MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE	**Meeting Date:** <u>June 20, 2013</u> **Time:** <u>10:00 AM</u> **Location:** <u>125 Worth Street, Room 532</u>

BOARD OF DIRECTORS

CALL TO ORDER   **DR. STOCKER**

ADOPTION OF MINUTES
    -May 23, 2013

CHIEF MEDICAL OFFICER REPORT   **DR. WILSON**

METROPLUS HEALTH PLAN   **DR. SAPERSTEIN**

ACTION ITEMS:

1. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase Cisco SMARTnet maintenance through a NYS Office of General Services (OGS) contract from Cisco's authorized reseller, Dimension Data North America, Inc. in an amount not to exceed $22,080,000, including a 15% contingency, over the term of three years.   **MR. ROBLES**

2. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a contract with Allscripts Healthcare LLC. ("Allscripts") for a web-based case management, and denials management and discharge planning software solution accessible throughout the Corporation's acute-care and long-term care facilities for a three (3) year term with two (2) one year renewal options, exercisable solely by the Corporation, in an amount not to exceed $5,201,225.   **MR. ROBLES**

3. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a contract with IBM Corporation for the procurement of a performance analytics/business intelligence platform. The contract will be for an amount not to exceed $10,054,721 for an initial term of one year, with three (1) one year renewal options, exercisable solely by the Corporation.   **MR. ROBLES**

4. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an Affiliation Agreement with the State University of New York/Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at Kings County Hospital Center ("KCHC") for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A;
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.   **MR. PROCTOR/ MR. BAPTISE**

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NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

5. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an Affiliation Agreement with the Staten Island University Hospital ("SIUH"), for the provision of General Care and Behavioral Health Services at Sea View Hospital Rehabilitation Center and Home ("Sea View"), for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A;
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.

MR. WAGNER/ MR. MASCIA

INFORMATION ITEMS:

1. IT Disaster Recovery/Business Continuity Update

MR. KEIL

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

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NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

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MINUTES

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MEDICAL AND   Meeting Date: <u>May 23, 2013</u>
PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY
COMMITTEE
BOARD OF DIRECTORS

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ATTENDEES

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COMMITTEE MEMBERS:

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN

HHC CENTRAL OFFICE STAFF:

Beth Brooks, Assistant Director, Patient Centered Care
Louis Capponi, MD, Chief Medical Informatics Officer
Deborah Cates, Chief of Staff, Board Affairs
Paul Contino, Chief Technology Officer
Barbara DeIorio, Senior Director, Internal Communication Group
Marisa Salamone-Greason, Assistant Vice President, EITS
Sal Guido, Assistant Vice President, Infrastructure Services
Terry Hamilton, Director, Corporate Planning & HIV Services
Evelyn Hernandez, Director, Communications & Marketing
Caroline Jacobs, Senior Vice President, Safety and Human Development
Christina Jenkins, MD, Assistant Vice President, Primary Care Services
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Irene Kaufmann, Senior Assistant Vice President, Ambulatory Care Redesign
Patricia Lockhart, Secretary to the Corporation
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Susan Meehan, Assistant Vice President, HHC Office of Emergency Management
Ian Michaels, Communications & Marketing
Charlotte Neuhaus, Senior Management Consultant, Corporate Planning
Deidre Newton, Senior Counsel, Legal Affairs
Bert Robles, Senior Vice President, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Brenda Schultz, Senior Director, IT Financial Administration
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Alfreda Weaver, Assistant Director, Patient Centered Care
Jaye Weisman, Ph.D. Assistant Vice President/COO, Accountable Care Organization
Manasses Williams, Assistant Vice President, Office of Affirmative Action/EEO
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer

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New York City Health and Hospitals Corporation

FACILITY STAFF:

Steven Alexander, Chief Operating Officer, Bellevue Hospital Center
Ernest Baptiste, Executive Director, Kings County Hospital Center
Joseph Carter, Deputy Medical Director, Bellevue Hospital Center
Marie Elivert, Senior Associate Executive Director, Queens Hospital Center
Ghassan Jamaleddine, MD, Interim Medical Director, Kings County Hospital Center
John Maese, MD, Medical Director, Coney Island Hospital Center
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Abdul Mondul, MD, Associate Medical Director, Lincoln Medical & Mental Health Center
Jasmin Moshirpur, MD, Queens Health Network
Ellen O'Connor, Chief Nursing Office, North Bronx Healthcare Network
Rajiv Pant, MD, Associate Medical Director, Woodhull Medical & Mental Health Center
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Opal Sinclair-Chung, Chief Nursing Officer, Kings County Hospital Center

OTHERS PRESENT:

Joe Bergin, Siemens Enterprise Communications, Inc.
Ed Finn, Cablevision, Lightpath
Marsha Gelber, Senior Online Editor, McGraw-Hill Education
Richard Giordano, Client Executive, Truven Health Analytics Inc.
Michael Krauser, Cablevision Lightpath
Brooke Lacy, Strategic Account Manager, UpToDate, Inc.
Brad McCracken, Director Sales (Eastern Region Medical Solutions), Elsevier B.V.
Richard McIntyre, Key Account Executive, Siemens
Megan Meagher, Analyst, Office of Management and Budget
Rob Resnick, Client Executive, Truven Health Analytics Inc.
David Robbins, Director, Strategic Accounts, UpToDate, Inc.
Matthew Rovery, Account Manager, McGraw-Hill Education
Dhruneanne Woodrooffe, Analyst, Office of Management and Budget
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MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, May 23, 2013

Michael A. Stocker, MD, Chairman of the Board, called the meeting to order at 10:05 A.M. The minutes of the April 11, 2013 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:

1. National Doctor's Day 2013

A recognition event was held on May 21st at Baruch College's William & Anita Newman Conference Center. One physician per facility and one community physician per Network were presented an award "In recognition of their dedication, professionalism and compassion in the provision of high quality health care" [total of 28 physicians]. The honorees were selected by their local networks using the following criteria: continued pursuit of clinical excellence; dedication to patients; leadership and teamwork; and dedication to the vision of HHC.

Over 130 individuals attended, including executive staff, medical directors, chief nurse executives and family members. The attached booklet includes the bio and key achievements of each recipient of the 2013 Doctor's Day Award.

2. Ambulatory Care Patient Access

The Corporate-wide initiative to improve patient access to ambulatory care is on track at month 4 of a 24-month engagement. Dr. Christina Jenkins and the team of McKinsey consultants have completed an in-depth assessment of 17 clinics within HHC's initial pilot sites: Harlem Hospital, Kings County Hospital Center and Gouverneur Hospital. The goal is dramatic improvement in appointment availability and patient satisfaction. Of note, last week, each site held a day-long workshop resulting in detailed work plans to execute potential access solutions. We expect the work plans to be executed by dedicated facility leaders in ongoing partnership with the access team and facility Breakthrough staff. We are encouraged by the enthusiasm and dedication of frontline staff and the ongoing support of facility and executive leadership. The access team will begin in-depth assessment of three new sites in early June.

3. HHC Health Home Update

HHC Health Home enrollments have steadily increased through the last quarter. HHC Health Home currently has 1,206 enrolled patients - 14.7% or 178 of enrollees were recruited from the NYSDOH Roster. Of the 1,400 patients in HHC legacy COBRA, TCM and CIDP programs 958, or 68%, have transitioned to our Health Home Program.

In the last two months, HHC Health Home Program staff has also expanded. We have recruited and hired a new Director and Associate Director. We have also recruited and hired 6 Care Coordinators and 2 Social Work Supervisors who will be deployed to work in local facilities after they complete an orientation and training program.

The Care Plan Management System for Health Home end-users has been launched and training and deployment has been completed at Kings County and Woodhull Hospitals and initiated at Lincoln Hospital.

At these sites, Health Home Care coordinators are using CPMS to profile the patients they target for outreach and document their outreach, enrollment and care planning activities on the system. The CPMS can be used to print a copy of the care plan for patient use. In the second release, planned for late August, the CPMS will have an activated patient portal which patients will be able to view their PHR and care plans. The CPMS is also designed to generate NYSDOH required reports and provide access to community based Health Home partners.

On May 10th, the Health Home Program hosted a successful site visit from NYSDOH Office of Health Insurance which operates the Health Home Program. The NYSDOH team met with Health Home Program management from HHC and MetroPlus and also visited the Health Home Care Team at Woodhull Hospital. The site visit covered HHC's service model, roster management, security, network development status and local outreach and engagement processes. The NYSDOH team was impressed with the size of the HHC Health Home and the number of transitioning legacy programs.

4. PCMH Implementation

The PCMH application process for NCQA Recognition is well underway and on schedule. OACT is working with our local PCMH teams to prepare 41 different applications for PCMH practices in our acute care, D&TCs/FQHCs and selected CHCs for submission between April and the end of September. The first application has already been submitted by Gouverneur; Elmhurst and Woodhull Hospitals are scheduled to submit their applications in June.

In collaboration with the Ambulatory Care Leadership Council, OACT has continued to drive PCMH Implementation progressing achievements in patient assignment, currently at 90.5% up from 70.5% in January 2012; provider continuity currently at 57.8%, up from 55.7% in June 2012; meeting 90% of the challenge of extending PCMH practice hours into 4 weekday evenings and Saturdays.

5. Enterprise Inpatient Psychiatry LOS Workshop

Office of Behavioral Health together with the Breakthrough Office held an event to reduce length of stay for inpatient psychiatry patients. From April 29th through May 2nd facility process owners identified solutions to redesign HHC's adult inpatient services to make them more patient-centered, efficient and effective. In early 2014 it is anticipated that all current Medicaid recipients will be enrolled in managed care plans. This event yielded a total of 39 facility rapid improvement tests of change and will aim to reduce LOS by 50% while not increasing readmissions during the six month project duration.

6. HHC Presents

Peter Coleman, Senior Director presented at NYU's Addiction Research Dissemination and Implementation Sustainability (ARDIS) Discussion Series, which is supported by the Greater New York Node of the NIDA Clinical Trials Network, the NYULMC Fellowship in Addiction Psychiatry, and the NYULMC Department of Population Health, on April 24th. His talk was entitled, the HHC Evolution of Treatment: 90 Meetings in 90 Days to Recovery-Oriented Systems of Care.

CHIEF INFORMATION OFFICER REPORT:

Bert Robles, Corporate Chief Information Officer reported on the following activities:

1. EITS ICIS EHR Kick-Off Meeting

A two (2) day project team meeting took place on April 29th and 30th at Lincoln and Harlem hospitals. Attendance was close to 200 each day, which included more than 20 Epic consultants visiting from Verona, Wisconsin. Presentations and demonstrations from both HHC and Epic speakers gave the attendees an overview on the project as well as more detailed information such as the project timeline, upcoming training schedules and certification requirements.

2. HHC Operations Staff ICIS EHR Kick-Off Meeting

Planning is underway to hold an Operations Staff kick-off for key leadership across the Corporation. The goal of this event is to explain the program as well as delineate the individual and departmental roles for leadership within this project. This meeting is being scheduled for June. HHC Board Members are encouraged to attend.

3. ICIS Newsletter

The ICIS newsletter was launched on April 16, 2013 as a mass email to all HHC staff. Close to 5000 "hits" were counted for the inaugural issue.

4. ICIS Update

A weekly email blast was launched on May 2, 2013 to all HHC staff. It had over 2200 "opens". Its purpose is to keep HHC apprised of what is new, what has been accomplished and what lies ahead for the program.

In addition, other activities such as establishing the project management framework and intensive staff training are all underway. Application scope is being determined. Concurrently, the purchase of applications and tool sets for the migration of Qmed based patient history that are required for integration with Epic is also underway.

5.   Data Center Build Readiness for Epic

The Epic non-production environment has been built and configured. Items which have been built and/or configured for the non-production environment include: eighteen (18) logical servers have been built and tested; two (2) terabytes of storage has been built and configured; application access server environment is up and running; printing has been configured and is currently being tested; and seven (7) databases have been configured. Finally, the Epic application installations are scheduled to be completed by the end of May 2013.

6. Care Plan Management System Demo

Paul Contino, Chief Technology Officer and Irene Kaufman, Sr. Assistant Vice President for the Office of Ambulatory Care Transformation will be demonstrating the Care Plan Management System. The application went live in March 2013.

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 May 1, 2013 was 429,340. Breakdown of plan enrollment by line of business is as follows:

Medicaid	367,247
Child Health Plus	12,751
Family Health Plus	33,698

MetroPlus Gold 3,223
Partnership in Care(HIV/SNP) 5,488
Medicare 6,789
MLTC 144

Dr. Saperstein informed the Committee that the significant drops in membership have somewhat stabilized, however, we again decreased 3,040 members overall since last month. All of the effects after Hurricane Sandy on HRA and the member renewal process should have ended. Our enrollment numbers have been strong with 13,469 new applicants for May; however, we also had 14,000 involuntary disenrollments due to loss of eligibility. Our voluntary disenrollments due to transfer to other plans has remained stable at a low level of 2,500 or approximately 0.6%.

Dr. Saperstein provided the Committee with 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 completed and submitted applications, benefits, subscriber contracts and rates for the Health Care Marketplace (the Exchanges). MetroPlus submitted 32 benefit and rate packages. These include Individual subscriber, SHOP for small businesses, Child only products, a Catastrophic coverage plan, and non-standard products offering benefits above the basic required benefits. The current timeline is to begin enrollment in the exchanges as of October 2013, with the first effective date of membership to be January 2014.

The current New York State plan is to eliminate the Family Health Plus program and offer these members the opportunity to enroll in an Exchange plan. The State budget allows for subsidies to alleviate the potential of significant cost increases for these members. In addition there will be additional subsidies for all individuals under two hundred percent of poverty level to make these products more affordable. The current plan is to also have all Medicaid enrollment shift from the plan facilitated enrollment process to the exchanges. This will certainly change the plans ability to market to consumers, educate these consumers on their options and perform direct enrollment. MetroPlus is planning to revise their marketing and advertising strategies to be able to compete and succeed.

The Behavioral Health Care integration into managed care is still on schedule for April 2014. The New York State MRT Committee for behavioral health met again at the end of April. The strategy is to allow plans to apply as HARPs (Health and Recovery Plans) to provide comprehensive integrated medical and behavioral health care management and coverage. As long as the health plan will be able to meet the network and service requirements of a HARP, the plan will be permitted to provide all of the medical and behavioral health care needs of the members without the requirement of contracting with a separate Behavioral Health Organization (BHO). MetroPlus will be applying for certification as a HARP.

MetroPlus' move back to 160 Water Street was successfully completed by April 30th. They moved back in phases over three weekends with no disruption in their activities. Currently, their main data systems are housed at SunGard in Carlstadt, NJ. MetroPlus is currently building and will have a fully duplicate system at 160 Water Street as a backup.

MetroPlus has just completed their QARR data collection. MetroPlus had a successful data audit completed by IPRO, and they will be submitting their data to the State in early June. This year, the National Committee for Quality Assurance required that all medical record review and data collection end in early May, shortening the time period they had to collect our data.

Also, since late October, the New York State Department of Health (NYS DOH) has wanted to schedule MetroPlus' comprehensive Article 44 review. The NYS DOH has been very understanding of MetroPlus' displacement. MetroPlus now have a confirmed Article 44 review from June 17th through June 21st.

ACTION ITEMS:

1. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to execute a contract with Siemens Enterprise Communications, Inc. via NYS Office of General Services (OGS) contract for the enterprise wide PBX Consolidation of services and maintenance for all telecommunications platforms used throughout the Corporation's facilities. The contract will be for an amount not to exceed $21,014,226 including a 20% contingency for an initial term of three years, with two (1) year renewal options, exercisable solely by the Corporation.

Presenting to the Committee were Sal Guido, Assistant Vice President, Infrastructure Services and Joe Bergin, Siemens Enterprise Communications, Inc.

The Corporation is currently engaged with three separate vendors for its Corporate-wide PBX service and maintenance contracts. PBX are currently a fixed based system operating in each facility and provides minimal real time disaster recovery capabilities and there is no central repository for all telecommunications problems. In this current state, it is not possible to realize economies of scale for reducing costs or to standardizing on common processes to govern operational efficiencies. The proposal is to consolidate these services under one vendor contract resulting in the desired savings required the Corporation's cost-containment and restructuring initiatives.

Beginning approximately July 1, 2013, Siemens Enterprise Communications will begin providing maintenance and services for all PBX equipment under one umbrella contract for the 18 locations that have PBX environments. This contract will replace the three (3) existing contracts currently in place. Procuring this agreement from Siemens Enterprise Communications, Inc. is in the best interest of the Corporation and will not only have a significant savings impact, but positive operational impact as well. The five year cost savings is approximately $9.2 Million.

The resolution requests approval to enter into a three year contract via the New York State Office of General Services (OGS) contract, with an additional two (1) year renewal options, with Siemens Enterprise Communications, Inc. for the Enterprise Wide PBX contract consolidation. The proposal requires an amount not to exceed $21,014,226. This amount is calculated using the 5 year contract amount of $17,511,855 plus a 20% contingency of $3,502,371 realizing a five year savings of $9.27 million.

The resolution was approved for the full Board of Director's consideration.

2. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a sole source Agreement with Cablevision Lightpath via New York State Office of General Services (OGS) to provide enterprise wide voice and data circuits for three (3) years with a one (1) year option to renew, solely exercisable by the Corporation, for an amount not to exceed $9,249,235, which includes a 20% contingency.

Presenting to the Committee were Sal Guido, Assistant Vice President, Infrastructure Services and Michael Krauser, Cablevision Lightpath.

The Corporation currently uses Cablevision Lightpath as its alternate and disaster recovery telecommunications provider and the current agreement will expire on June 30, 2013, with no available

renewal options to extend. The new Cablevision Lightpath voice and data circuit agreement will be implemented enterprise wide.

The request for approval to execute a renegotiated contract with Cablevision Lightpath to provide alternate enterprise wide voice and data circuits for HHC. HHC uses two (2) providers for this service, Verizon as our primary provider and Lightpath for our secondary provider for voice and data distribution throughout the origination.

The proposed resolution is to enter into a three (3) year contract with an additional one (1) year renewal option with Cablevision LightPath to provide enterprise-wide voice and data circuits for a total amount of $7,707,696 for three (3) years plus a one (1) year option, not to exceed $9,249,235. This includes a 20% contingency of $1,541,539. This agreement results in a savings of $2,490,574 over 4 years.

Lightpath is the leading provider of voice and data circuits to healthcare facilities in the Metropolitan NYC area. Lightpath's commitment to scalability, flexibility, security, and dependability has provided HHC with the necessary service to continue operations in all circumstances. Lightpath provided critical services during Hurricane Sandy which allowed HHC to continue vital operations. This agreement will provide the Corporation with an immediate reduction in monthly recurring fees and prevent a gap in service.

Enterprise Information Technology Services (EITS) estimates it will take between eighteen (18) months to two (2) years to complete migration from Lightpath to another provider, cost approximately $8 to $10 million to build a replacement data network and migrate the current telecommunications links to a new provider. These estimates are based on our past experience of build costs and duration of installation that Lightpath provided when they originally installed these services.

Josephine Bolus inquired as to whether we have to replace everything in all the facilities with fiber. Mr. Guido indicated that the fiber is already in. We will be building out two facilities in Queens. Verizon provides Fiberoptic to all our facilities and LightPath provides that as well, as an alternate carrier. The redundancy proved extremely useful during Sandy. There were redundancy connections in all our facilities, except the Queens network because they were on a different carrier. We will be consolidating under one standard.

The resolution was approved for the full Board of Director's consideration.

3. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute contracts with Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. to provide electronic medical reference and knowledge-based information subscription service products for HHC's Medical Libraries for a term of one year each, with four-one year options to renew, solely exercisable by the Corporation. The individual contract not-to-exceed amounts are as follows: for Elsevier B.V.: $2,750,000, for McGraw-Hill Education: $872,459, for Truven Health Analytics Inc.: $2,525,000, and UpToDate, Inc.: $1,899,068, for an aggregate amount not-to-exceed $8,046,527.

Presenting to the Committee were Louis Capponi, MD, Chief Medical Informatics Officer; Brad McCracken, Director Sales, Elsevier B.V.; Matthew Rovery, Account Manager, McGraw-Hill Education; Richard Giordano, Client Executive, Truven Health Analytics Inc.; and David Robbins, Director, Strategic Accounts, UpToDate, Inc.

EITS Clinical Information Systems is seeking approval to enter into contracts with four (4) online Medical Library vendors: Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc.

"Online Medical Library" products benefit healthcare provider objectives in patient care and patient safety, education, performance improvement, and clinical practitioner professional competence (eg: CME). "Online Medical Library" areas include:

- Knowledge-based information, journals and databases; electronic textbooks and medical reference
- Point-of-care medical reference
- Drug reference

These products are accessed via a web portal or may be embedded in an Electronic Medical Record system (EMR) as an additional benefit. "Medical Library" products are proprietary and highly specialized; contracts with multiple vendors are necessary to purchase complementary products and offer clinicians fully functional Medical Libraries.

HHC currently maintains four (four) online reference resources which are extensively utilized as evidenced by over 3.7 million hits annually. These contracts provide the following services: knowledge-based information, journals and databases; electronic textbooks and medical reference (Ovid, EBSCO); point-of-care medical reference (UpToDate); and drug reference (Truven - Micromedex, CareNotes). Furnishing the Corporation's Medical Libraries is a shared responsibility: librarians tailor to facilities' needs; EITS unifies and standardizes resources through competitive contracts; and HHC hospitals with academic medical center affiliations access shared resources.

The upcoming expirations of the existing contract presents the opportunity for the Corporation to optimize resource usage and increase resource standardization; reassess expenditures and competitively negotiate with vendors to lock-in costs, especially annual increases; and explore future synergies with the EPIC Electronic Medical Record (EMR) system.

In light of approaching expirations for these four resources, a competitive Request for Proposals (RFP) process was initiated in November 2012. Following a thorough evaluation process, comprising of an assessment of the product domain for innovations, as well as suitability to HHC, Elsevier B.V., McGraw-Hill Education, Truven Health Analytics Inc. and UpToDate, Inc. were determined to be leading providers and suitable to HHC's needs.

Only two (2) of these vendors will be new to HHC: Elsevier B.V. and McGraw-Hill Education. Both offer more robust and comprehensive resources for comparable cost. The proposed continuation of services from Truven Health Analytics Inc. and UpToDate, Inc. maintains highly used and essential reference products.

The proposed contracts are for a term of one (1) year each, with four one (1) year options to renew, solely exercisable by the Corporation, for an amount not to exceed $8,046,527 over the next five (5) years.

The resolution was approved for the full Board of Director's consideration.

INFORMATION ITEMS:

1. Progress: Healthcare Acquired Infections (HAI)

Presenting to the Committee was Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Office of Patient Centered Care. Ms. Johnston informed the Committee that the Center for Disease and Control (CDC) recently began using a "Standardized Infection rate" (SIR) to report infection, so that results can be compared between populations. Currently all of HHC acute care facilities infection control professionals are inputting data into CDC National Healthcare Safety Network (NHSN) database.

Ms. Johnston shared a HAI report published in December of 2012, presenting risk-adjusted data from 2011 from 177 hospitals throughout New York State (NYS). This is the fifth year that the report was published. The goal of the process was to drive down the incidence of HAI. NYS audits annually in 90% of reporting hospitals. HAI began being reported in 2008, the first year's data was published without hospital identifiers in order to give hospitals time to understand the process and begin the work needed to make an impact. The plan is to continue expanding the scope of what is reported. This year's report of 2011 data included SSI, CLAB and C Diff. Hysterectomy data will appear in the 2012 report. Reporting Cdiff infection is new this year, and NY was the first State to use the new NHSN protocol. Of note, all of these hospital acquired conditions are considered never events for which we will not be reimbursed.

Ms. Johnston provided the Committee with the following data:
- Colon Surgical Site Infection (SSI) Rates 2010 & 2011:   In 2011, Woodhull Colon SSI rates were significantly above the State average. In 2011, Metropolitan did not conduct enough procedures in order to be added to the reporting data (must perform more than 20 procedures in the reporting period). In 2011, the NYS colon SSI rate was 5.3 infections per 100 procedures; this rate was 10% lower than the NYS 2007 baseline rate of 5.9 infections per 100 procedures. This decline occurred in 2008, and the NYS colon SSI rate has been stable since then.
- Hip Replacement SSI Rates 2010 & 2011: No sites were significantly above or below the range of the state average during this time period in HHC. In NYS only the HSS (4,068 procedures) was significantly below the rate in NYS. Hip replacement SSI are now being reported quarterly at the QA Committee as well. Queens and NCB not reported – do not perform Hip Replacements. In 2010, Lincoln, Woodhull, Harlem and Kings performed less than 20 procedures and were not included in the report. In 2011, Woodhull, Harlem and Kings performed less than 20 procedures and were not included in the report.

- Hospital Acquired C. Difficile – 2010 & 2011: The rates are intended to be used by hospitals as a baseline for tracking *C. difficile* within their own hospital over time. These data should not be used to compare rates between hospitals or to the state average. Some of the reasons are as follows:
    - Because data are not available on potential risk factors for *C. difficile* among the hospital's entire patient populations from which *C. difficile* infections are being reported, it is not possible to use risk adjustment to compare rates between hospitals. For example, we could not account for differences in average patient age between hospitals. Hospitals that see older patients might have higher rates merely because the patient population is more susceptible to the infection.
    - Laboratory testing methods vary between hospitals. Hospitals that use more sensitive tests might have higher reported rates.
    - The categorization of *C. difficile* cases These results are reported state wide, they are not risk adjusted and should not be used for comparison with national rates.

Interventions to improve the process include the following: 1) standardization of processes and equipment; 2) best practice bundles and interventions across all sites that include: clinical guidelines for central venous access devices (e.g.: insertion, maintenance, access and removal); standardized central line catheter; root cause analysis's for HAI; stop orders; enhanced technology – line days, infection reporting; enhancing and standardizing antibiotic stewardship; equipment and supplies; 3) HAI Prevention Steering Committee – multidisciplinary, multisite to set and monitor Corporate strategy; 4) IPRO HAI program - all facilities are participating in both the CAUTI and the CLABSI initiative; and using transparency, i.e., NYCHHC - www.nyc.gov/html/hhc/infocus, CMS - ww.hospitalcompare.hhs.gov/hospital, NHSN - www.cdc.gov/nhsn, and NYSDOH - www.health.state.ny.us/.

Next steps include the following bulleted items but highlighted issues to point out are that currently less than 30% of sites in NYS have an IS that supports data collection. The Hospital-Medical Home (H-MH) project will provide financial incentives to hospital teaching programs to transform primary care teaching programs

at hospital and community sites. Hospitals participating in the initiative must participate in at least two evidence-based quality and safety improvement projects and achieve certification by the National Committee for Quality Assurance as a patient-centered medical home (PPC®-PCMH™), a model to provide patients with improved access to high quality primary care services.

The Hospital-Medical Home (H-MH) project will provide financial incentives to hospital teaching programs to transform primary care teaching programs at hospital and community sites. Hospitals participating in the initiative must participate in at least two evidence-based quality and safety improvement projects and achieve certification by the National Committee for Quality Assurance as a patient-centered medical home (PPC®-PCMH™), a model to provide patients with improved access to high quality primary care services.

The State Department of Health (NYSDOH) plans to: focus on hospitals with the highest and lowest infection rates to identify risk factors for infection and opportunities for improvement; develop and disseminate to hospitals a policy describing how NYSDOH will respond when hospitals have high HAI rates for multiple years; monitor the accuracy and timeliness of data being submitted, discuss findings with hospitals, ensure corrective action is taken, and provide technical assistance as needed; provide hospitals with education and information about risk factors, strategies, and interventions and encourage adoption of policies and procedures to reduce risk and enhance patient safety; evaluate and monitor the effect of prevention practices on infection rates and seek opportunities to enhance patient safety; provide HAI data electronically on METRIX, and further develop the presentation of the data on the DOH website; and collaborate with other NYSDOH staff to investigate outbreaks and evaluate emerging trends.

NYSDOH received up to $345 million to be distributed over a three-year period for initiatives to improve the quality, continuity and coordination of primary care that Medicaid patients receive at hospital outpatient departments operated by teaching hospitals, as well as at other primary care settings used by teaching hospitals to train resident physicians.

HHC's nest steps, both at the Corporate and facility level include: integration/development of health information systems to support infection prevention and reporting; automation of central line days and reporting of positive cultures; and HHC's Hoshin Kanri plan includes reduction of CLABSI and CAUTI by 15% annually of which we are on track with.

2. Care Plan Management System - Update

Presenting to the Committee were Irene Kaufmann, Senior Assistant Vice President, Office of Ambulatory Care Transformation; Paul Contino, Chief Technology Officer; and Brian Maxey, LMSW, Associate Director, HHC Health Homes.

The Care Management System was established to meet regulatory requirement and clinical needs. It is a person-centered web-based inter-operable care plan; supports care coordination services for HHC's Patient Centered Medical Home (PCMH) and Health Home (HH) patient populations; is accessible to all members of the care team; documents, integrates, and tracks progress of patients' clinical and non-clinical health-care related needs, goals, and services (ranging from current medications and appointments to housing or entitlement needs); and provides patient portal with access to PHR and care plan.

The functionality of the system: creates, updates and stores patient care plans; provides automatic alerts & flags; offers access to a provider portal and patient portal to patient's personal health record (PHR); provides a patient roster, panel and consent management; provides care transitions tracking and population based reports with drill-down to individual panels.

The presentation concluded with Mr. Maxey providing the Committee with a demo of the system what included the: patient roster screen; sample of patient profile, care plan module that lists the patients care team; provider view of the care plan module that has patient goals and actions, current medications, discontinued medications, allergies etc. The Committee was also provided with a sample patient care plan that would be provided to the patient.

There being no further business the meeting adjourned at 11:56 A.M.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
June 20th, 2013

Total plan enrollment as of June 7th, 2013 was 427,758. Breakdown of plan enrollment by line of business is as follows:

Medicaid	366,017
Child Health Plus	12,668
Family Health Plus	33,394
MetroPlus Gold	3,236
Partnership in Care(HIV/SNP)	5,446
Medicare	6,799
MLTC	198

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 submitted our 2014 Medicare bid on time. The MetroPlus Finance team worked diligently to design a bid that was fiscally responsible and offered our membership the maximum benefits. For 2014, the products for our dual eligible population will remain stable and competitive with other plans, with little change to premiums or benefits. On the other hand, our Medicare HIV Special Needs Plan required significant increases to the premium rates, which will likely challenge the viability of that product line. This occurred due to very high HIV pharmacy costs, as well as a lowering of the HIV acuity scores by CMS which led to more than a 14% rate reduction, and a rate reduction due to the Affordable Care Act.

The New York State Department of Health (NYSDOH) has begun discussions with health plans regarding the carve-in of nursing home benefits for non-dual eligible members. The carve-in of the benefit and the transition of the population are scheduled to begin October 1, 2013. A workgroup consisting of plan, nursing home and consumer representatives are scheduled to define the details in the coming months. This change is part of several provisions that were included in the State Fiscal 2013-2014 Budget as well as Medicaid redesign proposals that the state will pursue in 2013-2014. I will continue to report on these changes as the effective dates get closer.

In the past month, MetroPlus, along with twenty-six other plans statewide received preliminary approval to move forward with the readiness review process to participate in the Fully Integrated Duals Advantage (FIDA) demonstration. We are currently preparing for a readiness review, which will include a desk review, a site visit and systems testing. We have been informed that the total review process will take approximately four to five months.

Until recently, MetroPlus had only one Health Home contract with HHC. At the request of the state, MetroPlus was required to contract with additional Health Homes. We recently executed contracts with VNS and Maimonides for Health Home services. A review of our data, identified

over 500 members who qualified for Health Home services, were not affiliated with HHC, and had been receiving case management services from these additional two vendors.

Lastly, we have started our full Article 44 licensing audit by the New York State Department of Health. This audit was started on June 17th, and should be concluding tomorrow.

MetroPlus Health Plan
Membership Summary by LOB Last 7 Months
June-2013

		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
Total Members	Prior Month	439,011	440,717	445,274	442,554	433,250	432,874	430,808
	New Member	11,301	14,083	16,697	13,313	15,398	14,058	13,350
	Voluntary Disenroll	2,141	2,535	2,986	2,697	3,088	2,540	2,494
	Involuntary Disenroll	7,454	6,991	16,431	19,920	12,686	13,584	13,906
	Adjusted	6	-4	-37	-55	494	1,468	0
	Net Change	1,706	4,557	-2,720	-9,304	-376	-2,066	-3,050
	Current Month	440,717	445,274	442,554	433,250	432,874	430,808	427,758
Medicaid	Prior Month	373,677	375,126	379,977	378,410	370,513	370,257	368,642
	New Member	9,474	11,527	14,064	11,009	12,670	11,520	10,725
	Voluntary Disenroll	1,828	2,076	2,451	2,304	2,593	2,154	2,091
	Involuntary Disenroll	6,197	4,600	13,180	16,602	10,333	10,981	11,259
	Adjusted	0	-7	-37	-62	476	1,395	0
	Net Change	1,449	4,851	-1,567	-7,897	-256	-1,615	-2,625
	Current Month	375,126	379,977	378,410	370,513	370,257	368,642	366,017
Child Health Plus	Prior Month	14,664	14,473	13,471	13,101	12,939	12,859	12,761
	New Member	216	333	387	409	450	447	445
	Voluntary Disenroll	21	38	30	58	43	31	26
	Involuntary Disenroll	386	1,297	727	513	487	514	512
	Adjusted	6	6	5	5	1	10	0
	Net Change	-191	-1,002	-370	-162	-80	-98	-93
	Current Month	14,473	13,471	13,101	12,939	12,859	12,761	12,668
Family Health Plus	Prior Month	35,667	36,104	36,470	35,719	34,339	34,201	33,736
	New Member	1,280	1,497	1,829	1,481	1,871	1,644	1,757
	Voluntary Disenroll	151	205	239	193	283	198	216
	Involuntary Disenroll	692	926	2,341	2,668	1,726	1,911	1,883
	Adjusted	1	1	-1	1	6	38	0
	Net Change	437	366	-751	-1,380	-138	-465	-342
	Current Month	36,104	36,470	35,719	34,339	34,201	33,736	33,394

		Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13
HHC	Prior Month	3,123	3,123	3,338	3,219	3,230	3,247	3,242
	New Member	25	248	29	31	33	11	0
	Voluntary Disenroll	0	0	113	0	0	0	0
	Involuntary Disenroll	25	33	35	20	16	16	6
	Adjusted	0	-1	0	3	14	19	0
	Net Change	0	215	-119	11	17	-5	-6
	Current Month	3,123	3,338	3,219	3,230	3,247	3,242	3,236
SNP	Prior Month	5,742	5,701	5,660	5,600	5,559	5,522	5,502
	New Member	74	73	90	89	90	90	68
	Voluntary Disenroll	30	36	50	36	41	29	43
	Involuntary Disenroll	85	78	100	94	86	81	81
	Adjusted	-1	-3	-4	-2	-1	14	0
	Net Change	-41	-41	-60	-41	-37	-20	-56
	Current Month	5,701	5,660	5,600	5,559	5,522	5,502	5,446
Medicare	Prior Month	6,138	6,190	6,352	6,483	6,616	6,689	6,781
	New Member	232	399	281	262	239	292	290
	Voluntary Disenroll	111	180	102	106	128	128	118
	Involuntary Disenroll	69	57	48	23	38	72	154
	Adjusted	0	0	0	0	-1	-8	0
	Net Change	52	162	131	133	73	92	18
	Current Month	6,190	6,352	6,483	6,616	6,689	6,781	6,799
Managed Long Term Care	Prior Month	0	0	6	22	54	99	144
	New Member	0	6	17	32	45	54	65
	Voluntary Disenroll	0	0	1	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	9	11
	Adjusted	0	0	0	0	-1	0	0
	Net Change	0	6	16	32	45	45	54
	Current Month	0	6	22	54	99	144	198

Last Data Refresh Date: 05/14/2013

Other Plan Name	Category	2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Affinity Health Plan	INVOLUNTARY	0	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	2	0	1	0	1	0	1	8
	VOLUNTARY	13	117	12	112	13	113	11	133	11	93	21	152	7	86	9	84	24	123	13	155	17	154	18	126	1,617
	TOTAL	13	117	12	113	13	113	11	133	11	93	21	152	8	86	9	85	24	125	13	156	17	155	18	127	1,625
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	1	4	0	1	0	2	2	1	0	1	0	0	0	2	0	2	0	1	0	1	0	3	0	1	22
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
	VOLUNTARY	23	267	11	242	19	240	11	235	14	180	18	211	11	167	22	163	25	208	18	194	33	222	20	226	2,780
	TOTAL	24	271	11	243	19	242	13	236	14	181	18	211	11	169	22	166	25	209	18	195	33	225	20	227	2,803
Fidelis Care	INVOLUNTARY	0	1	0	4	0	2	0	0	0	2	0	1	0	6	1	2	0	1	1	0	0	5	0	0	26
	VOLUNTARY	27	240	77	563	148	989	99	792	90	654	79	874	40	548	84	636	74	710	65	649	94	754	56	590	8,932
	TOTAL	27	241	77	567	148	991	99	792	90	656	79	875	40	554	85	638	74	711	66	649	94	759	56	590	8,958
Health First	INVOLUNTARY	0	3	0	5	0	4	0	0	0	5	0	1	1	5	0	8	0	0	0	2	0	8	0	4	46
	UNKNOWN	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	3
	VOLUNTARY	46	601	77	779	115	997	69	910	60	833	74	936	63	663	55	770	59	843	63	856	82	1,009	67	809	10,836
	TOTAL	46	604	77	785	115	1,001	69	910	60	838	74	937	64	668	55	778	60	844	63	858	82	1,017	67	813	10,885
HIP/NYC	INVOLUNTARY	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	1	0	2	0	2	0	0	7
	VOLUNTARY	14	84	11	84	5	84	10	90	12	53	17	90	6	68	5	82	13	80	4	82	10	83	3	69	1,059
	TOTAL	14	84	11	84	5	84	10	91	12	53	17	90	6	69	5	82	13	81	4	84	10	85	3	69	1,066
Neighborhood Health Provider PHPS	INVOLUNTARY	0	0	0	0	0	1	1	0	0	0	0	1	0	0	0	2	0	0	0	0	0	0	0	0	5
	VOLUNTARY	17	106	9	118	23	140	13	133	10	122	14	170	5	60	4	115	17	121	0	33	0	0	0	0	1,230
	TOTAL	17	106	9	118	23	141	14	133	10	122	14	171	5	60	4	117	17	121	0	33	0	0	0	0	1,235

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 05/14/2013

		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
United Healthcare of NY	INVOLUNTARY	0	0	0	1	0	2	0	0	0	0	0	0	0	1	0	0	0	2	1	1	0	1	0	1	10
	VOLUNTARY	11	69	13	110	18	129	11	92	7	84	21	142	12	74	16	84	13	138	17	113	17	152	14	105	1,462
	TOTAL	11	69	13	111	18	131	11	92	7	84	21	142	12	75	16	84	13	140	18	114	17	153	14	106	1,472
Wellcare of NY	INVOLUNTARY	0	0	0	2	0	1	0	0	0	1	0	1	0	0	0	0	0	0	1	0	0	2	0	0	8
	VOLUNTARY	1	30	4	15	2	38	3	30	3	31	3	45	2	24	5	27	3	38	3	21	9	26	4	33	400
	TOTAL	1	30	4	17	2	39	3	30	3	32	3	46	2	24	5	27	3	38	4	21	9	28	4	33	408
Disenrolled Plan Transfers	INVOLUNTARY	1	8	0	14	0	12	3	2	0	9	0	4	2	15	1	15	0	7	3	7	0	22	0	7	132
	UNKNOWN	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	4
	VOLUNTARY	152	1,514	214	2,023	343	2,730	227	2,415	207	2,050	247	2,620	146	1,690	200	1,961	228	2,261	183	2,103	262	2,400	182	1,958	28,316
	TOTAL	153	1,522	214	2,038	343	2,742	230	2,417	207	2,059	247	2,624	148	1,705	201	1,977	229	2,269	186	2,110	262	2,422	182	1,965	28,452
Disenrolled Unknown Plan Transfers	INVOLUNTARY	3	33	11	34	2	33	4	20	1	93	5	32	0	84	4	55	11	43	3	64	8	22	3	171	739
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1
	VOLUNTARY	32	101	6	74	23	105	16	103	8	85	13	128	5	84	5	60	11	101	9	116	21	121	14	129	1,370
	TOTAL	35	134	17	108	25	138	20	123	9	178	18	160	5	168	9	115	22	145	12	180	29	143	17	300	2,110
Non-Transfer Disenroll Total	INVOLUNTARY	1,270	10,972	971	9,738	1,191	9,733	1,194	10,142	888	8,885	1,227	10,549	154	5,529	131	3,801	1,640	12,405	1,913	15,808	934	9,555	1,121	10,505	130,256
	UNKNOWN	5	5	8	6	5	2	2	4	4	15	2	2	0	5	0	2	5	6	2	2	0	5	1	2	90
	VOLUNTARY	0	92	0	76	0	69	0	81	0	55	0	81	0	53	0	55	0	86	1	82	0	70	3	43	847
	TOTAL	1,275	11,069	979	9,820	1,196	9,804	1,196	10,227	892	8,955	1,229	10,632	154	5,587	131	3,858	1,645	12,497	1,916	15,892	934	9,630	1,125	10,550	131,193
Total MetroPlus Disenrollmen	INVOLUNTARY	1,274	11,013	982	9,786	1,193	9,778	1,201	10,164	889	8,987	1,232	10,585	156	5,628	136	3,871	1,651	12,455	1,919	15,879	942	9,599	1,124	10,683	131,127
	UNKNOWN	5	5	8	7	5	2	2	4	4	15	2	2	0	5	0	3	6	8	2	2	0	5	1	2	95

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 05/14/2013

		2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Total MetroPlus Disenrollmen	**VOLUNTARY**	184	1,707	220	2,173	366	2,904	243	2,599	215	2,190	260	2,829	151	1,827	205	2,076	239	2,448	193	2,301	283	2,591	199	2,130	30,533
	<u>TOTAL</u>	1,463	12,725	1,210	11,966	1,564	12,684	1,446	12,767	1,108	11,192	1,494	13,416	307	7,460	341	5,950	1,896	14,911	2,114	18,182	1,225	12,195	1,324	12,815	161,755

New Member Transfer From Other Plans

	2012_06		2012_07		2012_08		2012_09		2012_10		2012_11		2012_12		2013_01		2013_02		2013_03		2013_04		2013_05		TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Affinity Health Plan	26	239	21	180	21	199	21	212	15	202	15	190	7	128	19	152	19	139	15	141	21	170	4	67	2,223
Amerigroup/Health Plus/CarePlus	74	549	44	371	47	341	29	333	20	263	36	281	22	188	24	211	21	205	22	237	28	271	15	137	3,769
Fidelis Care	10	199	5	159	22	220	14	215	11	206	23	285	12	158	6	164	11	191	15	199	21	251	8	115	2,520
Health First	25	212	13	212	20	244	22	177	13	165	18	191	5	117	14	147	11	148	18	163	15	184	10	94	2,238
HIP/NYC	7	130	9	95	7	112	8	128	4	96	4	106	5	53	6	78	5	94	7	84	9	91	5	33	1,176
Neighborhood Health Provider PHPS	31	200	15	140	16	184	12	186	13	144	19	195	13	110	18	131	19	157	11	128	11	118	4	59	1,934
United Healthcare of NY	10	144	10	96	5	95	13	92	9	98	5	114	4	90	5	80	9	81	12	93	9	126	5	75	1,280
Unknown PLan	2,180	12,020	1,950	11,514	2,030	13,345	1,695	10,659	1,524	9,374	1,789	13,745	1,202	7,362	1,408	9,300	1,732	12,023	1,381	8,790	1,762	10,417	1,602	10,401	149,205
Wellcare of NY	27	145	19	84	32	137	12	91	16	79	18	85	8	70	5	91	16	108	18	90	18	102	9	34	1,314
TOTAL	**2,390**	**13,838**	**2,086**	**12,851**	**2,200**	**14,877**	**1,826**	**12,093**	**1,625**	**10,627**	**1,927**	**15,192**	**1,278**	**8,276**	**1,505**	**10,354**	**1,843**	**13,146**	**1,499**	**9,925**	**1,894**	**11,730**	**1,662**	**11,015**	**165,659**

Disenrollments TO Other Plans		May-13			June-12 to May-13		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOL.	0	1	1	1	7	8
	VOL.	18	126	144	169	1,448	1,617
Affinity Health Plan	TOTAL	18	127	145	170	1,455	1,625
	INVOL.	0	1	1	3	19	22
	VOL.	20	226	246	225	2,555	2,780
Amerigroup/Health Plus/CarePlus	TOTAL	20	227	247	228	2,575	2,803
	INVOL.	0	0	0	2	24	26
	VOL.	56	590	646	933	7,999	8,932
Fidelis Care	TOTAL	56	590	646	935	8,023	8,958
	INVOL.	0	4	4	1	45	46
	VOL.	67	809	876	830	10,006	10,836
Health First	TOTAL	67	813	880	832	10,053	10,885
	INVOL.	0	0	0	0	7	7
	VOL.	3	69	72	110	949	1,059
HIP/NYC	TOTAL	3	69	72	110	956	1,066
	INVOL.	0	0	0	1	4	5
	VOL.	0	0	0	112	1,118	1,230
Neighborhood Health	TOTAL	0	0	0	113	1,122	1,235
	INVOL.	0	1	1	1	9	10
	VOL.	14	105	119	170	1,292	1,462
United Healthcare of NY	TOTAL	14	106	120	171	1,301	1,472
	INVOL.	0	0	0	1	7	8
	VOL.	4	33	37	42	358	400
Wellcare of NY	TOTAL	4	33	37	43	365	408
	INVOL.	0	7	7	10	122	132
	VOL.	182	1,958	2,140	2,591	25,725	28,316
Disenrolled Plan Transfers:	TOTAL	182	1,965	2,147	2,602	25,850	28,452
	INVOL.	3	171	174	55	684	739
	VOL.	14	129	143	163	1,207	1,370
Disenrolled Unknown Plan Transfers:	TOTAL	17	300	317	218	1,892	2,110
	INVOL.	1,121	10,505	11,626	12,634	117,622	130,256
	UNK.	1	2	3	34	56	90
	VOL.	3	43	46	4	843	847
Non-Transfer Disenroll Total:	TOTAL	1,125	10,550	11,675	12,672	118,521	131,193
	INVOL.	1,124	10,683	11,807	12,699	118,428	131,127
	UNK.	1	2	3	35	60	95
	VOL.	199	2,130	2,329	2,758	27,775	30,533
Total MetroPlus Disenrollment:	TOTAL	1,324	12,815	14,139	15,492	146,263	161,755

Disenrollments FROM Other Plans	May-13			June-12 to May-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	4	67	71	204	2,019	2,223
Amerigroup/Health Plus/CarePlus	15	137	152	382	3,387	3,769
Fidelis Care	8	115	123	158	2,362	2,520
Health First	10	94	104	184	2,054	2,238
HIP/NYC	5	33	38	76	1,100	1,176
Neighborhood Health	4	59	63	182	1,752	1,934
United Healthcare of NY	5	75	80	96	1,184	1,280
Wellcare of NY	9	34	43	198	1,116	1,314
Total	60	614	674	1,480	14,974	16,454
Unknown (not in total)	1,602	10,401	12,003	20,255	128,950	149,205

Data Source: RDS Report 1268a&c Updated 05/17/2013

Net Difference	May-13			June-12 to May-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	-14	-60	-74	34	564	598
Amerigroup/Health Plus/CarePlus	-5	-90	-95	154	812	966
Fidelis Care	-48	-475	-523	-777	-5,661	-6,438
Health First	-57	-719	-776	-648	-7,999	-8,647
HIP/NYC	2	-36	-34	-34	144	110
Neighborhood Health	4	59	63	69	630	699
United Healthcare of NY	-9	-31	-40	-75	-117	-192
Wellcare of NY	5	1	6	155	751	906
Total	-122	-1,351	-1,473	-1,122	-10,876	-11,998

May 2013 Net Transfers (Known)

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase Cisco SMARTnet maintenance through a NYS Office of General Services (OGS) contract from Cisco's authorized reseller, Dimension Data North America, Inc. in an amount not to exceed $22,080,000, including a 15% contingency, over the term of three years.

WHEREAS, the Corporation has an immense inventory of routers, switches, firewalls, UCS servers and wireless controllers, which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care;
and

WHEREAS, the Cisco SMARTnet Services and Maintenance is required in order to avoid any outages associated with equipment/part failures, software glitches and operating system software issues; and

WHEREAS, failure to obtain services and maintenance for the Corporation's network infrastructure can result in system unavailability, which may have an impact on patient care; and

WHEREAS, the Corporation solicited proposals from Cisco resellers who offer their services via the New York State OGS contract, including Dimension Data North America, Inc.; and

WHEREAS, Dimension Data North America, Inc. offered the lowest price for the requested services; and

WHEREAS, the overall responsibility for managing and monitoring the agreement shall be under the Senior Vice President/Corporate Chief Information Officer.

NOW THEREFORE, be it:

RESOLVED, THAT THE President of the New York City Health and Hospitals Corporation be and hereby is authorized to purchase Cisco SMARTnet maintenance through a NYS Office of General Services (OGS) contract from Cisco's authorized reseller, Dimension Data North America, Inc. in an amount not to exceed $22,080,000, including a 15% contingency, over the term of three years.

EXECUTIVE SUMMARY

Purchase from Dimension Data North America, Inc.
To provide Cisco SMARTnet Services and Maintenance

The accompanying resolution requests the approval to purchase CISCO SMARTnet services and maintenance from Dimension Data North America, Inc. via NYS Office of General Services (NYS OGS) contract for the New York City Health and Hospitals Corporation's networking infrastructure for an amount not to exceed, $22,080,000, which includes a 15% contingency of $2,880,000, over a three year term.

The Corporation has an immense inventory of routers, switches, firewalls, UCS servers and wireless controllers, which are utilized to link various computers and data systems throughout the Corporation together to share business and clinical applications used for patient care. The Cisco SMARTnet Services and Maintenance is required in order to avoid any outages associated with equipment/part failures, software glitches and operating system software issues. The Corporation also benefits from network infrastructure optimization services for analytics and support services included in this contract. Failure to obtain these services and maintenance for the Corporation's network infrastructure can result in system unavailability, which may have an impact on patient care.

The Corporation has previously purchased SMARTnet maintenance services from the proposed vendor. Between FY2010 and FY2013, the Corporation has spent approximately $17.2 million on these services. The proposed new contract continues to consolidate the Corporation's SMARTnet maintenance into a discounted, bundled pricing agreement. The non-bundled renewal cost of the requested maintenance and services would total $26,177,617 over the three year term. The Corporation conducted a solicitation via NYS OGS contract for the requested services for a three year term. Dimension Data offered the lowest proposed price for the requested services, totaling $19,200,000 over the three year term, approximately 36.6% off list price resulting in a savings of approximately $7 million for the three year term. The Corporation has added a 15% contingency to this amount for any potential increases to the network hardware, which would result in additional maintenance.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title:	Cisco SMARTnet Services and Maintenance
Project Title & Number:	Cisco SMARTnet Services and Maintenance
Project Location:	Enterprise Wide
Requesting Dept.:	EITS/Infrastructure Services

Successful Respondent: **Dimension Data North America, Inc.**

Contract Amount: **$19,200,000 + $2,880,000 (15% Contingency) = $22,080,000**

Contract Term: 3 years

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

Range of Proposals: $19,200,000   to $28,838,020

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

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

Method of Payment: ☐ Lump Sum   ☐ Per Diem   ☐ Time and Rate
     ☒ Other: explain   Quarterly Fixed Payments

EEO Analysis: Approved 5/31/13

**Compliance with HHC's
McBride Principles?**   ☒ Yes   ☐ No

Vendex Clearance   ☒ Yes   ☐ No   (Caution Check performed)

(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.)

CONTRACT FACT SHEET(continued)

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

On June 30, 2013 the current agreement for Cisco SMARTnet Maintenance with Dimension Data North America, Inc. will come to the end of its three year term. The Corporation's network infrastructure devices have increased by 23% from 854 to 1,054 since the start of the current agreement in 2010. At this time, a new agreement is required for the Services and Maintenance of all Cisco equipment used throughout the Corporation's facilities.

The Corporation utilizes its Cisco hardware, which includes routers, switches firewalls, UCS servers and wireless controllers to link together the Corporation's computers and data systems to capture and access business and clinical applications used for patient care.

The Cisco SMARTnet Services and Maintenance agreement is required to address Cisco equipment failures and operating system software issues. The Corporation benefits from network infrastructure optimization facilitated by Cisco software upgrades, which will also be provided by this agreement. Failure to obtain Cisco SMARTnet Services and Maintenance for the Corporation's network infrastructure can result in system unavailability, which may have an impact on patient care.

This agreement will offer services and maintenance for all Cisco hardware enterprise wide by including the following scope in the agreement:

- Hardware Replacement
- Total Care Service 24x7x4 Maintenance
- Optimization Services for analytics and support services
- Advance Replacement parts delivered onsite 24x7x365

The new agreement will cover the existing network equipment as well as 200 net new devices added to the Corporation's network infrastructure over the last three fiscal years.
- Woodhull (20) for End of Support equipment
- Cumberland (23) for End of Support equipment
- Elmhurst (35) to replace Enterasys Switches
- Gouverneur (31) for End of Support equipment
- Henry J. Carter (91) for this new location

The new agreement will also cover 4,020 wireless access points and approximately 5,000 VoIP phones, not included in the current agreement.

The Corporation anticipates the inventory of network equipment to increase as a result of future Enterprise-wide LAN Upgrades, build-outs and VoIP projects. The additional 15% contingency being requested will be used to cover these increases.

CONTRACT FACT SHEET(continued)

Contract Review Committee

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

Yes, this was presented at the June 5, 2013 CRC meeting.

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

No.

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

Cisco has a NYS OGS Contract (#PT64525). A solicitation to purchase maintenance and services was issued to 21 vendors, who were listed as Cisco value-added resellers on this contract. Another solicitation was issued to 5 financing vendors, also holding NYS OGS contracts for proposals including financing options. These solicitations requested pricing for a three (3) year term with two options to renew at one (1) year each.

There were 2 proposals received, one of which came from a vendor as an Open market proposal. Both proposals were reviewed by HHC IT Infrastructure Services staff to determine whether they met the solicitation requirements. The award was based on lowest proposed price for the requested services.

Note: The agreement will be for the three (3) year term only and will not include the two options to renew at one (1) year each. This is due to the cost of the two additional years being substantially higher than the annual cost over for the initial three year term.

	PURCHASING OPTION					
	Vendor information	Contract #	Bid Amount (3 years)*	Bid Amount (Option Years 1 & 2)	No Bid	No Reply
1	Cisco Systems, Inc.	NYS OGS PT64525			X	
2	Axispoint, Inc.	NYS OGS PT64525			X	
3	BlueWater Communications Group, LLC.	NYS OGS PT64525				X
4	Calence, LLC. Dba Insight Networking	NYS OGS PT64525				X
5	Camelot Communications Group, Inc.	NYS OGS PT64525			X	
6	CDW Government	NYS OGS PT64525				X
7	CDI, LLC.	NYS OGS PT64525			X	
8	Corporate Computer Solutions, Inc.	NYS OGS PT64525				X
9	CS Business Systems, Inc.	NYS OGS PT64525				X
10	Derive Technologies, LLC.	NYS OGS PT64525				X
11	Dimension Data North America, Inc.	NYS OGS PT64525	$19,200,000	$18,264,640			WINNER
12	Dyntek Services, Inc.	NYS OGS PT64525			X	
13	Ergonomic Group, Inc.	NYS OGS PT64525				X
14	FTEI, Inc.	NYS OGS PT64525			X	
15	GovConnection, Inc.	NYS OGS PT64525				X
16	HP Company	NYS OGS PT64525				X
17	NEC Unified Solutions, Inc.	NYS OGS PT64525				X
18	Presidio Networked Solutions, Inc.	NYS OGS PT64525				X
19	SHI Inernational Corp.	NYS OGS PT64525			X	
20	Verizon Business	NYS OGS PT64525				X
21	Vicom Computer Services, Inc.	NYS OGS PT64525				X
22	Insight Public Sector Healthcare	OPEN MARKET	$28,838,020	28,233,476.60		

*(Based on the option to purchase Bundle #2-Quarterly Payments)

	FINANCING OPTION				
	Vendor information	Contract #	Bid Amount*	No Bid	No Reply
1	Dell Financial Services, LLC.	NYS OGS CMS1084		X	
2	Hewlett-Packard Financial Services, Co.	NYS OGS CMS1080			X
3	Key Government Finance, Inc.	NYS OGS CMS0722			X
4	M&T Bank	NYS OGS CMS1073			X
5	Verizon Credit, Inc.	NYS OGS CMS1047		X	

Scope of work and timetable:

Beginning approximately July 1, 2013, Dimension Data will begin providing Cisco SMARTnet Services and Maintenance for all Cisco related hardware and software at current enterprise locations. Full on-site inventory audits of all HHC facilities will be completed by this vendor every six (6) months to ensure the SMARTnet agreement is current and up to date with all contractual requirements. The term is for a three year period.

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

Dimension Data North America, Inc. offered the lowest price for the requested services as indicated above. This request is for a direct agreement with Dimension Data North America, Inc. for a cost of $19,200,000 for a three year term. (Please note there is an additional 15% contingency included in the contract amount for any potential increases to the Corporation's network hardware, which would result in a need for additional maintenance). As shown in the tables below, through discounted, bundled pricing via the NYS OGS Contract, this agreement results in a $7M savings over the next 3 years. Under the proposed three year term, HHC would not have to pay for annual increases which historically have been 10% per year.

TABLE A:

Dimension Data - Bundled Pricing Model

SMARTnet + NOS + Onsite Inventory Audits/Database Updates	Total Blended Discount %	Net Price	*Quarterly Payment Amount*	# of Payments
SMARTnet + NOS + Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	36.6%	$ 19,200,000	1,600,000	12

Dimension Data - Non-Bundled Pricing Model

Non-Bundled Line Items	Discount %	Net Price	*Quarterly Payment Amount*	# of Payments
SMARTnet Proposed Price - 3 Year Term	29	16,464,276	1,372,023	12
NOS Proposed Price - 3 Year Term	17	9,038,341	753,195	12
Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	10	675,000	56,250	12

Non-Bundled Pricing Total $26,177,617

NOTE: Network Optimization Services (NOS) provides analytics and support services.

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

- FY11-FY13 average annual Cisco Enterprise Wide Maintenance was $5,734,638, totaling $17,203,915 over these three fiscal years.

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

Maintenance services are required for networks parts replacement and technical support.

- HHC would have to keep a seed stock inventory on hand for any parts that may fail due to hardware or Operating System software issues.
    - Using a 16:1 ratio, the estimated FY14 cost of the initial seed stock purchase estimated to be $4-6M
    - HHC averaged 121 Return Material Authorizations (RMA) per year FY10-13
    - There would be a higher additional cost incurred for inventory space, hiring staff to manage this inventory and delivery services
- Additional dedicated HHC Network Engineers would be required for:
    - 24x7x365 coverage
    - $1.1M annual compensation and benefits costs for new hires
    - Response time from 4 hours to 15 hours
    - HHC averaged 197 service requests with Cisco's Technical Assistance Center (TAC) per year FY10-13 of which 38/24 were Severity 1/Severity 2 respectively

The total estimated value of SMARTnet would be approximately $7.1M annually.

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 artistic/creative/intellectual property will be produced from this contract.

CONTRACT FACT SHEET (continued)

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

    Bert Robles, Senior Vice President/Corporate Chief Information Officer

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. _____5/28/2013_____
                                       Date

Analysis Completed By E.E.O. _____5/31/2013_____
                                                    Date

_____Manasses Williams_____
Name

HHC NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION

346 Broadway • Room 500B • New York, NY 10013 • Tel: 212-788-3380 • Fax: 212-788-3689

nyc.gov/hhc

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Afshan Syed, MBA
           Manager, MIS
           Central Office – Enterprise IT Services

FROM: Manasses C. Williams

DATE: May 29, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

          The proposed contractor/consultant, <u>Dimension Data,</u> has submitted to the
Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO
documents.
This company is a:
[ ] Minority Business Enterprise [   ] Woman Business Enterprise [X] Non-M/WBE

Project Location(s): <u>HHC – Corporate Wide</u>

Contract Number: _____   Project Number: <u>Smartnet Software Maintenance</u>

Submitted by: <u>Central Office – Enterprise IT Services</u>

EEO STATUS:

1. [x] Approved

2. [ ] Conditionally approved with follow-up review and monitoring-No EEO Committee Review

3. [ ] Not approved

4. [ ] Conditionally approved subject to EEO Committee Review

COMMENTS:

c:

Cisco SMARTnet Maintenance and Services
PowerPoint Presentation Narrative

This is a purchase to provide Cisco SMARTnet Services and Maintenance for three years. This replaces the current contract scheduled to expire on June 30, 2013 and it applies to all Cisco network infrastructure devices enterprise wide. The HHC network infrastructure of switches and routers increased by 23% since the last contract was signed as a result of the Round 1 LAN Upgrade. The new contract covers this increase as well as 4,020 Wireless Access Points and 5,000 Voice Over Internet Protocol (VoIP) phones which are not covered by the current contract.   Negotiated improved pricing was achieved by including all these devices into the new contract.

A review to self-maintain the aforementioned hardware and software proved to be too costly and it identified the inability for HHC to achieve the same service levels provided by the new contract. Failure to achieve specific service levels for the network infrastructure can result in system unavailability which may have an impact on patient care.

Multiple vendors were solicited. Dimension Data North America offered the lowest cost responsive proposal. Therefore, the recommendation is a direct agreement with Dimension Data North America, Inc. in an amount not to exceed $22,080,000, including a 15% contingency, over the term of three years. .

CISCO SMARTnet Services and Maintenance

Medical & Professional Affairs/IT Committee Meeting

June 20, 2013

HHC Requirements

- SMARTnet Services and Maintenance for all Cisco equipment enterprise-wide

Current Scenario

- Current contract for the SMARTnet Services with Dimension Data North America, Inc. that are scheduled to expire on June 30, 2013

- HHC network infrastructure devices (Switches and Routers) have increased by 23% from 854 to 1,054 since the start of the current contract

- New contract to include 4,020 Wireless Access Points currently not included in the current contract

- New contract to include ~5,000 VoIP Phones which are not included in the current contract

- Net additional network infrastructure devices are expected from future LAN Upgrade and Build-Out Projects

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
CORPORATE ACCESS INFRASTRUCTURE - WIRED, WIRELESS & VPN
Prepared by: HHCNOC

EITS/Infrastructure Services
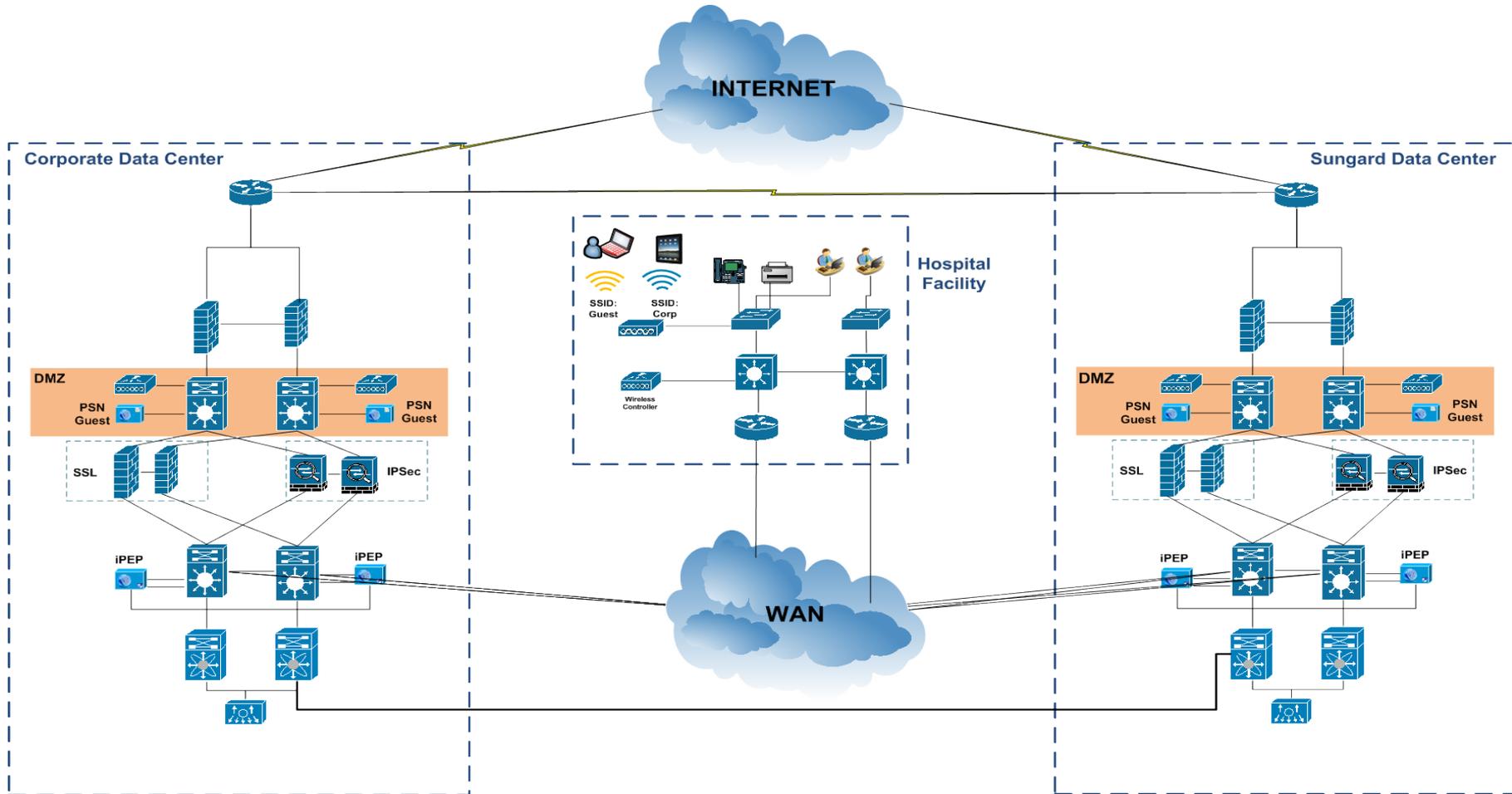
In Scope with Contract Solution

- Net New Equipment Added was included in the Round 1 LAN Upgrade to Contract (200 devices)

  - Woodhull (20) for End of Support equipment
  - Cumberland (23) for End of Support equipment
  - Elmhurst (35) to replace Enterasys Switches
  - Gouverneur (31) for End of Support equipment
  - Henry J. Carter (91) for this new location

- 4,020 Wireless Access Points

- 5,000 Voice Over Internet Protocol (VOIP) Phones

- Hardware Replacement

- Total Care Service 24x7x4 maintenance

- Optimization Services for analytics and support services

- Advance Replacement parts delivered onsite 24x7x365

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Highlights

- Negotiated improved pricing – Lower average per unit cost for the current environment

FY11-13 Historical Average	$	5,734,638	$ 6,400,000	FY14-16 New Contract Average
Total Network Infrastructure Devices used for current contract		854	1054	Current Total Network Infrastructure Devices used for new contract
Average Annual Unit Cost	$	6,715	**$ 6,072**	**New Contract Average Annual Unit Cost**
			23%	*Increase in Devices since last contract*

- Includes 4,020 Wireless Access Points and 5,000 Voice Over Internet Protocol (VOIP) Phones

- On-site parts replacement

- Standard service level agreements to maintain expected operational requirements throughout HHC

  - **24x7x4** hardware replacement inventory on-site
  - Technical Assistance Center (TAC)
  - 24x7x365 direct customer access

Duration

- 3 year contract

Bid Response Summary

- **Vendors and Financial Organizations were solicited**
- **No bids received from the 5 Financial Organizations solicited**
- **Two bids received from the 21 Vendors solicited** f
- **Incumbent vendor was selected based on lowest responsive bid**

PURCHASING OPTION					
Vendor information	Contract #	Bid Amount (3 years)*	Bid Amount (Option Years 1 & 2)	No Bid	No Reply
1 Cisco Systems, Inc.	NYS OGS PT64525			X	
2 Axispoint, Inc.	NYS OGS PT64525			X	
3 BlueWater Communications Group, LLC.	NYS OGS PT64525				X
4 Calence, LLC. Dba Insight Networking	NYS OGS PT64525				X
5 Camelot Communications Group, Inc.	NYS OGS PT64525			X	
6 CDW Government	NYS OGS PT64525				X
7 CDI, LLC.	NYS OGS PT64525			X	
8 Corporate Computer Solutions, Inc.	NYS OGS PT64525				X
9 CS Business Systems, Inc.	NYS OGS PT64525				X
10 Derive Technologies, LLC.	NYS OGS PT64525				X
11 Dimension Data North America, Inc.	NYS OGS PT64525	$19,200,000	$18,264,640			WINNER
12 Dyntek Services, Inc.	NYS OGS PT64525			X	
13 Ergonomic Group, Inc.	NYS OGS PT64525				X
14 FTEI, Inc.	NYS OGS PT64525			X	
15 GovConnection, Inc.	NYS OGS PT64525				X
16 HP Company	NYS OGS PT64525				X
17 NEC Unified Solutions, Inc.	NYS OGS PT64525				X
18 Presidio Networked Solutions, Inc.	NYS OGS PT64525				X
19 SHI Inernational Corp.	NYS OGS PT64525			X	
20 Verizon Business	NYS OGS PT64525				X
21 Vicom Computer Services, Inc.	NYS OGS PT64525				X
22 Insight Public Sector Healthcare	OPEN MARKET	$28,838,020	28,233,476.60		

*(Based on the option to purchase Bundle #2-Quarterly Payments)

FINANCING OPTION				
Vendor information	Contract #	Bid Amount*	No Bid	No Reply
1 Dell Financial Services, LLC.	NYS OGS CMS1084		X	
2 Hewlett-Packard Financial Services, Co.	NYS OGS CMS1080			X
3 Key Government Finance, Inc.	NYS OGS CMS0722			X
4 M&T Bank	NYS OGS CMS1073			X
5 Verizon Credit, Inc.	NYS OGS CMS1047		X	

f **One additional vendor responded to the solicitation providing one of the two bids received**

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EITS/Infrastructure Services

As of July 1, 2015 HHC would require:

- Seed stock inventory on hand for any parts that may fail due to hardware or Operating System Software issues
    - Using a 16:1 ratio, the estimated FY14 cost ranges from $4-6M
    - HHC averaged 121 Return Material Authorizations (RMA's) per year FY10-13
    - Additional cost incurred for inventory space, hiring staff to manage this inventory and delivery services

- Additional dedicated HHC Network Engineers
    - 24x7x365 coverage
    - $1.1M annual compensation and benefits costs for new hires
    - Response time from 4 hours to 15 hours
    - HHC averaged 197 service requests with Cisco's Technical Assistance Center (TAC) per year FY10-13 of which 38/24 were Sev1/Sev2 respectively

- Total estimated Self Maintain costs is approximately up to $7.1M annually

Financial Analysis

- **FY11-13 Average Cisco Enterprise Wide Maintenance was $5,734,638**

- **Recommendation**
  - Direct Agreement – Dimension Data North America, Inc. Utilizing a NY State Office of General Services Contract

✓ **Bundled Pricing Saving ~$7M (Over 3 Years)**
✓ **BAAF includes a 15% Contingency of ~$2.9M**

Dimension Data - Non-Bundled Pricing Model

Non-Bundled Line Items	Discount %	Net Price	*Quarterly Payment Amount*	# of Payments
SMARTnet Proposed Price - 3 Year Term	29	16,464,276	1,372,023	12
NOS Proposed Price - 3 Year Term	17	9,038,341	753,195	12
Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	10	675,000	56,250	12

Non-Bundled Pricing Total   **$26,177,617**

Dimension Data - Bundled Pricing Model

SMARTnet + NOS + Onsite Inventory Audits/Database Updates	Total Blended Discount %	Net Price	*Quarterly Payment Amount*	# of Payments
SMARTnet + NOS + Onsite Inventory Audits/Database Updates Proposed Price - 3 Year Term	36.6%	$ 19,200,000	1,600,000	12

EITS/Infrastructure Services

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Questions?

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a contract with Allscripts Healthcare LLC. ("Allscripts") for a web-based case management, and denials management and discharge planning software solution accessible throughout the Corporation's acute-care and long-term care facilities for a three (3) year term with two (2) one year renewal options, exercisable solely by the Corporation, in an amount not to exceed $5,201,225.

WHEREAS, the Corporation must maintain a strong case management and discharge planning function to serve its patients effectively; and

WHEREAS, the Corporation must receive appropriate third party revenues for the services that it provides to its patients, from the payer mix that includes numerous Medicaid managed care, Medicare Advantage, and commercial managed care and insurance plans; and

WHEREAS, the facilities' case management and discharge planning staff require assistance to manage patients more efficiently and navigate obtaining authorization and other approvals required by the managed care and insurance companies as a condition of reimbursement; and

WHEREAS, a Request for Proposals ("RFP") was issued on December 21, 2012 in accordance with the Corporation's operating procedures; and

WHEREAS, the selection committee rated the proposals using criteria specified in the RFP, and the committee determined that Allscripts best met the requirements of the RFP and recommended that Allscripts be awarded the contract; and

WHEREAS, under this contract, Allscripts will provide 1) a web-based case management, and denials management, and discharge planning software solution for the Corporation; 2) reporting capabilities for local and Corporate-wide reports; 3) interface capabilities between the web-based product and the Corporation's electronic medical record, registration, and financial systems; and 4) training and technical support services, and

WHEREAS, the overall responsibility for managing and monitoring the contract shall be under the Senior Vice President/Chief Information Officer, and the Senior Vice President for Finance.

NOW, THEREFORE, be it

RESOLVED, that the President of the New York City Health and Hospitals Corporation be and is hereby authorized to negotiate and execute a contract with Allscripts to provide a web-based case management, and denials management, and discharge planning software solution to the Corporation's facilities for a three (3) year term with two (2) one year renewal options, exercisable solely by the Corporation, in an amount not to exceed $5,201,225.

Executive Summary
Allscripts Healthcare, LLC.

The accompanying resolution requests authorization for a three year contract, with the option for two one-year renewals, with Allscripts Healthcare, LLC. to provide an IT-enabled web-based case management, denials management, discharge planning, and referrals management software solution for automating work flow and payer communication processes, and capturing and tracking patients' statuses in real-time.

This corporate agreement is proposed to address the needs of the facilities to utilize products and services offered by Allscripts Healthcare LLC. The existing system lacked robust reporting capabilities to track case status workflow processes in real-time or case activity history. It lacked the ability to run reports that track the progress of denials and appeals activities at multiple levels. With the existing contract set to expire January 17, 2014, this new contract will provide for continued case management, denials management, discharge planning, and referral management capabilities. Allscripts has improved the new system's denials management functionality to report on the dollars at risk and allow for sharing of relevant information between departments.

This new contract provides the organization with expanded capabilities for these products including the ability to interface with both the existing and new electronic medical record (EMR), and significantly enhanced reporting functionality. Standardization of the system will help to ensure that patient safety and quality of care goals are achieved and maintained. Additionally, implementing these solutions in our inpatient rehabilitation facilities will expand the utilization of electronic systems and tracking abilities. The proposed contract is for a term of three years with two, one-year options to renew, solely exercisable by the Corporation, for an amount not to exceed $5,201,225.

This contract will enhance the organization's ability to be strategic in the areas of case management, denials management, discharge planning, and referrals management. It provides the ability to develop and run Corporate-wide reports, which is critical for strategic planning and identification of areas of opportunity in our workflows. Previously, the Corporation has not had the ability to run Corporate-wide reports. As a result, facilities have maintained multiple systems to export and manipulate data.

The following Allscripts line of products and services will be used by HHC facilities:
- Utilization Management Module
- Discharge Planning Module
- Ad-Hoc Reporting
- Referral Management
- Post-Go Live Optimization Services
- Transformation Services

Through these products and services, HHC will continue to explore additional opportunities for improving workflows to minimize duplication of effort and other waste.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Case Management, Denials Management and Referral

Management Information System

Project Title & Number: Case Management and Denials Management Information

System, DCN 2107

Project Location: Corporate-wide at all acute care, rehab and long term care

facilities

Requesting Dept.: Corporate Finance/ Office of Managed Care

Enterprise Information Technology Services (EITS)

Successful Respondent: Allscripts Healthcare, LLC. ("Allscripts")

Contract Amount: $5,201,225

Contract Term: 3 Years, with 2 options to renew at one year each

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Number of Respondents: 4

(If Sole Source, explain in
Background section)

Range of Proposals: $ ___ $5.2M ___ to $12.7M

**Minority Business
Enterprise Invited:** X No   If no, please explain: No MWBE vendors were
found to provide services required or who were
able to meet the minimum requirements as
outlined in the RFP.

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

Method of Payment: Lump Sum   Per Diem   Time and Rate
Other: Monthly fees will be invoiced monthly.

EEO Analysis: Approved 4/25/13

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

Vendex Clearance _ Yes   _ No   _N/A   X Pending Approval

(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.)

CONTRACT FACT SHEET(continued)

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

Since 2007, HHC has contracted with Allscripts for their Canopy Care Management Solution and ECIN Referrals Management Solution. With the existing contract set to expire in January 2014, the Corporation issued an RFP in December 2012 in order to continue utilizing a case management and denials management solution for the future.

Given the challenges of the current fiscal environment, and the shift away from Medicaid and Medicare fee-for-service insurance coverage towards an expansion of the managed care market, strong utilization management, discharge planning and denials management tools are especially critical.

Canopy, the current system, was the first enterprise database that existed in HHC. At the time, much of the information in the database, including payer tables was not standardized which contributed to reporting challenges. Canopy lacked robust reporting capabilities to track case status workflow processes in real-time or case activity history. Also, Canopy lacked the ability to run reports that track the progress of denials and appeals activities at multiple levels.

The new contract with Allscripts Care Management will help address some of these issues as HHC will utilize Allscripts' Transformation Services. Allscripts will designate Lean-certified staff to work with HHC core users to create a standardized baseline of current operational activities, gaps, and to identify solutions to standardize workflow processes. In the past, we focused on denial activity workflows but have not reviewed discharge planning and referral management workflows. This will be essential in providing continuity of care.

The system continues to provide strong utilization management tools. The system is able to flag readmissions and monitor the reasons for readmissions. It also allows case managers to flag selected ambulatory case sensitive conditions to prevent avoidable admissions. In addition, Allscripts has improved the new system's denials management functionality to report on the dollars at risk. The new system enhanced its fields to capture original payment amount, recoupment, reversed recoupment amount, and final payment. The system can also associate a DRG, procedure or diagnoses with the denial. The denied, suggested and rebilled DRG can be documented in which Canopy was not able to perform.

The system also comes with an ad hoc reporting tool that will enable HHC to create dashboards. The ad hoc tool will allow HHC to create customized reports that are specific to our needs and business processes. In addition, the new system will interface with our electronic medical record system. This will provide a seamless flow of information for the core users to better facilitate patient care. The contract will enable HHC to offer increased discharge planning capabilities to ensure the smooth transfer of patients from HHC to rehabilitation and long term care facilities. The reporting functionalities will allow HHC to track fiscal impact as well as quality measures that are increasingly critical to the Corporation.

Contract Review Committee

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

The RFP for the Case Management, Denials Management and Referral Management information system was presented before the CRC on December 5, 2012.

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:

Yes, the contract budget has increased from $4.8million to $5.2million due to the additional services that the Corporation will benefit from:

The interface cost of $275,000 was not factored originally in the budget proposal. This additional cost is required to ensure that the web-based case management system interfaces with the electronic medical record system. The specific interfaces include medications, transcriptions, radiology results, vital signs, outbound discharge plan, outbound configurable assessment and teletracking.

In addition, the Transformation Consulting Services cost of $237,500 provides resources skilled in clinical consulting, process engineering, and change leadership. It includes assessing the Corporation's current environment, which includes evaluating the standard work that HHC has created in the Canopy system and identification of gaps needed between the current state and future state design. HHC will leverage Allscripts' expertise to design and standardize our case management, discharge planning, denials management workflows, as well to integrate with the ED Care Management Initiative and greater expanded referral management capabilities.

Transformation Consulting Services is the blue print of standardizing and improving the workflows. It is anticipated to take two-three months. As a result, the first phase of the implementation will not occur until the fall 2013. The implementation schedule will be one year to have all acutes, and rehabs sites on the new system. The long-term care facilities have been on the system through the existing contract and will be involved with the transformation workflow improvement process.

CONTRACT FACT SHEET(continued)

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):*

Selection Committee Chair: Laura Free, Senior Director, Office of Managed Care/Finance
- Dr. Janet Carr, Director, Utilization Review, Elmhurst Hospital
- Valerie Denner, Director, Utilization Review, Coney Island Hospital
- Irene Kaufman, Senior Assistant Vice President, Medical and Professional Affairs
- Victor Kim, Senior Director, Corporate Planning Services
- Brian Maxey, Social Worker, Woodhull Medical Center
- Alina Moran, CFO, Elmhurst Hospital
- Rosalyn Nunez, Senior Director, Office of Revenue Management/Finance
- Alma Pamadanan, Assistant Director of Nursing, Bellevue
- Roy Ramnanan, Assistant Director, Case Management, Jacobi Medical Center
- Julio Santos, Senior Director, Clinical Information Systems
- Yolanda Thompson, Senior Manager, Clinical Information Systems

HHC received four proposal responses from Allscripts, Midas+ (Xerox)/Curaspan, Altruista, and IBM in partnership with Cerner Clairvia. The committee invited all four vendors for oral presentations which included a demonstration of their products.

After each demonstration, HHC sent the same set of follow up questions to each vendor with a consistent request for a response time of one business day. The questions asked for more detail related to budgets, implementation, and technological functions as specified in the RFP. Each vendor responded to the request accordingly and responses were shared with the selection committee.

The selection criteria consisted of:
- a. Understanding of Work and Soundness of Approach
- b. Organizational Capacity and Qualifications
- c. Technical Qualifications
- d. Cost of the Proposal
- e. Software Functional Qualifications.

The selection committee completed evaluations for each of the four vendors. The scores determined that Allscripts and Xerox were the top two highest-scoring vendors.

Based on this, the committee voted to hold a second round of oral presentations to hone their understanding of each system's functionality and reporting features.

Prior to each vendor's demonstration, HHC sent the vendors detailed information on the presentation specifics and expectations. The agenda outlined the breakdown of the three hour demonstration into one-hour allotments to be spent on the case scenario, reporting, and question and answers. Details in the document included sample patient's demographics to be used as a patient case during the vendor demonstration, HHC's expectations for the report functionality and demonstration, and notification that the question and answer session would cover topics such as implementation plans and time frames, staffing, contracting and exceptions, and budgetary questions. Additional detailed questions were shared with the expectation that HHC and the vendor would review them together during the demonstration

and allow for written responses to be sent after the conclusion of each vendor's respective demonstration. The information provided to the vendors was drafted with the input of the committee.

Selection Process & Timeline:

- December 21, 2012: RFP released
- January 8, 2013: Pre-proposer's Conference held (not mandatory)
- January 18, 2013: Vendor proposals submitted
- February 4, 6, & 11, 2013: First round oral presentations held in-person
- February 13, 2013: First round evaluation resulted in Allscripts and Midas+ (Xerox)/Curaspan ranking as the highest two scoring vendors
- February 14, 2013: Allscripts and Midas+ (Xerox)/Curaspan invited for second round presentation held via webinar
- February 20 & 21, 2013: Second round demonstrations held
- February 25, 2013: Request for Best and Final Offers sent
- February 27, 2013: Best and Final Offers received
- February 27-28, 2013: References checked
- March 1, 2013: Round two evaluations completed
- March 4, 2013: Selection committee held conference call to confirm outcome of evaluations and finalize vendor.

The selection committee voted using the evaluation tool. The scores showed that Allscripts was the committee's first choice and Xerox was the second choice. Allscripts had the highest score and their price was most reasonable.

Scope of work and timetable:

Scope of Work:

The Corporation seeks a software system to provide case management, denials management and discharge planning platform once the existing contract expires on January 17, 2014. The functionality required of the case management and denials management platform is to provide real time access to patient information through an interface with HHC's financial system in order to expedite the insurance notification process and other communications such as providing clinical reviews as required by managed care payers. The reporting functionality is critical for management to understand the admissions, readmissions, discharge referrals and denials activities. Standard reports are to be provided and these reports can be interfaced with the financial and electronic medical record systems. The reports must produce actionable data that can be used for daily management improvements and corporate leverage for managed care contract negotiations.

The discharge planning functionality required enables acute facilities to discharge patients as efficiently as possible and provide electronic communication between acute and long term care facilities. It allows for customization of assessment screens, online tracking of current vs. expected length of stay, linkages to web-based resources (e.g., approved nursing home facilities, or rehab facilities, for a particular payer), and easy access to patients' prior placement histories from the facility.   The ability to make online referrals to residential, home care and

other community-based resource providers is built into the system. This also facilitates transmission of regulatory mandated referral documentations.

CONTRACT FACT SHEET (**continued**)

Timetable:

Once the contract is signed (estimated July 1, 2013), Transformation Services will begin in late summer/early fall. This will ensure that ideal workflow and work plans are in place to move forward with implementation. Implementation is expected to begin in the late fall. We expect implementation to take place in two phases. Phase I will include 4 acute facilities, 4 long term care facilities (LTC), and 1 inpatient rehab facility (IRF). This is expected to occur over a span of 4-6 months. Phase II will begin upon the successful completion of Phase I and is expected to take 6-8 months. Implementation will include the remaining 7 acute facilities and 7 IRFs. We expect the full implementation to be complete within a year.

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

It is critical that utilization management, discharge planning and patient account staff continue to use a web-based case management and referral management system to notify insurance companies and provide the clinical review information timely and accurately. In addition, the Corporation will need to continue to track the referral management and discharge planning and denial and appeals management processes. It would be inadequate to resort back to the paper process. Using the electronic system has expedited the front-end communication processes between hospital providers and the managed care companies as it expedites HHC's managed care authorizations and ultimately revenues. The system can also mobilize the patients to the next level of care efficiently.

The financial impact will be detrimental if acute facilities do not have immediate communication access with long term care facilities to know the bed availability, refer and place patients within our healthcare provider network system.

When denials occur, the system allows managers to track the denials at the patient encounter level. This is critical as it eliminates the need for different departments to have to track information when they can refer to an integrated system to capture the essence of the status of appeal process. It also allows the Corporate Office to study the trends at an enterprise level.

We expect expenditures of $5,201,225 under the contract.

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

HHC's current contract with Allscripts is $4.1M for a 5 year term and a 2 year renewal of $1.6M. Expenditures to date have been:

Fiscal Year	Expenditures
FY08	$684,335
FY09	$648,794
FY10	$741,875
FY11	$668,910
FY12	$646,410
FY13 (YTD)	$531,925
Total	**$3,922,250**

HHC 590B (R July 2011)

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

The Corporation does not have the ability to develop a case management, denials management, and discharge planning software system with the available resources and under the current time constraints requiring the continuity of care with an electronic system.

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):

Accountable Person:
Laura Free
Senior Director, Finance/Managed Care
160 Water Street, Room 1138
New York, NY 10038

Lead Contact Person:
Susan Fung
Director, Finance/Managed Care
160 Water Street, Room 1138
New York, NY 10038

Senior Vice President:
Bert Robles
SVP/Chief Information Officer
160 Water Street, Room 820
New York, NY 10038

Senior Vice President:
Marlene Zurack
SVP/ Chief Financial Officer
160 Water Street
New York, NY 10038

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. _____April 12, 2013_____
                                  Date

*Analysis Completed By E.E.O.*___April 25, 2013_____
                                             Date

_Manasses Williams_____
Name

HHC NEW YORK CITY
HEALTH AND
HOSPITALS
CORPORATION

125 Worth Street, Suite 401, New York, NY 10013 Tel: 212-788-3380 Fax: 212-788-3689

nyc.gov/hhc

Manasses C. Williams
Assistant Vice President
Affirmative Action/EEO

manasses.williams@nychhc.org

TO: Afshan Syed
              Manager of Administration
              IT Financial Administration

FROM: Manasses Williams

DATE: April 25, 2013

SUBJECT: EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

The proposed contractor/consultant, **Allscripts Healthcare, LLC** has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.

This company is a:

[ ] Minority Business Enterprise [ ] Woman Business Enterprise [X] Non-M/WBE

Project Location(s): HHC's Corporate Wide

Contract Number: _____   Project: Healthcare Information Technology
                                        Software and Services

Submitted by: IT Financial Administration

EEO STATUS:

1. [X] Approved

2. [ ] Conditionally approved with follow-up review and monitoring-No EEO Committee Review

3. [ ] Not approved

4. [ ] Conditionally approved subject to EEO Committee Review

COMMENTS:

c: pt

HHC has contracted with Allscripts Healthcare, LLC ("Allscripts"), for their web-based Canopy Case Management Solution, and ECIN Referrals Management Solution since 2007, to better navigate inpatient admission authorizations established by insurance companies; manage patients' length of stay; and manage denials and appeals processes.   Our contract for the Canopy system was originally with A4 Health Systems, which later merged with Allscripts.

Canopy was the first enterprise case management and denials management database that HHC has used. Canopy has been used by our acute facilities to communicate with payers on inpatient admissions for case management, insurance authorization, and denials management processes.   Allscripts' ECIN Referral Management products has been used by our case managers and social workers for discharge planning options, at the acute, and long-term care SNF facilities.

Although Canopy has been used in this capacity by our facilities, there have been some limitations in its reporting capabilities, particularly for corporate-wide reporting needs. Also, Canopy does not interface with our electronic medical record system (EMR).

More recently, Allscripts has been devoting its enhancement resources to their newer product, the Allscripts Care Management Solution product. Many of Allscripts' clients have moved away from Canopy to this new product during their contract renewal processes.

The new contract with Allscripts Care Management product will help address some of these issues as HHC will utilize Allscripts' Transformation Services. Allscripts will designate Lean-certified staff to work with HHC core users to create a standardized baseline of current operational activities, gaps, and to identify solutions to standardize workflow processes. In the past, we focused on denial activity workflows but have not reviewed discharge planning and referral management workflows. This will be essential in providing continuity of care.

The system also comes with an ad hoc reporting tool that will enable HHC to create dashboards and customized reports. In addition, the new system will interface with QuadraMed, our current EMR, for medications, transcriptions, radiology, lab, vital signs, outbound discharge plan and configurable assessment and teletracking. Once EPIC is ready for implementation, the system will interface with EPIC. This will provide a seamless flow of information for the core users to better facilitate patient care. The contract will enable HHC to offer increased discharge planning capabilities to ensure the smooth transfer of patients from HHC to rehabilitation and long term care facilities.

This proposed contract is for a term of three years with two one-year options to renew, solely exercisable by HHC, to not exceed $5,201,225.

Allscripts Healthcare, LLC. – Case Management, Denials Management, and Referral Management Information System

Medical & Professional Affairs/
Information Technology Committee
June 20, 2013

Laura Free
Central Office Finance/Managed Care

June 10, 2013

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Table of Contents

I. Background

II. Allscripts Care Management Solution - Major Enhancements

III. Allscripts 5 Year Projected Contract Amount

Background

- The Board of Directors authorized HHC in October 2006 to contract with Allscripts Healthcare, LLC ("Allscripts"), (formerly, A4 Health Systems) for their web-based Canopy Case Management Solution, and Extended Care Information Network (ECIN) Referrals Management Solution.

- Currently, Canopy provides automation for the following workflows:

    - Real time data feed to the financial registration system to eliminate data entry and ensure accuracy of patient insurance information

    - Daily patient clinical care reviews with seamless access to InterQual and Milliman guidelines to justify medical necessity

    - Electronic faxing of authorizations required by managed care payers

    - Tracking of patients across HHC

    - Forms to facilitate discharge planning options and referrals, via ECIN

    - Communication between Case Management, Social Work, Patient Accounts and Health Information Management

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Allscripts Care Management Solution - Major Enhancements:

- Enhanced Ad Hoc Reporting Tool with Corporate-wide reporting capabilities to improve the management of denials and appeals; and to better track patient readmissions discharges, and referrals

- Training on writing customized reports, and to maximize the use of Allscripts' numerous standard reports to meet our business intelligence needs

- System will interface with HHC's Electronic Medical Record System (including medications, transcriptions, radiology, lab, vital signs, outbound discharge plan)

- Expanded users to include HHC's Inpatient Rehab Facilities

- **<u>Implementation Schedule to be completed within 12 months</u>:**
  - Phase 1: 4 hospitals (TBD), all LTCs and 1 rehab facility will implement on a rolling basis
  - Phase 2: 7 hospitals and 7 rehab facilities

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Allscripts 5 Year Projected Contract Amount

Term: Three year term with two (2), one-year renewal options

Pre-Implementation Assessment and Development	$752,500
Trainings	$200,960
Interfaces (QuadraMed)	$275,000
License Fees	$3,725,088
Total	$4,953,548
5% contingency	$247,647
	$5,201,225

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

Questions?

Thank you.

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

<u>**Resolution**</u>

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute a contract with IBM Corporation for the procurement of a performance analytics/business intelligence platform. The contract will be for an amount not to exceed $10,054,721 for an initial term of one year, with three (1) one year renewal options, exercisable solely by the Corporation.

WHEREAS, the Corporation desires to improve decision support across the continuum of care, integrate disparate information from a broad array of data source systems, across multiple facilities and for aggregation at the corporate level; deliver high quality data to ensure that the information solution is timely, incremental, automatic and accurate; deploy meaningful and timely reports, dashboards and alerts for various user levels that track and monitor key performance indicators for better evidence-based decision-making; and

WHEREAS, a qualified systems vendor is required to assist the Corporation to implement an enterprise data warehouse, provide relevant tools, and deploy a reporting solution; and

WHEREAS, a selection committee composed of the members from the Corporation's Central Office and Facilities considered proposals from various vendors and recommended that the Corporation enter into a contract with IBM Corporation; and

WHEREAS, the contract with IBM includes professional services procured via Federal GSA contract, hardware procured via NYS OGS contract and software procured via a direct agreement with IBM based on Federal GSA pricing for IBM software; and

WHEREAS, the overall responsibility for monitoring the contract with IBM shall be under the direction of the Senior Vice President/Chief Information Officer, Division of Enterprise Information Technology Services.

NOW THEREFORE, BE IT

RESOLVED, that the President of the New York City Health and Hospitals Corporation is hereby authorized to negotiate and execute a contract with IBM Corporation for the procurement of a performance analytics/business intelligence platform. The contract will be for an amount not to exceed $10,054,721 for an initial term of one year, with three (1) one year renewal options, exercisable solely by the Corporation.

Executive Summary

The IBM Enterprise Health Analytics platform is an integrated suite of products and technology engineered to deliver all the necessary components involved in an enterprise data warehouse. A data warehouse is a single integrated information repository with key content from existing data systems, integrated with existing systems such as QuadraMed CPR and new sources such as Epic. The system being acquired will standardize data integration into a common and proven packaged healthcare data model, which will serve as our trusted source of information for the Corporation. This platform will also provide the tools and capability to archive and migrate our legacy data from QuadraMed to Epic. The system includes a master data management system that will assist in standardizing multiple data sets and harmonize internal identifiers used across disparate systems such as patients, providers, locations, code sets and other terminologies.

Tools will include data integration/cleansing tools, a robust healthcare data model to support the warehouse, business intelligence tools for advanced analytics and presentation. This platform will enable HHC to deliver quality metrics for Performance Analytics and Management, and meet the goals of the multiple healthcare programs in which we participate. Such programs include Health Homes, Patient Centered Medical Home, Accountable Care Organization, QARR, HEDIS, and so forth, each of which has a predetermined set of indicators needed to meet performance requirements.

The solution will enable robust reporting and analytics from the enterprise level down to the individual patient level. The integration of enterprise data from across HHC will allow for enhanced analytics and timely reporting as we bring together financial, human resources, supply chain, operations and clinical data to support key performance objectives for the enterprise. A high performance data warehouse supported by enterprise class hardware and tools will allow HHC to make optimal use of information assets and support a larger base of users. This approach will provide HHC with the platform to begin the journey from retrospective analytics to prospective and predictive modeling. The IBM engagement will provide additional expertise to move our vision and technology roadmap forward.

There are four foundational aspects to the acquisition:
1) A data cleansing and integration engine with enterprise capabilities that will enable HHC to cross-connect multiple disparate systems and integrate data;
2) A sophisticated healthcare data warehouse engineered to support an integrated healthcare system with all aspects of its data;
3) Analytics/Reporting/Presentation solution to collate, aggregate, deliver and present our data securely; and
4) Master Data Management to harmonize the many diverse code sets across HHC;

HHC solicited five vendors via Third Party Contracts for the above system. IBM was selected based on evaluation criteria specified in HHC's solicitation. IBM is offering professional services via its Federal GSA contract, hardware via its NYS OGS contract and software via a direct agreement with IBM, in which the pricing is based on Federal GSA pricing for IBM software.

CONTRACT FACT SHEET
New York City Health and Hospitals Corporation

Contract Title:	Performance Analytics/Business Intelligence Platform
Project Title & Number:	Performance Analytics/Business Intelligence
Project Location:	Central Office - 160 Water Street
Requesting Dept.:	EITS

Successful Respondent: IBM Corporation

Contract Amount: **$10,054,721**

Contract Term: 1 Year with 3 options to renew at 1 (one) year each

Number of Respondents: 5 respondents
(If Sole Source, explain in
Background section)

Range of Proposals: $6.4M - $13.2M
(One vendor submitted a lease proposal quoting $2.871M annually)

**Minority Business
Enterprise Invited:** Yes X No: If no, please explain: Only 5 vendors found to
meet the requirements of the solicitation

Funding Source: X General Care
X Capital EMR capital data migration funding
X Grant: explain State H-MH grant funding
Other: explain

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

EEO Analysis: Pending

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

Vendex Clearance Yes   No   N/A 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.)

CONTRACT FACT SHEET(continued)

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

There are numerous health care programs in which HHC participates which require voluminous metrics reporting of our healthcare activities. Together, the reporting of this data can support performance management throughout the organization.
Examples of these programs include, but are not limited to
- Patient Centered Medical Home (PCMH) program
- Federally Qualified Health Center (FQHC) program
- Medical Home / Health Home Demonstration (MH-HH) Project
- HEDIS /QARR Payor Analytics
- Readmissions / CMS Core Measures / Clinical Indicators
- Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – Press Ganey
- CDC-National Healthcare Safety Network (NHSN) - Hospital Acquired Infections Dashboard
- National Database of Nursing Quality Indicators (NDNQI) Dashboard
- Accountable Care Organization ACO-33
- Value-Based Purchasing (planning)
- Meaningful Use (Stage 1, II, III …) (planning)
- Board Report Metrics / Hoshin-Kanri (planning)

Gathering and distributing this data from the many sources at HHC is a considerable effort, much of it is manual. A new Performance Analytics Business Intelligence system will address these challenges:
1) Accessibility: Unable to acquire clean data, which can support reporting and research analytics, in a way that is repeatable (*e.g. Demographics data*)
2) Consistency: Metrics are not calculated consistently across facilities (*e.g. Corporate-wide measures / indicators*
3) Usability: Limited tools available to support the needed level of report drill down functionality in order to expose the underlying issues.
4) Availability: Needed data is not available because it is either not captured or not shared across HHC (*e.g. Mammography scan details for non-compliant patients*)
5) Quality: Frequent manual adjustment of data from source systems for compilation and standardization (*e.g. Blood Pressure value is stored in different data formats*)

In order to address these issues, a recommendation was made to acquire a complete Performance Analytics/Business Intelligence system that would accommodate our data requirements. No previous attempts at addressing report issues system wide have ever been made. Comparisons with other large healthcare organizations, such as HHC show widespread use of a set of tools that together, comprise a "Business Intelligence Platform".
The proposed contract will allow HHC to acquire the system, install it, and allow for the provisioning of consulting services, to enable HHC to obtain the best value from the platform.

CONTRACT FACT SHEET(continued)

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

Yes, this contract was presented at the June 5, 2013 CRC Meeting.

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.

CONTRACT FACT SHEET(**continued**)

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):

Selection Committee Members:
1. John Morley – Senior AVP, Office of Healthcare Improvement
2. Joseph Quinones – Senior AVP, Operations
3. Milton Nunez – CFO, NBHN
4. Louis Capponi – Chief Medical Informatics Officer, Clinical IS
5. Paul Contino – Chief Technology Officer, Office of the CIO
6. Peter Peacock – CMIO, Kings County Hospital
7. Gad Malamed – Director, Business Applications

List of firms who responded/considered:
A solicitation was issued to five vendors off of third party contracts (i.e. GSA and NYS OGS contracts). These vendors were previously identified as being able to offer the broadest range of solutions through a single service vendor, with a single point of responsibility. The five vendors were: IBM, Oracle, SAP, HCD and Microstrategy, Inc. One vendor was eliminated by the Selection Committee due to non-compliance with the solicitation requirements.

Process used to select the proposed contractor:
Vendors were formally ranked on criteria in the Solicitation document, and the two leading vendors from that ranking were also invited to HHC's facilities for an onsite visit. This visit was separately guided by a "Proof of Concept" proposal, which outlined the expected deliverables of a "Deep Dive session", which lasted three days. A follow-up visit to answer questions was also offered to both vendors. Reference calls were made as part of the review process. Once a second round of pricing was received and analyzed, a final ranking was collected from the Selection Committee. The selection ranked IBM with the highest technical score.

Selection Criteria:
The ranking considered the vendors' experience in the healthcare industry, ability to respond to questions regarding the key deliverables, performance of the software both during the deep dive sessions, and reference calls.
The following criteria were applied, as documented in the Solicitation:

Adapters to commonly available data sources	5
Enterprise data warehouse model (Logical and Physical)	20
Enterprise-class ETL Solution (Code base to move and populate the data model)	15
Enterprise-class Reporting Solution (Pre-built reports, analytics and reporting portal infrastructure)	20
Company, support, finances, vision, product direction	20
Data governance and data quality infrastructure	10
Cost to Value	10
Total Weight	100

CONTRACT FACT SHEET (**continued**)

Justification:
The chosen vendor has a reputation for delivering systems similar to the one being procured herein, and previous customers can attest to the systems key functions.

Scope of work and timetable:

IBM Services will install all software, and will manage all consultants for the period of 52 weeks. Consultants will develop a detailed project plan in response to HHC requirements based on a statement of work being developed. IBM-led consultants will analyze, code, and create solutions for delivering data from legacy systems into a new data warehouse; consultants will architect, design and create an end to end solution for the flow of data from source to target, including profiling, quality analysis, data mapping, report writing for creation of reports and dashboards. HHC staff provides data analysis, coding, and report writing services. A high level timetable calls for the delivery of reports and dashboards in multiple iterations over a 52 week period.

IBM is offering professional services via its Federal GSA contract, hardware via its NYS OGS contract and software via a direct agreement with IBM, in which the pricing is based on Federal GSA pricing for IBM software.

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

Some costs of the system are offset by the current cost of the labor intensive reporting process used today. Several reports which receive wide distribution, such as the Quality Assurance Board Report, various networks "Blue Books", and ad hoc reports for Quadramed data, all involve manual and duplicative efforts. An increasing number of medical programs in which HHC participates (such as ACO, Health Homes, Patient Centered Medical Home, Federally Qualified Healthcare Centers, etc.) drive the need for a more integrated system that will allow managers to utilize "self-service" and obtain the data needed for efficiently. The proposed platform cost of $10M will alleviate much of the current manual effort, inconsistencies in data delivery, enable management to share, collaborate and confirm data in reports, while sharing data definitions. Additionally, the system will assist in standardizing a master data management system for patients, providers, locations, and terminologies across multiple data sets and harmonize internal identifiers used across disparate systems.
The solution is also designed to support data migration and archiving activities needed to develop and implement a solution to surface legacy data to our new EHR, EPIC.

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

NA

CONTRACT FACT SHEET (**continued**)

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

A new system is being acquired, which will require training. Initially, expertise in the new data model, expertise in use of the tools will be transitioned from the vendor to HHC during the year. In that time, consultants will accelerate implementation of the entire platform, and bring value within 6 months of deployment.

*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 artistic/creative/intellectual property will be produced from this contract.

CONTRACT FACT SHEET (continued)

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

Bert Robles, SVP/ 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):*

Pending.

Received By E.E.O. _____
                    Date

Analysis Completed By E.E.O._____
                    Date

_____
Name

Business Intelligence and Performance Analytics Platform

Presentation Narrative

The IBM Enterprise Health Analytics platform is an integrated suite of products and technology engineered to deliver all the necessary components needed to support an enterprise data warehouse and business intelligence architecture. The system being acquired will standardize data integration into a common and proven platform, which will serve as our trusted source of information for the Corporation. This platform will provide the tools and capability to archive and migrate our legacy data from QuadraMed to Epic as well as master data management that will assist in standardizing multiple data sets and harmonize internal identifiers used across disparate systems such as patients, providers, locations, code sets and other terminologies.

This platform will enable HHC to more efficiently deliver quality metrics for Performance Analytics and Management, and meet the goals of the multiple healthcare programs in which we participate. Such programs include Health Homes, Patient Centered Medical Home, Accountable Care Organization, QARR, HEDIS, and so forth, each of which has a prescribed set of indicators needed to meet performance requirements. Current reporting methods are inefficient, manual processes that lack the ability to obtain the supporting detail, and lack the timeliness required to effectively serve the Corporation.

The integration of enterprise data from across HHC will allow for enhanced analytics and timely reporting as we bring together financial, human resources, supply chain, operations and clinical data to support key performance objectives for the enterprise.

HHC solicited five vendors on Third Party Contracts for the above system. IBM was selected based on evaluation criteria specified in HHC's solicitation.

Business Intelligence & Performance Analytics Platform

Paul Contino, Chief Technology Officer
Gad Malamed, Director of Business Intelligence Program

Medical & Professional Affairs/Information Technology
June 20, 2013

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The Triple Aim:

- Better Care for our Patients
- Better Health Outcomes for our communities
- Reduce Costs

Better Information

Enterprise IT Services

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- Complex array of systems, data sources, reports and metrics.
- Inefficient and ineffective information management (business siloes)
- No trusted source of fact for corporation.
- More metrics than we can effectively use.
- Little transparency into LOB data and processes that create this data.

- Eight Quadramed Instances + Eight clinical data warehouses
- consolidation, harmonization, migration/conversion, archive > Epic

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Primary Drivers For Business Intelligence Solution

- **Quadramed - Epic Data Migration/Conversion/Archiving** – will be essential for migration of legacy (Quadramed) data into Epic and for archiving HHC legal medical record.
- **Performance Analytics** – enhanced capabilities to support programs requiring integrated metric reporting across disparate source systems (PCMH, HH, ACO)
- **Hoshin-Kanri** metrics: direct support for Performance Management and key corporate performance indicators
- **Master Data Management (MDM)** – Solution provides reconciliation and management tools to support Epic implementation requirements around master data sets (patient, caregiver, code sets)
- **Improved Data Quality** – visibility into data quality issues before data is reported
- **Reduce Operational Overhead and Administrative Inefficiencies** – use of automation over manpower. Create a trusted source of "fact" for enterprise reporting, analytics and dashboards
- **Reduce Data Security risks** by centralizing authorized access to corporate data
- Focus on **actionable data and metrics**
- **Move toward modeling the future** (predictive analytics and scenarios)

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Current BI & Performance Analytics Activities

- **Patient Centered Medical Home (PCMH) program**
- **Federally Qualified Health Center (FQHC) program**
- **Hospital-Medical Home Demonstration (H-MH) Project**
- **HEDIS /QARR Payor Analytics**
- **Readmissions / CMS Core Measures / Clinical Indicators**
- **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) – Press Ganey**
- **CDC-National Healthcare Safety Network (NHSN) - Hospital Acquired Infections Dashboard**
- **National Database of Nursing Quality Indicators (NDNQI) Dashboard**
- **ACO-33 Accountable Care / Value-Based Purchasing (planning)**
- **Meaningful Use (Stage II, III …) (planning)**
- **Board Report Metrics / Hoshin-Kanri (planning)**
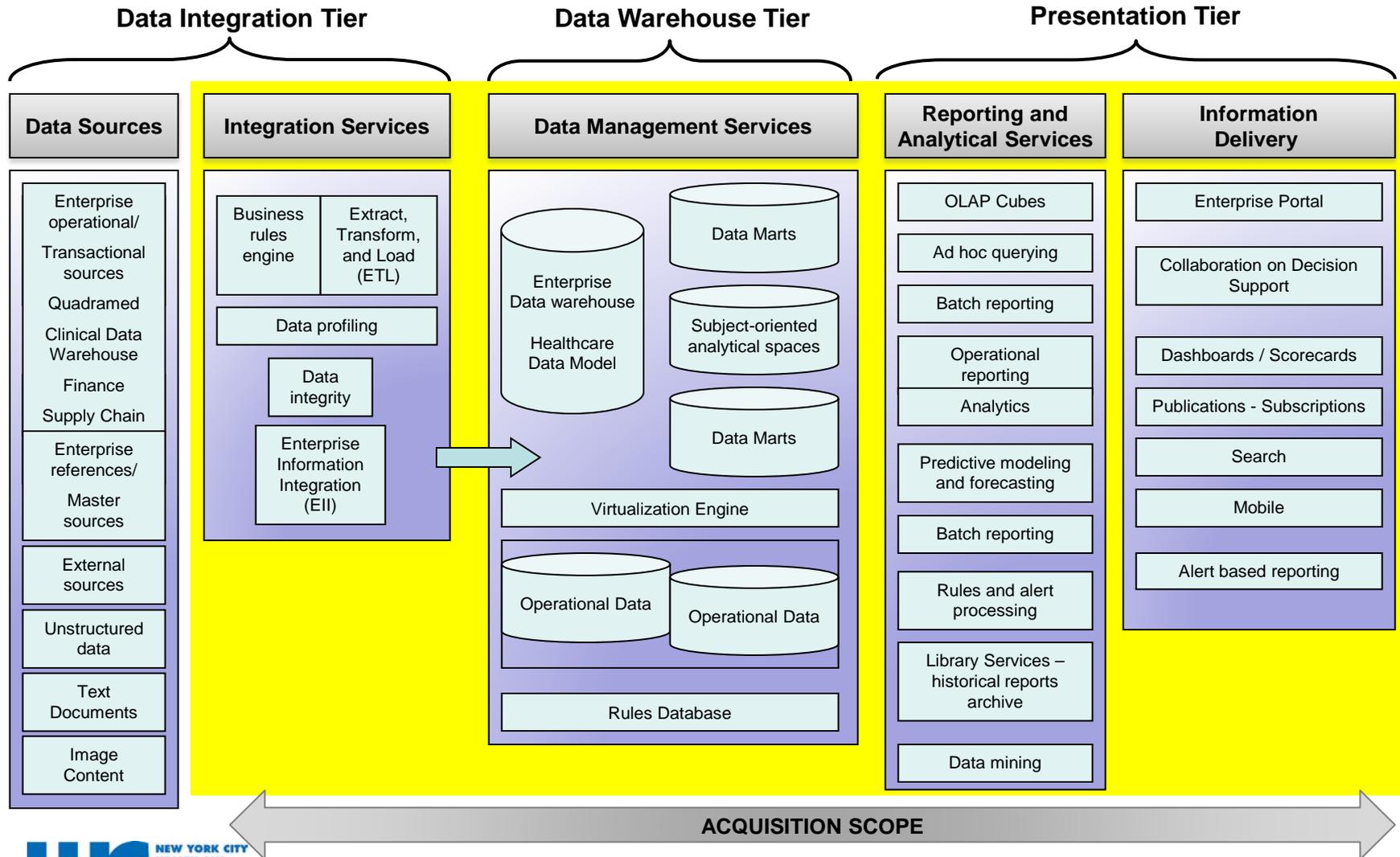- **Quadramed Data Migration / Archiving (planning)**

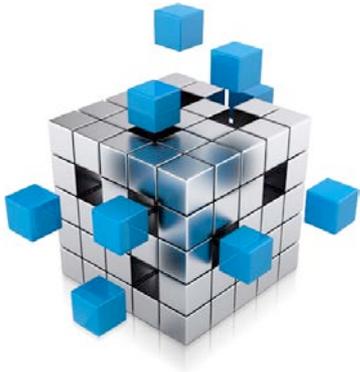# Creating A Comprehensive Information Platform
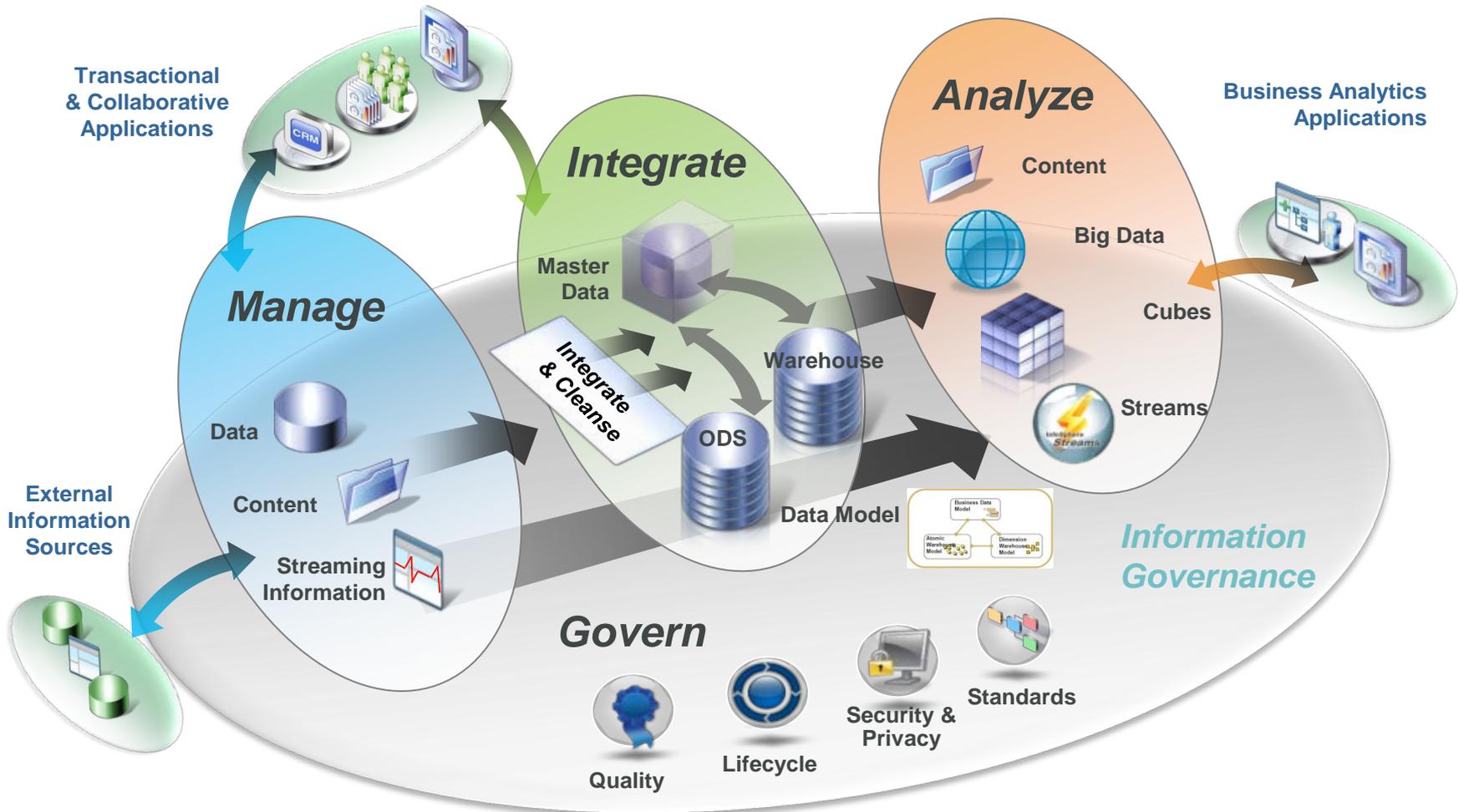
Business Intelligence: Technical Framework

Selection Committee included clinical, financial and technical representatives from across HHC

Selection Committee	Louis Capponi
	Paul Contino
	Gad Malamed
	John Morley
	Milton Nunez, NBHN
	Peter Peacock, KCHC
	Joseph Quinones
Technical Advisory Committee	Vikrant Arora
	John Delalio
	Jeffrey Lutz
	Chandrasekhara Pedapudi
	Damal Raval
	Yan Rosentsveyg
	Vijay Saradhi
	Julio Santos
	Peter Welch
Clinical Advisory Committee	Patricia Cuartas
	Ronald Low
	Marietta Rozental

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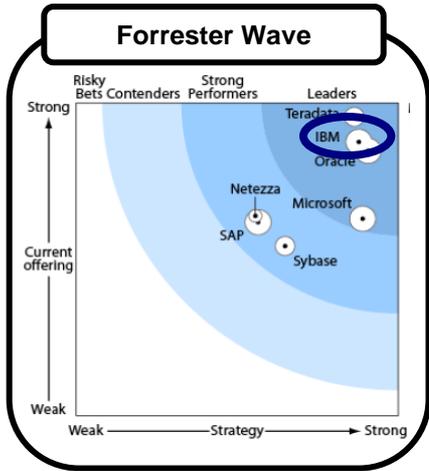
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- **Selection Committee established October 2012**
- **Solicitation was developed for an Integrated BI platform**
- **Vendor search earlier in year found a limited number of qualified vendors**
- **Five vendors were solicited from Federal GSA and/or NYS OGS contracts**
- **One eliminated due to non-conformance with requirements**
- **Proposals received and scored**
- **Some delays due to Superstorm Sandy**
- **Two finalists were selected (Oracle and IBM)**
- **Deep Dive sessions – 3 day vendor site visits to examine products closely**
- **Sessions were scored and vendors ranked**
- **Discussions regarding exact composition of Bill of Materials ensued**
- **Vendors asked to submit best and final offers.**
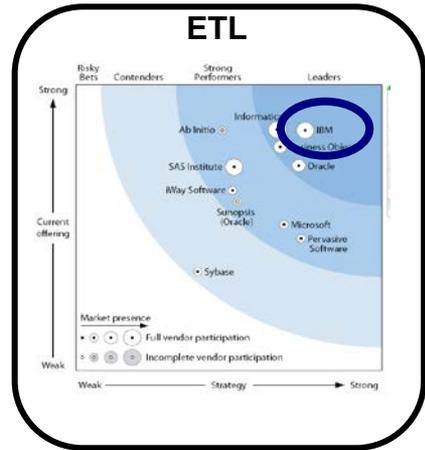- **Client Reference calls**
- **Finalist selected (IBM)**

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Analysts Recognition of IBM Leadership in BI

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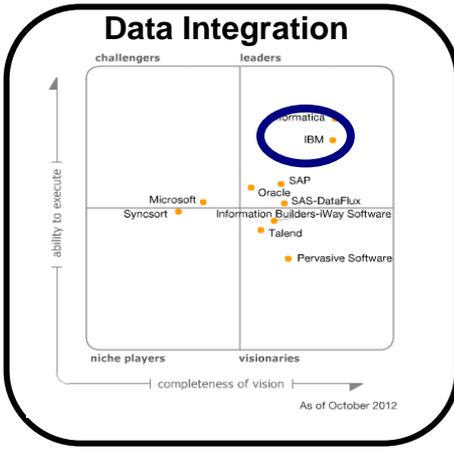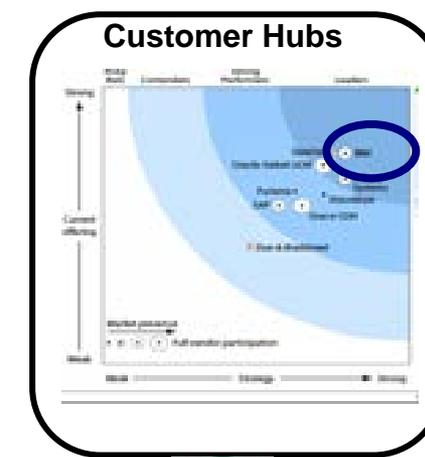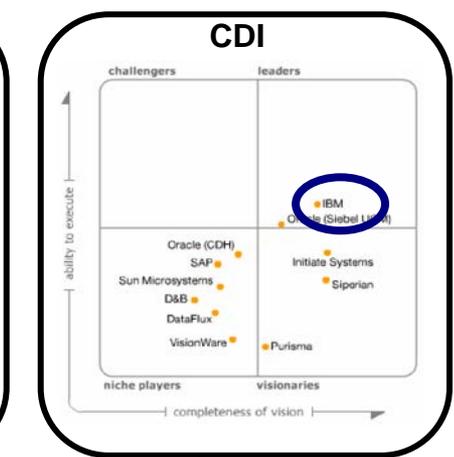
IBM Client References for BI and Analytics

Category	Package Cost	Year 1	Year 2	Year 3	Year 4	Total
Software	$ 2,770,298	Included	$ 554,060	$ 554,060	$ 554,060	$ 4,432,478
Server Hardware *(Delivery, Installation and Setup)*	$ 439,483	Included	Included	Included		$ 439,483
Professional Services *(Software configuration, Solution Implementation, T&L)*	$ 4,982,353					$ 4,982,353
Software Education Courses	$ 200,407					$ 200,407
Total	**$ 8,392,541**		**$ 554,060**	**$ 554,060**	**$ 554,060**	**$ 10,054,721**

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Enterprise IT Services

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an Affiliation Agreement with the State University of New York/Health Science Center at Brooklyn ("SUNY/HSCB") for the provision of General Care and Behavioral Health Services at Kings County Hospital Center ("KCHC") for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A;

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, 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 proposed general terms and amounts of a new Affiliation Agreement with SUNY/HSCB is set forth in Attachment A, and

WHEREAS, the Community Advisory Board of KCHC has 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 SUNY/HSCB continue to provide General Care and Behavioral Health Services at KCHC.

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 State University of New York/Health Science Center at Brooklyn, for the provision of General Care and Behavioral Health Services at Kings County Hospital Center, for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; 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 the Proposed Affiliation Agreement Between the
New York City Health and Hospitals Corporation ("the Corporation") and the
State University of New York/Health Science Center at Brooklyn ("SUNY/HSCB")
for the provision of General Care and Behavioral Health Services
at Kings County Hospital Center ("KCHC")**

General Terms and Synopsis

The proposed agreement allows for the continued provision of some services at KCHC, notably in Psychiatry, Radiology, Ophthalmology, Radiation Oncology, and Emergency Medicine. The agreement calls for a three-year term commencing July 1, 2013 and HHC will compensate SUNY/HSCB on costs. SUNY/HSCB will maintain all appropriate attending supervision coverage as required by state regulations and national accreditation standards. The agreement also proposes a series of pay-for-performance indicators to align business goals and improve performance.

Key Achievements

❖ Half century partnership between Kings County Hospital Center and State University of New York/Health Science Center at Brooklyn

❖ Continued oversight by Joint Coordinating Committee (JCC) to promote collaboration and timely communication

❖ Re-establishment of advanced Hepatobiliary surgery with outstanding outcomes

❖ Joint research projects in Endocrinology, Emergency Medicine, Oncology and Radiation Oncology

❖ Major improvements in reducing hospital acquired conditions – KCHC received the President's Safety Award for no Central Line Acquired Blood Stream Infection (CLABSI) in Medical Intensive Care Unit (MICU) over an 18-month period.

Key Initiatives

❖ Reduce average length of stay in Behavioral Health by 50% over the next 6 months

❖ Restructure Behavioral Health outpatient services to ensure increased access and increased patient engagement.

Financial Terms

Proposed Contract Costs
FY 2014 - 2016
Kings County Hospital Center

CONTRACT YEAR	ANNUAL COSTS
FY 2014	$17,085,818
FY 2015	$17,381,996
FY 2016	$17,692,709
FY 2014 - 2016	$52,160,523

❖ Payments are subject to adjustment due to new initiatives for expanded programs or services, elimination or downsizing of programs, services or other reductions, market recruitment, retention-based salary adjustments, service grants and/or other designated programs consistent with the terms of the agreement.

❖ All changes to the budget must have KCHC and Central Office approval as per Corporate policy.

❖ The Affiliation contract will continue the current cost based compensation reimbursement methodology, not to exceed departmental spending limits.

❖ The FY 2014 budget is based on the final FY 2013 budget, adjusted for approved modifications.

❖ The 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.

Pay-for-Performance Corporate Quality Indicators

❖ The Corporation will continue to monitor the Affiliate's efforts to maintain the highest quality of patient care with a pay-for-performance program by linking provider performance to some indicators

❖ Payment may be reduced annually up to $100,000 if the Affiliate does not reach thresholds regarding SDOH citations, sentinel events, and malpractice claims

❖ Payment may be increased annually up to $100,000 if the Affiliate reaches thresholds regarding mammography readings, dictation of radiology reports, and reducing length of stay and readmissions in behavioral health.

Transfers and Referrals

- Patients will be transferred and referred to other facilities if the required services are not available at KCHC, a third-party payer does not authorize reimbursement or the patient requests it.

- If a service is not available at the facility, such transfers and referrals will be made to other HHC facilities.

- If the service is not available at a HHC facility, transfers and referrals to non-HHC facilities will only be made with the approval of the Executive Director of his/her designee and if an agreement with the receiving facility is in place.

- Transfer and referral activity will be monitored monthly.

- Failure to comply results in a penalty for each event of 50% expected reimbursement.

Other Significant Relevant Terms and Conditions

- Physician providers must participate in required training including customer relations and cultural and linguistic competency.

- The Affiliate will provide support to the Network in all efforts to meet regulatory and legislative state and federal requirements.

- Physician Providers will participate in and support quality and safety practices at KCHC.

- There shall be no change in the number of residents without prior discussion and approval of the Joint Coordinating Committee.

- The Affiliate will ensure supervision of residents, per state regulations and national accreditation standards, for compliance with both work hour coverage and attending supervision requirements.

- The Affiliate shall be represented on KCHC search committees when considering the appointment of new chiefs of service.

- The Affiliate will ensure compliance with all Health Insurance Portability and Accountability Act (HIPAA) regulations and amendments in effect during the term of the contract.

Kings County Hospital Center

**Affiliation Contract Renewal With
The State University of New York
Health Science Center at Brooklyn
FY 2014 - FY 2016**

Presented by

George Proctor
Senior Vice President
Central Brooklyn Family Health Network

Financial Overview

- **The affiliate will continue to be paid for services provided based on the current cost-based methodology, not to exceed departmental spending limits**

- **The FY 2014 budget is based on the final FY 2013 budget, adjusted for approved modifications**

- **All changes to be budget must be approved by KCHC and as applicable by the Corporation**

- **The amounts reported assume no material change in patient volume or services provided and no additional impact for managed care or other third-party payer developments**

Proposed Contract Costs
FY 2014 to FY 2016

Contract Year	Annual Costs
FY 2014	$17,085,818
FY 2015	$17,381,996
FY 2016	$17,692,709
Total	$52,160,523

Pay- for-Performance Program

- The pay-for-performance program seeks to maintain the highest quality of patient care by linking provider performance to some performance indicators

- Payment may be reduced annually up to $100,000 if the Affiliate does not reach thresholds regarding SDOH citations, sentinel events, and malpractice claims

- Payment may be increased annually up to $100,000 if the Affiliate reaches thresholds regarding mammography readings, dictation of radiology reports, and reducing length of stay and readmissions in behavioral health

Transfers and Referrals

- Occurs when either the required services are not available at KCHC, if a third-party payer does not authorize reimbursement or the patient requests it.

- Will be made to other HHC facilities if a service is not available at KCHC. If service is not available within HHC, then authorized to non HHC facility, subject to approval by the Executive Director.

- Activity will be monitored monthly.

- Non compliance results in a penalty for each event of 50% expected reimbursement.

Thank You!

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to negotiate and execute an Affiliation Agreement with the Staten Island University Hospital ("SIUH"), for the provision of General Care and Behavioral Health Services at Sea View Hospital Rehabilitation Center and Home ("Sea View"), for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A;

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 ("the Affiliates") provided General Care and Behavioral Health Services at Corporation facilities; and

WHEREAS, the current Affiliation Agreement with SIUH, to provide General Care and Behavioral Health Services at Sea View, expires on June 30, 2013; and

WHEREAS, a summary of the proposed general terms and amounts of a new Affiliation Agreement with SIUH is set forth in Attachment A; and

WHEREAS, the Community Advisory Board of Sea View has 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 SIUH continue to provide General Care and Behavioral Health Services at Sea View.

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 Staten Island University Hospital for the provision of General Care and Behavioral Health Services at Sea View Hospital Rehabilitation Center and Home, for a period of three years, commencing July 1, 2013 and terminating on June 30, 2016, consistent with the general terms and conditions and for the amounts as indicated in Attachment A; 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 the Proposed Affiliation Agreement Between
the New York City Health and Hospitals Corporation ("the Corporation")
and the Staten Island University Hospital ("SIUH")
for the provision of General Care and Behavioral Health Services at
Sea View Hospital Rehabilitation Center and Home ("Sea View")**

Synopsis and General Terms

Sea View, a long-term care facility, has depended on local physicians to provide specialty services to our patients because of the difficulty of recruiting physicians to work at the Corporation's pay scale. Sea View previously contracted with SIUH to provide the needed specialty services because patients and their families prefer that they not leave Staten Island for care. Transportation for care off the island is costly and disruptive to the patients. Further, it is difficult for the elderly and infirm to make these trips, especially for those with dementia. Finally, it is important to establish a relationship with a hospital in the borough that can provide timely emergent care and whose doctors are knowledgeable about the patients' health condition.

We seek to renew our agreement with the SIUH because it is the only health care organization on Staten Island capable of meeting the needs of our patients at Sea View. The proposed agreement continues to require that SIUH assess our patients at our facility, eliminating the need to send Sea View residents off site for specialty services. Back-up providers are quickly available in the event that scheduled providers are unavailable. This agreement continues to ensure that Sea View patients do not receive fragmented care and enhances the continuity of care received as patients have access to the same physicians following them both at Sea View and when admitted on an emergent basis to SIUH.

The term of the proposed agreement for the provision of general care and behavioral health services at Sea View is for three years commencing July 1, 2013 and expiring on June 30, 2016. The proposed agreement, like the prior agreement, will compensate SIUH based on payments for services provided by the hour. Because of the small size of this contract and since SIUH will only provide services on a part time basis, additional performance indicators beyond those already being tracked as part of the corporate quality assurance program are not included.

Financial Terms

- The Corporation retains the right to bill all patients and third-party payers for services rendered.

- The total cost of the contract will be $331,488 per year ($994,464 for the contract term) to provide physician services as follows:

Proposed Annual Contract Costs
FY 2014 - FY 2016
SIUH

Service	Projected Annual Contract Costs
Gastroenterology	$18,096
Endocrine	$4,176
Neurology	$41,496
Psychiatry	$226,720
Laboratory	$6,000
Miscellaneous Specialties	$35,000
TOTAL	**$331,488**

Other Relevant Terms and Conditions

- All physicians will be Board certified or exam-admissible.
- The Affiliate will ensure that all medical providers are culturally and linguistically sensitive to our resident population.
- Either party may terminate this Agreement, without cause, at any time during its term by giving twelve months written notice to the other party.
- Transfers and referrals will be in accordance with Corporate Policies and Procedures.

Affiliation Contract Renewal
Sea View Hospital Rehabilitation Center and Home With
Staten Island University Hospital
FY 2014 to FY 2016

Presented by
Angelo Mascia
Executive Director
June 2013

Affiliation Contract Renewal

The proposed renewal continues a relationship with an affiliate that:

- **Provides the needed specialty care services at Sea View**

- **Provides timely emergent care**

- **Assures continuity of care with Sea View patients**

Contract Terms and Conditions

- **Contract term is from July 1, 2013 until June 30, 2016**

- **The total cost of the contract based on current estimates of needed services will be 994,464 over the contract term**

- **Compensation is based on payments for services provided**

- **The existing mix of services will continue to be provided**

Annual Financial Terms

Service Contract	Annual Costs
Gastroenterology	$18,096
Endocrine	$4,176
Neurology	$41,496
Psychiatry	$226,720
Laboratory	$6,000
Miscellaneous Specialties	$35,000
TOTAL	**$331,488**

Thank You!

Business Continuity Program Update

Service Management Office (SMO)

Medical& Professional Affairs/IT Committee Meeting

Michael Keil – AVP IT Service Management Office

June 20, 2013

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Business Continuity Program

Program Time Line
Yellow Indicates Completed

Governance committee formed – Ongoing monthly meetings

Prioritize and create recovery plans for operationally critical systems

Financial Systems Test

Financial Systems Test

Enterprise Wide IT Business Continuity Plan

Ongoing Program Maintenance

2012	2013	2014
May Jun Jul Aug Sep Oct Nov Dec	Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec	Jan Feb Mar Apr

Quadramed Systems Testing
Coney Island   Kings, Bellevue   Queens

Quadramed Systems Testing Completed

EPIC Test Planning

Continued Facility Remediation

EITS Business Continuity Program (BCP)

Analyzing previously compiled BCP engagement documentation and applying industry wide best practices and standards, the team's objective was to determine gaps in the following areas:

- Disaster Recovery Program Development

- Disaster Recovery Capability Inventory and Assessment

- Plan Documentation Development

- Training and Awareness

Disaster Recovery (DR) Program Development

2012 Findings

- Lack of an established program charter or policy

- No published governance or standardized repeatable processes

Actions Taken to date

- Policy & Charter ratified & distributed to Senior EITS Management

- Governance Council created under the direction of CCIO
  - Purpose of the Governance Council is to obtain Senior Management commitment and direction for the ITDR (Information Technology Disaster Recovery) program

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Disaster Recovery Capability Inventory Assessment

2012 Findings

- Limited documentation of application information was available

- Physical ability to recover key applications was untested

- Determined 19% of critical applications have recovery capabilities

Actions Taken to date

- Created an application information matrix showing recovery capability and required remediation

- Application information matrix updates scheduled & reviewed with Governance Council

- Infrastructure team has reviewed the gap has provided a resolution for all critical applications

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Plan Documentation Development

2012 Findings

- Lack of standardized recovery plans or defined plan owner responsibilities

- Many Tier 1 (4 Hour Recovery Objective) and Tier 2 (24 Hour Recovery Objective) applications have no tested recovery plans

Actions Taken to date

- Created a standardized format for all recovery plans

- Created ITDR plans to be used in an event of a test/disaster

Response Structure
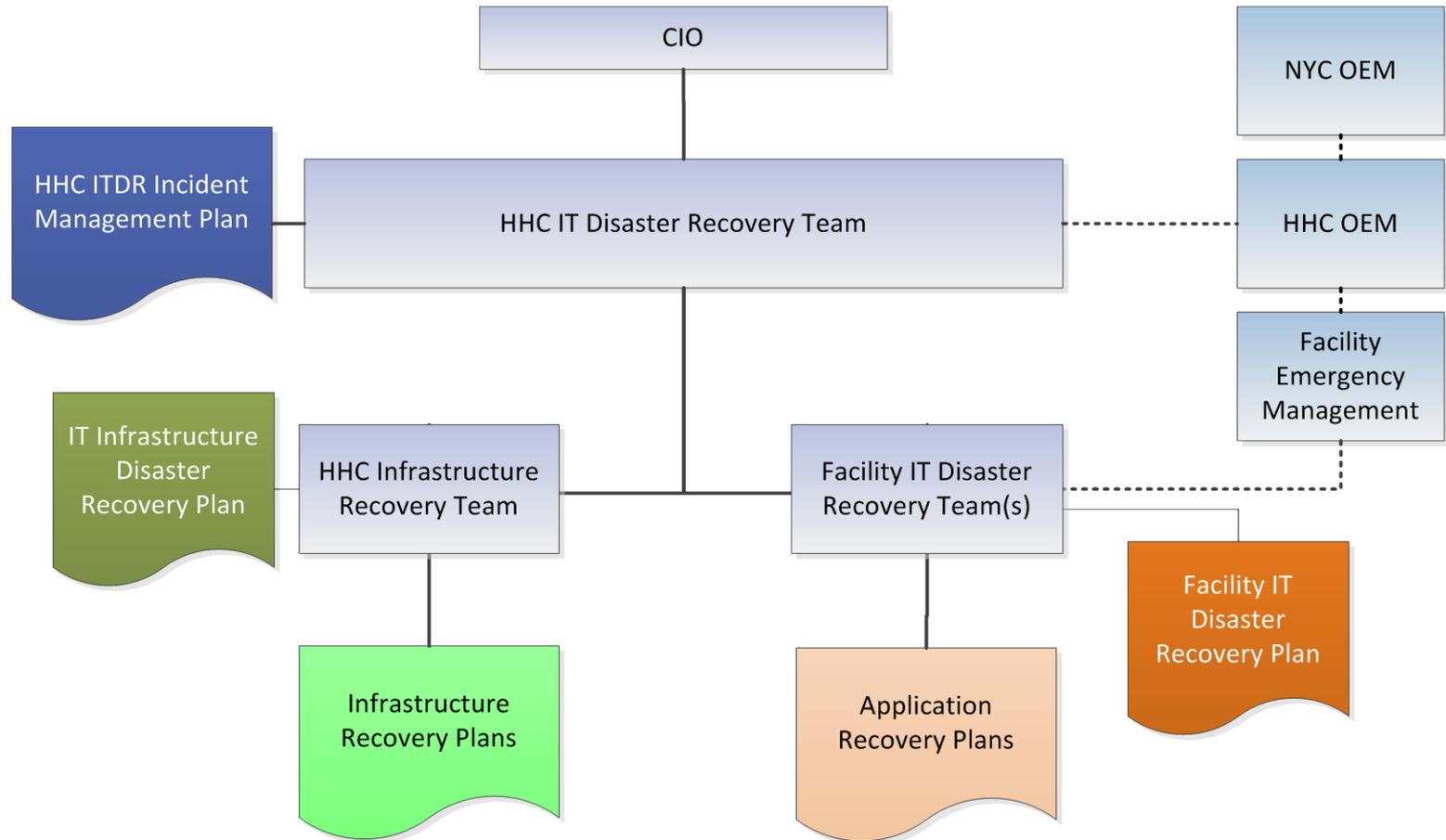
Review ITDR Plan Status

Target Completion: June 2013

Recovery Plan	Owner Identified	Meetings Completed	Current Status
IT Crisis Management Plan	1 / 1	1 / 1	1 / 1
Facility Coordination Plans	7 / 7	7 / 7	6 / 7
Infrastructure Coordination Plan	1 / 1	1 / 1	0 / 1
Application Recovery Plans	35 / 35	35 / 35	28 / 35
Infrastructure Recovery Plans	5 / 5	5 / 5	3 / 5

We now have a total of 49 plans written to cover the critically addressed areas

80% are complete; 20% are in final review with owners

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Training and Awareness

2012 Findings

- No formal training provided to the organization
- Disaster Recovery needs were not part of the ITPMC Information Technology Portfolio Management Committee) process
- No passive testing done for DR (Tabletop)

Actions Taken to date

- Conducted EITS training
  - 3 technical audience training sessions
  - 1 Senior EITS Management Training session
  - Incident Management tabletop conducted with Senor EITS Management
- Created DR requirements definition to be completed for ITPMC
- Published SMO newsletter interview with Director of IT

Disaster Recovery Maturity

Optimizing
Continuous improvement based upon measurements
Incremental innovative technology improvements
Relate process improvements to organizational objectives

Adapt processes and align with objectives

Defined
Processes are well defined and understood
Described in standards, procedures, tools and methods
Tailoring of enterprises policies to meet agency requirements

Set measurable objectives and process is rigorous and consistently applied

Managed
Processes are planned in accordance with policy
Resources and responsibility allocated
People trained on the process
Process periodically monitored and controlled
Practices retained during time of stress

Most Healthcare Organizations

Focus on process and responsibility

HHC 2013

Initial
Process are Ad-hoc
No stable process environment
Dependence on people's competence, not proven process
Inability to repeat success

Conduct BIA and Risk assessment

HHC 2012

- BIA Complete, Long term process established
- Governance Council
- Gap Analysis and Remediation Plan
- Response and Recovery Plans
- Awareness Training

No Disaster Recovery Program
No processes or testing for applications, successful recovery unlikely

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Business Continuity Program Next Steps

Disaster Recovery (DR) Program

- Phase II
  - Further review of Business Impact Analysis
  - Continued analysis of Tier 3 and Tier 4

- Investigate DR software options for automation

- Continue to explore communication tools with OEM

- Prepare to test EPIC failover prior to 'go live'

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Questions & Answers

Effective ITDR is a team effort:
Thank you for your continued support