AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: January 9, 2014
Time: 12:00 PM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER — **DR. STOCKER**

ADOPTION OF MINUTES
- ***December 12, 2013***

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

METROPLUS HEALTHPLAN — **DR. SAPERSTEIN**

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

ACTION ITEMS:

1. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a contract with EMC Corporation (the "Contractor") for VMWare virtualization software through a NYS Office of General Services ("OGS") contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term — **MR. GUIDO**

INFORMATION ITEMS:

1. Patient Self-Service Scheduling Through the Patient Portal — **E. RAMLAKHAN**

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: December 12, 2013

ATTENDEES

COMMITTEE MEMBERS

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN
Amanda Parsons, MD (representing Health Commissioner, Thomas Farley, MD, in a voting capacity)

OTHER BOARD MEMBERS

Emily Youssouf

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning and HIV Services
Janette Baxter, Senior Director, Risk Management
Suzanne Blundi, Deputy Counsel, Office of Legal Affairs
Louis Capponi, MD, Chief Medical Informatics Officer
Deborah Cates, Chief of Staff, Board Affairs
Paul Contino, Chief Technology Officer
Barbara DeIorio, Senior Director, Internal Communications
Christine Desrosiers, Office of Legal Affairs
Joel Font, Consultant, Enterprise IT Service (EITS)
Terry Hamilton, Assistant Vice President, Corporate Planning Services
Lauren Haynes, Assistant System Analysis, President Office
Marisa Salamone-Greason, Assistant Vice President, EITS
Sal Guido, Assistant Vice President, Infrastructure Services
Caroline Jacobs, Senior Vice President, Safety and Human Development
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Irene Kaufman, Senior Assistant Vice President, Ambulatory Care Transformation
Mei Kong, Assistant Vice President, Patient Safety
Patricia Lockhart, Secretary to the Corporation
Katarina Madej, Director, Marketing
Tamiru Mammo, Chief of Staff, Office of the President
Ana Marengo, Senior Vice President, Communications & Marketing
Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer
Kathleen McGrath, Senior Director, Communications & Marketing
Andreea Mera, Director, Office of Healthcare Improvement
Charlotte Neuhaus, Senior Management Consultant, Corporate Planning Services
Deirdre Newton, Office of Legal Affairs

ATTENDEES – cont'd

Bert Robles, Senior Vice President, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Gary Belkin, Senior Director, Office of Behavioral Health
Diane Toppin, Director, Acting M&PA Divisional Administrator
Steven Van Schultz, Director, IT Audits
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer
Yolanda Thompson, Asst. Director, IT
Ronald Low, MD, Senior Director, Office of Statistic and Data analysis
Joseph Quinones, Senior Assistant Vice President, Operations
Loru Schomp, Senior Consultant MIS
David Larish, Director, Operations
Christina Jenkins, MD Senior Assistant Vice President, Quality, Performance and Innovation
Eunice Casey, Senior Management Consultant, Corporate Planning

FACILITY STAFF:

Ernest Baptiste, Executive Director, King County Hospital Center
Lynda D. Curtis, Senior Vice President, South Manhattan Network
Elizabeth Gerdts, Chief Nurse Executive, North Central Bronx Hospital
Terry Mancher, Chief Nurse Executive, Coney Island Hospital
Ellen O'Connor, Chief Nurse Executive, Jacobi Medical Center
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Anushka Dufresne, Special Assistant to the President, MetroPlus Health Plan
Rajiv Pant, MD, Assistant Medical Director
Denise Soares, Senior Vice President, Generations+/No. Manhattan Network, Harlem Hospital Center
Maurice Wright, MD, Medical Director, Harlem Hospital Center

OTHERS PRESENT
Moira Dolan, Senior Assistant Director, DC37, Research & Negotiations Department
Scott Hill, Account Executive, QuadraMed
Richard McIntyre, Siemens

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, December 12, 2013

Mr. Alan Aviles, President and Chief Executive Officer, called the meeting to order at 9:32 AM (Michael Stocker, MD, Chairman of the Board, was delayed). The minutes of the November 7, 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. Managed Behavioral Health

The project on the Reduction of Length of Stay continues; there will be another Learning Session; there was an average of 20% reduction in the Length of Stay. Woodhull, Lincoln and Metropolitan have almost reached the national baseline of 12 days.

2. Accountable Care Organization (ACO)

ACO has had a number of activities. More detailed information is available from CMS. There are about 12,200 beneficiaries, with 1000 newly attributed in the last round of information. Year 2013 is the reporting year and responsibility for performance is capture in the first meeting in 2014. To date the reporting process is automatically in place with the help of an external vendor. Work has commenced with each of the facilities to assist with manual extraction of some of these measures. It will continue to be a manual burden until the transition to EPIC. The ACO has established Governance and Audit Committees as required by the Public Authorities Accountability Act. They are also working on its compliance and management plans. We have identified local Physician Champions at 14 out of the 17 facilities and we have been conducting kick-off presentations with the physicians involved treating the beneficiaries.

3. Institute for Medical Simulation And Learning (IMSAL)

IMSAL has been aiming to strategically increase its reach and efficiency. We are creating a more distributive model for the Institute whereby each facility has a lead person who is in training, appropriate space, and equipment. IMSAL is controlling the curriculum and the standardization of how things are taught.

4. Influenza Vaccination

Currently 76% of our employees are vaccinated (approximately 28,000 employees); another 14,500 contractors, volunteers etc. are vaccinated as well. This is a considerable progress from previous years. Special recognition is given to the employees who have gotten vaccinated for the first time.

5. The 2013 Patient Safety Forum

On December 11, 2013 at Jacobi Medical Center, the President outlined the improvements we accomplished in patient safety over the past five years

CHIEF INFORMATION OFFICER REPORT

Bert Robles, Senior Vice President, Enterprise IT Services

ICIS Electronic Health Record (EHR) Program Update

EPIC implementation

Stage 3 (the build and design of content delivery) has approximately 16 teams involved.

The Soarian and EPIC environments integration continues. The migration of the existing QuadraMed data to create the design and build the architecture to preserve the existing data which will need to be carried over to the new Electronic Medical Record is in process.

The upgrade to EPIC's version 2014 has been completed. We are in the process of training the workforce for recertification in the new version as requirement. We are in the process of identifying the SMEs that will help deliver content. The Queens Health Network will be the first site for deployment, scheduled for November 2014. Ms. Emily Youssouf asked if the SMEs and team members are internal to HHC. Mr. Robles said that the SMEs are principally from within HHC, from various facilities. The application folks are hired consultants (both EPIC and third parties). The end user training kick-off meeting took place on December 3rd at Harlem Hospital.

We continue to track the key dependencies: Soarian, NSLIJ Joint Venture and ICD-10 are critical.

as of today, we are on time, on budget and will continue to discuss the possibilities of retaining FTEs instead of increasing OTPS spending. Ms. Bolus asked how we could retain FTEs. Mr. Robles indicated that retaining FTEs is somewhat difficult as recruiting in the field is ongoing at Mount Sinai and the economy is a little better, which makes recruiting and retaining harder for us. Mr. Robles is an advocate of structuring programs that help retain staff. Ms. Youssuf suggested that we could perhaps look at working with schools to offer unpaid internships. Mr. Robles said that we have been exploring this avenue and we will continue to do so.

The Fire Department

We have deployed wireless technologies to allow for document transmissions for registration and vital information directly from the ambulance to the hospital facility, emergency room and eventually to HHC electronic medical record system to eliminate paper and increase patient care. We currently have eight (8) sites up. We expect to have the remaining group completed by the first quarter of 2014.

Meaningful Use

This past September concluded the second year that HHC has participated in the Federal Program for Meaningful Use of electronic medical records. We are pleased to report that again, all eleven of HHC"s

Acute Care facilities met or exceeded the minimum thresholds to qualify for Federal Fiscal Year 13 Meaningful Use Incentive Program payments. This achievement reflects continued hard work by the facility clinical staff to use the electronic medical records in a meaningful way. All attestations for this program were entered into the Center for Medicare and Medicaid Services website by our colleagues in Finance by the November 30th deadline. HHC's anticipated incentive for this year of the program is $47.6 million for the combined Medicare and Medicaid program components.

Notwithstanding this achievement, HHC continues to focus on meaningful use. As you may know, the Federal Government has begun to audit this national program and some providers have had to refund their MU incentive dollars. Three (3) HHC facilities (Metropolitan, Kings County and Woodhull Hospitals) have been selected for audits. HHC had planned for potential audits and each facility was able to efficiently respond to the first round of audit questions. A second round of questions has begun.

In addition to audits, HHC is getting ready for MU Stage II. As was the case with Stage I, MU will require significant software updates supplied by our vendor, QuadraMed. HHC is currently involved in a Beta test of the new QuadraMed software at Jacobi Medical Center and the code has had some significant issues, requiring two delays of software go live. HHC has worked closely with the facility and the vendor to resolve as many issues as possible. This activity is important insofar as the MU time-frame is very tight, requiring all facilities to attest by the quarter ending September 30, 2014. The total additional incentive money at risk for Stage II is $17 million.

ACTION ITEMS

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to enter into a contract to purchase software, hardware, services and corresponding maintenance for a biomedical middleware software solution with iSirona, LLC (the "Contractor"). through a Federal General Services Administration ("GSA") contract in an amount not to exceed $6,454,161, which includes a 10% contingency of $586,742 for a one year term with four one-year options to renew at the Corporation's exclusive option.

Presenting to the Committee were Mr. Paul Contino, Chief Technology Officer, and representatives of iSirona LLC.

The purpose of this contract is for the procurement of a piece of software that is for medical device integration. It allows us to connect a whole host of medical devices to our EMR and streamline that data directly. The funding for this purchase is part of the overall EPIC budget. This is a required component of the EHR system.

Currently, the data from these devices is being entered manually into the EMR allowing for the possibility of transcription errors, patient ID errors, delayed documentation data, etc. The proposed contract will allow the Corporation to implement a solution that will automatically take the critical patient data from these devices and send the results to the EMR. This solution will greatly improve the efficiency of the Corporation's clinicians and improve patient safety by enabling automatic updates rather than manual updates to a patient's EMR. The Corporation issued a biomedical middleware software and services RFP to which the Contractor responded. The Contractor is able to provide middleware software and hardware, which will be used to integrate the Corporation's biomedical devices with the EMR system utilizing the InterSystems Ensemble Integration engine. The overall

responsibility for managing and monitoring the agreement shall be under the Senior Vice President/Corporation Chief Information Officer.

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

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to negotiate and execute contracts with various authorized resellers on an on-going basis over a one year period for the purchase of Cisco networking equipment and software through NYS Office of General Services ("OGS") contracts in an amount not to exceed $4,188,853, which includes a 20% contingency.

Presenting to the Committee was Mr. Sal Guido, Assistant Vice President of Infrastructure Services.

The Corporation has several hundred servers to support the Corporation's new electronic medical record (EMR) system, which are utilized to manage clinical, financial and administrative data throughout the Corporation to support business and clinical applications pertaining to patient care. The Cisco networking equipment and software are required to connect the various servers holding EMR data into the Corporation's network. Failure to obtain this equipment and software for the Corporation's network will result in the inability to deploy the EMR system with adverse impacts on patient care. The Corporation will solicit proposals from Cisco Inc.'s authorized resellers who offer Cisco equipment and software for sale through OGS contracts. OGS contract prices for such equipment and software are discounted from market price. Contracts will be issued to the OGS vendors offering the lowest price for the requested equipment and software. The overall responsibility for managing and monitoring these contracts shall be under the Senior Vice President/Corporate Chief Information Officer.

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

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase from Dyntek Services, Inc. (the "Vendor") through a NYS Office of General Services ("OGS") contract F5 Load Balancers hardware, software and services in an amount not to exceed $4,448,182, which includes a 15% contingency of $580,198.

Presenting to the Committee were Mr. Sal Guido, Assistant Vice President of Infrastructure Services, and representatives from Dyntek Services, Inc.

This is a request for authorization to purchase an F5 Load Balancing Solution through the EMR budget previously presented to the Board of Directors. On September 27, 2012 Enterprise IT Services (EITS) presented the Epic contract to the Board of Directors for approval. In the presentation to the Board, EITS advised that multiple future contracts needed to complete the transition to the new EMR would be presented to the Board of Directors. As listed on slide 14 of that presentation to the Board, the total projected cost for the EMR program over a 15 year period is approximately $1.4 billion.

The Corporation has an immense inventory of routers, switches, firewalls, 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 the F5 Load Balancers are required to avoid outages associated with traffic congestion over the network. Failure to obtain such hardware, software and services for the Corporation's network infrastructure may result in

system unavailability with an adverse impact on patient care. The subject acquisition is needed for the network infrastructure to support the Electronic Medical Record program; The Corporation solicited proposals from vendors who offer their equipment, software and services via the OGS and Federal General Services Administration contracts. The Vendor, Dyntek Services, Inc. offered the lowest price for the requested equipment, software and services. The overall responsibility for managing and monitoring the agreement shall be under the Senior Vice President/Corporate Chief Information Officer.

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

Authorizing the President to negotiate and execute a contract between the New York City Health and Hospitals Corporation (HHC or Corporation) and CareFusion Solutions, LLC ("CareFusion"), to provide automated medication dispensing systems used in the administration of medication and supplies. The proposed contract is an enhanced Premier contract PPPH14CFS that would standardize the cost, support, services and at the same time set an end date for all current active contracts. Currently we spend $23,921,500 on automated medication dispensing systems and we need $4,848,048 in upgrades and additional fees. By doing a single overall contract rather than multiple smaller contracts the Corporation would save $5,458,240 over the term of the contract, or $1,091,648 annually. The five (5) year contract cost is $24,447,347 for existing equipment and 73 new rental units. A Contingency of 20% ($4,889,470) has been included to provide expansion opportunities for a total not to exceed amount of $29,336,817.

Presenting to the Committee was Mr. Antonio Martin, Executive Vice President and Chief Operating Officer.

This is a request to enter into a new contract with CareFusion for its Pyxis MedStation and supply cabinets. The proposed contract, an enhanced Premier contract PPPH14CFS, will be for a term of five (5) years and standardize pricing for equipment, products, services and support across all the facilities at HHC. The contract shall be an amount of $24,447,347 and a 20% contingency of $4,889,470 for an amount not to exceed $29,336,817.

Today there are over 290 Pyxis MedStation units installed across 10 NYC facilities at a current cost of $4,784,300 per year. These facilities, along with the new Henry J Carter facility, need to be on the same configuration platform for both equipment and service/support at a lower cost with the ability to acquire more equipment at a lower cost.

The Pyxis MedStation system is an automated dispensing system supporting decentralized medication management to improve patient safety. Barcode scanning helps ensure accurate medication dispensing. Its features are designed to prevent loading of the wrong medication along with active alerts for high risk medication and help manage medications at risk of diversion, at risk of being diverted from their intended use.

A decentralized automated medication distribution systems allows HHC clinicians to deliver the right medication in the right dosage/form at the right time to the right patient that improves patient outcomes to mitigate adverse events.

A new five year contract would standardize the cost, support, services and conterminously set an end date for all the incorporated contracts with a discount of 57% for all units with a total savings under the

contract term of $5,458,240 or $1,091,648 annually. An assessment shall be conducted to determine present and future needs during the term of the agreement by the Pyxis Advisory team comprised of Director of Pharmacy, Office of the Chief Medical Officer, Office of Procurement and EITS representatives. The Executive Vice President/COO shall be responsible for the overall management, monitoring and enforcement of the contract.

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

INFORMATION ITEMS

MetroPlus Health Plan Annual Report

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 December 3, 2013 was 419,080. MetroPlus membership has dropped 5% in the last 12 months (21,605 members lost). Breakdown of the plan enrollment by line of business is as follows:

Line of Business	**# of Members**	
	December 3rd, 2012	**December 3rd, 2013**
Medicaid	375,094	357,056
Family Health Plus	36,100	33,390
Child Health Plus	14,479	12,086
Medicaid HIV SNP	5,698	5,367
Medicare	6,191	7,465
MetroPlus Gold	3,123	3,286
MLTC	0	430
Total	440,685	419,080

The decrease in membership is attributed to several factors: loss of membership after change in dental vendor, loss of membership to Healthfirst and Fidelis, involuntary disenrollment due to loss of Medicaid eligibility, third party health insurance reconciliation, and HRA backlog. Some of the strategies we employ to address losses are changes in the marketing strategies and increased outreach to members for recertification.

MetroPlus has 17,374 provider sites as of December 3rd, 2013. HHC PCPs have declined in the past, but we have seen an increase this year from 517 to 554 as of the second quarter of the year.

The continued growth of MetroPlus and our expansion into new lines of business will allow for the capture of new populations. We will assist HHC in maintaining their patient and revenue base while HHC assumes full risk for all members who select an HHC site. HHC assumes risk for all the medical care other than primary care provider. MetroPlus assumes full risk for all members assigned to a primary care provider not affiliated with the HHC network and for all members in Medicaid HIV SNP and Medicare plans. This arrangement allows for the alignment of incentives: Improved outcomes and decreased utilization benefits both MetroPlus and HHC. This is also an Opportunity to maximize the percentage of plan revenue payable to HHC. The lessons learned from years of partnership will allow

MetroPlus and HHC to successfully develop and operate an Accountable Care Organization (ACO) model of care.

MetroPlus has been rated the #1 Medicaid Managed Care health plan in NYC for seven out of the last eight years. For the first time ever, in 2011, MetroPlus was ranked #1 in New York State and New York City.

Managed Long Term Care (MLTC) Overview

MetroPlus began offering full services for enrolled members as of January 2013 and received our first auto-assigned members in February 2013.

Managed Long-Term Care (MLTC) offers assistance to people who are chronically ill or have disabilities and who need health and long-term care services, such as home care or adult day care. The goal of the MLTC plan is to allow these individuals to stay in their homes and communities as long as possible. The MetroPlus MLTC plan arranges and pays for a large selection of health and social services, and provides choice and flexibility in obtaining needed services from one place.

Our current membership is 430 MLTC members.

Fully Integrated Duals Advantage (FIDA)

FIDA is a State of NY partnership with CMS to test a new model for providing Medicare-Medicaid enrollees with more coordinated, person centered care experience. Enrollment will be phased in over several months beginning in 2014; beneficiaries receiving community-based long-term services and supports will be able to opt in to the demonstration beginning on July 1, 2014; eligible beneficiaries who have not made a choice to opt in or out will be assigned to a Medicare-Medicaid Plan through a process that will match beneficiaries with the most appropriate plan beginning on September 1, 2014. Those who have not made a choice to opt in or out will be assigned to a Medicare-Medicaid Plan beginning no earlier than January 1, 2015.

New York Health Exchange

MetroPlus offers a total of 38 products across the individual and SHOP markets. MetroPlus also offers the lowest cost products in three out of four metal levels. We have approximately 5000 current applicants with completed applications.

Challenges

Dr. Saperstein indicated that challenges are, securing access for our new exchange membership HHC Access Project. Managing utilization and costs in the exchange products. 2015 Exchange Bid due in March 2014 before any real utilization data available.

HHC Access Improvement Initiative
Christina Jenkins, MD, Sr. Assistant Vice President, Quality, Performance and Innovation

Improving access is a top Corporate priority and an essential precursor to improving health and reducing costs. Access improvement is strategically vital to our ambulatory care redesign efforts, increasing our managed care population, and achieving the benefits of an Accountable Care Organization (ACO). The work of preparing our delivery system to better serve our patients is supported via engagement with McKinsey + Company.

To date, there is a validated 20-25% capacity opportunity at existing resource levels across the Corporation. Patients experience a number of frustrations in the scheduling process.

We have conducted the project at six pilot facilities and we have seen a 25% decrease in average wait times for new visits in adult medicine, pediatrics, and adult mental health clinics. There has also been a 20% decrease in average wait times for new visits across subspecialty clinics. We also have qualitative and data-backed evidence of excellence and high engagement.

Access work is underway in 13 of 17 facilities. We will complete rollout by the first week in January 2014.

In order to sustain success and "unlock" the 20-25% capacity within our facilities, we need the following:

- Automated Soarian reporting on key performance metrics.
- High performing call center capabilities.
- Alignment of resources to support continuous performance improvement.

We will also need to strengthen the community provider network around facilities of high-risk.

Dr. Amanda Parsons asked what kind of guidance we are offering physicians in order to maximize access. Dr. Jenkins said that we are operating on the principles of the Patient Centered Medical Home. Everyone is working at the top of their license so the physician can have additional time to improve the quality of care while decreasing wait times.

Dr. Wilson indicated that this is an incredibly ambitious scale of work. The commitment needs to be sustained. Automated Soarian reporting is crucial to maintain the momentum. We also need to combine the call center with care coordination for an integrated care facility.

Dr. Amanda Parsons also asked if there is any integration between the Access project and MetroPlus. Dr. Wilson indicated that there is a close working relationship between the two. Dr. Saperstein said that MetroPlus representatives schedule appointments as the patient is holding on the phone.

There being no further business, the meeting was adjourned at 11:48am.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
January 9th, 2014

Total plan enrollment as of December 27th, 2013 was 419,668. Breakdown of plan enrollment by line of business is as follows:

Medicaid	357,536
Child Health Plus	12,047
Family Health Plus	33,474
MetroPlus Gold	3,267
Partnership in Care (HIV/SNP)	5,325
Medicare	7,574
MLTC	445

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.

There has been no change in membership since my last report to the committee.

In regards to the New York Exchanges, as of December 24th, almost 448,000 New Yorkers completed the full application process and were determined eligible for health insurance plans. Almost 26,000 New Yorkers enrolled on the Exchange on December 24th, 2013, which was the enrollment deadline. As of December 24th, MetroPlus received 17,277 completed applications. We have also received our first file with Medicaid enrollments, and we have approximately 1,100 Medicaid members. In mid-December, the Exchange clarified that our Certified Application Counselors (CACs) are permitted to accept premium payments directly from prospective enrollees if the enrollee has selected MetroPlus. This will allow prospective members yet another method to pay their premiums. In addition to mail-in payments, MetroPlus also accepts premiums from members that are visiting our main offices to remit their premium payments. We currently accept credit card payments, and are in the final stages of adding electronic payments to our website, to make it easier for members in the near future.

After months of preparation to join the Fully Integrated Duals Advantage (FIDA) program, MetroPlus has been notified of our on-site FIDA readiness review. Reviewers from NYS and CMS will conduct their review beginning on January 14th, 2014 and ending the following day. In preparation, we will be conducting a mock audit to ensure that all areas are prepared for the review. We anticipate a successful site visit and will share results with this committee as they are made available.

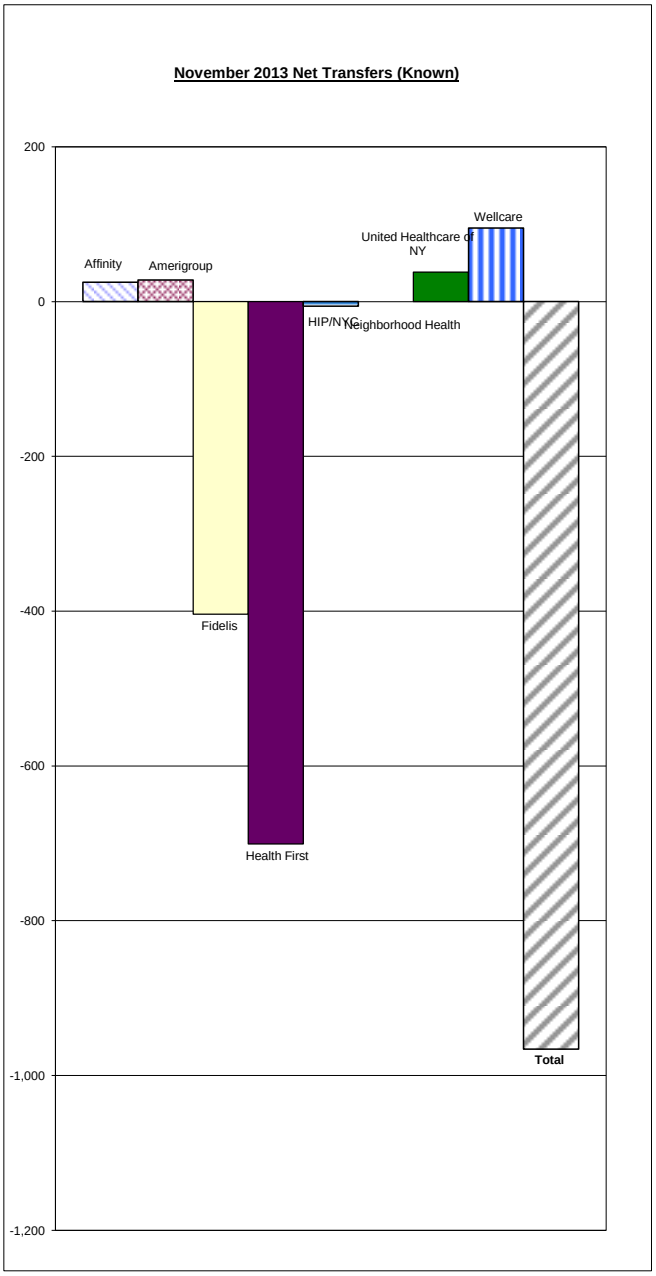
In December, the State Department of Health posted the Regional Consumer Guides for 2013. The Guides provide ratings of the health plans on Preventive and Well-Care for Adults and Children, Quality of Care Provided to Members with Illnesses, and Patient Satisfaction with Access and Service. MetroPlus Health Plan was rated number 2 of all Medicaid Managed Care Plans in New York City with an overall rating of 70%.

Disenrollments TO Other Plans		Nov-13			Oct-12 to Nov-13		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOL.	0	1	1	5	42	47
	VOL.	14	126	140	170	1,394	1,564
Affinity Health Plan	TOTAL	14	127	141	175	1,436	1,611
	INVOL.	0	1	1	14	114	128
	VOL.	17	187	204	234	2,383	2,617
Amerigroup/Health Plus/CarePlus	TOTAL	17	188	205	248	2,497	2,745
	INVOL.	0	0	0	17	146	163
	VOL.	59	537	596	801	7,263	8,064
Fidelis Care	TOTAL	59	537	596	818	7,409	8,227
	INVOL.	0	2	2	21	223	244
	VOL.	71	837	908	841	10,246	11,087
Health First	TOTAL	71	839	910	862	10,469	11,331
	INVOL.	0	0	0	0	26	26
	VOL.	8	75	83	83	903	986
HIP/NYC	TOTAL	8	75	83	83	929	1,012
	INVOL.	0	0	0	0	2	2
	VOL.	0	0	0	26	328	354
Neighborhood Health	TOTAL	0	0	0	26	330	356
	INVOL.	0	3	3	10	451	461
	VOL.	11	83	94	155	1,314	1,469
United Healthcare of NY	TOTAL	11	86	97	165	1,765	1,930
	INVOL.	0	0	0	14	74	88
	VOL.	7	19	26	40	314	354
Wellcare of NY	TOTAL	7	19	26	54	388	442
	INVOL.	2	14	16	111	2,542	2,653
	VOL.	202	1,881	2,083	2,480	24,431	26,911
Disenrolled Plan Transfers:	TOTAL	204	1,895	2,099	2,591	26,973	29,564
	INVOL.	2	20	22	35	601	636
	VOL.	2	32	34	9	750	759
Disenrolled Unknown Plan Transfers:	TOTAL	4	52	56	44	1,351	1,395
	INVOL.	1,337	11,331	12,668	12,072	116,245	128,317
	UNK.	0	0	0	20	34	54
	VOL.	3	74	77	24	1,094	1,118
Non-Transfer Disenroll Total:	TOTAL	1,340	11,405	12,745	12,116	117,373	129,489
	INVOL.	1,341	11,365	12,706	12,218	119,388	131,606
	UNK.	0	0	0	22	40	62
	VOL.	207	1,987	2,194	2,513	26,275	28,788
Total MetroPlus Disenrollment:	**TOTAL**	**1,548**	**13,352**	**14,900**	**14,753**	**145,703**	**160,456**

Disenrollments FROM Other Plans	Nov-13			Nov-12 to Oct-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	12	154	166	177	1,814	1,991
Amerigroup/Health Plus/CarePlus	22	211	233	286	2,697	2,983
Fidelis Care	10	182	192	180	2,300	2,480
Health First	13	196	209	200	2,245	2,445
HIP/NYC	2	75	77	62	963	1,025
Neighborhood Health	0	0	0	93	884	977
United Healthcare of NY	5	130	135	128	1,457	1,585
Wellcare of NY	17	104	121	175	1,190	1,365
Total	81	1,052	1,133	1,301	13,550	14,851
Unknown/Other (not in total).	1,599	8,612	10,211	19,212	112,083	131,295

Data Source: RDS Report 1268a&c Updated 12/15/2013

Net Difference	Nov-13			Oct-12 to Nov-13		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	-2	27	25	2	378	380
Amerigroup/Health Plus/CarePlus	5	23	28	38	200	238
Fidelis Care	-49	-355	-404	-638	-5,109	-5,747
Health First	-58	-643	-701	-662	-8,224	-8,886
HIP/NYC	-6	0	-6	-21	34	13
Neighborhood Health	0	0	0	67	554	621
United Healthcare of NY	-6	44	38	-37	-308	-345
Wellcare of NY	10	85	95	121	802	923
Total	-123	-843	-966	-1,290	-13,423	-14,713



MetroPlus Health Plan

New Member Transfer From Other Plans

	2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		TOTAL
	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
AETNA	0	20	1	29	2	13	6	28	4	24	6	16	2	24	2	12	4	29	5	15	3	14	2	18	279
Affinity Health Plan	19	152	19	138	15	141	21	170	9	128	16	149	13	172	13	137	18	188	15	157	12	154	15	157	2,028
Amerigroup/Health Plus/CarePlus	24	211	20	204	22	236	28	271	21	259	17	217	27	250	21	191	35	257	25	201	22	211	26	231	3,027
BC/BS OF MNE	5	29	2	36	2	24	1	46	3	36	2	30	1	25	5	26	3	27	6	34	1	20	1	35	400
CIGNA	1	25	3	32	6	16	4	12	4	27	4	20	3	29	4	19	2	16	1	11	2	9	1	19	270
Fidelis Care	6	164	11	190	15	197	21	251	14	195	16	232	25	216	14	167	15	173	22	171	10	182	16	233	2,556
GROUP HEALTH INC.	2	22	2	29	1	24	5	19	0	20	3	19	3	32	1	13	3	29	3	17	3	17	3	14	284
Health First	14	147	11	148	18	162	15	180	14	150	13	171	31	288	24	224	26	281	15	179	13	196	17	199	2,536
HEALTH INS PLAN OF GREATER N	2	26	4	32	3	20	4	30	2	34	1	21	4	19	4	22	4	28	8	12	2	15	4	23	324
HIP/NYC	6	78	5	94	7	82	9	91	10	73	2	90	3	82	2	68	3	73	8	105	2	75	10	93	1,071
Neighborhood Health Provider PHPS	18	128	19	156	11	128	11	118	11	99	10	140	0	5	0	0	0	0	0	0	0	0	0	0	854
OXFORD INSURANCE CO.	3	17	2	18	3	17	2	10	0	10	0	8	2	13	1	13	0	23	3	8	2	10	1	12	178
UNION LOC. 1199	13	34	10	40	6	35	8	35	12	41	7	36	21	70	12	27	10	39	5	17	9	22	7	20	536
United Healthcare of NY	7	108	15	104	18	120	10	149	8	152	9	128	15	134	12	97	15	112	8	112	5	130	7	144	1,619
Unknown Plan	1,381	9,097	1,701	11,788	1,352	8,619	1,730	10,218	1,543	9,761	1,670	9,392	1,843	10,248	1,645	8,746	2,021	10,805	1,547	7,629	1,600	8,612	1,728	10,257	134,933
Wellcare of NY	4	91	16	107	18	89	18	102	13	51	16	101	22	117	25	109	6	135	12	113	17	104	27	100	1,413
TOTAL	1,505	10,349	1,841	13,145	1,499	9,923	1,893	11,730	1,668	11,060	1,792	10,770	2,015	11,724	1,785	9,871	2,165	12,215	1,683	8,781	1,703	9,771	1,865	11,555	152,308

Report ID: MHP1268C
Report Run Date: 12/15/2013

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 12/14/2013

Other Plan Name	Category	2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
AETNA	INVOLUNTARY	0	0	0	2	1	5	1	0	0	1	0	5	3	117	0	5	0	2	0	2	2	0	0	1	147
	VOLUNTARY	0	0	0	0	1	2	0	3	0	1	0	3	1	0	0	0	0	1	0	2	0	1	1	0	16
	TOTAL	0	0	0	2	2	7	1	3	0	2	0	8	4	117	0	5	0	3	0	4	2	1	1	1	163
Affinity Health Plan	INVOLUNTARY	0	3	1	5	0	6	0	8	1	5	1	10	0	3	1	2	0	0	0	0	0	1	0	1	48
	VOLUNTARY	9	86	24	123	13	156	17	154	17	129	12	108	12	113	13	76	17	113	15	119	14	126	14	101	1,581
	TOTAL	9	89	25	128	13	162	17	162	18	134	13	118	12	116	14	78	17	113	15	119	14	127	14	102	1,629
Amerigroup/ Health Plus/CarePlus	INVOLUNTARY	0	3	1	13	4	17	1	9	3	9	3	33	0	13	1	9	2	7	0	2	0	3	0	1	134
	UNKNOWN	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	20	161	25	208	18	196	34	226	20	228	15	208	27	233	12	177	17	221	18	171	17	187	11	223	2,673
	TOTAL	20	165	26	221	22	213	35	235	23	237	18	241	27	246	13	186	19	228	18	173	17	190	11	224	2,808
BC/BS OF MNE	INVOLUNTARY	1	3	1	5	0	8	0	4	0	6	2	5	0	205	2	4	1	4	0	2	0	2	0	1	256
	VOLUNTARY	0	1	2	1	0	2	0	0	1	1	0	5	1	1	0	0	0	3	2	0	0	1	0	1	22
	TOTAL	1	4	3	6	0	10	0	4	1	7	2	10	1	206	2	4	1	7	2	2	0	3	0	2	278
CIGNA	INVOLUNTARY	0	2	0	5	1	3	0	2	1	6	0	3	0	322	1	5	0	2	0	1	0	1	0	1	356
	VOLUNTARY	0	0	1	1	0	3	2	2	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	11
	TOTAL	0	2	1	6	1	6	2	4	2	6	1	3	0	322	1	5	0	2	0	1	0	1	0	1	367
Fidelis Care	INVOLUNTARY	1	4	1	18	1	14	2	10	3	7	8	52	0	10	1	17	0	10	0	6	0	0	0	1	166
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	2
	VOLUNTARY	84	637	73	713	66	646	96	752	56	592	71	530	93	673	66	496	56	669	43	468	60	537	71	577	8,125
	TOTAL	85	641	74	731	67	660	98	762	59	599	79	582	93	684	67	513	56	680	43	474	60	537	71	578	8,293

MetroPlus Health Plan

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 12/14/2013

		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
GROUP HEALTH INC.	INVOLUNTARY	0	1	1	4	0	4	1	1	0	3	0	6	0	133	2	3	0	1	1	2	0	3	0	0	166
	VOLUNTARY	0	1	1	1	0	1	1	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	9
	TOTAL	0	2	2	5	0	5	2	2	0	4	0	8	0	133	2	3	0	1	1	2	0	3	0	0	175
Health First	INVOLUNTARY	0	14	3	12	4	14	1	20	1	26	10	66	1	31	1	14	0	20	1	7	0	6	0	4	256
	UNKNOWN	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	58	776	60	844	64	857	83	1,008	67	816	70	812	93	1,051	58	768	80	1,052	74	767	72	839	84	905	11,358
	TOTAL	58	790	64	857	68	871	84	1,028	68	842	80	878	94	1,082	59	782	80	1,072	75	774	72	845	84	909	11,616
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	3	0	10	0	7	0	3	0	3	0	5	0	157	0	0	0	3	3	2	1	1	0	0	198
	VOLUNTARY	0	0	0	0	0	1	0	1	0	1	1	2	0	0	0	1	1	2	0	1	0	0	0	0	11
	TOTAL	0	3	0	10	0	8	0	4	0	4	1	7	0	157	0	1	1	5	3	3	1	1	0	0	209
HIP/NYC	INVOLUNTARY	0	0	0	3	0	8	0	3	0	0	0	4	0	3	0	5	0	0	0	0	0	0	0	0	26
	VOLUNTARY	5	82	14	80	4	84	10	83	3	69	10	71	4	67	5	71	8	89	6	68	8	75	11	74	1,001
	TOTAL	5	82	14	83	4	92	10	86	3	69	10	75	4	70	5	76	8	89	6	68	8	75	11	74	1,027
Neighborhood Health Provider PHPS	INVOLUNTARY	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	4	114	17	121	0	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	289
	TOTAL	4	116	17	121	0	33	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	291
OXFORD INSURANCE CO.	INVOLUNTARY	0	3	0	7	0	5	0	0	0	1	0	2	0	45	0	0	0	0	0	1	0	2	0	0	66
	VOLUNTARY	0	0	0	0	0	1	0	0	0	0	1	0	0	0	1	0	1	1	1	0	0	0	0	2	8
	TOTAL	0	3	0	7	0	6	0	0	0	1	1	2	0	45	1	0	1	1	1	1	0	2	0	2	74
UNION LOC.	INVOLUNTARY	0	5	3	6	1	7	2	11	0	7	0	3	0	231	0	5	1	9	0	5	2	1	0	0	299

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 12/14/2013

		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		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	
UNION LOC. 1199	UNKNOWN	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	3	24	7	27	6	13	11	15	11	16	7	11	10	14	11	20	17	28	5	20	13	15	5	11	320
	TOTAL	3	29	10	33	8	20	13	26	11	23	7	14	10	245	11	25	18	37	5	25	15	16	5	11	620
United Healthcare of NY	INVOLUNTARY	0	10	2	10	1	17	2	7	1	13	2	30	1	345	1	10	0	5	0	5	0	3	0	3	468
	VOLUNTARY	17	84	12	137	17	113	18	151	14	111	18	110	4	140	9	112	8	120	13	81	11	84	8	101	1,493
	TOTAL	17	94	14	147	18	130	20	158	15	124	20	140	5	485	10	122	8	125	13	86	11	87	8	104	1,961
Wellcare of NY	INVOLUNTARY	0	0	2	8	2	6	1	12	0	6	7	32	2	5	0	1	0	1	0	3	0	0	0	0	88
	VOLUNTARY	4	25	3	38	3	21	9	26	4	33	2	28	3	30	3	19	0	29	0	23	7	20	3	38	371
	TOTAL	4	25	5	46	5	27	10	38	4	39	9	60	5	35	3	20	0	30	0	26	7	20	3	38	459
Disenrolled Plan Transfers	INVOLUNTARY	2	53	15	108	15	121	11	90	10	93	33	256	7	1,620	10	80	4	64	5	38	5	23	0	13	2,676
	UNKNOWN	0	1	1	1	1	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	6
	VOLUNTARY	204	1,991	239	2,294	192	2,129	281	2,422	194	1,998	208	1,890	248	2,322	178	1,740	205	2,328	177	1,720	202	1,885	208	2,033	27,288
	TOTAL	206	2,045	255	2,403	208	2,250	292	2,512	204	2,091	241	2,146	255	3,943	188	1,820	209	2,393	182	1,758	207	1,908	208	2,046	29,970
Disenrolled Unknown Plan Transfers	INVOLUNTARY	2	50	9	26	1	50	5	22	2	17	3	93	5	189	3	27	1	26	3	23	1	24	2	19	603
	UNKNOWN	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	2
	VOLUNTARY	1	29	0	68	1	90	1	93	2	93	0	69	2	67	0	57	0	49	1	43	2	33	2	51	754
	TOTAL	3	79	9	95	2	140	6	115	4	110	3	162	7	256	3	84	1	76	4	66	3	57	4	70	1,359
Non-Transfer Disenroll Total	INVOLUNTARY	132	3,776	1,625	12,368	1,902	15,760	925	9,485	1,088	10,179	1,069	9,461	919	9,193	1,003	9,763	987	10,159	931	9,295	1,298	10,851	1,048	9,829	133,046
	UNKNOWN	0	2	6	7	1	2	0	5	2	3	6	1	2	2	0	3	3	4	6	1	0	0	0	0	56
	VOLUNTARY	0	56	0	88	0	86	2	83	2	71	8	184	2	71	0	110	2	119	3	102	3	109	2	84	1,187

Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 12/14/2013

		2013_01		2013_02		2013_03		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		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	
Non-Transfer	**TOTAL**	132	3,834	1,631	12,463	1,903	15,848	927	9,573	1,092	10,253	1,083	9,646	923	9,266	1,003	9,876	992	10,282	940	9,398	1,301	10,960	1,050	9,913	134,289
Total MetroPlus Disenrollment	INVOLUNTARY	136	3,879	1,649	12,502	1,918	15,931	941	9,597	1,100	10,289	1,105	9,810	931	11,002	1,016	9,870	992	10,249	939	9,356	1,304	10,898	1,050	9,861	136,325
	UNKNOWN	0	3	7	9	2	2	0	5	2	3	6	1	2	3	0	3	3	6	6	1	0	0	0	0	64
	VOLUNTARY	205	2,076	239	2,450	193	2,305	284	2,598	198	2,162	216	2,143	252	2,460	178	1,907	207	2,496	181	1,865	207	2,027	212	2,168	29,229
	TOTAL	341	5,958	1,895	14,961	2,113	18,238	1,225	12,200	1,300	12,454	1,327	11,954	1,185	13,465	1,194	11,780	1,202	12,751	1,126	11,222	1,511	12,925	1,262	12,029	165,618

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

December-2013

		Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
Total Members	Prior Month	431,083	429,838	428,592	426,735	426,824	424,598	420,893
	New Member	14,552	15,690	13,450	16,446	12,442	12,986	14,203
	Voluntary Disenroll	2,546	2,900	2,280	2,893	2,239	2,423	2,550
	Involuntary Disenroll	13,251	14,036	13,027	13,464	12,429	14,268	12,878
	Adjusted	-5	-3	20	102	679	1,813	0
	Net Change	-1,245	-1,246	-1,857	89	-2,226	-3,705	-1,225
	Current Month	429,838	428,592	426,735	426,824	424,598	420,893	419,668
Medicaid	Prior Month	368,929	367,978	366,442	364,706	364,331	362,122	358,787
	New Member	11,821	12,749	10,897	13,285	9,875	10,388	11,516
	Voluntary Disenroll	2,144	2,460	1,907	2,497	1,865	2,027	2,167
	Involuntary Disenroll	10,628	11,825	10,726	11,163	10,219	11,696	10,600
	Adjusted	-2	0	22	102	677	1,731	0
	Net Change	-951	-1,536	-1,736	-375	-2,209	-3,335	-1,251
	Current Month	367,978	366,442	364,706	364,331	362,122	358,787	357,536
Child Health Plus	Prior Month	12,723	12,643	12,545	12,391	12,279	12,186	12,094
	New Member	462	393	351	436	472	434	464
	Voluntary Disenroll	26	20	36	51	38	29	26
	Involuntary Disenroll	516	471	469	497	527	497	485
	Adjusted	0	0	0	1	0	8	0
	Net Change	-80	-98	-154	-112	-93	-92	-47
	Current Month	12,643	12,545	12,391	12,279	12,186	12,094	12,047
Family Health Plus	Prior Month	33,742	33,455	33,604	33,554	33,872	33,826	33,431
	New Member	1,771	2,001	1,764	2,146	1,659	1,694	1,855
	Voluntary Disenroll	216	252	178	207	181	207	212
	Involuntary Disenroll	1,842	1,600	1,636	1,621	1,524	1,882	1,600
	Adjusted	1	1	-1	2	-3	41	0
	Net Change	-287	149	-50	318	-46	-395	43
	Current Month	33,455	33,604	33,554	33,872	33,826	33,431	33,474

MetroPlus Health Plan

Membership Summary by LOB Last 7 Months

December-2013

		Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13
HHC	Prior Month	3,270	3,313	3,350	3,305	3,321	3,321	3,304
	New Member	48	61	22	43	30	16	2
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	5	24	67	27	30	33	39
	Adjusted	-3	-3	-1	-2	8	18	0
	Net Change	43	37	-45	16	0	-17	-37
	Current Month	3,313	3,350	3,305	3,321	3,321	3,304	3,267
SNP	Prior Month	5,495	5,456	5,457	5,451	5,420	5,415	5,366
	New Member	92	104	79	89	78	68	67
	Voluntary Disenroll	44	44	33	38	27	30	40
	Involuntary Disenroll	87	59	52	82	56	87	68
	Adjusted	-1	-1	0	0	-2	-1	0
	Net Change	-39	1	-6	-31	-5	-49	-41
	Current Month	5,456	5,457	5,451	5,420	5,415	5,366	5,325
Medicare	Prior Month	6,780	6,795	6,936	7,040	7,230	7,307	7,477
	New Member	292	313	293	349	266	353	258
	Voluntary Disenroll	116	124	126	100	128	130	105
	Involuntary Disenroll	161	48	63	59	61	53	56
	Adjusted	0	0	0	-1	-1	12	0
	Net Change	15	141	104	190	77	170	97
	Current Month	6,795	6,936	7,040	7,230	7,307	7,477	7,574
Managed Long Term Care	Prior Month	144	198	258	288	371	421	434
	New Member	66	69	44	98	62	33	41
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	12	9	14	15	12	20	30
	Adjusted	0	0	0	0	0	4	0
	Net Change	54	60	30	83	50	13	11
	Current Month	198	258	288	371	421	434	445

Bert Robles
Senior Vice President, Information Technology Services
Report to the M&PA/IT Committee to the Board
Thursday, January 9, 2014 – 12:00 noon

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

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

   Last month, QuadraMed announced the general availability of QCPR Release 6.0. This release will support the US American Recovery and Reinvestment Act/Heath Information Technology for Economic and Clinical Health Act (ARRA/HITECH) 2014 Meaningful Use requirements. This version was tested by Drummond Group, Inc., which is an Office of the National Coordinator Authorized Testing and Certification (ONC-ATCB) body as a complete Electronic Health Record (EHR). Quadramed is awaiting final certification notice.

   HHC is moving forward as quickly as possible with this upgrade and is scheduled to complete implementation across HHC by the end of February 2014.

   This is a major update and will require some changes in clinical workflow (for example, Bar Code Med Administration and Patient Engagement through the Portal) to enable the achievement of meaningful use status this Federal Fiscal Year (October 1st through September 30th).

2. **Prescription Printer Update:**

In October of 2014, EITS presented a solution to secure the prescription printing paper from unauthorized access using a software package provided by the vendor, LRS. The software package performed to all business specifications flawlessly. To date we have installed software drivers on over 33,000 workstations and completed 1,088 out of 2,416 networked printers. Five (5) facilities have completed Phase 1 of the migrations with the remainder of the facilities to be completed by the end of January 2014.

During the discovery of the facilities we found that over 2,000 printers were not connected to HHC's computer network. Epic requires all printers to be connected to HHC's computer network to print prescriptions. As part of Phase 2, EITS will be connecting all prescription printers to the HHC computer network. All work is scheduled to be completed by April with the LRS solution installed.

3. Annual Financial Systems Disaster Recovery Test:

The annual Financial Systems Disaster Recovery test has been scheduled for the fourth quarter in Fiscal Year 2014. Enterprise IT Services will be partnering with various HHC business units to accomplish this test. The scope of this year's test will be expanded from prior years. The expansion is to include more business functions that were not part of the prior testing (e.g., payroll and OTPS checks). Part of the testing that will occur this year

will be to test the resolutions that were put in place as a result of issues discovered during Superstore Sandy.

4. Mandatory Training Program for Enterprise IT Services Employees:

Beginning on November 1, 2013, as part of the IT Training & Professional Development program within EITS, all employees were assigned mandatory on-line training to enhance as well as complement their current skill set. A core curriculum of essential skills was developed for employees with special curriculums for Project Managers, new and experienced managers as well as the Enterprise Service Desk employees. Each curriculum is approximately 20 hours in length and must be completed by June 30, 2014. Course completion will be tracked through the PeopleSoft application. It will also factor into staff evaluation and future promotions. Development of Year 2 and 3 curriculums is already underway.

This completes my report today. Thank you.

RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to enter into a contract with EMC Corporation(the "Contractor") for VMWare virtualization software through a NYS Office of General Services ("OGS") contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term.

WHEREAS, the Corporation is undertaking an initiative to upgrade our existing infrastructure by virtualizing our critical infrastructure assets; and

WHEREAS, Enterprise IT Services has recommended that the Corporation use virtualization software to support the new EMR as well as standardizing on virtual desktops throughout the facilities; and

WHEREAS, software server virtualization also reduces costs as there is less hardware required; and

WHEREAS, the Corporation solicited proposals from virtualization resellers who offer their services via New York State OGS contracts and Federal General Services Administration ("GSA") contracts; and

WHEREAS, the Contractor is an authorized reseller of VMWare virtualization software and maintenance; and

WHEREAS, the Contractor offered the lowest price for the requested services and the OGS contract prices for such services and maintenance are discounted from market price; and

WHEREAS, under the proposed agreement with the Contractor, the Corporation will be given an enterprise license agreement with VMWARE to sign that will secure the Corporation's right to use the software and will obligate the Corporation to respect the intellectual property rights of VMWARE but will not involve any financial commitment by the Corporation to VMWARE; 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 the President of the New York City Health and Hospitals Corporation be and hereby is authorized to enter into a contract with EMC Corporation for VMWare virtualization software and maintenance, through a NYS Office of General Services contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term.

EXECUTIVE SUMMARY

The accompanying resolution requests approval to enter into a contract with EMC Corporation (the "Contractor") for VMWare virtualization software through a NYS Office of General Services ("OGS") contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term. A portion of the funding for this purchase will be provided from the EMR budget previously presented to the Board of Directors.

Under the proposed agreement with the Contractor, the Corporation will be given an enterprise license agreement with VMWARE to sign that will secure the Corporation's right to use the software and will obligate the Corporation to respect the intellectual property rights of VMWARE but will not involve any financial commitment by the Corporation to VMWARE.

Through this Enterprise License Agreement ("ELA"), HHC is undertaking an important initiative to upgrade our existing infrastructure by virtualizing our critical infrastructure assets. The software provided in the Enterprise Licensing Agreement will enable HHC to effectively service the EPIC implementation, enhance HHC disaster recover capability, enable a private cloud computing environment and securely deploy "Bring Your Own Device (BYOD)."

EITS has recommended the use of virtualized software to support the new EMR/EPIC application as a technical requirement to service the user community's desktops. Virtual desktop infrastructure (VDI) is the practice of hosting a desktop operating system within a virtual machine (VM) running on a centralized server. VDI is a variation on the client/server computing model, sometimes referred to as server-based computing. This configuration builds efficiencies within the infrastructure environment to allow EITS to redirect these support resources to other high level activities.

Server virtualization has many benefits. Server virtualization reduces costs as there is less hardware is required. Server virtualization conserves space through consolidation as several machines can be combined into one server running multiple virtual environments. It also utilizes resources to their maximum capacity allowing savings on operational costs (e.g. using a lower number of physical servers reduces hardware maintenance).

Similar to the EPIC deployment, "Bring Your Own Device" (BYOD) must be deployed in a secure, HIPAA compliant environment. By utilizing desktop virtualization, all devices will use a virtual server to access critical applications and files using smartphones, iPad and Android-based tablets and desktops. No files will be stored on these devices, only on the virtualized servers.

The new ELA has the potential to avoid costs by standardizing virtual desktops and minimizing the resources necessary to support this environment. The non-bundled renewal cost of the requested desktop and service virtualization would total over $11.5 million, over the three year term, avoiding costs of approximately $7.9 million. The Corporation conducted a solicitation via NYS OGS and GSA contracts for the requested software and maintenance for a three year term. EMC Corporation offered the lowest proposed price for the requested services, totaling $3,633,388 over the three year term, resulting in a 68% reduction in the 3 year total spend.

Solicitations were sent out to all eligible vendors on the NYS OGS and GSA contracts and EMC Corporation was selected as the winner based on lowest price.

CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: VMWARE Enterprise Licensing Agreement (ELA)

Project Title & Number: VMWARE Enterprise Licensing Agreement (ELA)

Project Location: Corporate Data Centers

Requesting Dept.: EITS

Successful Respondent: EMC Corporation

Contract Amount: **$**3,633,388 plus a 15% contingency of $545,007

Total Not To Exceed Amount: $4,178,395

Contract Term: 3 years

Number of Respondents: 7 respondents
(If Sole Source, explain in Background section)

Range of Proposals:* $3,573,920 to $4,251,520
(* for bundled and unbundled desktop and server virtualization options including an ELA)

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

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

Method of Payment: X Lump Sum Per Diem Time and Rate
Other: explain 3 annual payments

EEO Analysis: N/A

Compliance with HHC's McBride Principles? X Yes No

Vendex Clearance Yes No X N/A

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

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

Through this Enterprise License Agreement ("ELA"), HHC is undertaking an important initiative to upgrade our existing infrastructure by virtualizing our critical infrastructure assets. The software provided in the Enterprise Licensing Agreement will enable HHC to effectively service the EPIC implementation, enhance HHC disaster recover capability, enable a private cloud computing environment and securely deploy "Bring Your Own Device (BYOD)."

EITS has recommended the use of virtualized software to support the new EMR/EPIC application as a technical requirement to service the user community's desktops. Virtual desktop infrastructure (VDI) is the practice of hosting a desktop operating system within a virtual machine (VM) running on a centralized server. VDI is a variation on the client/server computing model, sometimes referred to as server-based computing. This configuration builds efficiencies within the infrastructure environment to allow EITS to redirect these support resources to other high level activities.

Server virtualization has many benefits. Server virtualization reduces costs as there is less hardware required. Server virtualization conserves space through consolidation as several machines can be combined into one server running multiple virtual environments. It also utilizes resources to their maximum capacity allowing savings on operational costs (e.g. using a lower number of physical servers reduces hardware maintenance).

Similar to the EPIC deployment, "Bring Your Own Device" (BYOD) must be deployed in a secure, HIPAA compliant environment. By utilizing desktop virtualization, all devices will use a virtual server to access critical applications and files using smartphones, iPad and Android-based tablets and desktops. No files will be stored on these devices, only on the virtualized servers.

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

Presented to the CRC on November 6, 2013.

A portion of the funding for this purchase will be provided from the EMR budget previously presented to the Board of Directors

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:

N/A.

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):*

EMC Corporation has a NYS OGS Contract (#PT60953). An RFQ to implement desktop virtualization software and maintenance was issued to 17 vendors, who were listed as virtualization software resellers on NYS OGS and GSA contracts.

Three price proposals were received and two "No Bid" responses.

All three 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 an Enterprise License Agreement that includes desktop and server virtualization.

List of Firms Considered/Responding to Solicitation

1. EMC Corporation
2. Dell Marketing, L.P.
3. Citrix Systems, Inc.
4. Enpointe
5. Systems Management Planning, Inc.
6. World Wide Technology, Inc.
7. Carahsoft Technology Corp.
8. Infotec, LLC.
9. CDW-Government, Inc.
10. Cerner Corporation
11. Derive Technologies
12. Future Tech Enterprise, Inc.
13. Currier McCabe Associates, Inc. dba/ CMA
14. Dyntek Corporation
15. Ergonomic Group, Inc.

16. Q.E.D. Inc. dba QED National
17. Verizon Network Integration Corp.

CONTRACT FACT SHEET (**continued**)

Scope of work and timetable:

The accompanying resolution requests approval to enter into a VMWARE Enterprise Licensing Agreement (ELA) with VMWare, Inc., and a contract with EMC Corporation, an authorized reseller of VMWare virtualization software and maintenance, through a NYS Office of General Services (OGS) contract.
The new is for unlimited use of virtual desktop software along with an unlimited amount of monitoring licenses. HHC will be receiving 5000 licenses that will enable HHC to effectively troubleshoot issues in the infrastructure environment, upgrade the existing licenses that allows us to take advantage of new features that were not available with the previous version, receive 400 new licenses that will allow us to continue virtualizing servers over the next three years and training credits to educate HHC on the new technology. HHC will begin the deployment of these licenses as soon as they are secured.

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

Entering into a new ELA for virtual desktops and servers could potentially avoid costs of approximately $7.9 million in monitoring, troubleshooting and virtual desktop licenses over the next three years.

Purchasing each of the items listed in the ELA individually at list price would have cost the Corporation over $11.5 Million dollars over the next three years. We have secured a bid of $3.6M for the same products and support.

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

FY11	$207,178.35
FY12	$425,197.11
FY13	$383,902.72

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

The Work will be done by the Corporation's staff, only the licenses are being purchased from a third party vendor.

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?

NA

CONTRACT FACT SHEET **(continued)**

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

This contract will be administered by Bert Robles, Senior VP / Corporate CIO.

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

N/A

Received By E.E.O. _____
Date

Analysis Completed By E.E.O._____
Date

_____
Name

VMWARE Enterprise License Agreement (ELA)

Medical & Professional Affairs/IT Committee Meeting

January 9, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Background Summary

HHC Requirements

- New Enterprise license agreement for virtual desktop and virtual server software and maintenance
- Portion of the Enterprise Licensing agreement is related to EMR Program

Current Scenario

- In 2007, HHC entered into an ELA with Dell for unlimited VMWARE licenses that ended in 2010
- HHC is currently paying for any new server licenses without the benefit of ELA discounts.
- HHC is currently paying maintenance to VMWARE using isolated contracts
- HHC needs desktop virtualization and support software for the new EPIC rollout.
- HHC plans to rollout a corporate virtual desktop environment over the next three years.
- Provide technology to enable “Bring Your Own Device” configurations

ELA Summary

EMC Enterprise Licensing Agreement - New Capabilities

- VMware Horizon View
- VMware vCenter Operations Manager
- VMware vCenter Log Insight
- VMware vCenter Operations 5.6 Management Suite Enterprise
- VMware vCloud Suite 5 Enterprise
- Upgrade: VMware vSphere 5 Enterprise to vSphere 5 Enterprise Plus

---

- Training Credits
- Business Critical Service (uplift over Production Support)
- VMware Technical Account Manager (TAM)
- Extended Payment Plan (includes year 3 maintenance)

Financial Analysis

Historical Spend

Description	FY11	FY12	FY13	Total Spend
ELA and Maintenance	$207,178	$425,197	$383,902	$1,016,277

Future Spend *

Description	FY11	FY12	FY13	Total Spend
ELA and Maintenance	$1,293,354	$1,170,017	$1,170,017	$3,633,388

* Approximately $2.1 million is being funded through EMR Capital and Operating Funds

Benefits:

- Reduction in PC refresh requirements (approximately $2M to $4M annually)
- Negotiated volume License + Support & Subscription rates at an 70% discount rate over list price (ability to pay over time)
- $120,000 in Training Service credits
- Business Critical Support included ($80,000 value)
- Technical Account Manager included ($129,900 value)

Procurement Approach

- 17 vendors were solicited via NYS OGS and GSA contracts and 3 bids received for bundled and unbundled desktop and server virtualization options including an ELA
- Below illustrates only bundled pricing received. Single product pricing not shown but is on record through the OGS/GSA solicitation and available for review
- Recommendation: Contract with EMC Corporation, Inc. based on lowest responsive bid for the Enterprise Licensing Agreement
- Contract in an amount not to exceed $4,178,395, which includes a 15% contingency of $545,007 over a three year term).

Vendor Information	Contract	7000 desktop and 400 Server virtualization licenses w/ maintenance	Enterprise License Agreement Bid Amount	No Bid	No Reply
EMC Corporation	NYS OGS	$ 3,573,920	$ 3,633,388		
Dell Marketing, L.P.	NYS OGS	$ 3,989,416	$ 4,222,297		
Citrix Systems, Inc.	NYS OGS	$ 4,251,520			
Enpointe	NYS OGS				X
Systems Management Planning,	NYS OGS			X	
World Wide Technology, Inc.	NYS OGS				X
Carahsoft Technology Corp.	NYS GSA				X
Infotec, LLC.	NYS GSA				X
CDW-Government, Inc.	NYS OGS				X
Cerner Corporation	NYS OGS				X
Derive Technologies	NYS OGS			X	
Future Tech Enterprise, Inc.	NYS OGS				X
Currier McCabe Associates, Inc. dba/ CMA	NYS OGS				X
Dyntek Corporation	NYS OGS				X
Ergonomic Group, Inc.	NYS OGS			X	
Q.E.D. Inc. dba QED National	NYS OGS				X
Verizon Network Integration Corp.	NYS OGS			X	

EMR Budget Presented to Board of Directors in September 2012

The total fifteen-year cost to move from the current state to Epic is outlined below. This includes the cost of the new system as well as the cost to transition off the old systems.

Funding source for Virtualization ELA for hardware

- Approximately $2.1M funding from EMR budget
- Approximately $2M funded from EITS OTPS budget

Component	Description	15-year Cost Presented in September 2012 (in millions)
1. EPIC Contract	Epic Resolution Term 2012-2027	$303
2. QMED	Continuation of current contract through the transition	$80
3. Third Party & other Software *	To be installed over the next 5 years and to be funded through 2027. Includes transition of other existing applications.	$144
4. Hardware*	To be purchased over the next 3 years and replacements to be funded through 2027	$191
5. Interfaces*	To be purchased over the next 3 years and replacements to be funded through 2027	$157
6. Implementation Support*	Vendors to be identified through RFP, Includes cost of non IT Staff participation, training & clinical staff coverage. *(Includes costs associated with backfilling non IT staff with temps.)*	$203
7. Application Support Team	New and Existing HHC Staff to be used through the implementation and maintenance period. (*Includes existing and net new FTEs including fringe benefit costs*)	$ 357
		Total: $1,435

*** Future contracts to be presented to the Board of Directors.**

Questions

Questions?

Patient Self-Service Scheduling Through Patient Portal

Enrick Ramlakhan

AVP, Corporate Applications

Medical and Professional Affairs/IT Committee

January 9, 2014

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

nyc.gov/hhc

Introduction

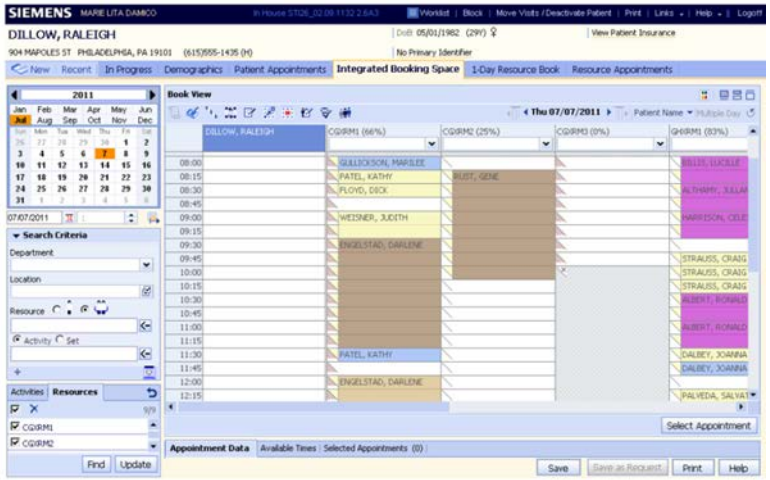
- Enterprise IT Services and the Revenue Cycle Technical team investigated the possibility of integrating the Patient Portal with the Siemens Soarian scheduling application to allow for HHC patients to schedule their medical/ clinical appointments via their patient portal*
- Potential Benefits to the implementation of Patient Self Scheduling may include:
  - Improved patient satisfaction with the ability to choose best location and time to meet their schedules. Patients can manage appointments without a phone call.
  - Reduced no-shows with integrated clinical preps and instructions to ensure proper preparation.
  - Save staff time and reduce administrative burdens leading to increased capabilities or options to reduce staff. Reduce phone calls & maximize front-desk efficiency
  - Improved physician satisfaction due to reduced demand on support staff and reduced time on phone with facility scheduling office.
  - Streamline the workflow for the professional schedulers.
  - Will support HHC in meeting the Meaningful Use II requirements whereby, 5% of our patient population utilizes the patient portal.
- *Proposed Current Patient Portal - Utilize Caradigm's Patient Portal (GetReal Health)
- *Proposed Future Patient Portal – Utilize EPIC's MyChart

High-Level View of an Appointment Request

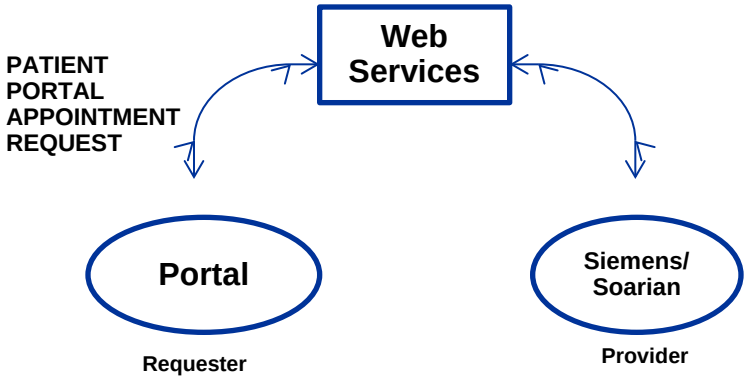
- The source of the appointment request and confirmation can be from within the Scheduling module or from an external source such as a patient portal
- Accomplished via the Patient Portal by selection of service, location or doctor in the portal
- Confirmation to the particular service can be done via a worklist in the scheduling application
- Confirmation sent to the patient via email, automated phone (pbx) or mail (postcard reminder)

From within Scheduling

INTEGRATED BOOKING SPACE WITHIN SOARIAN SCHEDULING

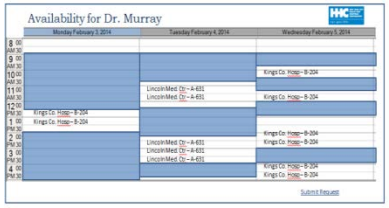


From an External Source

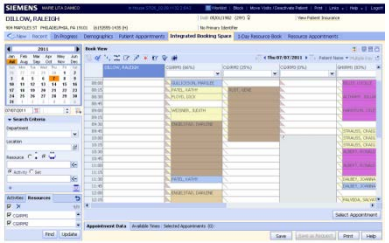


High-Level View of an Appointment Request / Scheduling via the Patient Portal

View Availability of – service, location, doctor



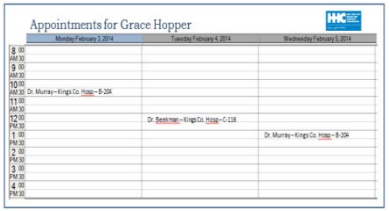
Schedule Appointment



Request Appointment

Terminate Request

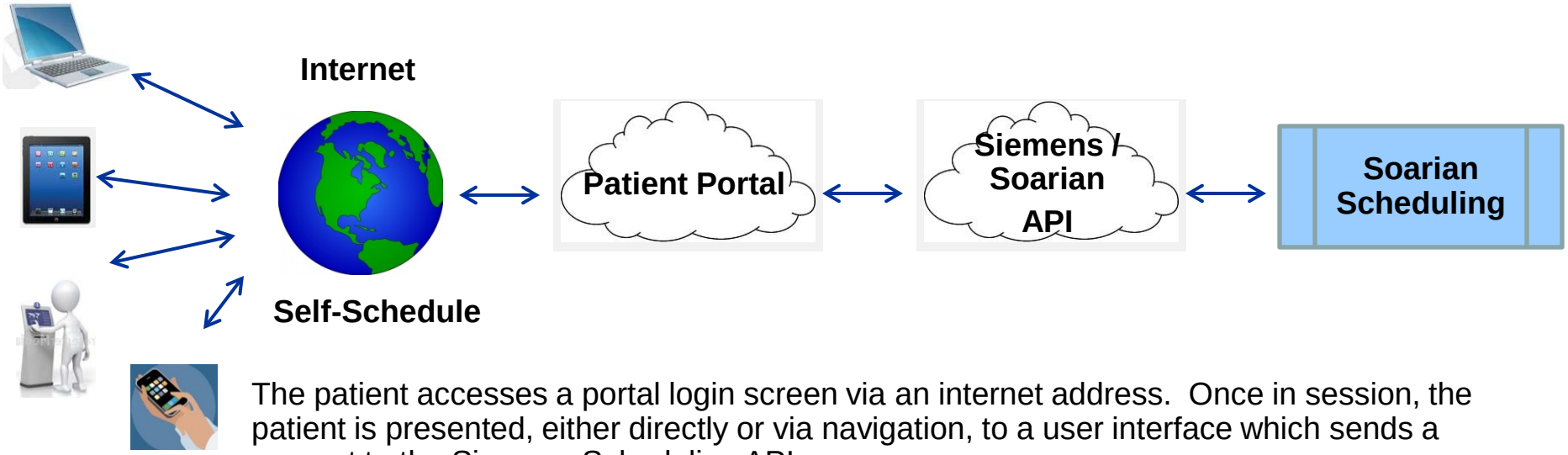
View Scheduled, pending, cancelled requests for patient



Also: Change appointment statuses, cancel appointments

High-Level View of the Architecture

Siemens makes its Scheduling functionality available through a Web Services API (Application Programming Interface). This allows access to a third party such as a patient portal provider.



The patient accesses a portal login screen via an internet address. Once in session, the patient is presented, either directly or via navigation, to a user interface which sends a request to the Siemens Scheduling API.

Security

Security is set up at:

The Patient Level – A user ID and password is authenticated against a file-based repository or an LDAP (Lightweight Directory Access Protocol) which is a directory service look-up.

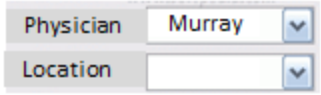
The System Level – HHC must set up an account with Siemens of which the user ID and password would be used on every request made to the portal web services.

Portal Activity Subject to Rules Configured in Scheduling

All appointment requests sent via the portal to the Scheduling function are subject to rules set up within Scheduling.

For instance, the appointment request department, location and service cannot conflict with the association set up between these same entities in the Scheduling application. The dropdown boxes presented to the user in the portal appointment request screen are a result of the portal having sent a request (getServiceSchedulingDetails) to Scheduling.

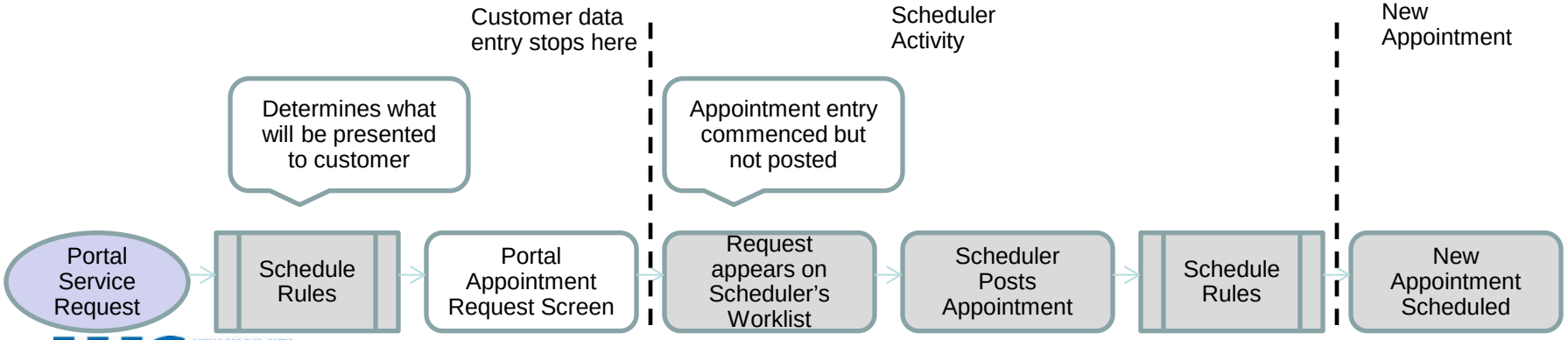
Dropdown boxes enforce rules →



Those rules set up by HHC using the Soarian Business Rules Development Tool utility will also be in effect and cannot be subverted by patient portal activity.

It is also important to note, an Appointment Request is the commencement, but not actual posting of an appointment. HHC may choose to leave the actual posting of the appointment in the hands of the professional schedulers.

Insulation of the Database from the Customer



Create an Appointment Request – Simulated Flow

The user clicks on New Appointment. Behind the scenes, the portal call Siemens in order to build Physician and Location dropdown lists for the user. For this example, the user selects Dr. Murray and clicks to see availability. On the resulting screen, the user highlights time slot and clicks to request appointment. Portal sends request to a worklist in Scheduling.

Patient logs into Portal → Clicks on New Appointment → Portal builds dropdowns calls getHealthProfessionals getServiceSchedulingDetails → **Patient Selects**: Physician **Murray**, Location; **Clicks View Availability** → Portal requests availability calls findTimesForResource

Simulated

Availability for Dr. Murray

	Monday February 3, 2014	Tuesday February 4, 2014	Wednesday February 5, 2014
8 00 AM 30			
9 00 AM 30			
10 00 AM 30			Kings Co. Hosp – B-204
11 00 AM 30		Lincoln Med. Ctr – A-631	
12 00 PM 30	Kings Co. Hosp – B-204	Lincoln Med. Ctr – A-631	Kings Co. Hosp – B-204
1 00 PM 30	Kings Co. Hosp – B-204		Kings Co. Hosp – B-204
2 00 PM 30		Lincoln Med. Ctr – A-631	Kings Co. Hosp – B-204
3 00 PM 30		Lincoln Med. Ctr – A-631	
4 00 PM 30		Lincoln Med. Ctr – A-631	Kings Co. Hosp – B-204
			Kings Co. Hosp – B-204

User Highlights 1 PM

Submit Request ← **User Clicks**

createAppointmentRequest → **Soarian Scheduling**

View Patient Appointments

The user is able to view scheduled, cancelled appointments and appointment requests. This can be presented on the user interface once the portal has called the getPatientAppointments operation which is available from either the AppointmentRequestService or the AppointmentService.

Simulated

Appointments for Grace Hopper

	Monday February 3, 2014	Tuesday February 4, 2014	Wednesday February 5, 2014
8 00 AM 30			
9 00 AM 30			
10 00 AM 30	Dr. Murray – Kings Co. Hosp – B-204		
11 00 AM 30			
12 00 PM 30		Dr. Beekman – Kings Co. Hosp – C-116	
1 00 PM 30			Dr. Murray – Kings Co. Hosp – B-204
2 00 PM 30			
3 00 PM 30			
4 00 PM 30			

Cancellation of an Appointment Request

The user is able to cancel previously entered requests. This is done by the user triggering an event which might be achieved, for example, by highlighting the request and clicking on a Cancel button or Hyperlink. The exact method would be implemented by the third party patient portal provider. A call to the terminateAppointmentRequest operation would be made by the portal software.

As mentioned earlier in this document, a decision should be made as to whether the portal is an acceptable means by which an appointment can be cancelled or whether a direct phone call with the patient or patient's representative will be required instead.

1. User highlights appointment
2. Clicks to cancel

Simulated

Appointments for Grace Hopper

	Monday February 3, 2014	Tuesday February 4, 2014	Wednesday February 5, 2014
8 00 AM 30			
9 00 AM 30			**1. User highlights appointment**
10 00 AM 30	Dr. Murray – Kings Co. Hosp – B-204		
11 00 AM 30			
12 00 PM 30		Dr. Beekman – Kings Co. Hosp – C-116	
1 00 PM 30			Dr. Murray – Kings Co. Hosp – B-204 Cancel
2 00 PM 30			
3 00 PM 30			
4 00 PM 30			

Next Steps

- Executive Leadership Approval and Sponsorship for the Patient Scheduling Self Service Development and Implementation, including the appropriate resource allocations:
  - Siemens build and implementation
  - Third party patient portal build and implementation
  - HHC staff-hours for build and implementation
  - Staff allocation for ongoing support and maintenance
- Workflow Design and Approvals
  - Security Design
  - Scheduling Design
  - Messaging Design
  - Associate Reports and alerts
- Patient / End User Form Design and Approvals (*Conduct Patient focus group)
- Patient / End User Education and Training development including educational/ training material for patients on portal services including scheduling process.
- Develop an integrated and well managed process for scheduling regardless of venue (by phone, online, in person) including administrative support for patients (help desk/ call center functions) which needs to be in place
- Clinician Education and Training development
- Marketing Materials Designed for Clinicians to Encourage Patients to Login to Portal