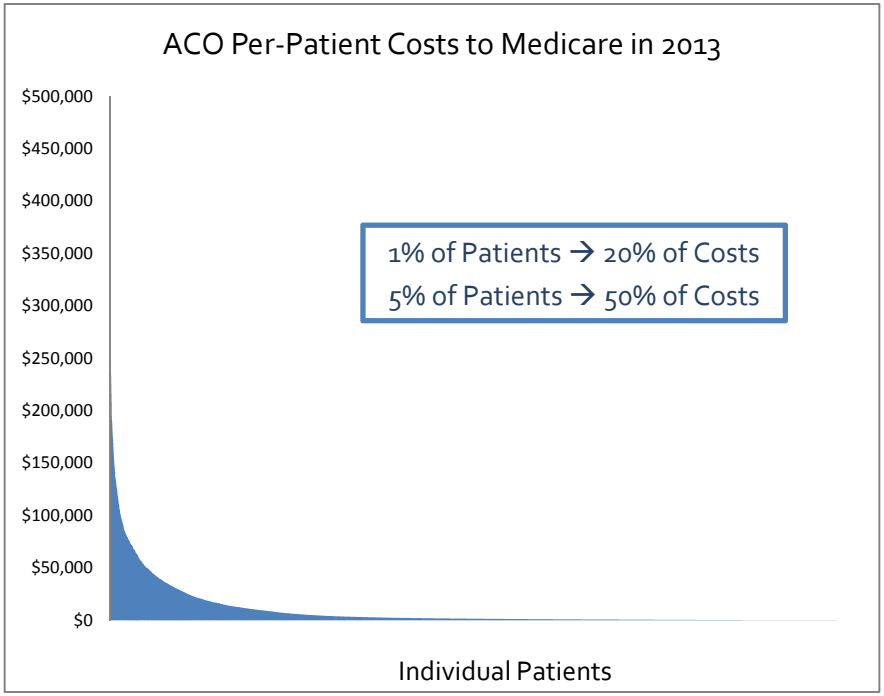
HHC Accountable Care Organization

Payment is Shifting to Reward High Quality, Lower Cost Care

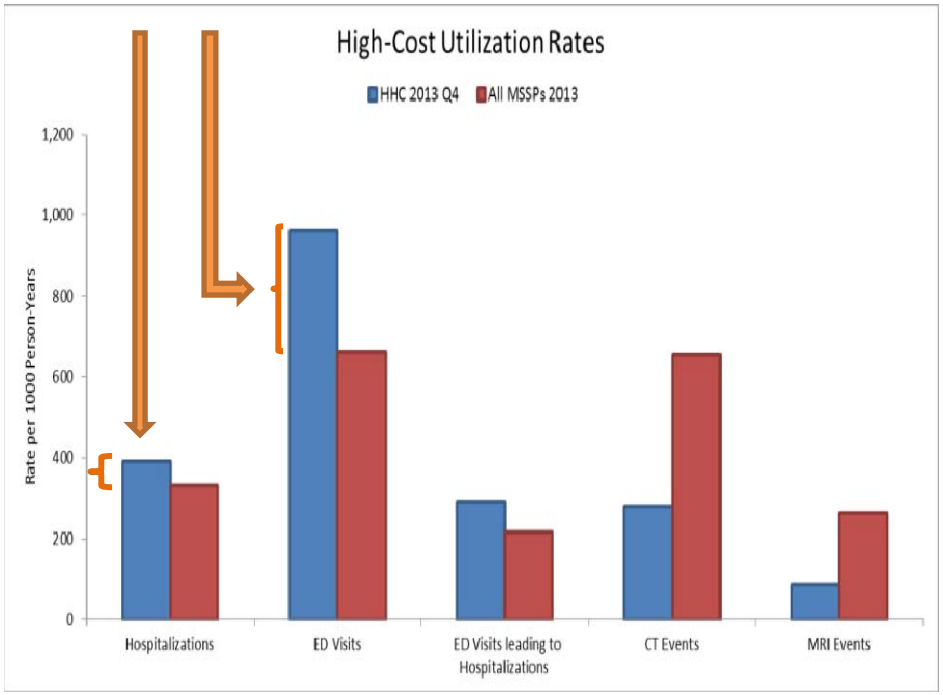
80-90% OF MEDICAID PAYMENTS TIED TO QUALITY OR VALUE BY 2019

50% OF MEDICARE PAYMENTS TIED TO QUALITY OR VALUE BY 2018

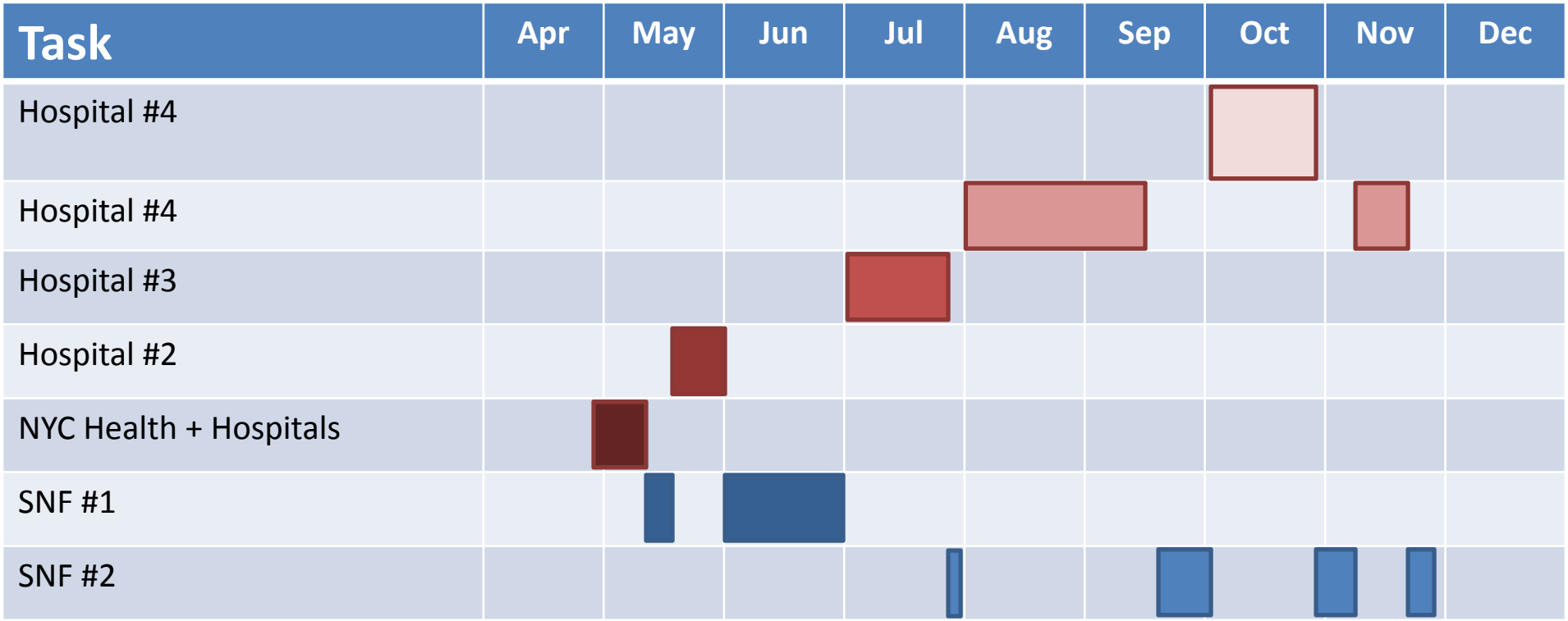
Costs are Concentrated in Small Population of High Risk



Specifically Concentrated in Avoidable Inpatient & ED Visits at HHC



One Patient's Journey in the Health System



1 Patient, > $500,000 in costs 2013

HHC's Medicare Shared Savings Program ACO

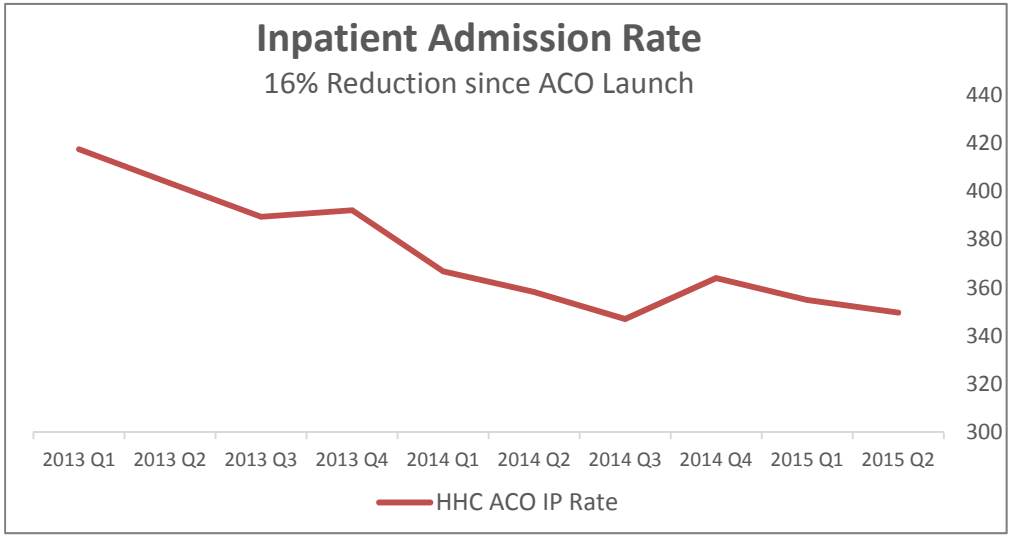
- One of few public ACOs nationally
  - Majority Dual Medicare-Medicaid Beneficiaries
  - High rates of Major Psych, HIV, Chronic Diseases compared to national benchmarks
  - Proactive Population Management Approach

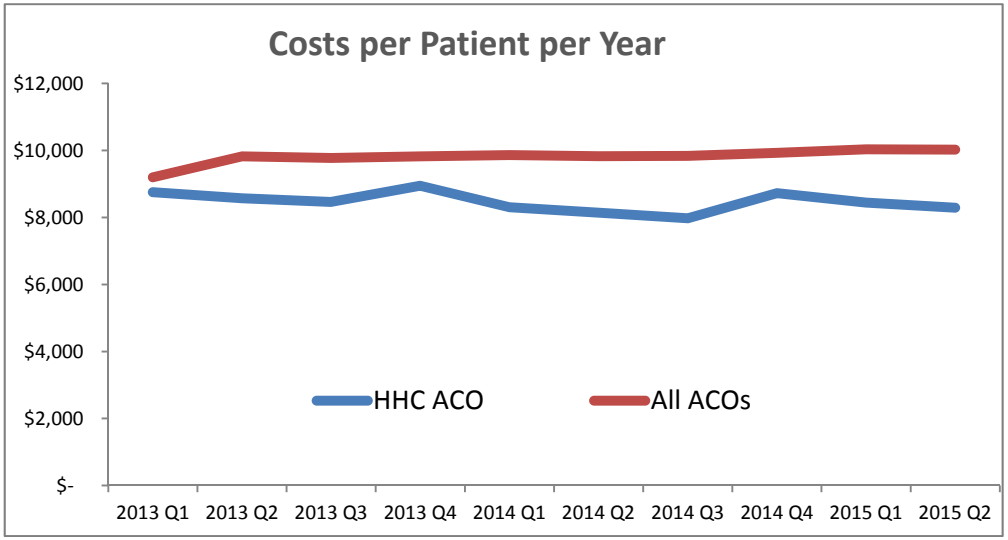
Overview of ACO 2014 Performance Results

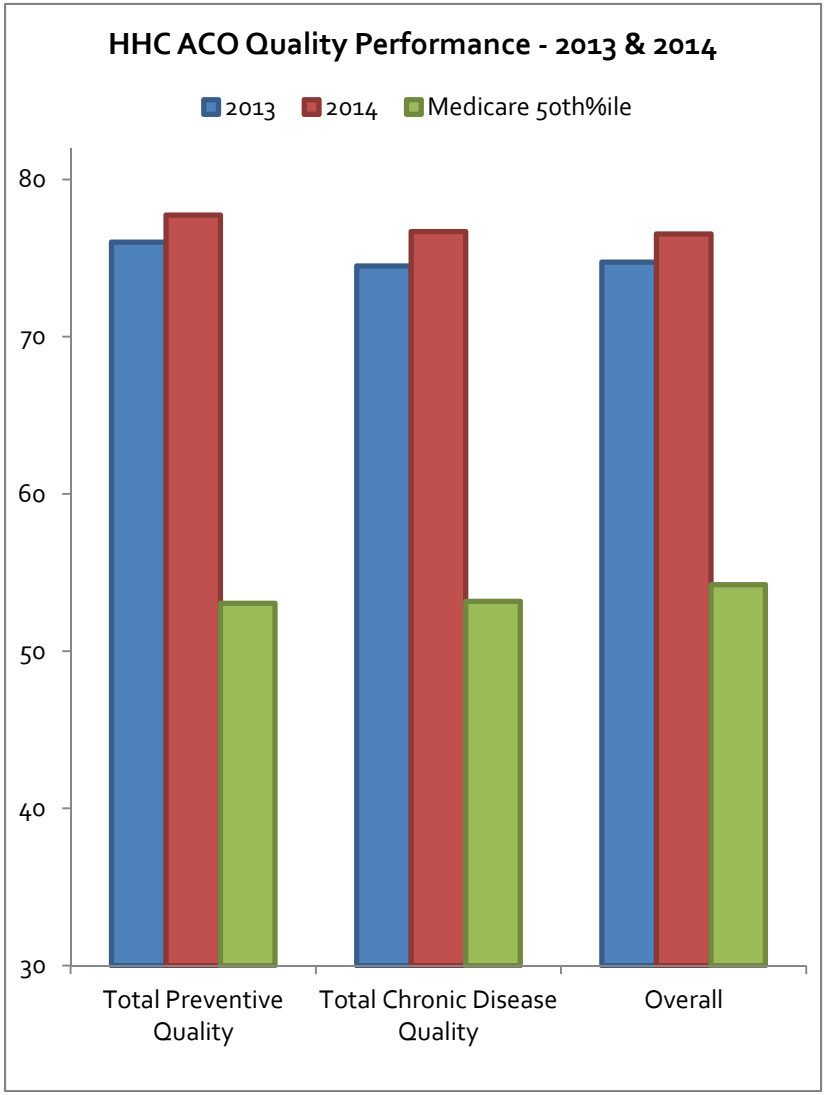
- HHC ACO successfully reduced costs in its population of 13,294 beneficiaries by $7.1 Million compared to benchmark
- HHC ACO achieved a quality score of 76th percentile
  - Improvement in majority of measures, including 7 out of 8 CAHPS patient experience ratings
  - Improvement in ACO patients' Self-Reported Health
- **Around 25%** of ACOs in our cohort met cost and quality targets to succeed in generating shared savings.
  - In NYC, HHC ACO was one of the 2 ACOs out of 8 to generate savings
- One of **only 15%** of ACOs nationally to succeed in generating savings in both 2013 and 2014 performance years

HHC Accountable Care Organization

Admission Rate & Costs Performance

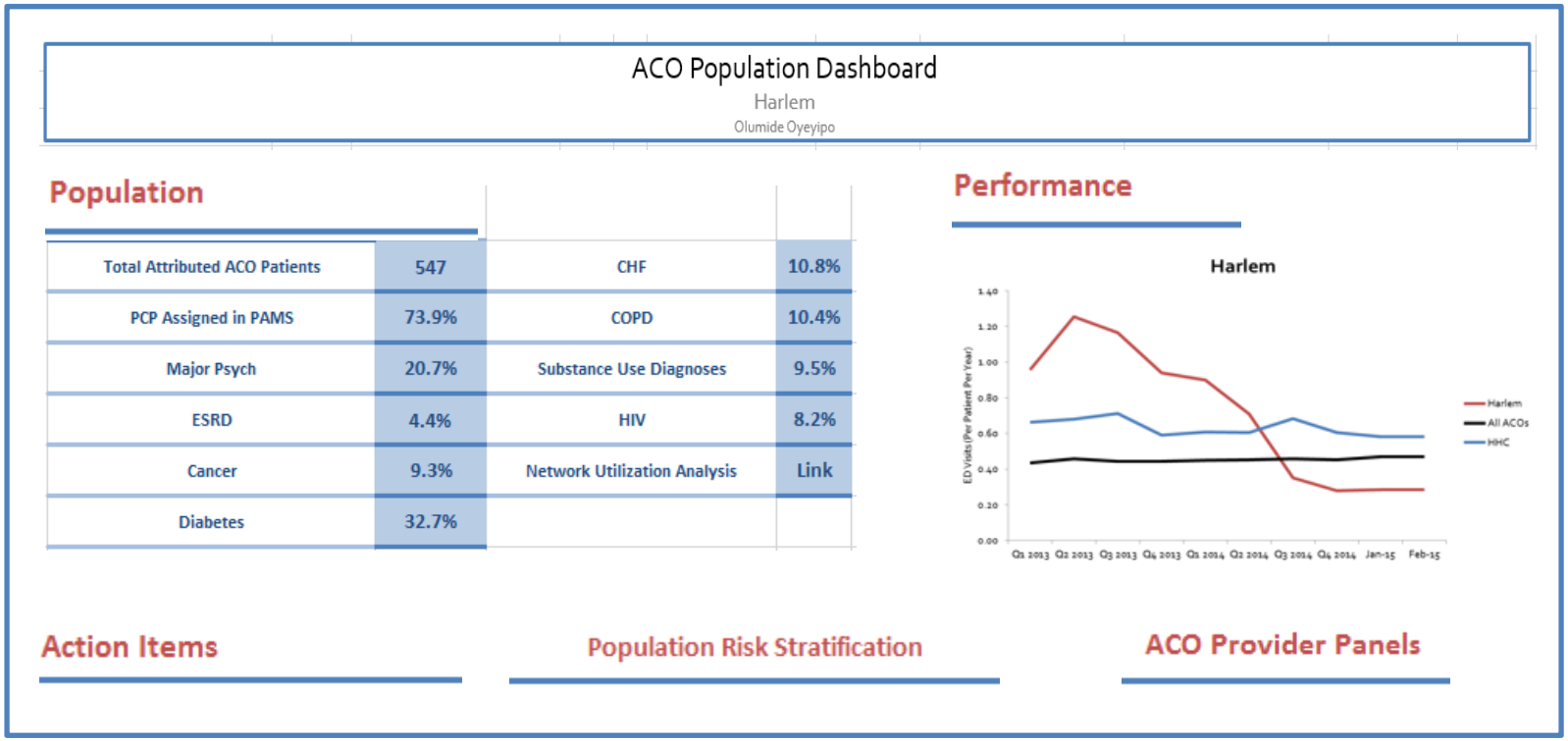




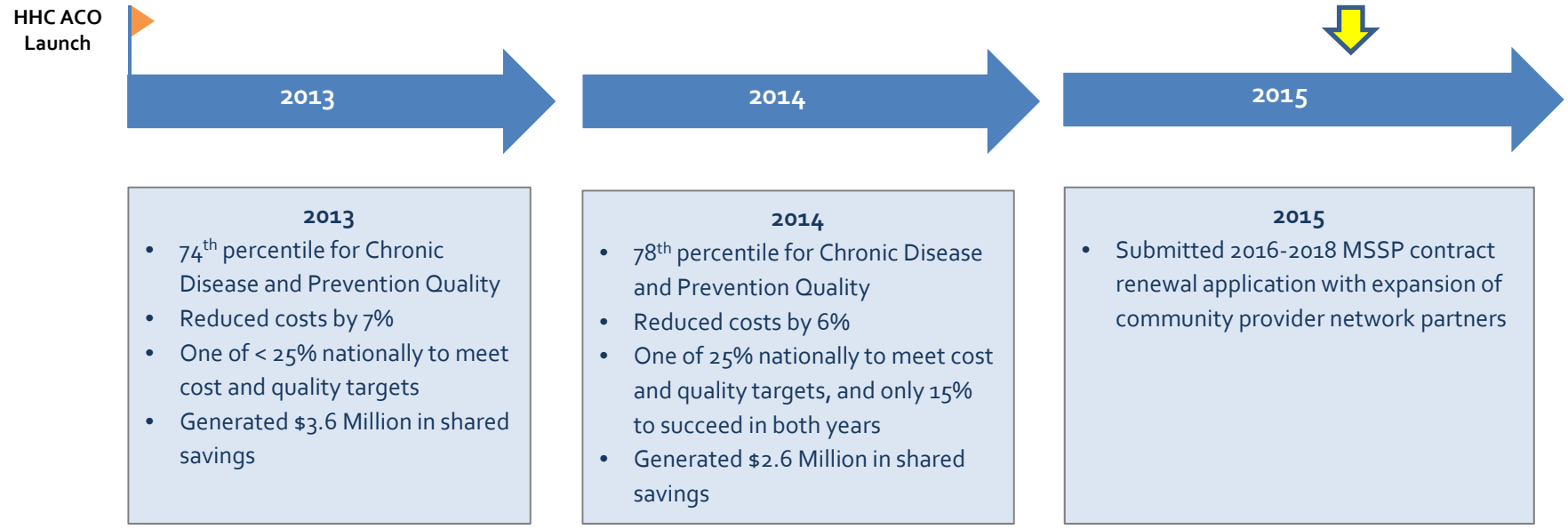


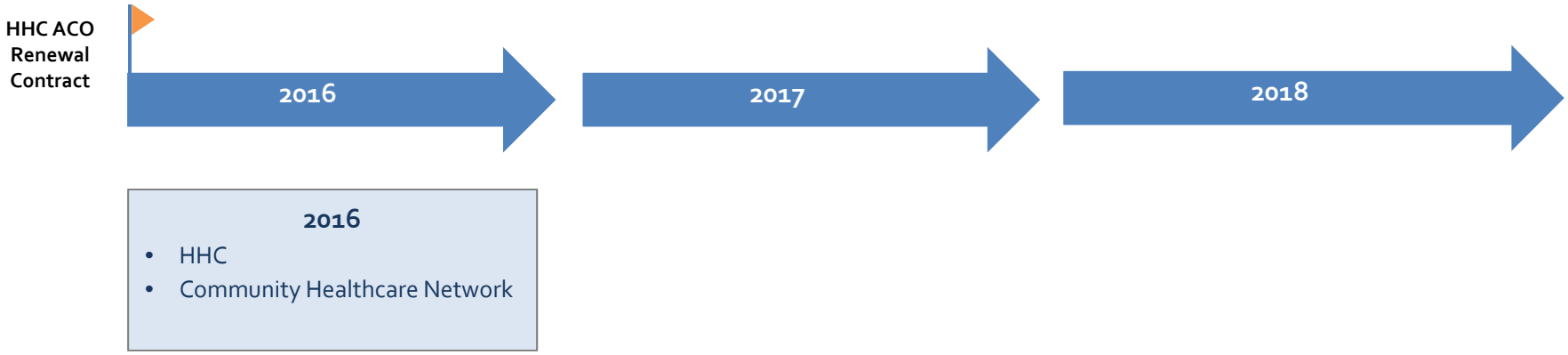
ACO Population Dashboard

- Guides data-driven standard work, high-risk patient outreach, and performance feedback
- Integrates clinical, financial, and administrative data
- Links to individual patient and individual physician data



HHC Accountable Care Organization





Alignment with Strategic Direction