

AGENDA

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

**Meeting Date: May 8th, 2014
Time: 12:00 PM
Location: 125 Worth Street, Room 532**

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES
- *April 10, 2014*

CHIEF MEDICAL OFFICER REPORT

DR. WILSON

METROPLUS HEALTHPLAN

DR. SAPERSTEIN

CHIEF INFORMATION OFFICER REPORT

MR. ROBLES

ACTION ITEMS:

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

MR. MARTIN

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

MR. MARTIN

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

MR. PROCTOR

INFORMATION ITEMS:

- 1. Performance Improvement, Business Analytics and QuadraMed Data Migration Strategy**

MR. CONTINO

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

Meeting Date: April 10, 2014

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair

Ramanathan Raju, MD, President

Josephine Bolus, RN

Amanda Parsons, MD (representing Department of Health and Mental Hygiene Commissioner, Mary Bassett, MD, in a voting capacity)

OTHER BOARD MEMBERS

Emily A. Youssouf

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning and HIV Services

Machelle Allen, MD, Deputy Chief Medical Officer, Office of Health Care Improvement

Janette Baxter, Senior Director, Risk Management

Jen Bender, Associate Director, Media Relations

Gary Belkin, MD, Senior Director, Office of Behavioral Health

Suzanne Blundi, Deputy Counsel, Office of Legal Affairs

Nicholas V. Cagliuso, Assistant Vice President, Office of Emergency Management

Louis Capponi, MD, Chief Medical Informatics Officer

Deborah Cates, Chief of Staff, Board Affairs

Maria Arias-Clarke, Assistant Director, Corporate Budget

Paul Contino, Chief Technology Officer

Megan Cunningham, Associate Director, Accountable Care Organization

Robin Dasilva, Associate Director, Quality Performance and Innovation

Barbara Deiorio, Senior Director, Internal Communications

Christine Desrosiers, Office of Legal Affairs

Joel Font, Consultant, Enterprise IT Service (EITS)

Juliet Gaengan, Senior Director, Clinical Affairs

Marisa Salamone-Greaseon, Assistant Vice President, EITS

Sal Guido, Assistant Vice President, Infrastructure Services

Terry Hamilton, Assistant Vice President, Corporate Planning Services

Lauren Haynes, Assistant System Analysis, President Office

Lydia Isaac, Assistant Director HIV

Caroline Jacobs, Senior Vice President, Safety and Human Development

Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care

Mei Kong, Assistant Vice President, Patient Safety

Patricia Lockhart, Secretary to the Corporation

David Larish, Director Procurement, Operation

Katarina Madej, Director, Marketing

Ana Marengo, Senior Vice President, Communications & Marketing

Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer

Karen Mattera, Director, Office of Emergency Management

Kathleen McGrath, Senior Director, Communications & Marketing

Andreea Mera, Director, Office of Healthcare Improvement

Charlotte Neuhaus, Senior Management Consultant, Corporate Planning Services

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

FACILITY STAFF:

Ernest Baptiste, Executive Director, King County Hospital Center
David Baksh, Assistant Executive Director, Queens Hospital Center
Chris Constantino, Senior Vice President, Queens Health Network
Elizabeth Gerdtts, Chief Nurse Executive, North Central Bronx Hospital
George Leconte, Assistant Executive Director, Queens Hospital Center
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Ellen O'Connor, Chief Nurse Executive, Jacobi Medical Center
Richard Stone, MD Medical Director Metropolitan Hospital
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Anushka Dufresne, Special Assistant to the President, MetroPlus Health Plan
Marie Elivert, Senior Assistant Executive Director, Queens Hospital Center
Rajiv Pant, MD, Assistant Medical Director, Woodhull Medical and Mental Health Center
Denise Soares, Senior Vice President, Generations+/No. Manhattan Network, Harlem Hospital Center
Arthur Wagner, Senior Vice President, Southern Brooklyn/Staten Island Network
Meryl Weinberg, Executive Director, Metropolitan Hospital
Maurice Wright, MD, Medical Director, Harlem Hospital Center

OTHERS PRESENT

Moira Dolan, Senior Assistant Director, DC37, Research & Negotiations Department
Simon Herelle, EMC Corporation
Scott Hill, Account Executive, QuadraMed
Richard McIntyre, Siemens
Thomas J. Petrone, President of Petrone Associates Medical Physicists
Lori Schomp, OMB

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, April 10, 2014

Dr. Calamia, Chair of the Committee, called the meeting to order at 12:00 noon. The minutes of the February 13, 2014 Medical & Professional Affairs/IT Committee meeting were adopted.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, Deputy Chief Medical Officer, Office of Health Care Improvement reported on the following initiatives:

Influenza

The season is characterized by a second peak in activity in NYC in January and February, which means that the NYS Health Commissioner has not yet determined that the season has ended and masks still need to be worn by non-vaccinated healthcare workers.

The "Collaborative Care" model for Depression in Primary Care

As part of HHC's Patient Centered Medical Homes transformation, our adult primary care clinics are integrating depression care into their practices using a model called "Collaborative Care". "Collaborative Care" uses nurses and social workers working in a multi-disciplinary team with PCPs and consultant Psychiatrists to help patients with depression and co-morbid chronic conditions like hypertension and diabetes achieve health goals. Enterprise wide, clinics have improved depression screening rates from an average of 70% [04/01/13 -06/30/13] to 79% [10/01/13 - 12/31/13] with 7 facilities achieving depression screening rates of over 90%. 1,404 patients have been enrolled in this program [Reporting period: 07/01/2013 - 01/31/2014] and clinical outcomes for depression are tracked and reported after 4 months in the program. Scale-up of this program is also a key objective of the NYS Hospital-Medical Home Demonstration Award which has supported the training of over 250 health-care workers to provide care using this new model.

*Council of Laboratory Directors and Pathology Chiefs of Service
Council of Blood Bank Directors*

In January of this year these two new groups were formed to assist with standardizing practices, policies and equipment in our laboratories. They will provide expert advice and a communication platform for strategic changes, such as the joint venture with North Shore LIJ.

Four meetings have taken place to date – the first was a combined meeting of blood bank directors and laboratory directors. The immediate concerns at that time included the AABB corporate wide assessment of our blood banks which had resulted from a regulatory visit to one of our facilities. The members of the combined meeting requested that the blood bank directors meet separately as the concerns of the blood banks differed from those of the general labs.

To date, the Blood Bank Directors are developing a standardized quality assurance format based on their individual plans of corrections for the AABB audit findings. Although each facility had findings specific to them – there were corporate wide trends with the following related recommendations: Activate a quality assurance unit at each facility; standardize activities across the corporation; identify and utilize expertise found at the various facilities.

Each facility is in the process of implementing the recommendations of the auditors, and the council will provide the venue for sharing best practice and ensuring standard processes and QA.

IT has provided an overview of the Epic roll out as it pertains to the laboratories, including the interfaces between the documentation systems (Epic and Cerner) as well as the migration of legacy data. HHC autopsy rates and triggers have been shared, reviewed and agreed upon based on national benchmarks. HHC Pediatric pathology has been identified as a corporate wide need, specifically for fetal and neonatal autopsies and pediatric surgery. Other clinical processes the group

would like to address for standardization include: tuberculosis screening in the obstetric population, HPV reflex testing on PAP smears, and anatomic pathology synoptic reporting of cancer results.

The HHC Transfer Center

We have implemented an HHC-wide transfer center to facilitate transfers at HHC hospitals. The transfer center is a smooth one-stop shopping experience for both the sending and receiving facility. Bellevue was the first HHC hospital to go live on March 17th. On March 24th, 2014 – Elmhurst Hospital Center, Jacobi Medical Center, and Kings County Hospital Center went live with the HHC Transfer Center.

The HHC transfer center is be available 24 hours a day, 7 days a week. The HHC Transfer Center handles the complete transfer process, including:

Consultation with the accepting physician specialists and communication between the sending and accepting providers;
Arranging for a patient bed – including any demographic requests associated;
Communicating with nursing including nursing-to-nursing report
Arranging for patient transport;
Updating Physicians/Nurses of ETA of incoming patient;
Coordinating insurance authorization with the sending facility and all other transfer needs.

In addition, our partner Direct Call will provide us with detailed reports which they will tailor to our needs. The Toll-Free Number is: 1-844-HHC-BEDS (844-442-2337) for all transfer referrals from a sending acute care center.

As of April 8th, 2014 – there have been a total of 169 transfers - “most of the patients (61) had cardiac problems and of the total amount transferred only 9 went to Emergency Departments, the rest went directly to inpatient beds”.

Council of Chief Nursing Officers

The Council of CNO's is working collaboratively with central procurement on standardized best quality practices and cost reduction on commonly used medical surgical supplies.

The skin integrity evaluation will lead to the use of standardized high quality products that were selected and approved by the staff, an education and support program from the vendor and significant cost savings. Next planned project is standardizing IV start kits and many more are planned. The individuals involved were very happy to be included, did a fantastic job and were delighted with the outcome.

Accountable Care Organization

Elmhurst patients have now started being attributed to the ACO, with a corresponding increase in our population from 12,100 to 12,800 attributed beneficiaries.

The ACO successfully completed 2013 Quality Reporting to CMS in March, representing the culmination of months of development and coordination of new work flows with partners in IT and Quality Management leadership across all HHC facilities. This investment in infrastructure and expertise will support ongoing internal quality performance tracking and coordination.

ACO Clinical Leadership at each Acute and D&TC have completed in-depth reviews of their Top 5 "high-utilizer" ACO patients in 2013. Insights from this pilot process are being used to develop strategic priorities and a "tool kit" of interventions for ACO patients based on their risk profile and greatest care needs. Standard processes and metrics for ongoing high-utilizer review and ACO population management have been introduced into the latest version of the PCMH "Implementation Tracker," highlighting the alignment of ACO and PCMH priorities to elevate population health from a robust foundation of primary care.

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 March 28th, 2014 was 431,743. Breakdown of plan enrollment by line of business is as follows:

Medicaid	356,012
Child Health Plus	11,516
Family Health Plus	26,076
MetroPlus Gold	3,311
Partnership in Care (HIV/SNP)	5,298
Medicare	8,029
MLTC	505
QHP	20,579
SHOP	417

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 membership has increased since my last report to this committee. We gained over 5,000 Exchange members this month.

In regards to the New York State of Health (NYSOH), as of March 24th, 2014, 1.1 million New Yorkers have completed their applications and 717,207 have enrolled for coverage since the launch of the Marketplace on October 1, 2013. More than 70 percent of those who have enrolled to date were uninsured at the time of application. MetroPlus has received almost 34,000 completed applications and have nearly 23,000 paid members. There had been a glitch in the state website that prevented members eligible for Medicaid from choosing a plan. This has been corrected, and as of April 1, we will add approximately 18,500 new Medicaid members, turning around previous losses. On March 26th, 2014, the Obama administration announced that it will allow extra time to people who say that they were unable to enroll in health plans through the federal insurance marketplace by the March 31st deadline. Consumers who have begun to apply for coverage on the federal exchange — HealthCare.gov — but who do not finish by Monday, will be able to ask for an extension. Following the federal announcement, NYSOH confirmed that it will allow a grace period for those people who have “initiated” their application by March 31st, though did not give a cut-off date by which the applications must be complete. We anticipate the receipt of written guidance from NYSOH in the near future.

Recently, MetroPlus has received significant coverage in local NYC media --including print, radio, TV and online coverage- primarily focusing on the success the company has had enrolling New Yorkers in affordable health insurance through the NY State of Health Marketplace. Print coverage has included: The New York Daily News, Harlem News, El Especialito, Positive Community Magazine, The Brooklyn Paper, Brooklyn Courier, Bay News, Bay Ridge Courier, Kings Courier, Caribbean Life, Bayside Times, Astoria Times, Forest Hills Ledger, Jamaica Times, Bronx Times, Manhattan Times (bilingual, English/Spanish), Bronx Free Press (bilingual, English/Spanish), The Jewish Voice, Bronx Times Reporter, Brooklyn Family, and Whitestone Times.

Also, radio station HOT 97 has featured MetroPlus on several health segments. MetroPlus TV coverage included Univision (a segment filmed at Gouverneur), Brooklyn News 12 (filmed at King's County Hospital and spotlighting our Certified Application Counselor's bilingual outreach to consumers), and NY1. Earlier in March, TALKING HEALTH, CUNY TV's series dedicated to health care policies and practices in the U.S., presented an all-new report, *Health Care – The Marketplace*, a review of plans and procedures relating to enrollment in New York State's health exchange, featuring myself and our CFO John Cuda. Hosted by Mike Gilliam, the special premiered Tuesday, March 11th, 2014 and is also available for viewing online at www.cuny.tv.

Additional online coverage included Crain's Health Pulse, Capital New York and Huffington Post. We will continue to capitalize on our success with enrollment to promote both MetroPlus and HHC, including the sustained use of our co-branded advertising campaign.

As we await for the Invitation for Plans to participate on the NYSOH Marketplace, we are facing a challenge with regard to the out-of-network (OON) benefit. It appears that the Invitation has been delayed because of discussions around whether OON should be included as a part of the Essential Health Benefit or as a rider. If we are required to offer an OON benefit as a part of the Essential Health Benefit, premium costs will skyrocket which may affect potential enrollment. Offered as a rider, we will be able to keep our plan affordable. We expect the final decision on the OON benefit in the first week of April.

MetroPlus is in the process of responding to the New York State Department of Health release of the formal Request for Qualifications (RFQ) for the Health and Recovery Plans (HARP). As I reported last month, due to the complexity of some of the RFQ requirements, we are initiating a Request for Proposals (RFP) process to secure bids from managed behavioral health organizations (BHOs). Our RFP is seeking proposals to offer services and manage the SSI populations that are currently carved out and proposals to offer services and manage members with extensive needs that will qualify for the HARP program. I will keep this committee informed of this process as we continue our progress.

As I reported last month, MetroPlus has expanded its marketing presence to three New York area malls. MetroPlus marketing representatives have been placed in Green Acres Mall, Queens Center Mall and Kings Plaza Mall from 9:30am-9:30pm to market our products and assist members in enrolling on the New York State of Health Marketplace. In the first six weeks of the initiative, over 650 applications have been submitted for coverage.

As requested by this committee, MetroPlus requested that the Myers Group complete a survey of our Medicaid members that have voluntarily disenrolled. Using a phone-only survey administration protocol, During February 2014, the Myers Group collected 1,138 surveys from the sample of those that disenrolled in the last two quarters of 2013, yielding a response rate of 21.3%. Forty-nine percent of respondents stated that they disenrolled from MetroPlus because of access issues.

Access issue with PCP	25.6%
Access issue with a specialist	9.2%
Access issue with Doctor(s)/Center/Hospital	12.2%
Access issue with Prenatal Care/Gynecologist	2.2%

As I reported previously, MetroPlus received a notice from the NYSDOH of its intent to begin on-site focus surveys of our plan compliance with the Fraud and Abuse Program Integrity requirements. This is a result of the findings of an audit of the New York State Department of Health's oversight of these requirements by CMS. The DOH conducted its onsite review on March 25th, 2014 of our Fraud and Abuse Program, as well as our compliance with Medicaid Program Integrity requirements. The audit is complete and we are incorporating feedback received during the closing conference. Finally, as I have been reporting to this committee, MetroPlus had been preparing for the carve-in of the nursing home population originally scheduled for January 1st, 2014. This carve-in had been delayed until March 1st, 2014, pending CMS approval. We have learned that there has been another delay and we are now preparing to accept members of this population on June 1st, 2014.

CHIEF INFORMATION OFFICER REPORT

Bert Robles, thanked the committee and provided the following updates:

Meaningful Use (MU) Stage 2 Update:

I am pleased to report that all eleven (11) hospitals have completed the QCPR version 6.0 upgrade at the end of February. As I mentioned during my last report, this upgrade to version 6.0 is an important step towards HHC achieving Meaningful Use (MU) Stage 2. The attestation period is still planned for the third quarter of Federal Fiscal Year 2014.

Of the nineteen (19) MU objectives, Medication Reconciliation, patient access (portal) and transition of care (summary of care) remain at risk as they require extensive user training, patient engagement and involved technical integration with external sources. EITS will continue to monitor and manage the progress of work accomplished, continue collaboration with business and vendors, data validation and the initiation of security risk assessment.

Patient Portal Update:

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

With the completion of the QCPR version 6.0 upgrades we are now testing the new CCDA (visit summary) functions of Quadramed as well as the integration with the Portal. There were concerns raised by the clinical leadership about the content of the visit summary, much of which has been prescribed by CMS. We have had a number of sessions to understand the concerns and refine the content in the visit summary. Within the limitations of the MU regulations and the technical capabilities of Quadramed, we are investigating all options to deliver an acceptable product. Specific default settings have been built into the tool that generates the CCDA which will limit content to only prescribed dates and ranges pertinent to that encounter.

The next scheduled set of enhancements will be delivered by Quadramed on April 17th and then we can proceed with testing of the CCDA and the transport to the patient portal. We are also exploring ways to create a more friendly patient summary on the portal. Bellevue has volunteered to serve as our pilot site to test the clinical workflow which includes the creation and review of the CCDA (visit summary), selection of patient specific education materials and the final discharge process where the patient will be given access to the portal to view their visit/discharge information. There are plans underway to have additional staff, patient portal liaisons (PPL) available to assist patients during their admission and at discharge with gaining access to the patient portal. Given the time constraints and the significant efforts needed to ramp up the volumes needed for the MU measures, there is serious concern about the viability of all hospitals being able to attest for meaningful use in time.

ICIS Update:

Two (2) ICIS Activation Kick-Off meetings were held at the Queens Health Network (QHN) on March 19th and 25th at Elmhurst and Queens Hospital Centers. HHC and Epic Leadership were on-site to discuss the roll-out schedule, activation activities and walk-through a real-time demonstration of the Epic Electronic Health Record. Over one-hundred (100) QHN staff attended these sessions.

The Queens Health Network is scheduled to be the first go-live in Second Quarter 2015.

We also solicited feedback from the ICIS Workgroups to find out if staff is finding value from these sessions. Feedback to date has been overwhelmingly positive with 91% of the respondents finding the sessions to be constructive; 84% believe that they are being given enough notice for meetings and 90% are receiving meeting emails on a timely basis for session participation and follow-up. EITS will continue to survey participants in order to gauge user participation and satisfaction during this process.

ACTION ITEM

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute a contract with Petrone Associates LLC to provide Hospital Medical Physicist Consulting Services to all Corporation facilities on an "as needed" requirements basis. The Hospital Medical Physicist Consulting Services contract will be for a term of three years with two, one year options to renew, exercisable solely at the discretion of the Corporation, for a total cost not to exceed \$5,117,004. The contract amount includes a 12% contingency reserve of \$537,460 for additional physicist services that may be required.

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

INFORMATION ITEMS:

Healthcare Associated Infections (HAI)

Lauren Johnston discussed the power of transparency: Where our data are reported. NYSDOH - New York State Department of Health Governmental body responsible for public health in the State of New York NYCHHC In Focus Public website that provides information about our quality and safety performance metrics. Hospital Compare (CMS) Consumer-oriented website t provides information on how well hospitals provide care to their patients. NHSN - National Healthcare Safety Network Centers for Disease Control database is the nation's most widely used healthcare-associated infection tracking system. NDNQI ® National Database of Nursing Quality Indicators NDNQI® is a repository for nursing-sensitive indicators data. Next Steps: Business Intelligence; Automation of Central Line and Indwelling Catheter Days via EMR. Incorporation of the Central Line Maintenance Checklist into the EMR; Spread of best practice bundles from critical care areas to non-critical care areas and Monitor HAI's: Facility & System-Wide Standardized Infection Rat; Rate of Infection Goal.

Soarian Status Update

Marlene Zurack recapped the project's initial implementation which began January 2007 for the Soarian System with a renewal relationship with Siemens for the revenue cycle. To date decision support, document imaging and scheduling have been implemented. The financials were to be implemented in April; however, we are now discussing a change in schedule due to delays in delivery of software. We would like more due diligence on status of software and evaluate hosting capacity of Siemens with expected service levels. Initial date for implementation was July. For the financials we will put more time in testing with more time for the hosting component to review the system. As of now we have a possible go live date of November. We would like to come back to the committee in another few months to re-evaluate before the go live date has been finalized.

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

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
May 8th, 2014

Total plan enrollment as of April 28th, 2014 was 443,255. Breakdown of plan enrollment by line of business is as follows:

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

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

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

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

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

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

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

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

As I reported last month, MetroPlus has been in the process of preparing for the response for the New York State Department of Health (NYSDOH) formal Request for Qualifications (RFQ) for the Health and Recovery Plans (HARP). As I stated to the committee, I wanted to report on our progress and outline the timeline around the process. In preparation, MetroPlus released a Request for Proposals (RFP) for administrative BHO services on April 10th, 2014. Responses from vendors are due on May 5th, 2014, and we will select a vendor by May 15th, 2014. Final response to the RFQ is due on June 6th, 2014.



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
April-2014

		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
Total Members	Prior Month	426,856	424,702	421,365	421,691	432,801	432,170	435,517
	New Member	12,527	13,451	15,356	33,051	15,952	19,177	26,473
	Voluntary Disenroll	2,249	2,436	2,604	2,004	1,117	1,849	2,124
	Involuntary Disenroll	12,432	14,352	12,426	19,937	15,466	13,981	16,611
	Adjusted	22	-71	24	76	521	2,517	0
	Net Change	-2,154	-3,337	326	11,110	-631	3,347	7,738
	Current Month	424,702	421,365	421,691	432,801	432,170	435,517	443,255
Medicaid	Prior Month	364,369	362,234	359,248	359,410	364,085	360,015	358,272
	New Member	9,957	10,838	12,571	17,626	9,997	11,494	17,948
	Voluntary Disenroll	1,867	2,034	2,194	1,562	703	1,548	1,803
	Involuntary Disenroll	10,225	11,790	10,215	11,389	13,364	11,689	12,712
	Adjusted	22	-78	14	64	498	2,259	0
	Net Change	-2,135	-2,986	162	4,675	-4,070	-1,743	3,433
	Current Month	362,234	359,248	359,410	364,085	360,015	358,272	361,705
Child Health Plus	Prior Month	12,280	12,186	12,094	12,064	11,894	11,652	11,576
	New Member	472	434	476	301	216	341	403
	Voluntary Disenroll	38	29	26	34	18	25	35
	Involuntary Disenroll	528	497	480	437	440	392	351
	Adjusted	0	0	0	-2	-3	60	0
	Net Change	-94	-92	-30	-170	-242	-76	17
	Current Month	12,186	12,094	12,064	11,894	11,652	11,576	11,593
Family Health Plus	Prior Month	33,871	33,825	33,430	33,507	26,496	26,489	26,218
	New Member	1,659	1,695	1,858	1,102	1,148	1,212	1,016
	Voluntary Disenroll	181	207	212	147	31	120	122
	Involuntary Disenroll	1,524	1,883	1,569	7,966	1,124	1,363	2,570
	Adjusted	-2	-3	-2	1	8	142	0
	Net Change	-46	-395	77	-7,011	-7	-271	-1,676
	Current Month	33,825	33,430	33,507	26,496	26,489	26,218	24,542



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
April-2014

		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
HHC	Prior Month	3,325	3,327	3,323	3,327	3,546	3,342	3,344
	New Member	34	26	38	234	28	18	1
	Voluntary Disenroll	0	0	0	1	181	0	0
	Involuntary Disenroll	32	30	34	14	51	16	13
	Adjusted	3	9	10	12	16	32	0
	Net Change	2	-4	4	219	-204	2	-12
	Current Month	3,327	3,323	3,327	3,546	3,342	3,344	3,332
SNP	Prior Month	5,416	5,408	5,359	5,326	5,315	5,317	5,308
	New Member	78	70	74	83	84	69	74
	Voluntary Disenroll	27	30	41	25	23	26	40
	Involuntary Disenroll	59	89	66	69	59	52	70
	Adjusted	-1	0	1	0	4	12	0
	Net Change	-8	-49	-33	-11	2	-9	-36
	Current Month	5,408	5,359	5,326	5,315	5,317	5,308	5,272
Medicare	Prior Month	7,227	7,305	7,478	7,613	7,863	7,957	8,027
	New Member	266	355	298	530	286	254	280
	Voluntary Disenroll	127	129	106	221	126	121	124
	Involuntary Disenroll	61	53	57	59	66	63	161
	Adjusted	0	1	1	1	0	0	0
	Net Change	78	173	135	250	94	70	-5
	Current Month	7,305	7,478	7,613	7,863	7,957	8,027	8,022
Managed Long Term Care	Prior Month	368	417	433	444	466	477	508
	New Member	61	33	41	39	28	44	16
	Voluntary Disenroll	9	7	25	14	11	9	0
	Involuntary Disenroll	3	10	5	3	6	4	13
	Adjusted	0	0	0	0	-2	3	0
	Net Change	49	16	11	22	11	31	3
	Current Month	417	433	444	466	477	508	511



MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
April-2014

		Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
QHP	Prior Month	0	0	0	0	13,038	16,606	21,835
	New Member	0	0	0	13,038	3,947	5,631	6,664
	Voluntary Disenroll	0	0	0	0	24	0	0
	Involuntary Disenroll	0	0	0	0	355	402	707
	Adjusted	0	0	0	0	0	10	0
	Net Change	0	0	0	13,038	3,568	5,229	5,957
	Current Month	0	0	0	13,038	16,606	21,835	27,792
SHOP	Prior Month	0	0	0	0	98	315	429
	New Member	0	0	0	98	218	114	71
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	1	0	14
	Adjusted	0	0	0	0	0	-1	0
	Net Change	0	0	0	98	217	114	57
	Current Month	0	0	0	98	315	429	486



New Member Transfer From Other Plans

	2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
AETNA	3	24	6	16	2	24	2	12	4	29	5	15	3	14	1	18	2	17	4	13	3	6	1	6	230
Affinity Health Plan	8	128	16	149	13	172	13	137	18	188	15	157	12	154	14	157	6	145	5	114	6	107	10	119	1,863
Amerigroup/Health Plus/CarePlus	21	259	17	217	27	250	21	191	35	256	25	201	22	211	26	231	17	189	7	166	11	206	17	173	2,796
BC/BS OF MNE	3	36	2	30	1	25	5	25	3	26	4	34	1	20	1	35	0	37	4	19	2	14	6	15	348
CIGNA	4	27	4	19	3	29	4	19	2	16	0	11	2	9	1	19	1	15	2	10	2	3	3	7	212
Fidelis Care	14	195	16	232	25	215	14	167	15	173	21	170	10	182	16	233	4	152	3	131	15	151	10	189	2,353
GROUP HEALTH INC.	0	20	3	19	3	32	1	13	3	29	3	17	3	17	2	14	2	20	0	11	1	10	1	14	238
Health First	14	150	13	170	31	288	23	224	26	280	15	179	13	196	17	199	8	189	9	123	5	151	15	167	2,505
HEALTH INS PLAN OF GREATER N	1	34	1	21	4	19	4	22	4	27	8	12	2	15	3	23	0	13	0	14	2	7	2	8	246
HIP/NYC	9	73	2	90	3	81	2	67	3	73	8	105	2	74	10	93	2	55	2	69	1	61	2	74	961
Neighborhood Health Provider PHPS	11	99	10	140	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	265
OXFORD INSURANCE CO.	0	10	0	8	2	13	1	13	0	23	2	7	1	10	1	12	1	14	0	3	1	5	0	6	133
UNION LOC. 1199	12	40	7	34	17	63	12	27	9	37	4	17	8	21	6	20	7	38	3	21	5	6	9	27	450
United Healthcare of NY	8	152	9	127	15	133	12	96	14	112	7	112	5	129	7	143	4	89	7	77	10	72	4	94	1,438
Unknown Plan	1,545	9,761	1,670	9,397	1,847	10,257	1,646	8,747	2,023	10,811	1,550	7,631	1,601	8,615	1,731	10,258	1,044	14,813	1,112	6,293	1,137	5,651	942	7,265	127,347
Wellcare of NY	13	51	16	101	22	117	25	109	6	134	12	113	17	104	27	100	10	97	5	98	11	82	9	122	1,401
TOTAL	1,666	1,059	1,792	10,770	2,015	11,723	1,785	9,869	2,165	12,214	1,679	8,781	1,702	9,771	1,863	11,555	1,108	15,883	1,163	7,162	1,212	6,532	1,031	8,286	142,786



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2014

Other Plan Name	Category	2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		TOTAL
		FHP	MCAD																							
AETNA	INVOLUNTARY	0	1	0	5	3	116	0	5	0	2	0	2	1	3	1	5	1	1	1	1	0	2	1	0	151
	VOLUNTARY	0	1	0	1	2	0	0	0	0	1	0	3	0	1	1	0	0	0	0	0	0	0	1	0	11
	TOTAL	0	2	0	6	5	116	0	5	0	3	0	5	1	4	2	5	1	1	1	1	0	2	2	0	162
Affinity Health Plan	INVOLUNTARY	1	5	1	10	0	3	1	2	0	0	0	1	1	2	0	3	0	2	2	26	0	3	1	9	73
	VOLUNTARY	19	129	12	108	12	113	13	76	17	113	15	118	14	125	14	100	9	77	7	51	10	76	10	104	1,342
	TOTAL	20	134	13	118	12	116	14	78	17	113	15	119	15	127	14	103	9	79	9	77	10	79	11	113	1,415
Amerigroup/Health Plus/CarePlus	INVOLUNTARY	3	9	3	33	0	13	0	9	6	9	2	2	0	11	0	7	3	5	4	51	0	7	0	13	190
	VOLUNTARY	20	228	15	209	27	234	12	177	17	221	18	170	17	189	11	219	15	160	1	75	9	144	6	182	2,376
	TOTAL	23	237	18	242	27	247	12	186	23	230	20	172	17	200	11	226	18	165	5	126	9	151	6	195	2,566
BC/BS OF MNE	INVOLUNTARY	0	6	2	5	0	206	2	4	1	5	0	8	0	6	0	5	2	1	0	4	0	2	0	1	260
	VOLUNTARY	2	0	1	3	1	1	0	0	1	2	0	0	0	0	0	2	0	1	0	0	1	1	0	1	17
	TOTAL	2	6	3	8	1	207	2	4	2	7	0	8	0	6	0	7	2	2	0	4	1	3	0	2	277
CIGNA	INVOLUNTARY	1	6	0	3	0	322	1	5	0	2	0	1	0	4	0	3	0	1	0	4	0	2	0	2	357
	VOLUNTARY	0	0	1	3	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	1	0	0	0	7
	TOTAL	1	6	1	6	0	322	1	5	0	2	0	1	0	4	0	5	0	1	0	4	1	2	0	2	364
Fidelis Care	INVOLUNTARY	3	7	8	52	0	10	1	17	0	11	0	14	1	5	0	8	1	5	19	183	0	18	1	29	393
	UNKNOWN	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	56	593	71	530	92	672	67	495	55	670	43	468	60	534	71	577	40	424	8	162	40	404	34	454	6,620
	TOTAL	59	600	79	582	92	683	68	512	55	682	43	482	61	539	71	585	41	429	27	345	40	422	35	483	7,015
GROUP HEAL	INVOLUNTARY	0	3	0	6	0	133	2	4	0	1	1	2	0	5	0	0	0	0	0	3	0	1	0	0	161



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2014

		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
GROUP HEALTH INC	VOLUNTARY	0	1	0	1	0	0	0	1	1	0	0	0	1	0	0	0	1	0	0	0	0	1	0	7	
	TOTAL	0	4	0	7	0	133	2	5	1	1	1	2	0	6	0	0	0	1	0	3	0	1	1	0	168
Health First	INVOLUNTARY	1	26	10	66	1	31	1	14	0	21	2	11	1	11	6	15	0	14	32	290	2	18	0	42	615
	UNKNOWN	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	66	816	70	811	92	1,049	58	768	77	1,052	75	765	71	833	84	902	58	596	9	275	47	632	48	755	10,009
	TOTAL	67	842	80	877	93	1,080	59	782	77	1,074	77	776	72	844	90	917	58	610	41	565	49	650	48	797	10,625
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	3	0	6	0	157	0	0	0	3	3	3	1	1	1	0	0	0	1	1	1	1	0	1	182
	VOLUNTARY	0	2	1	2	0	0	0	1	1	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	10
	TOTAL	0	5	1	8	0	157	0	1	1	5	3	4	1	1	1	0	0	0	1	1	1	1	0	1	192
HIP/NYC	INVOLUNTARY	0	0	0	4	0	3	0	5	0	0	0	2	0	2	0	3	0	4	1	32	1	5	0	12	74
	VOLUNTARY	3	68	9	71	4	66	5	71	8	88	6	68	8	75	11	74	4	74	2	39	2	55	5	80	896
	TOTAL	3	68	9	75	4	69	5	76	8	88	6	70	8	77	11	77	4	78	3	71	3	60	5	92	970
OXFORD INSURANCE CO.	INVOLUNTARY	0	1	0	2	0	45	0	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	0	0	52
	VOLUNTARY	0	0	0	0	0	1	1	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	1	5
	TOTAL	0	1	0	2	0	46	1	0	0	1	0	1	0	2	0	1	0	1	0	0	0	0	0	1	57
UNION LOC. 1199	INVOLUNTARY	0	7	0	3	0	232	1	5	0	10	0	5	3	3	0	2	0	5	7	21	0	2	1	3	310
	UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	11	17	6	11	11	14	10	20	10	26	5	15	13	14	5	8	9	7	0	0	2	12	5	18	249
	TOTAL	11	24	6	14	11	246	11	26	10	36	5	20	16	17	5	10	9	12	7	21	2	14	6	21	560
United Health	INVOLUNTARY	1	13	2	29	1	343	1	10	0	8	0	12	0	6	0	3	1	10	0	41	0	5	0	13	499



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2014

		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD																	
United Healthcare of NV	VOLUNTARY	14	111	18	111	4	141	9	112	8	120	13	81	9	84	8	102	8	75	2	30	4	99	8	81	1,252
	TOTAL	15	124	20	140	5	484	10	122	8	128	13	93	9	90	8	105	9	85	2	71	4	104	8	94	1,751
Wellcare of NY	INVOLUNTARY	0	6	7	32	2	5	0	1	0	6	1	8	1	6	0	7	1	5	3	10	0	1	0	5	107
	VOLUNTARY	4	33	2	28	3	30	3	18	0	29	0	22	7	20	3	39	0	23	2	9	2	15	1	20	313
	TOTAL	4	39	9	60	5	35	3	19	0	35	1	30	8	26	3	46	1	28	5	19	2	16	1	25	420
Disenrolled Plan Transfers	INVOLUNTARY	10	93	33	256	7	1,619	10	81	7	78	9	72	9	67	8	61	9	54	69	667	4	67	4	130	3,424
	UNKNOWN	0	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
	VOLUNTARY	195	1,999	206	1,889	248	2,321	178	1,739	195	2,325	175	1,711	199	1,876	208	2,026	143	1,438	31	641	118	1,438	119	1,696	23,114
	TOTAL	205	2,092	239	2,145	255	3,941	188	1,821	202	2,405	184	1,783	208	1,943	216	2,087	152	1,492	100	1,308	122	1,505	123	1,826	26,542
Disenrolled Unknown Plan Transfers	INVOLUNTARY	2	17	3	93	5	190	3	26	1	26	3	32	3	39	2	37	1	23	4	69	1	17	4	12	613
	UNKNOWN	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	1	92	2	70	2	68	0	58	0	49	3	42	3	35	2	53	1	56	0	20	0	39	1	34	631
	TOTAL	3	109	5	163	7	258	3	84	1	76	6	74	6	75	4	90	2	79	4	89	1	56	5	46	1,246
Non-Transfer Disenroll Total	INVOLUNTARY	1,088	10,179	1,069	9,461	919	9,193	1,002	9,766	982	10,155	925	9,257	1,287	10,886	1,007	9,376	1,057	10,860	739	11,916	799	10,726	1,062	11,876	135,587
	UNKNOWN	2	3	6	1	2	2	0	2	3	4	5	1	1	0	1	1	45	0	2	6	2	1	13	14	117
	VOLUNTARY	2	71	8	184	2	71	0	110	12	121	3	114	5	123	2	115	3	68	0	42	2	72	2	73	1,205
	TOTAL	1,092	10,253	1,083	9,646	923	9,266	1,002	9,878	997	10,280	933	9,372	1,293	11,009	1,010	9,492	1,105	10,928	741	11,964	803	10,799	1,077	11,963	136,909
Total MetroPlus Disenrollment	INVOLUNTARY	1,100	10,289	1,105	9,810	931	11,002	1,015	9,873	990	10,259	937	9,361	1,299	10,992	1,017	9,474	1,067	10,937	812	12,652	804	10,810	1,070	12,018	139,624
	UNKNOWN	2	3	6	1	2	3	0	3	3	7	5	1	1	1	1	1	45	0	2	6	2	1	13	14	123
	VOLUNTARY	198	2,162	216	2,143	252	2,460	178	1,907	207	2,495	181	1,867	207	2,034	212	2,194	147	1,562	31	703	120	1,549	122	1,803	24,950



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 04/14/2014

		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		2014_04		TOTAL
		FHP	MCAD																							
Total MetroPI	TOTAL	1,300	12,454	1,327	11,954	1,185	13,465	1,193	11,783	1,200	12,761	1,123	11,229	1,507	13,027	1,230	11,669	1,259	12,499	845	13,361	926	12,360	1,205	13,835	164,697

2012

LOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CHP	18,286	17,877	17,604	17,180	16,742	16,384	16,152	15,749	15,428	15,168	15,546	14,507
FHP	36,193	36,556	36,507	36,621	37,057	37,061	37,138	36,925	36,555	36,251	36,204	36,290
Health Hom							100	100	100	100	100	100
HHC	3,307	3,190	3,181	3,180	3,186	3,182	3,234	3,176	3,164	3,174	3,152	3,166
Medicaid	361,042	363,506	365,100	366,292	371,098	372,515	373,694	375,847	375,792	375,615	379,072	378,683
Medicare	5,638	5,652	5,707	5,592	5,659	5,810	5,901	5,973	5,960	6,028	6,142	6,206
SNP	5,699	5,753	5,752	5,773	5,810	5,862	5,851	5,826	5,799	5,788	5,771	5,754
	430,165	432,534	433,851	434,638	439,552	440,814	442,070	443,596	442,798	442,124	445,987	444,706

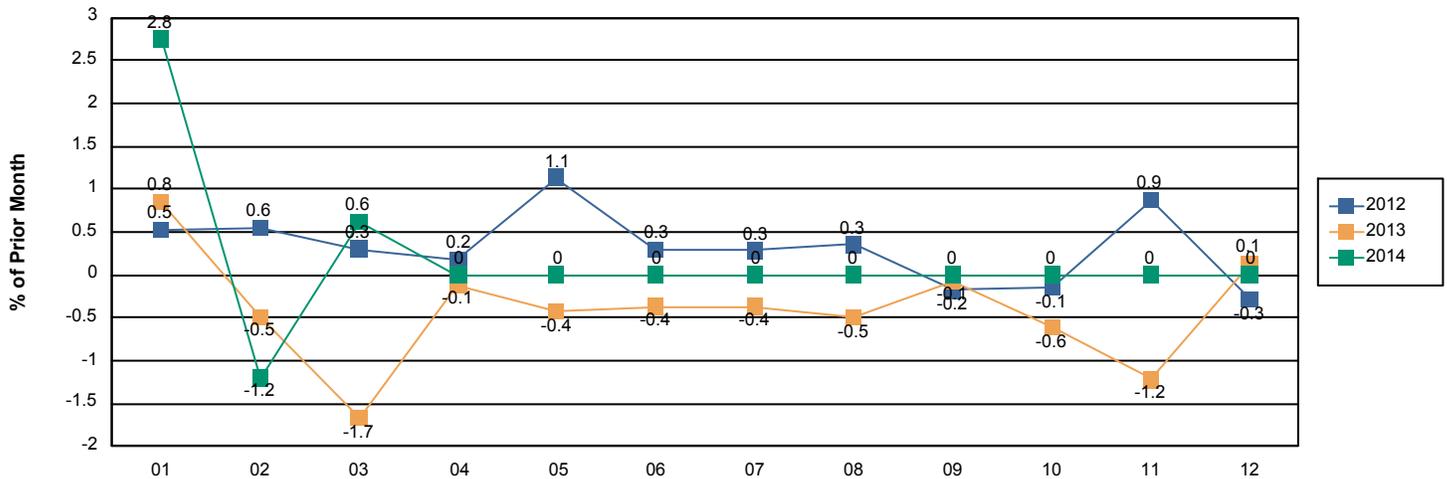
2013

LOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CHP	13,537	13,139	13,000	12,909	12,801	12,722	12,613	12,436	12,310	12,235	12,105	12,075
FHP	36,575	35,903	34,639	34,474	33,981	33,696	33,816	33,733	34,040	33,958	33,504	33,566
Health Hom	100	100	100	100	100	100	100	100	100	100	100	100
HHC	3,405	3,252	3,259	3,271	3,289	3,324	3,366	3,322	3,349	3,341	3,318	3,316
Medicaid	382,744	381,699	375,503	375,157	373,723	372,412	370,580	368,586	367,855	365,256	360,504	360,927
Medicare	6,360	6,489	6,619	6,692	6,790	6,806	6,937	7,045	7,237	7,311	7,483	7,611
MLTC	6	23	54	100	144	201	259	290	372	421	434	448
SNP	5,700	5,630	5,583	5,538	5,516	5,479	5,476	5,471	5,431	5,426	5,381	5,338
	448,427	446,235	438,757	438,241	436,344	434,740	433,147	430,983	430,694	428,048	422,829	423,381

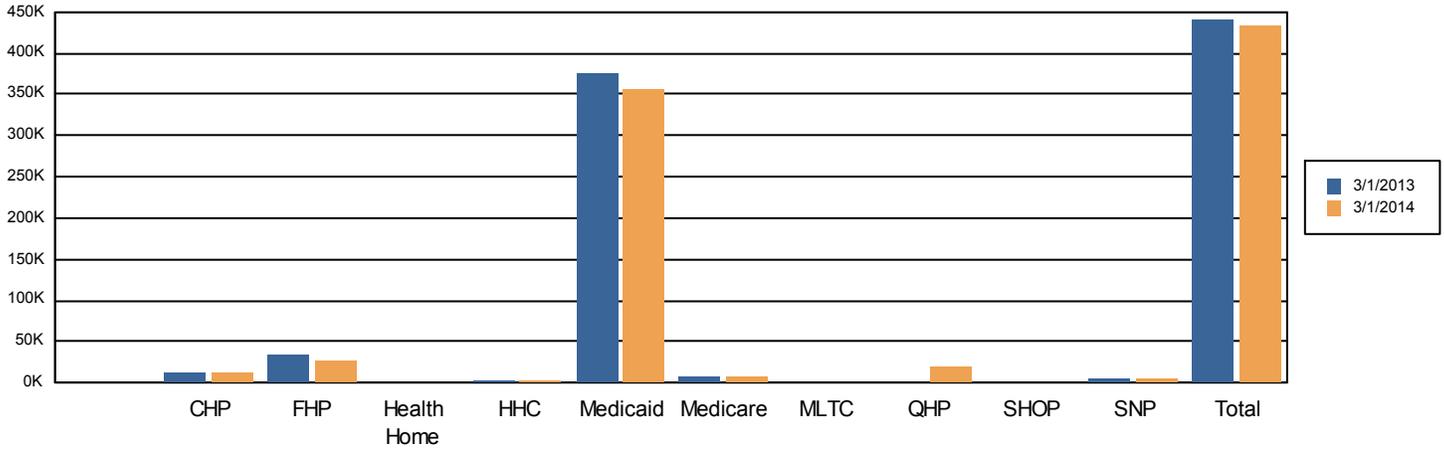
2014

LOB	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
CHP	11,915	11,593	11,516									
FHP	26,850	26,451	26,076									
Health Hom	695	695	695									
HHC	3,542	3,319	3,311									
Medicaid	365,271	357,991	356,012									
Medicare	7,867	7,940	8,029									
MLTC	469	477	505									
QHP	12,966	15,685	20,579									
SHOP	100	319	417									
SNP	5,331	5,301	5,298									
	435,006	429,771	432,438									

Membership Change Month-To-Month



Membership Change YTD vs Previous Year by LOB



	CHP	FHP	Health Home	HHC	Medicaid	Medicare	MLTC	QHP	SHOP	SNP	Total
3/1/2013	13,000 -35.42%	34,639 -5.39%	100 0.00%	3,259 2.39%	375,503 2.77%	6,619 13.78%	54 0.00%	0 0.00%	0 0.00%	5,583 -3.03%	438,757 1.12%
3/1/2014	11,516 -12.89%	26,076 -32.84%	695 85.61%	3,311 1.57%	356,012 -5.47%	8,029 17.56%	505 89.31%	20,579 0.00%	417 0.00%	5,298 -5.38%	432,438 -1.46%

Indicator #1A for Enrollment Month: March 2014

Disenrollments To Other Plans

		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	INVOLUNTARY		1	1	6	60	66
	VOLUNTARY	10	77	87	156	1241	1397
	TOTAL	10	78	88	162	1301	1463
Amerigroup/Health Plus/CarePlus	INVOLUNTARY		4	4	21	159	180
	VOLUNTARY	9	143	152	195	2248	2443
	TOTAL	9	147	156	216	2407	2623
Fidelis Care	INVOLUNTARY		8	8	34	321	355
	VOLUNTARY	41	404	445	699	6282	6981
	TOTAL	41	412	453	733	6603	7336
Health First	INVOLUNTARY		12	12	55	515	570
	VOLUNTARY	47	632	679	789	9508	10297
	TOTAL	47	644	691	844	10023	10867
HIP/NYC	INVOLUNTARY	1	2	3	2	57	59
	VOLUNTARY	2	55	57	72	833	905
	TOTAL	3	57	60	74	890	964
United Healthcare of NY	INVOLUNTARY		4	4	9	480	489
	VOLUNTARY	3	99	102	112	1214	1326
	TOTAL	3	103	106	121	1694	1815
Wellcare of NY	VOLUNTARY	2	15	17	35	292	327
	TOTAL	2	15	17	35	292	327
	Disenrolled Plan Transfers	INVOLUNTARY	2	37	39	180	3112
VOLUNTARY		117	1438	1555	2176	21826	24002
TOTAL		119	1475	1594	2356	24938	27294
Disenrolled Unknown Plan Transfers:	INVOLUNTARY		11	11	31	574	605
	VOLUNTARY	1	30	31	15	669	684
	TOTAL	1	41	42	46	1243	1289
Non-Transfer Disenroll Total:	INVOLUNTARY	920	11967	12887	11936	122564	134500
	UNKNOWN	2	1	3	69	26	95
	VOLUNTARY	2	41	43	41	1123	1164
TOTAL	924	12009	12933	12046	123713	135759	
Total MetroPlus Disenrollment:	INVOLUNTARY	922	12015	12937	12147	126250	138397
	UNKNOWN	2	1	3	69	31	100
	VOLUNTARY	120	1509	1629	2232	23618	25850
TOTAL	1044	13525	14569	14448	149899	164347	

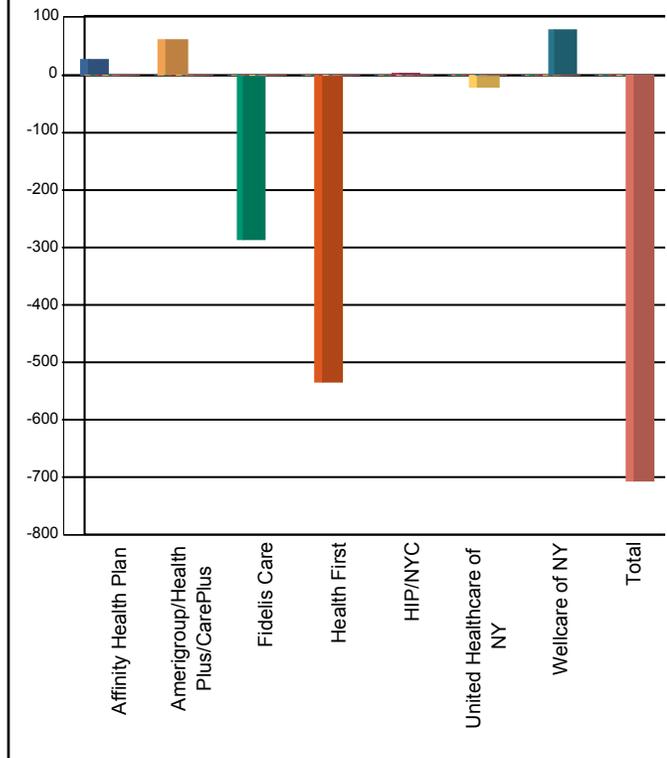
Disenrollments From Other Plans

	<u>FHP</u>	<u>MCAD</u>	<u>Total</u>	<u>Y FHP</u>	<u>Y MCAD</u>	<u>Y Total</u>
Affinity Health Plan	6	107	113	148	1,778	1,926
Amerigroup/Health Plus/CarePlus	11	206	217	257	2,647	2,904
Fidelis Care	15	151	166	174	2,254	2,428
Health First	5	151	156	190	2,332	2,522
HIP/NYC	1	61	62	52	934	986
United Healthcare of NY	10	72	82	108	1,393	1,501
Wellcare of NY	11	82	93	182	1,207	1,389
Total	59	830	889	1,111	12,545	13,656
Unknown/Other (not in total)	1,135	5,651	6,786	18,632	112,445	131,077

Net Difference

	Enrollment Mont			Twelve Months Period		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	-4	29	25	-14	477	463
Amerigroup/Health Plus/CarePlus	2	59	61	41	240	281
Fidelis Care	-26	-261	-287	-559	-4,349	-4,908
Health First	-42	-493	-535	-654	-7,691	-8,345
HIP/NYC	-2	4	2	-22	44	22
United Healthcare of NY	7	-31	-24	-13	-301	-314
Wellcare of NY	9	67	76	147	915	1,062
Total	-60	-645	-705	-1,245	-12,393	-13,638

Enroll Month Net Transfers (Known)



RESOLUTION

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

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

WHEREAS, the Corporation has entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with NYUSOM, to provide General Care and Behavioral Health Services at Bellevue and Gouverneur expires on June 30, 2014; and

WHEREAS, prior to the expiration date, the Corporation recognized the need to revise the current agreement to provide improved contract management and service delivery; and

WHEREAS, it is necessary for the President to have the managerial flexibility to insure that the rights of the Corporation remain protected during the negotiation process; and

WHEREAS, a summary of the financial terms of the extension is set forth in Attachment A; and

WHEREAS, the Community Advisory Boards of Bellevue and Gouverneur have been consulted and apprised of such proposed extension; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that NYUSOM continue to provide General Care and Behavioral Health Services at Bellevue and Gouverneur.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation is hereby authorized to negotiate and execute an extension of the Affiliation Agreement with New York University School of Medicine ("NYUSOM) for the provision of General Care and Behavioral

Health Services Bellevue Hospital Center ("Bellevue") and Gouverneur Healthcare Services ("Gouverneur"), for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; to provide the parties adequate time to conclude negotiations for a new agreement; and

BE IT FURTHER RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

ATTACHMENT A

**Summary of Financial Terms and Conditions
for the Fiscal Year 2015 Contract Extension**

Facility	Annualized Cash Rate
Bellevue Hospital Center	\$146,350,000
Gouverneur Healthcare Services	\$9,800,000
Total	\$156,150,000

- Affiliate payment will continue to be based on the current Relative Value Unit methodology (RVU) except for certain services such as Anesthesia, Pathology, Radiology, Psychiatry and services at Gouverneur. The RVU model ensures that payments to the Affiliate will correlate with actual workload. RVUs are a nationally recognized methodology used to measure the resources utilized in providing health care services per patient encounter. RVUs account for a patient's severity of illness and the length and intensity of care provided by a provider.
- Payment to the Affiliate is subject to adjustment due to changes in workload, new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.
- As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.
- The amounts reported above exclude additional compensation (up to \$2,400,000) for achieving compliance with specific performance indicators.
- The budget figures reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-party payer developments.
- The Corporation retains the right to bill all patients and third-party payers for services rendered.

* **South Manhattan Network
Bellevue Hospital Center
Gouverneur Healthcare Services**

FY 2015 One Year Extension of the Affiliation Agreement
With New York University School of Medicine

Presented by

Antonio D. Martin

Executive Vice President/ Chief Operating Officer

May 2014

* Reason for Extension

- ❖ The extension gives the Corporation the opportunity to develop a standardized approach to the affiliation agreements
- ❖ Allows for the development of the next generation of performance indicators
- ❖ Allows for sufficient time for the parties to conclude negotiations for a new agreement

* Contract Terms and Conditions

- ❖ Contract term: One Year Extension – Fiscal Year 2015
- ❖ No Change in Current Contract Terms and Conditions

* Proposed Contract Costs: FY 2015

Bellevue Hospital Center	\$146,350,000
Gouverneur Healthcare Services	\$9,800,000
Total	\$156,150,000

* Financial Overview

- ❖ Affiliate payment will continue to be based on the current Relative Value Unit methodology (RVU) except for certain services such as Anesthesia, Pathology, Radiology, Psychiatry and services at Gouverneur. The RVU model ensures that payments to the Affiliate will correlate with actual workload.
- ❖ RVUs are a nationally recognized methodology used to measure the resources utilized in providing health care services per patient encounter. RVUs account for a patient's severity of illness and the length and intensity of care provided by a provider.
- ❖ The Corporation retains the right to bill all patients and third-party payers for services rendered.

* Financial Overview Continued...

- ❖ Payment to the Affiliate is subject to adjustment due to changes in workload, new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.
- ❖ As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.
- ❖ The amounts reported exclude additional compensation (up to \$2,400,000) for achieving compliance with specific performance indicators.
- ❖ The budget figures reported assume no material change in patient volume, services provided and no additional impact from managed care programs or other third-party payer developments.

Thank You!

RESOLUTION

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

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation’s Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

WHEREAS, the Corporation has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with NYUSOM to provide General Care Services at Coler and Carter expires on June 30, 2014; and

WHEREAS, prior to the expiration date, the Corporation recognized the need to revise the current agreement to provide improved contract management and service delivery; and

WHEREAS, it is necessary for the President to have the managerial flexibility to insure that the rights of the Corporation remain protected during the negotiation process; and

WHEREAS, a summary of the financial terms of the extension is set forth in Attachment A; and

WHEREAS, the respective Community Advisory Boards of Coler and Carter have been consulted and apprised of such proposed general terms and conditions; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that NYUSOM continue to provide General Care Health Services at Coler and Carter.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation (“the Corporation”) is hereby authorized to negotiate and execute an extension to the Affiliation Agreement with New York University School of Medicine (“NYUSOM”) for the provision of

General Care Health Services at Coler Specialty Hospital and Nursing Facility (“Coler”) and Henry J. Carter Specialty Hospital and Nursing Facility (“Carter”), for a period of one year, commencing on July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts indicated in Attachment A to provide the parties adequate time to conclude negotiations for a new agreement; and

BE IT FURTHER RESOLVED that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation’s Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

ATTACHMENT A

Summary of Financial Terms and Conditions Contract Extension

**Coler Specialty Hospital and Nursing Facility
Henry J. Carter Specialty Hospital and Nursing Facility**

Fiscal Year	Annualized Cash Rate
FY 2015	\$24,500,000

- Affiliate payment will continue to be based on the current cost based compensation reimbursement methodology.
- Payments are subject to adjustment due to new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.
- As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.
- The amount reported above excludes addition compensation (up to \$498,000) for achieving compliance with specific performance indicators.
- The figures reported above assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-party payer developments.
- The Corporation retains the right to bill all patients and third-party payers for services rendered.

* **South Manhattan Network
Coler Specialty Hospital & Nursing Facility
Henry J. Carter Specialty Hospital &
Nursing Facility**

FY 2015 One Year Extension of the Affiliation Agreement
With New York University School of Medicine

Presented by

Antonio D. Martin

Executive Vice President/ Chief Operating Officer

May 2014

* Reason for Extension

- ❖ The extension gives the Corporation the opportunity to develop a standardized approach to the affiliation agreements
- ❖ Allows for the development of the next generation of performance indicators
- ❖ Allows for sufficient time for the parties to conclude negotiations for a new agreement

* Contract Terms and Conditions

- ❖ Contract term: One Year Extension – Fiscal Year 2015
- ❖ No Change in Current Contract Terms and Conditions

* Proposed Contract Costs: FY 2015

Coler Specialty Hospital & Nursing Facility Henry J. Carter Specialty Hospital & Nursing Facility	\$24,500,000
------------------------------------------------------------------------------------------------------------	--------------

* Financial Overview

- ❖ Affiliate payment will continue to be based on the current cost based reimbursement methodology.
- ❖ The Corporation retains the right to bill all patients and third-party payers for services rendered.
- ❖ Payment to the Affiliate is subject to adjustment due to changes in workload, new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.

* Financial Overview Continued...

- ❖ As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.
- ❖ The amounts reported exclude additional compensation (up to \$498,000) for achieving compliance with specific performance indicators.
- ❖ The budget figures reported assume no material change in patient volume, services provided and no additional impact from managed care programs or other third-party payer developments.

Thank You!

RESOLUTION

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

AND

Further authorizing the President to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

WHEREAS, the Corporation has entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with NYUSOM, to provide General Care and Behavioral Health Services at Woodhull and Cumberland expires on June 30, 2014; and

WHEREAS, prior to the expiration date, the Corporation recognized the need to revise the current agreement to provide improved contract management and service delivery; and

WHEREAS, it is necessary for the President to have the managerial flexibility to insure that the rights of the Corporation remain protected during the negotiation process; and

WHEREAS, a summary of the financial terms of the extension is set forth in Attachment A; and

WHEREAS, the Community Advisory Boards of Woodhull and Cumberland have been consulted and apprised of such proposed extension; and

WHEREAS, the Corporation, in the exercise of its powers and fulfillment of its corporate purposes, now desires that NYUSOM continue to provide General Care and Behavioral Health Services at Woodhull Center and Cumberland.

NOW, THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation is hereby authorized to negotiate and execute an Affiliation Agreement with New York University School of Medicine ("NYUSOM") for the provision of General Care and Behavioral Health Services at Woodhull Medical and Mental Health Center ("Woodhull") and Cumberland Diagnostic and Treatment

Center (“Cumberland”) for a period of one year, commencing July 1, 2014 and terminating on June 30, 2015, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; to provide the parties adequate time to conclude negotiations for a new agreement; and

BE IT FURTHER RESOLVED, that the President is hereby authorized to make adjustments to the contract amounts, providing such adjustments are consistent with the Corporation's financial plan, professional standards of care and equal employment opportunity policy except that the President will seek approval from the Corporation's Board of Directors for any increases in costs in any fiscal year exceeding twenty-five percent (25%) of the amounts set forth in Attachment A.

ATTACHMENT A

**Summary of Financial Terms and Conditions
for the Fiscal Year 2015 Contract Extension**

Facility	Annualized Cash Rate
Woodhull Medical & Mental Health Center	\$97,427,796
Cumberland Diagnostic and Treatment Center	\$4,010,116
Total	\$101,437,912

- The Affiliate payment will continue to be based on the current cost based compensation reimbursement methodology.
- Payments are subject to adjustment due to new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.
- As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.
- The amounts reported above exclude additional compensation (up to \$2,000,000) for achieving compliance with specific performance indicators.
- The figures reported above assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-party payer developments.
- The Corporation retains the right to bill all patients and third-party payers for services rendered.

* **North Brooklyn Health Network
Woodhull Medical & Mental Health Center
Cumberland Diagnostic & Treatment Center**

FY 2015 One Year Extension of the Affiliation Agreement
With New York University School of Medicine

Presented by

George M. Proctor

Network Senior Vice President

May 2014

* Reason for Extension

- ❖ The extension gives the Corporation the opportunity to develop a standardized approach to the affiliation agreements
- ❖ Allows for the development of the next generation of performance indicators
- ❖ Allows for sufficient time for the parties to conclude negotiations for a new agreement

* Contract Terms and Conditions

- ❖ Contract term: One Year Extension – Fiscal Year 2015
- ❖ No Change in Current Contract Terms and Conditions

* Proposed Contract Costs: FY 2015

Woodhull Medical & Mental Health Center	\$97,427,796
Cumberland Diagnostic & Treatment Center	\$4,010,116
Total	\$101,437,912

* Financial Overview

- ❖ Affiliate payment will continue to be based on the current cost based reimbursement methodology.
- ❖ The Corporation retains the right to bill all patients and third-party payers for services rendered.
- ❖ Payment to the Affiliate is subject to adjustment due to changes in workload, new initiatives, expanded programs or services, elimination or downsizing of programs or services, market recruitment, retention-based salary adjustments, service grant reimbursement, contractual adjustments and/or designated programs consistent with the terms of the agreement.

* Financial Overview Continued...

- ❖ As per policy the Joint Oversight Committee, and as applicable the Corporation, must approve all changes to the budget.
- ❖ The amounts reported exclude additional compensation (up to \$2,000,000) for achieving compliance with specific performance indicators.
- ❖ The budget figures reported assume no material change in patient volume, services provided and no additional impact from managed care programs or other third-party payer developments.

Thank You!



Enterprise Information Management Program Business Intelligence Informational Update

Paul Contino
Chief Technology Officer
Enterprise IT Services

Medical & Professional Affairs
May 8th, 2014



Business Intelligence Platform

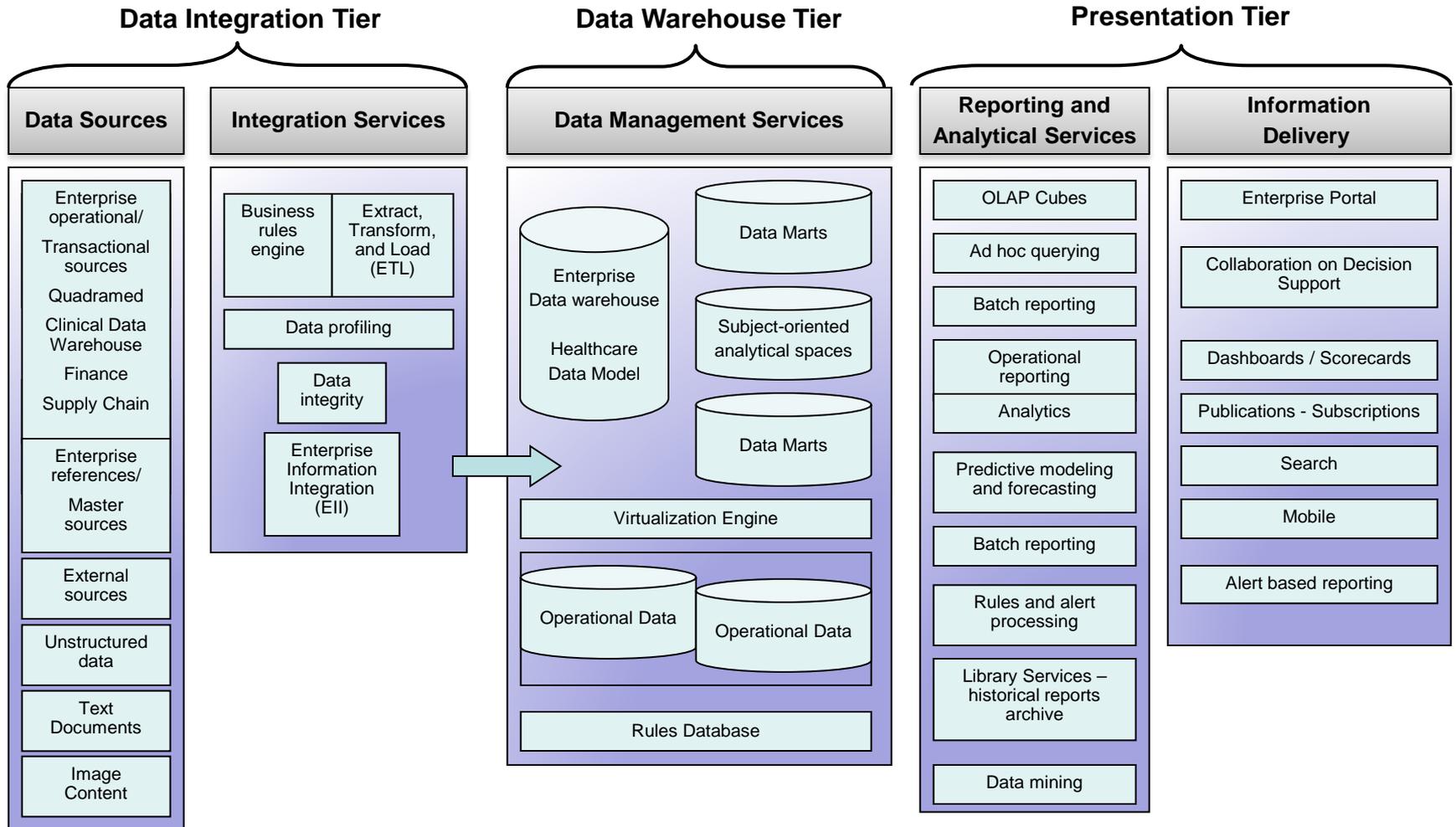
Major Deliverables

- Installation and Configuration of all Hardware and Software
- Design, Setup and Configuration of Data Extraction process
- Acquired key skill sets to support team
- Extensive Training of the IT staff on the new platform
- **Electronic Business Glossary**
- Data Quality/Profiling “active” for new projects
- Phased data loads into the **Healthcare Data Warehouse (HDW)**
 - Patient demographics
 - Provider
 - Organization (location-facility) information,
 - Standard Code Sets (Procedure, Diagnosis, Drug)
 - Encounters – initially for “active patients” – then historical loads
 - Lab results (some)
 - Diagnosis /Procedures
- **Setup and Design of Presentation Portal**





The Technical Framework For BI



Business Intelligence Platform: First Year



Unveil Production Prototype – June 2014

Demonstrate capabilities of the new BI platform

Prioritized Areas –

Preventive Screening (David Stevens)

Infection Prevention (Lauren Johnston)



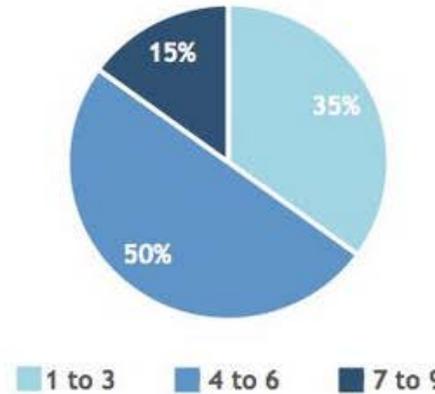
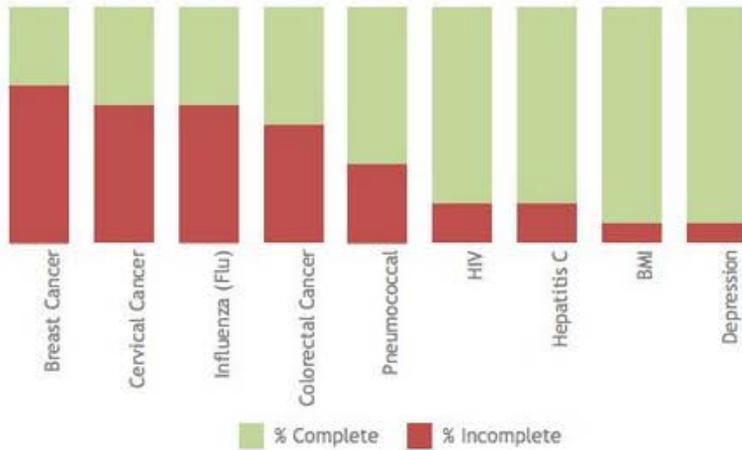
- Self-service Dashboard presentation
- Drill to Detail with ability to change pre-set parameters
- All underlying patient level detail available, with security
- Linked to Business Glossary, so definitions are clear & accepted
- Provide metadata the user needs to understand origin and lineage (data source, frequency, stewardship, meaning)
- Daily refresh
- Single portal for clinical data: ease of access
- Ad-hoc data analysis on data in model, utilizing state of the art systems



Demonstration of Production Prototype



Preventive Services Dashboard



%
% Perfect Care
Q4 2013



Preventive Service	% Complete	Qtr Change vs. Prior	18-Month Trend	# Missing Screens	Eligible Population	% Gap in Care
Breast Cancer	50%	-2%		100	380	26%
Cervical Cancer	55%	5%		80	350	23%
Influenza (Flu)	64%	-1%		50	320	16%
Colorectal Cancer	77%	-15%		15	300	5%
Pneumococcal	80%	10%		9	600	2%

Breast Cancer

Preventive Services Dashboard

Time Frame

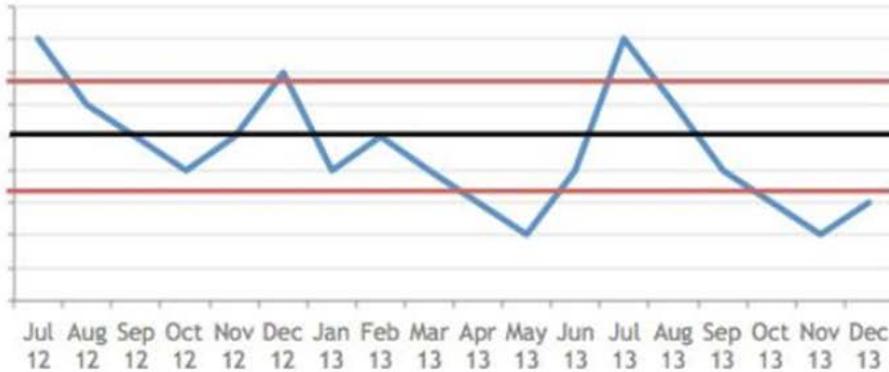
2013 Q4

Preventive Service

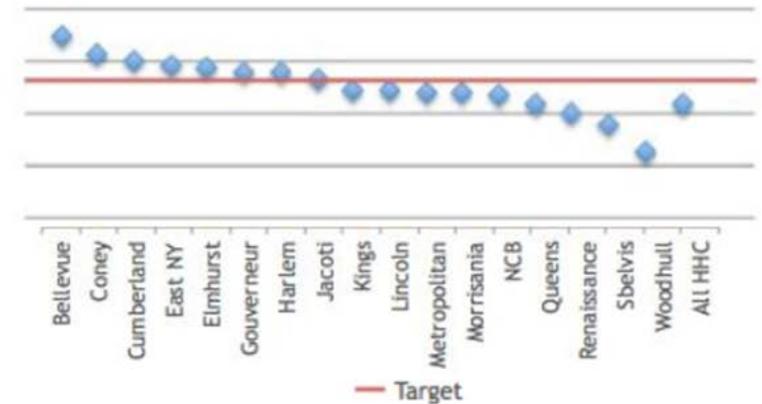
Breast Cancer

All Facilities

18 Month Trend

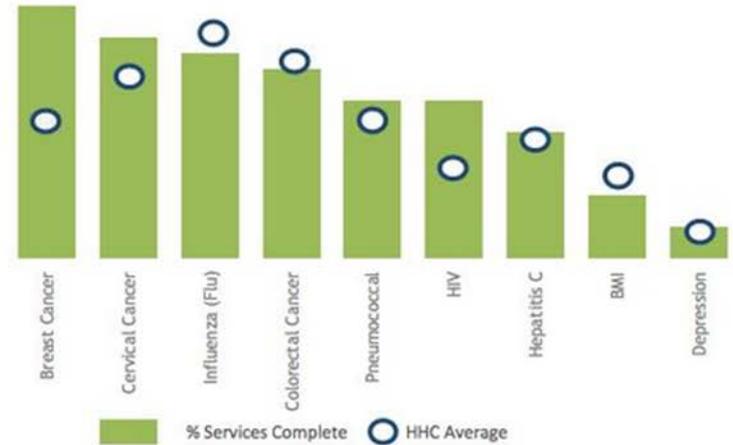


% Complete vs. Target



Facility	% Complete	Qtr Change vs. Prior	18-Month Trend	# Missing Screens	Eligible Population	% Gap in Care
Kings	50%	-2%		15	30	50%
Bellevue	55%	5%		18	40	45%
Coney Island	64%	-1%		9	25	36%
Renaissance	77%	-15%		8	35	23%
Jacobi	80%	10%		5	25	20%





Preventive Service	% Complete	Qtr Change vs. Prior	18-Month Trend	# Missing Screens	Eligible Population	% Gap in Care
Breast Cancer	50%	-2%		18	40	45%
Cervical Cancer	55%	5%		13	40	33%
Influenza (Flu)	64%	-1%		15	70	21%
Colorectal Cancer	77%	-15%		10	55	18%
Pneumococcal	80%	10%		9	60	15%





Business Glossary

InfoSphere Business Glossary Development Glossary Published Glossary Administration Paul Contino ? IBM.

Search Create ▾ Drafts Pending Approval Approved Browse ▾ Quick Term Finder

Term Details



Edit Discard Draft Send for Approval Add Comment

Diabetes Mellitus (DM): Hemoglobin A1c (HBA1C) Poor Control

Percentage of patients 18-75 years of age with diabetes who had hemoglobin A1c > 9.0% during the measurement period

Parent Category

 [Health & Hospitals Corp.](#)

Labels (4)

[Accountable Care Organization \(MSSP\)](#), [Meaningful Use Clinical Quality Measure \(CQM\)](#), [NYS DOH Hospital-Medical Home Demonstration Program](#), [Physician Quality Reporting System \(PQRS\)](#)

Status

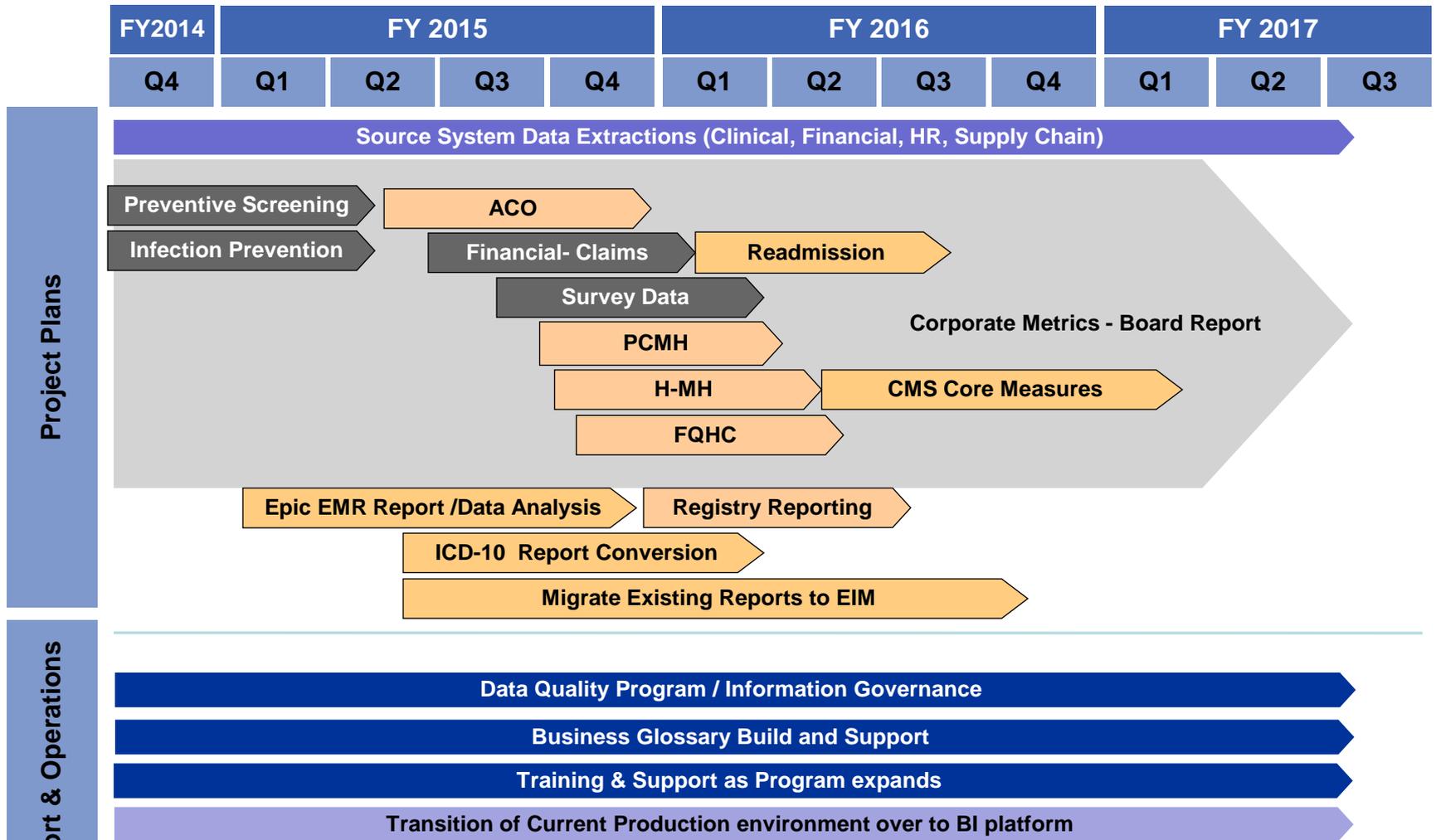
Candidate

▼ General Information

ACO #	27
Additional Description	DM-2: Diabetes Mellitus
Denominator	Patients 18 - 75 years of age with diabetes with a visit during the measurement period
Exclusions & Exceptions	Patients with a diagnosis of gestational diabetes during the measurement period. Patients with a diagnosis of secondary diabetes due to another condition should not be included.
Guidance	Patient is numerator compliant if most recent HbA1c level is > 9% or is missing a result or if an HbA1c test was not done during the measurement year. Only patients with a diagnosis of Type 1 or Type 2 diabetes should be included in the denominator of this measure;
NQF #	0059
Numerator	Patients whose most recent HbA1c level (performed during the measurement period) is > 9.0%
To Measure	False



Enterprise Information Management Roadmap





More Data or More Information?





Questions

