

# AGENDA

## MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Meeting Date: April 10, 2014  
Time: 12:30 PM  
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

- *February 13, 2014*

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

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

MR. CONSTANTINO

INFORMATION ITEMS:

1. Health Care Acquired Infection
2. Soarian Status Update

MRS. JOHNSTON

MS. ZURACK

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

## **MINUTES**

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

Meeting Date: February 13, 2014

## **ATTENDEES**

### **COMMITTEE MEMBERS**

Michael A. Stocker, MD, Chairman  
Alan D. Aviles  
Josephine Bolus, RN  
Emily Youssouf  
Amanda Parsons, MD (representing Health Commissioner, Daniel Kass)

### **HHC CENTRAL OFFICE STAFF**

Sharon Abbott, Assistant Director, Corporate Planning and HIV Services  
Janette Baxter, Senior Director, Risk Management  
Jennifer Bender, Assistant Director Community Marketing  
Suzanne Blundi, Deputy Counsel, Office of Legal Affairs  
Louis Capponi, MD, Chief Medical Informatics Officer  
Tammy Carlisie, Associate Director, Corporate Planning  
Eunice Casey, Senior Management Consultant, Corporate Planning and HIV Services  
Deborah Cates, Chief of Staff, Board Affairs  
Peter Coleman, Senior Director, Office of Behavioral Health  
Paul Contino, Chief Technology Officer  
Barbara DeIorio, Senior Director, Internal Communications  
Christine Desrosiers, Office of Legal Affairs  
Joel Font, Consultant, EITS  
Marisa Salamone-Greason, Assistant Vice President, EITS  
Sal Guido, Assistant Vice President, Infrastructure Services  
Terry Hamilton, Assistant Vice President, Corporate Planning Services  
Lauren Haynes, Assistant System Analysis, President Office  
Lydia Isaac, Assistant Director, Corporate Planning & HIV Services  
Caroline Jacobs, Senior Vice President, Safety and Human Development  
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care  
Rachel Krieger, Senior Management Consultant Office of Behavioral Health

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  
Nicholas Stine, MD, Chief Medical Office of ACO  
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  
Lori Schomp, Senior Consultant MIS  
David Larish, Director, Operations  
Christina Jenkins, 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 Gerds, 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  
Scot Hill, Account Executive, QuadraMed  
Richard McIntyre, Siemens

### MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE

Thursday, February 13, 2014

Mr. Alan Aviles, President and Chief Executive Officer, called the meeting to order at 12:45 pm. The minutes of the January 9, 2014 Medical & Professional Affairs/IT Committee meeting were adopted.

## **CHIEF MEDICAL OFFICER REPORT**

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

### Overdose Prevention

Phillip Seymour Hoffman's death has brought increased public attention to the use of overdose prevention kits that include the administration of naloxone, an opioid antidote. Research suggests that up to 85% of users overdose in the presence of others so the distribution of overdose prevention kits can save lives. About 18 months ago, HHC has developed policies and procedures for distribution in licensed OASAS programs, Inpatient Detox and Clinics that followed state and city requirements. The kits are free and distributed by DOHMH. HHC currently has four facilities distributing kits: Kings County, Queens, Jacobi, and Bellevue, and is ramping up for corporate-wide distribution. The original legislation was created to distribute kits directly to patients by trained providers. NYS has pending legislation which will expand the ability of kits to be distributed to family, friends and organizations to have a much broader distribution while keeping training and reporting requirements. HHC continues to work to expand our ability to distribute the kits to heroin users and expand beyond behavioral health programs to include emergency departments and primary care.

### Accountable Care Organization Updates

The 2013 ACO Quality Reporting Period is underway, with coordinated leadership efforts underway with IT and each facility's Quality Management teams. Working to validate automated measures developed by IT with vendor and QM leads. ACO team is hosting weekly support webinars and site visits for chart reviewers. Initial Claims Data Analysis reveals population of 115 patients (1%) responsible for 18% of 2013 spending. Hotspot analysis is being conducted with facilities to develop narrative understanding of this group. ACO Leads are designated at all 17 facilities, with Leadership Retreat to take place this month. The ACO team has conducted 14 facility kickoff presentations, as well

as launched a series of Provider Education Webinars. The ACO team is working with PCMH to integrate ACO data into standard clinical workflows. Siemens analysts have created mock-up of ACO Point-of-Care Notification field under the direction of the ACO. There is ongoing development and testing of QuadraMed modifications for ACO performance in collaboration with IT.

### Influenza Vaccination

Currently 83% of our employees are vaccinated (approximately 31,000 employees). Some of our facilities have 90 – 92% vaccinated rates. Approximately 20,000 contractors, volunteers, vendors, etc. were also vaccinated. This is considerable progress from previous years.

### **METROPLUS HEALTH PLAN**

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 January 30, 2014 was 433,300. Breakdown of the plan enrollment by line of business is as follows:

Medicaid	362,516
Child Health Plus	11,678
Family Health Plus	26,430
MetroPlus Gold	3,501
Partnership in Care (HIV/SNP)	5,312
Medicare	7,860
MLTC	465
QHP	15,210
SHOP	328

The QHP numbers have increased to over 15,210 since January 1<sup>st</sup>, 2014 because we have allowed members to pay through January 24<sup>th</sup>, 2014. In addition, we still have over 10,000 additional applicants who have not yet paid for their coverage.

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. On a positive note, the losses to Healthfirst and Fidelis were 30% lower this month.

MetroPlus membership has increased since my last report to this committee. We gained over 15,000 Exchange members in January, with the implementation of our Qualified Health Plan offerings on the New York State of Health (NYSoH).

MetroPlus ended 2013 with our membership at 421,000 members. This reflects a 4.5% decrease in membership over the year. As I have discussed throughout 2013, factors contributing to the decrease include eligibility correction due to Third Party Health Insurance, failure of members to recertify, losses to competitor health plans and delays in processing applications through HRA.

In regards to the New York State of Health (NYSoH), as of January 31<sup>st</sup>, over 380,000 New Yorkers enrolled in the NYSoH. As of January 30<sup>th</sup>, 2014, MetroPlus has received over 26,000 completed applications and have over 15,000 paid members. We have also received our files with Medicaid and Child Health Plus enrollments, and we have approximately 4,900 new Medicaid and Child Health Plus

members who have enrolled through the Exchange website. We have identified that there is a lag in the time from when a consumer completes an application to when they are enrolled in a health plan.

Given this delay, as well as continued consumer interest, we anticipate a continued increase in membership until the open enrollment period ends on March 31<sup>st</sup>, 2014.

The Department of Financial Services (DFS) presented health plan representatives with a timeline for 2015 forms and rate submissions for our marketplace products. DFS and NYSoH staff indicated that invitations for plans to participate in the marketplace will be issued in early-March, with plan responses due back a month after the release.

This month, MetroPlus received a notice from the NYSDOH of its intent to begin on-site focus surveys of our plan compliance with the Fraud and Abuse Program Integrity requirements. This is a result of the findings of an audit of the New York State Department of Health's oversight of these requirements by CMS. The first component of the survey is a review of certain documents that are to be submitted no later than February 11, 2014. The second component of the survey is an on-site review of the Plan's Fraud and Abuse Program, as well as compliance with Medicaid Program Integrity requirements. During the on-site component, the team will meet with key staff who are responsible for the Plan's Fraud and Abuse Program and Medicaid Integrity Compliance Program, including the Plan's Fraud and Abuse Director (and/or compliance officer), Medical Director or Director of Credentialing, and staff responsible for fraud and abuse and compliance training for all Plan employees. Our Compliance area is currently compiling all of the documentation that will be needed for the onsite visits as well as ensuring that pertinent MetroPlus staff is ready for their respective interviews. We expect the DOH to be onsite on March 25<sup>th</sup>, 2014.

After months of preparation to join the Fully Integrated Duals Advantage (FIDA) program, MetroPlus has completed our on-site FIDA readiness review. Reviewers from NYS and CMS conducted their review beginning on January 14<sup>th</sup>, 2014 and ended the following day. The site visit was an overall success, and the verbal feedback provided by the reviewers has been taken into consideration as we continue to push towards an October 1<sup>st</sup>, 2014 deadline.

Finally, as I have been reporting to this committee, MetroPlus had been preparing for the carve-in of the nursing home population beginning January 1<sup>st</sup>, 2014. This carve-in has been delayed until March 1<sup>st</sup>, 2014, pending CMS approval.

## **CHIEF INFORMATION OFFICER REPORT**

Bert Robles, Senior Vice President, Information Systems

Mr. Robles provided the Committee with the following updates:

Meaningful Use (MU) Stage 2 Update:

As reported here last month, once QuadraMed announced the general availability of QCPR Release 6.0, HHC would quickly move forward with this upgrade with the goal of completing this upgrade implementation across HHC by the end of February 2014.

The North Bronx Healthcare Network's QuadraMed version 6.0 went live on January 10th after a demanding seven (7) months' worth of regression testing, validation and configuration of this new functionality. Harlem and Kings County Hospital Centers immediately followed as early adopters on

January 24th and February 2nd respectively. The remaining seven (7) HHC hospitals are scheduled to go live by the end of this month.

This upgrade to version 6.0 is an important step towards HHC achieving Meaningful Use (MU) Stage 2. The attestation period is still planned for the third quarter of Federal Fiscal Year 2014.

Of the nineteen (19) MU objectives, Medication Reconciliation, patient access (portal) and transition of care (summary of care) remain at risk as they require extensive user training, patient engagement and involved technical integration with external sources. Equally challenging are the higher thresholds set for each objective. Barcoding Medication Administration (BCMA), also complex, is now complete.

The ongoing activities for this month include preparation and planning for QCPR 6.0 go-lives for the remaining hospitals, monitor and manage progress of work accomplished, continued collaboration with business and vendors, data validation and the initiation of security risk assessment.

#### Patient Portal Update:

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

The patient portal is currently ready but deployment is dependent on the upgrade of QuadraMed to version 6.0 and the interfacing of QCPR with the portal which is currently underway. In QuadraMed, our clinicians will create the visit summary as part of the discharge process. The visit summary is formatted as a CCDA (continuity of care) document and transmitted to the portal, where a patient can then view the information online. Training materials are in place for the portal.

QCPR version 6.0 is being rolled out across all facilities and should be complete by the end of this month. Testing of the integration with the Portal will follow.

## **ACTION ITEMS**

Three Resolutions were brought to the Committee, they are as follows:

1. Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to purchase computer workstations, laptops, and IT peripherals for the entire Corporation through Third Party Contract(s) from various vendors on an on-going basis in an amount not to exceed \$7,200,000, over a 12 month period, which includes a 10% contingency of \$654,545.50.

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

2. Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to purchase storage hardware, software, and associated maintenance from various vendors on an on-going basis via Third Party Contract(s) in an amount not to exceed \$7,200,000 for a one year period, which includes a 10% contingency of \$654,545.50.

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

3. Authorizing the President of the New York City Health and Hospitals Corporation (“the Corporation”) to purchase networking hardware, software and related consulting and technical services through various vendors via Third party contracts on an on-going basis in an amount not to exceed \$28,300,000 in capital funds for a networking infrastructure refresh program over a two year period.

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

## **INFORMATION ITEMS:**

### **Chronic Illness Control in the HHC PCMH**

Dr. David Stevens gave an overview of the barriers to Chronic Illness Control, recognition of uncontrolled illness, effective treatment plans, self-management support, as well as patient-centered access for maintaining control.

### **Behavioral Health Update**

Ms. Joyce Wale and Dr. Gary Belkin presented an overview of the behavioral health environment, the HHC transformational activities, utilization data (HHC ALOS, 30 day Readmission Rate within HHC, use of seclusion, physical restraint, assaults and fights, rate of inpatient psych IM medication use, continuity of care and detox aftercare met), as well as some of the challenges and uncertainties in the behavioral health field.

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



**MetroPlus Health Plan, Inc.**  
**Report to the**  
**HHC Medical and Professional Affairs Committee**  
**April 10<sup>th</sup>, 2014**

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

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

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

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

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

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

(bilingual, English/Spanish), The Jewish Voice, Bronx Times Reporter, Brooklyn Family, and Whitestone Times.

Also, radio station HOT 97 has featured MetroPlus on several health segments. MetroPlus TV coverage included Univision (a segment filmed at Gouverneur), Brooklyn News 12 (filmed at King's County Hospital and spotlighting our Certified Application Counselor's bilingual outreach to consumers), and NY1. Earlier in March, TALKING HEALTH, CUNY TV's series dedicated to health care policies and practices in the U.S., presented an all-new report, *Health Care – The Marketplace*, a review of plans and procedures relating to enrollment in New York State's health exchange, featuring myself and our CFO John Cuda. Hosted by Mike Gilliam, the special premiered Tuesday, March 11<sup>th</sup>, 2014 and is also available for viewing online at [www.cuny.tv](http://www.cuny.tv). Additional online coverage included Crain's Health Pulse, Capital New York and Huffington Post. We will continue to capitalize on our success with enrollment to promote both MetroPlus and HHC, including the sustained use of our co-branded advertising campaign.

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

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

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

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

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

As I reported previously, MetroPlus received a notice from the NYSDOH of its intent to begin on-site focus surveys of our plan compliance with the Fraud and Abuse Program Integrity requirements. This is a result of the findings of an audit of the New York State Department of Health's oversight of these requirements by CMS. The DOH conducted its onsite review on March 25<sup>th</sup>, 2014 of our Fraud and Abuse Program, as well as our compliance with Medicaid Program Integrity requirements. The audit is complete and we are incorporating feedback received during the closing conference.

Finally, as I have been reporting to this committee, MetroPlus had been preparing for the carve-in of the nursing home population originally scheduled for January 1<sup>st</sup>, 2014. This carve-in had been delayed until March 1<sup>st</sup>, 2014, pending CMS approval. We have learned that there has been another delay and we are now preparing to accept members of this population on June 1<sup>st</sup>, 2014.



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

		Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
Total Members	Prior Month	426,647	426,836	424,679	421,436	421,669	432,703	431,620
	New Member	16,512	12,520	13,465	15,343	32,996	15,467	17,304
	Voluntary Disenroll	2,901	2,249	2,437	2,603	1,993	1,109	1,805
	Involuntary Disenroll	13,422	12,428	14,271	12,507	19,969	15,441	15,376
	Adjusted	-53	-57	-69	-37	405	1,636	0
	Net Change	189	-2,157	-3,243	233	11,034	-1,083	123
	Current Month	426,836	424,679	421,436	421,669	432,703	431,620	431,743
Medicaid	Prior Month	364,628	364,351	362,211	359,326	359,397	364,020	359,518
	New Member	13,350	9,950	10,852	12,558	17,593	9,536	10,949
	Voluntary Disenroll	2,495	1,867	2,033	2,193	1,553	697	1,511
	Involuntary Disenroll	11,132	10,223	11,704	10,294	11,417	13,341	12,944
	Adjusted	-52	-48	-61	-29	390	1,513	0
	Net Change	-277	-2,140	-2,885	71	4,623	-4,502	-3,506
	Current Month	364,351	362,211	359,326	359,397	364,020	359,518	356,012
Child Health Plus	Prior Month	12,391	12,280	12,186	12,094	12,064	11,896	11,655
	New Member	436	472	434	476	303	216	278
	Voluntary Disenroll	51	38	29	26	34	18	25
	Involuntary Disenroll	496	528	497	480	437	439	392
	Adjusted	0	-2	-2	-3	1	62	0
	Net Change	-111	-94	-92	-30	-168	-241	-139
	Current Month	12,280	12,186	12,094	12,064	11,896	11,655	11,516
Family Health Plus	Prior Month	33,551	33,873	33,827	33,433	33,509	26,495	26,481
	New Member	2,147	1,658	1,695	1,859	1,102	1,149	1,205
	Voluntary Disenroll	207	181	207	212	146	31	120
	Involuntary Disenroll	1,618	1,523	1,882	1,571	7,970	1,132	1,490
	Adjusted	2	0	0	1	10	30	0
	Net Change	322	-46	-394	76	-7,014	-14	-405
	Current Month	33,873	33,827	33,433	33,509	26,495	26,481	26,076



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

		Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
HHC	Prior Month	3,306	3,321	3,324	3,314	3,317	3,534	3,326
	New Member	43	35	26	37	232	16	0
	Voluntary Disenroll	0	0	0	0	1	179	0
	Involuntary Disenroll	28	32	36	34	14	45	15
	Adjusted	0	-2	-1	0	8	7	0
	Net Change	15	3	-10	3	217	-208	-15
	Current Month	3,321	3,324	3,314	3,317	3,534	3,326	3,311
SNP	Prior Month	5,447	5,416	5,409	5,359	5,326	5,316	5,314
	New Member	89	78	70	74	83	80	60
	Voluntary Disenroll	38	27	31	41	24	23	19
	Involuntary Disenroll	82	58	89	66	69	59	57
	Adjusted	-1	-3	-3	-3	0	14	0
	Net Change	-31	-7	-50	-33	-10	-2	-16
	Current Month	5,416	5,409	5,359	5,326	5,316	5,314	5,298
Medicare	Prior Month	7,038	7,227	7,305	7,477	7,612	7,862	7,957
	New Member	349	266	355	298	530	287	254
	Voluntary Disenroll	100	127	130	106	221	126	120
	Involuntary Disenroll	60	61	53	57	59	66	62
	Adjusted	1	1	1	1	0	6	0
	Net Change	189	78	172	135	250	95	72
	Current Month	7,227	7,305	7,477	7,612	7,862	7,957	8,029
Managed Long Term Care	Prior Month	286	368	417	433	444	466	479
	New Member	98	61	33	41	39	28	44
	Voluntary Disenroll	10	9	7	25	14	11	10
	Involuntary Disenroll	6	3	10	5	3	4	8
	Adjusted	-3	-3	-3	-4	-3	2	0
	Net Change	82	49	16	11	22	13	26
	Current Month	368	417	433	444	466	479	505



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

		Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14
QHP	Prior Month	0	0	0	0	0	13,023	16,583
	New Member	0	0	0	0	13,023	3,939	4,400
	Voluntary Disenroll	0	0	0	0	0	24	0
	Involuntary Disenroll	0	0	0	0	0	355	404
	Adjusted	0	0	0	0	-1	2	0
	Net Change	0	0	0	0	13,023	3,560	3,996
	Current Month	0	0	0	0	13,023	16,583	20,579
SHOP	Prior Month	0	0	0	0	0	91	307
	New Member	0	0	0	0	91	216	114
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	0	0	0	0	0	0	4
	Adjusted	0	0	0	0	0	0	0
	Net Change	0	0	0	0	91	216	110
	Current Month	0	0	0	0	91	307	417



## New Member Transfer From Other Plans

	2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		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	6	27	3	24	6	16	2	24	2	12	4	29	5	15	3	14	1	18	2	17	5	13	3	6	257
Affinity Health Plan	21	170	8	128	16	149	13	172	13	137	18	188	15	157	12	154	15	157	6	145	5	114	6	107	1,926
Amerigroup/Health Plus/CarePlus	28	270	21	259	17	217	27	250	21	191	35	256	25	201	22	211	26	231	17	189	7	166	11	206	2,904
BC/BS OF MNE	0	46	3	36	2	30	1	25	5	25	3	27	5	34	1	20	1	35	0	37	4	19	2	14	375
CIGNA	4	12	4	27	4	19	3	29	4	19	2	16	0	11	2	9	1	19	1	15	2	10	2	3	218
Fidelis Care	21	251	14	195	16	232	25	215	14	167	15	174	21	171	10	182	16	233	4	152	3	131	15	151	2,428
GROUP HEALTH INC.	4	18	0	20	3	19	3	32	1	13	3	29	3	17	3	17	3	14	2	20	0	11	2	10	247
Health First	15	180	14	150	13	171	31	288	24	224	26	281	15	179	13	196	17	199	8	190	9	123	5	151	2,522
HEALTH INS PLAN OF GREATER N	4	30	1	34	1	21	4	19	4	22	4	28	8	12	2	15	3	23	0	13	0	14	5	7	274
HIP/NYC	8	90	9	73	2	90	3	82	2	68	3	73	8	105	2	74	10	93	2	56	2	69	1	61	986
Neighborhood Health Provider PHPS	10	118	11	99	10	140	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	393
OXFORD INSURANCE CO.	2	10	0	10	0	8	2	13	1	13	0	23	2	7	1	10	1	12	1	16	0	3	1	5	141
UNION LOC. 1199	7	34	12	40	7	35	18	63	12	27	9	39	5	17	8	22	6	20	8	38	3	21	6	6	463
United Healthcare of NY	9	149	8	152	9	127	15	133	12	97	14	112	7	112	5	129	7	143	4	90	8	77	10	72	1,501
Unknown Plan	1,732	10,222	1,545	9,761	1,670	9,395	1,846	10,256	1,645	8,747	2,023	10,806	1,549	7,630	1,601	8,614	1,731	10,258	1,043	14,812	1,112	6,293	1,135	5,651	131,077
Wellcare of NY	18	101	13	51	16	101	22	117	25	109	6	134	12	113	17	104	27	100	10	97	5	98	11	82	1,389
<b>TOTAL</b>	<b>1,889</b>	<b>11,728</b>	<b>1,666</b>	<b>11,059</b>	<b>1,792</b>	<b>10,770</b>	<b>2,015</b>	<b>11,723</b>	<b>1,785</b>	<b>9,871</b>	<b>2,165</b>	<b>12,215</b>	<b>1,680</b>	<b>8,781</b>	<b>1,702</b>	<b>9,771</b>	<b>1,865</b>	<b>11,555</b>	<b>1,108</b>	<b>15,887</b>	<b>1,165</b>	<b>7,162</b>	<b>1,215</b>	<b>6,532</b>	<b>147,101</b>



## Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 03/14/2014

Other Plan Name	Category	2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		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	1	0	0	1	0	5	3	116	0	5	0	2	0	2	1	3	1	5	1	1	0	1	0	1	149
	VOLUNTARY	0	4	0	1	0	2	2	0	0	0	0	1	0	2	0	1	2	0	0	0	0	0	0	0	15
	<b>TOTAL</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>7</b>	<b>5</b>	<b>116</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>164</b>
Affinity Health Plan	INVOLUNTARY	0	8	1	5	1	10	0	3	1	2	0	0	0	1	1	2	0	3	0	0	2	25	0	1	66
	VOLUNTARY	17	154	18	129	12	108	12	113	13	76	16	113	15	118	14	125	14	100	8	77	7	51	10	77	1,397
	<b>TOTAL</b>	<b>17</b>	<b>162</b>	<b>19</b>	<b>134</b>	<b>13</b>	<b>118</b>	<b>12</b>	<b>116</b>	<b>14</b>	<b>78</b>	<b>16</b>	<b>113</b>	<b>15</b>	<b>119</b>	<b>15</b>	<b>127</b>	<b>14</b>	<b>103</b>	<b>8</b>	<b>77</b>	<b>9</b>	<b>76</b>	<b>10</b>	<b>78</b>	<b>1,463</b>
Amerigroup/Health Plus/CarePlus	INVOLUNTARY	1	9	3	9	3	33	0	13	1	9	6	9	2	2	0	11	0	6	0	2	5	52	0	4	180
	VOLUNTARY	32	225	20	228	15	208	27	234	12	177	17	221	18	170	18	189	11	219	15	159	1	75	9	143	2,443
	<b>TOTAL</b>	<b>33</b>	<b>234</b>	<b>23</b>	<b>237</b>	<b>18</b>	<b>241</b>	<b>27</b>	<b>247</b>	<b>13</b>	<b>186</b>	<b>23</b>	<b>230</b>	<b>20</b>	<b>172</b>	<b>18</b>	<b>200</b>	<b>11</b>	<b>225</b>	<b>15</b>	<b>161</b>	<b>6</b>	<b>127</b>	<b>9</b>	<b>147</b>	<b>2,623</b>
BC/BS OF MNE	INVOLUNTARY	0	4	0	6	2	5	0	206	2	4	1	5	0	8	0	6	0	4	2	0	0	1	0	0	256
	VOLUNTARY	0	0	2	0	1	5	2	1	0	0	1	2	0	0	0	0	0	1	0	1	0	0	0	1	17
	<b>TOTAL</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>3</b>	<b>10</b>	<b>2</b>	<b>207</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>7</b>	<b>0</b>	<b>8</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>273</b>
CIGNA	INVOLUNTARY	0	2	1	6	0	3	0	322	1	5	0	2	0	1	0	4	0	2	0	1	0	4	0	1	355
	VOLUNTARY	2	2	1	0	1	2	0	0	0	0	0	0	0	0	1	0	0	2	0	1	0	0	1	0	13
	<b>TOTAL</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>6</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>322</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>1</b>	<b>368</b>
Fidelis Care	INVOLUNTARY	2	10	3	7	8	52	0	10	1	17	0	11	0	14	1	4	0	4	0	2	19	182	0	8	355
	UNKNOWN	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	96	752	56	593	70	530	92	672	67	495	54	670	43	468	59	534	72	578	41	424	8	162	41	404	6,981
	<b>TOTAL</b>	<b>98</b>	<b>762</b>	<b>59</b>	<b>600</b>	<b>78</b>	<b>582</b>	<b>92</b>	<b>683</b>	<b>68</b>	<b>512</b>	<b>54</b>	<b>682</b>	<b>43</b>	<b>482</b>	<b>60</b>	<b>538</b>	<b>72</b>	<b>582</b>	<b>41</b>	<b>426</b>	<b>27</b>	<b>344</b>	<b>41</b>	<b>412</b>	<b>7,338</b>
GROUP HEAL	INVOLUNTARY	1	1	0	3	0	6	0	133	2	4	0	1	1	2	0	5	0	0	0	0	0	0	0	1	160





## Disenrolled Member Plan Transfer Distribution

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		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
GROUP HEALTH INC	VOLUNTARY	1	1	0	1	0	2	0	0	0	1	0	1	0	0	0	1	0	0	0	0	0	0	0	0	8
	<b>TOTAL</b>	2	2	0	4	0	8	0	133	2	5	0	2	1	2	0	6	0	0	0	0	0	0	0	1	168
Health First	INVOLUNTARY	1	20	1	26	10	66	1	31	1	14	0	21	2	11	1	11	6	14	0	1	32	288	0	12	570
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	84	1,006	66	818	70	810	92	1,049	57	769	78	1,051	74	767	71	834	83	902	58	595	9	275	47	632	10,297
	<b>TOTAL</b>	85	1,026	67	844	80	876	93	1,080	58	783	78	1,073	76	778	72	845	89	916	58	596	41	563	47	644	10,868
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	0	3	0	3	0	6	0	157	0	0	0	3	3	3	1	1	1	0	0	0	0	0	1	1	183
	VOLUNTARY	0	1	0	2	1	2	0	0	0	1	1	2	0	2	0	0	0	0	0	0	0	0	0	0	12
	<b>TOTAL</b>	0	4	0	5	1	8	0	157	0	1	1	5	3	5	1	1	1	0	0	0	0	0	1	1	195
HIP/NYC	INVOLUNTARY	0	3	0	0	0	4	0	3	0	5	0	0	0	2	0	2	0	3	0	1	1	32	1	2	59
	VOLUNTARY	10	83	3	68	9	70	4	66	5	71	8	88	6	68	8	75	11	76	4	74	2	39	2	55	905
	<b>TOTAL</b>	10	86	3	68	9	74	4	69	5	76	8	88	6	70	8	77	11	79	4	75	3	71	3	57	964
OXFORD INSURANCE CO.	INVOLUNTARY	0	0	0	1	0	2	0	45	0	0	0	0	0	1	0	2	0	0	0	1	0	0	0	0	52
	VOLUNTARY	0	0	0	0	1	0	0	2	2	0	2	1	1	0	0	0	0	1	0	0	0	0	0	0	10
	<b>TOTAL</b>	0	0	0	1	1	2	0	47	2	0	2	1	1	1	0	2	0	1	0	1	0	0	0	0	62
UNION LOC. 1199	INVOLUNTARY	2	11	0	7	0	3	0	232	0	5	0	10	0	5	3	3	0	2	0	5	7	19	0	2	316
	UNKNOWN	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	11	17	11	15	7	12	10	13	10	19	10	26	5	15	13	14	5	8	9	7	0	0	2	12	251
	<b>TOTAL</b>	13	28	11	22	7	15	10	245	10	25	10	36	5	20	16	17	5	10	9	12	7	19	2	14	568
United Health	INVOLUNTARY	2	7	1	13	2	29	1	343	1	10	0	7	0	12	0	6	1	2	1	8	0	39	0	4	489



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		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		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 NV	VOLUNTARY	18	151	14	111	17	110	4	141	9	112	8	120	13	80	9	84	8	101	7	76	2	29	3	99	1,326
	<b>TOTAL</b>	<b>20</b>	<b>158</b>	<b>15</b>	<b>124</b>	<b>19</b>	<b>139</b>	<b>5</b>	<b>484</b>	<b>10</b>	<b>122</b>	<b>8</b>	<b>127</b>	<b>13</b>	<b>92</b>	<b>9</b>	<b>90</b>	<b>9</b>	<b>103</b>	<b>8</b>	<b>84</b>	<b>2</b>	<b>68</b>	<b>3</b>	<b>103</b>	<b>1,815</b>
Wellcare of NY	INVOLUNTARY	1	12	0	6	7	32	2	5	0	1	0	6	1	8	1	6	0	2	0	0	3	9	0	0	102
	VOLUNTARY	9	26	4	33	2	28	3	30	3	18	0	29	0	22	7	20	3	39	0	23	2	9	2	15	327
	<b>TOTAL</b>	<b>10</b>	<b>38</b>	<b>4</b>	<b>39</b>	<b>9</b>	<b>60</b>	<b>5</b>	<b>35</b>	<b>3</b>	<b>19</b>	<b>0</b>	<b>35</b>	<b>1</b>	<b>30</b>	<b>8</b>	<b>26</b>	<b>3</b>	<b>41</b>	<b>0</b>	<b>23</b>	<b>5</b>	<b>18</b>	<b>2</b>	<b>15</b>	<b>429</b>
Disenrolled Plan Transfers	INVOLUNTARY	11	90	10	93	33	256	7	1,619	10	81	7	77	9	72	9	66	9	47	4	22	69	652	2	37	3,292
	UNKNOWN	0	0	0	0	0	0	0	1	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	0	4
	VOLUNTARY	280	2,422	195	1,999	206	1,889	248	2,321	178	1,739	195	2,325	175	1,712	200	1,877	209	2,027	142	1,437	31	640	117	1,438	24,002
	<b>TOTAL</b>	<b>291</b>	<b>2,512</b>	<b>205</b>	<b>2,092</b>	<b>239</b>	<b>2,145</b>	<b>255</b>	<b>3,941</b>	<b>188</b>	<b>1,821</b>	<b>202</b>	<b>2,404</b>	<b>184</b>	<b>1,784</b>	<b>209</b>	<b>1,943</b>	<b>218</b>	<b>2,074</b>	<b>146</b>	<b>1,459</b>	<b>100</b>	<b>1,292</b>	<b>119</b>	<b>1,475</b>	<b>27,298</b>
Disenrolled Unknown Plan Transfers	INVOLUNTARY	5	22	2	17	3	93	5	190	3	26	1	27	3	32	3	39	3	36	1	19	2	62	0	11	605
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	2	93	1	92	2	70	2	68	0	58	0	49	3	41	2	35	1	55	1	58	0	20	1	30	684
	<b>TOTAL</b>	<b>7</b>	<b>115</b>	<b>3</b>	<b>109</b>	<b>5</b>	<b>163</b>	<b>7</b>	<b>258</b>	<b>3</b>	<b>84</b>	<b>1</b>	<b>77</b>	<b>6</b>	<b>73</b>	<b>5</b>	<b>74</b>	<b>4</b>	<b>91</b>	<b>2</b>	<b>77</b>	<b>2</b>	<b>82</b>	<b>1</b>	<b>41</b>	<b>1,290</b>
Non-Transfer Disenroll Total	INVOLUNTARY	925	9,485	1,088	10,179	1,069	9,461	919	9,193	1,002	9,766	982	10,155	925	9,257	1,285	10,886	1,007	9,381	1,066	10,917	748	11,917	920	11,967	134,500
	UNKNOWN	0	5	2	3	6	1	2	2	0	2	3	4	5	1	1	0	1	1	45	0	2	6	2	1	95
	VOLUNTARY	2	83	2	71	8	184	2	71	0	110	12	121	3	114	5	121	2	111	3	58	0	38	2	41	1,164
	<b>TOTAL</b>	<b>927</b>	<b>9,573</b>	<b>1,092</b>	<b>10,253</b>	<b>1,083</b>	<b>9,646</b>	<b>923</b>	<b>9,266</b>	<b>1,002</b>	<b>9,878</b>	<b>997</b>	<b>10,280</b>	<b>933</b>	<b>9,372</b>	<b>1,291</b>	<b>11,007</b>	<b>1,010</b>	<b>9,493</b>	<b>1,114</b>	<b>10,975</b>	<b>750</b>	<b>11,961</b>	<b>924</b>	<b>12,009</b>	<b>135,759</b>
Total MetroPlus Disenrollment	INVOLUNTARY	941	9,597	1,100	10,289	1,105	9,810	931	11,002	1,015	9,873	990	10,259	937	9,361	1,297	10,991	1,019	9,464	1,071	10,958	819	12,631	922	12,015	138,397
	UNKNOWN	0	5	2	3	6	1	2	3	0	3	3	7	5	1	1	0	1	1	45	0	2	6	2	1	100
	VOLUNTARY	284	2,598	198	2,162	216	2,143	252	2,460	178	1,907	207	2,495	181	1,867	207	2,033	212	2,193	146	1,553	31	698	120	1,509	25,850



## Disenrolled Member Plan Transfer Distribution

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		2013_04		2013_05		2013_06		2013_07		2013_08		2013_09		2013_10		2013_11		2013_12		2014_01		2014_02		2014_03		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	
<b>Total MetroPI</b>	<b>TOTAL</b>	1,225	12,200	1,300	12,454	1,327	11,954	1,185	13,465	1,193	11,783	1,200	12,761	1,123	11,229	1,505	13,024	1,232	11,658	1,262	12,511	852	13,335	1,044	13,525	164,347

Indicator #1A for Enrollment Month: February 2014

Disenrollments To Other Plans		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
	INVOLUNTARY	2	25	27	6	65	71
	VOLUNTARY	7	51	58	159	1320	1479
<b>Affinity Health Plan</b>	<b>TOTAL</b>	<b>9</b>	<b>76</b>	<b>85</b>	<b>165</b>	<b>1385</b>	<b>1550</b>
	INVOLUNTARY	5	50	55	24	161	185
	VOLUNTARY	1	75	76	204	2303	2507
<b>Amerigroup/Health Plus/CarePlus</b>	<b>TOTAL</b>	<b>6</b>	<b>125</b>	<b>131</b>	<b>228</b>	<b>2464</b>	<b>2692</b>
	INVOLUNTARY	19	180	199	35	323	358
	VOLUNTARY	8	162	170	726	6524	7250
<b>Fidelis Care</b>	<b>TOTAL</b>	<b>27</b>	<b>342</b>	<b>369</b>	<b>761</b>	<b>6847</b>	<b>7608</b>
	INVOLUNTARY	32	289	321	58	511	569
	VOLUNTARY	9	275	284	805	9733	10538
<b>Health First</b>	<b>TOTAL</b>	<b>41</b>	<b>564</b>	<b>605</b>	<b>863</b>	<b>10244</b>	<b>11107</b>
	INVOLUNTARY	1	31	32	1	60	61
	VOLUNTARY	2	39	41	74	861	935
<b>HIP/NYC</b>	<b>TOTAL</b>	<b>3</b>	<b>70</b>	<b>73</b>	<b>75</b>	<b>921</b>	<b>996</b>
	INVOLUNTARY	1	39	40	11	486	497
	VOLUNTARY	2	29	31	125	1229	1354
<b>United Healthcare of NY</b>	<b>TOTAL</b>	<b>3</b>	<b>68</b>	<b>71</b>	<b>136</b>	<b>1715</b>	<b>1851</b>
	INVOLUNTARY	3	9	12	17	91	108
	VOLUNTARY	2	9	11	36	298	334
<b>Wellcare of NY</b>	<b>TOTAL</b>	<b>5</b>	<b>18</b>	<b>23</b>	<b>53</b>	<b>389</b>	<b>442</b>
	INVOLUNTARY	70	644	714	188	3150	3338
	VOLUNTARY	31	640	671	2250	22524	24774
<b>Disenrolled Plan Transfers:</b>	<b>TOTAL</b>	<b>101</b>	<b>1284</b>	<b>1385</b>	<b>2438</b>	<b>25674</b>	<b>28112</b>
	INVOLUNTARY		56	56	29	598	627
	VOLUNTARY		10	10	16	720	736
<b>Disenrolled Unknown Plan Transfers:</b>	<b>TOTAL</b>		<b>66</b>	<b>66</b>	<b>45</b>	<b>1318</b>	<b>1363</b>
	INVOLUNTARY	769	12659	13428	12950	127067	140017
	UNKNOWN	3	5	8	24	25	49
	VOLUNTARY		7	7	39	1119	1158
<b>Non-Transfer Disenroll Total:</b>	<b>TOTAL</b>	<b>772</b>	<b>12671</b>	<b>13443</b>	<b>13013</b>	<b>128211</b>	<b>141224</b>
	INVOLUNTARY	839	13359	14198	13167	130815	143982
	UNKNOWN	3	5	8	25	31	56
	VOLUNTARY	31	657	688	2305	24363	26668
<b>Total MetroPlus Disenrollment:</b>	<b>TOTAL</b>	<b>873</b>	<b>14021</b>	<b>14894</b>	<b>15497</b>	<b>155209</b>	<b>170706</b>

Disenrollments From Other Plans

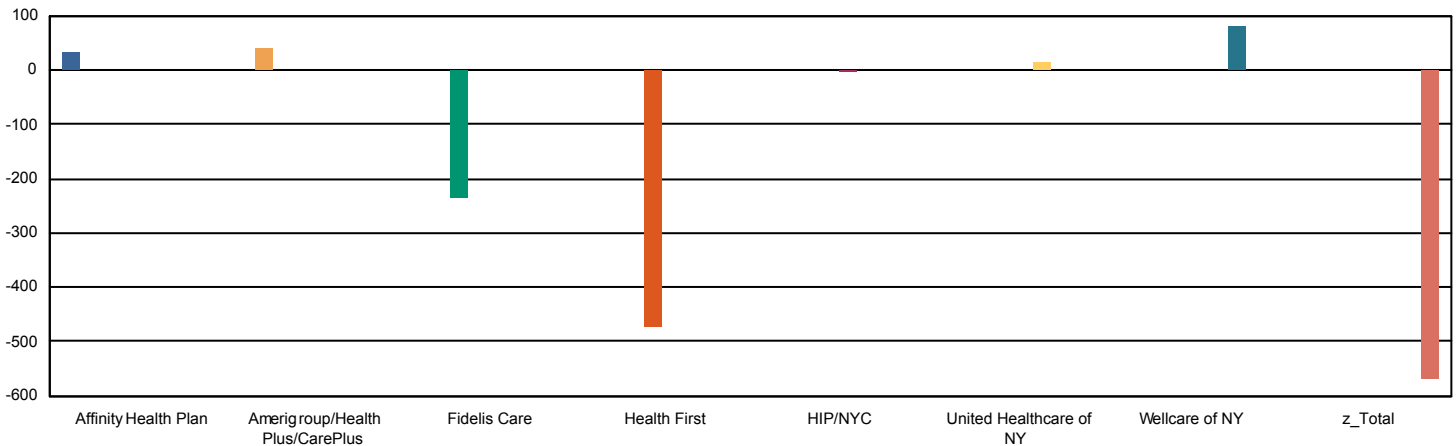
	<u>FHP</u>	<u>MCAD</u>	<u>Total</u>	<u>Y FHP</u>	<u>Y MCAD</u>	<u>Y Total</u>
Affinity Health Plan	5	114	119	157	1,812	1,969
Amerigroup/Health Plus/CarePlus	7	166	173	267	2,678	2,945
Fidelis Care	3	131	134	174	2,299	2,473
Health First	9	123	132	203	2,343	2,546
HIP/NYC	2	69	71	59	955	1,014
United Healthcare of NY	8	77	85	116	1,439	1,555
Wellcare of NY	5	98	103	189	1,214	1,403
Total	39	778	817	1,165	12,740	13,905
Unknown/Other (not in total)	1,112	6,293	7,405	18,848	115,412	134,260

Indicator #1A for Enrollment Month: 201402

Net Difference

	<u>FHP</u>	<u>MCAD</u>	<u>Total</u>	<u>Y FHP</u>	<u>Y MCAD</u>	<u>Y Total</u>
Affinity Health Plan	-4	38	34	-8	427	419
Amerigroup/Health Plus/CarePlus	1	41	42	39	214	253
Fidelis Care	-24	-211	-235	-587	-4,548	-5,135
Health First	-32	-441	-473	-660	-7,901	-8,561
HIP/NYC	-1	-1	-2	-16	34	18
United Healthcare of NY	5	9	14	-20	-276	-296
Wellcare of NY	0	80	80	136	825	961
Total	-62	-506	-568	-1,273	-12,934	-14,207

Enroll Month Net Transfers (Known)



**Bert Robles**  
**Senior Vice President, Information Technology Services**  
**Report to the M&PA/IT Committee to the Board**  
**Thursday, April 10, 2014 – 12:30 PM**

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

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

I am pleased to report that all eleven (11) hospitals have completed the Q CPR version 6.0 upgrade at the end of February.

As I mentioned during my last report, this upgrade to version 6.0 is an important step towards HHC achieving Meaningful Use (MU) Stage 2. The attestation period is still planned for the third quarter of Federal Fiscal Year 2014.

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

2. **Patient Portal Update:**

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

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

The next scheduled set of enhancements will be delivered by Quadramed on April 17th and then we can proceed with testing of the CCDA and the transport to the patient portal. We are also exploring ways to create a more friendly patient summary on the portal. Bellevue has volunteered to serve as our pilot site to test the clinical workflow which includes the creation and review of the CCDA (visit summary), selection of patient specific education materials and the final discharge process where the patient will be given access to the portal to view their visit/discharge information. There are plans underway to have additional staff, patient portal liaisons (PPL) available to assist patients during their admission and at discharge with gaining access to the patient portal. Given the time constraints

and the significant efforts needed to ramp up the volumes needed for the MU measures, there is serious concern about the viability of all hospitals being able to attest for meaningful use in time.

### 3. **ICIS Update:**

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

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

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

This completes my report today. Thank you.



## **RESOLUTION**

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

**WHEREAS**, the Corporation requires Nuclear Medicine Physicist services currently not available in-house to provide regular testing and audits to ensure compliance with regulatory agencies as required in order to maintain ACR Accreditation, assist in accreditation process, provide onsite support as needed for Nuclear Medicine therapy treatments and provide consultant physicist services to other Radiation areas; and

**WHEREAS**, a Request for Proposals ("RFP") was issued seeking the services of a Hospital Medical Physicist Consulting Services firm; and

**WHEREAS**, a selection committee comprised of representatives from the Corporation's Office of Operations and Contract Control, several facility Associate Executive Directors and representatives from several facilities' Office of Radiology Administration using criteria specified in the RFP, determined that Petrone Associates LLC was the highest rated of all proposers and will best meet the Corporation's requirements for nuclear medicine physicist services; and

**WHEREAS**, the Senior Vice President of each network utilizing the agreement shall be responsible for monitoring and enforcing the contract terms.

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

## **EXECUTIVE SUMMARY**

The accompanying resolution requests approval to negotiate and execute an agreement with Petrone Associates LLC (Petrone Associates) to provide Hospital Medical Physicist Consulting Services on an "as needed" requirements basis. The cost of the contract is \$4,579,544 and a 12% contingency of \$537,460 for a total not to exceed \$5,117,004.

On September 11, 2013 the Queens Healthcare Network submitted an application to the Contract Review Committee to issue a Request for Proposals ("RFP") seeking consulting Nuclear Medicine Physicist services currently not available in-house to provide regular testing and audits to ensure compliance with regulatory agencies as required in order to maintain ACR Accreditation, assist in accreditation process, provide onsite support as needed for Nuclear Medicine therapy treatments and provide consultant physicist services to other radiation areas. The Contract Review Committee recommended that the RFP be expanded to incorporate all Corporation facilities requiring this service. QHN followed this recommendation and issued an RFP seeking the services of a Hospital Medical Physicist Consulting Services firm for all Corporation facilities. At the end of the process, the selection committee awarded the contract to Petrone Associates.

Petrone Associates has implemented and maintained comprehensive medical physics programs for more than 25 Medical Centers, 25 Imaging and Therapy Centers and countless private practitioners throughout the five boroughs of NYC for 30 years.

Petrone Associates currently conduct programs for 7 of the 11 acute-care hospitals in the NYC Health and Hospitals Corporation (HHC) as well as private diagnostic and treatment centers of HHC. Petrone Associates have serviced some HHC facilities for more than 20 years and have never defaulted on any service agreements with any client.

Petrone Associates' plan involves the following overall scope of work:

1. Evaluation of equipment according to accepted standards and regulations with efficient and clear communication of recommendations to the facility.
2. Education of facility staff in all aspects of radiologic standards.
3. Continual updates in anticipation of additional and/or changing standards.
4. Continual streamlining of information flow utilizing electronic and cloud-based resources.
5. Enhanced administrative support for clients through systematic implementation of programs. This includes scheduling, report distribution, education and clear and efficient communication.
6. Physics presence and interaction with key facility personnel through frequent on-site visits.

Petrone Associates deliverables are:

1. Regular weekly visits to carry out evaluations.

2. Onsite participation in high dose inpatient and outpatient treatments.
3. Hundreds of equipment evaluation reports according to NYS, NYC, Federal, MQSA, ACR, etc. standards and regulations; clearly and efficiently communicated.
4. Education according to needs of each facility. Delivered through live lectures and other supplemental means.
5. Attendance at meetings, inspections and other important events.
6. Regular updates in anticipation of standard and regulation changes.
7. Rapid response (physically if required) to facilities' unanticipated and/or emergent needs.
8. Other items as determined by the in-scope needs of the individual center.

Petrone Associates will assess the needs of the facilities and perform an assessment that must be mutually agreed upon by each facility. Petrone Associates shall provide consultant physicist services to other Radiation areas as required. Petrone Associates will work under the supervision of the Facility Radiology Administration.

# CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

Contract Title: Hospital Medical Physicist Consulting Services  
Project Title & Number: Hospital Medical Physicist Consulting Services  
Successful Respondent: Petrone Associates, LLC  
Project Location: HHC Corporate and Facilities  
Requesting Dept.: Queens Healthcare Network  
Number of Respondents: 2

Contract Amount: The cost of the contract is \$4,79,544 and a 12% contingency of \$537,460 for a total not to exceed \$5,117,004.

Contract Term: Three years with two -1 year options to renew, exercisable solely at the discretion of HHC.

Range of Proposals: Petrone- \$100 to \$165 per hour,  
Landauer - \$299 per hour

Minority Business Enterprise Invited: Yes

Funding Source: Facility

Method of Payment: Time and Rate

EEO Analysis: Yes

Compliance with HHC's McBride Principles? Yes

Vendex Clearance Yes

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

## CONTRACT FACT SHEET(continued)

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

The purpose of this Contract is to have an agreement with a Medical Physicist Consulting Firm to provide regular testing and audits to ensure compliance with regulatory agencies to continue ACR Accreditation as required that is not available by in-house HHC staff. The contractor shall assist in accreditation process and provide on-site support as needed for Nuclear Medicine therapy treatments. The contractor is required to be on site as needed to perform testing, provide necessary documentation and support, and to respond to any emergency situation within a predetermined response time. The contractor will assess the needs of the facilities and perform an assessment that must be mutually agreed upon by each facility. The contractor shall provide consultant physicist services to fill the void of retiring in-house staff and to other Radiation areas as required for a period of three (3) years with two – 1 year options to renew solely exercisable by the Corporation. The contractor will work under the supervision of the Facility Radiology Administration.

## CONTRACT FACT SHEET(continued)

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### *Contract Review Committee*

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

The Contract Review Committee (CRC) reviewed and approved the issuance of a Request for Proposal (RFP) on its September 11, 2013 meeting.

The Contract is being presented for approval on February 26, 2014.

*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)

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*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. Joseph Quinones, SAVP, Operations, Chairman
2. Larry Kassen, Radiology Director, NBHN
3. Gaetano Cumella, Asso. Director, Coney Island
4. Francisco Mercado, Sr. Asso. Director, Lincoln
5. Trim, Asso. Director, Queens
6. David Baksh, Asso. Executive Director, Queens
7. Robert Zeuner, Sr. Asso. Director, Elmhurst
8. Georges Leconte, Asso. Executive Director, Elmhurst

List of firms responding to RFP:

1. Landauer Medical Physics in partnership with Upstate Medical Physics Diagnostics Radiology
2. Petrone Associates, LLC

The RFP process was utilized to test the market. Through advertisement and sending the RFP to a broad range of firms we received interest at the "bidders' conference" from three firms and two firms submitted proposals. The Evaluation Committee selected Petrone Associates, LLC cost effective plan to provide with Hospital Medical Physicist Consulting Services.

The selection criteria was:

1. Previous quality management program including staff arrangement, scope of services and practice overview.
2. Ability to have adequate resources available to meet goals and objectives. Firm must provide methodologies or strategies, deliverables, timetables and management plan.
3. Prior engagements with health care facilities
4. Ability to provide a defined management approach that is appropriate for hospital medical physicist services to be rendered.
5. Cost of proposal

The justification for the selection of Petrone Associates, LLC was its cost effective plan to provide HHC with Hospital Medical Physicist Consulting Services

*Scope of work and timetable:* Monthly, Quarterly, Semi-Annual and Annual evaluation of equipment; participation in 131 & other radiopharmaceutical treatments; delivery of education; Full curriculum in Radiologic Physics for Radiology residents; fetal & adult dosage calculations; accreditation activities; liaison with regulatory & certifying agencies; facility private web portal; regulatory filings.

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

Hospital Medical Physicist Consulting Services are provided to HHC facilities on an individual basis at different rates. This agreement will standardize costs on a requirements basis. Petrone Associates will provide physicist consulting services at a flat rate.

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

See Attachment "A"

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

Corporate staff does not have the requisite experience, resources or expertise in such matters

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*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?*

NONE



## CONTRACT FACT SHEET <continued>

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*Contract monitoring:*

Julios-wool – Queens Hospital-center; Executive Vice-President/Chief Operating Officer  
Chris Constantino-Elmhurst Hospital Center, Executive Vice-President

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*Equal Employment Opportunity Analysis*

*Received By E.E.O.: November, 12, 2013*

*Analysis Completed By E.E.O. November 13, 2013*

Manasses Williams. AVP. Affirmative Action/EEO





	A	B	C	D	E	F	G	H	I	J	K	L	
1	ATTACHMENT "A"												
2													
3													
4	Comparison of unit prices under current service agreements vs. new HHC rate card-2014												
5	COST Benefit Analysis												
6													
7	Services and Support	LIN	QHC	HHC	CIH	JMC	NCB	EGH		Avg	HHC New	% Discount	
71	MRI - Acceptance Testing	\$3,217	\$3,867	\$3,854	\$3,830	\$3,436	\$3,528	\$3,887		\$3,660	\$3,000	18%	
72	MRI - ACR Accreditation /3 year Renewal	\$3,753	\$4,512	\$4,497	\$4,468	\$4,009	\$4,116	\$4,534		\$4,270	\$3,500	18%	
73	MRI - Equipment Survey - Annual Physics Review	\$1,609	\$1,934	\$1,927	\$1,915	\$1,718	\$1,764	\$1,943		\$1,830	\$1,500	18%	
74	SAFETY - MRI Safety Review - annually	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%	
75	MRI Safety Training (1 hour instruction - 10 attendees)	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%	
76													
77	I-131 CASE SUPPORT (in-patient and out-patient) Includes dose assay, administration, room preparation, patient and staff education, release and documentation	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%	
78													
79	Nuclear Camera or PET unit Acceptance Testing	\$2,145	\$2,578	\$2,570	\$2,553	\$2,291	\$2,352	\$2,591		\$2,440	\$2,000	18%	
80	Nuclear Camera or PET unit - ACR Accreditation / 3 year renewal	\$1,930	\$2,320	\$2,313	\$2,298	\$2,062	\$2,117	\$2,332		\$2,196	\$1,800	18%	
81	Nuclear Camera or PET unit - ACR Annual Physics Review	\$1,072	\$1,289	\$1,285	\$1,277	\$1,145	\$1,176	\$1,296		\$1,220	\$1,000	18%	
82	Nuc Med or PET Department Audits - Monthly	\$214	\$258	\$257	\$255	\$229	\$235	\$259		\$244	\$200	18%	
83	Nuc Med or PET Department - Performance Audit - Quarterly	\$643	\$773	\$771	\$766	\$687	\$706	\$777		\$732	\$600	18%	
84													
85	Brachytherapy Department Performance Audit - Quarterly	\$912	\$1,096	\$1,092	\$1,085	\$974	\$1,000	\$1,101		\$1,037	\$850	18%	
86	Comprehensive Radiation Safety, Q.A. annual review of X-ray, CT, Mammo, Nuclear and PET department programs to ensure compliance during facility inspections. Participates in dose reduction initiatives per ACR, NYS, JC, etc. Emergency response to radiation safety concerns, spills, surprise inspections - Detail dependent (per year)	0-\$10,000	0-\$10,000	0-\$10,000	0-\$10,000	0-\$10,000	0-\$10,000	0-\$10,000	0-\$10,000		0-\$10,000	0-\$8,000	20%
87	Lead Apron Integrity Check	\$27	\$32	\$26	\$32	\$29	\$29	\$31		\$29	\$25	15%	
88	SAFETY - Quality Assurance and Radiation Safety Manual	\$858	\$1,031	\$771	\$766	\$916	\$941	\$945		\$890	\$600	33%	
89	Monthly - Monitoring Badge Review -w/ALARA Follow-up	\$322	\$387	\$385	\$383	\$344	\$353	\$389		\$366	\$300	18%	
90	Quarterly -Monitoring Badge Review - w/ ALARA Follow-up	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%	
91	Occupational Worker Dosimetry Review (single investigation)	\$322	\$387	\$385	\$383	\$344	\$353	\$389		\$366	\$300	18%	

	A	B	C	D	E	F	G	H	I	J	K	L
1	ATTACHMENT "A"											
2												
3												
4	<b>Comparison of unit prices under current service agreements vs. new HHC rate card-2014</b>											
5	<b>COST Benefit Analysis</b>											
6												
7	<b>Services and Support</b>	LIN	QHC	HHC	CIH	JMC	NCB	EGH		Avg	HHC New	% Discount
92	Fetal Dose Calculation	\$643	\$773	\$771	\$766	\$687	\$706	\$777		\$732	\$600	18%
93	Patient Dose Estimate (Average) Complexity dependent	\$322	\$387	\$385	\$383	\$344	\$353	\$389		\$366	\$300	18%
94	SAFETY - Rad Entrance Skin Exposure Analysis - Common Procedures	\$214	\$258	\$257	\$255	\$229	\$235	\$259		\$244	\$200	18%
95		\$0				\$0	\$0					
96	RAD - CR Reader/DR Unit Acceptance Testing	\$536	\$645	\$771	\$766	\$573	\$588	\$694		\$653	\$600	8%
97	RAD - CR Reader/DR Unit Annual Testing	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%
98	RAD - CR Reader/DR Unit Quarterly Testing	\$188	\$226	\$225	\$223	\$200	\$206	\$227		\$213	\$175	18%
99		\$0										
100	RAD - Primary Diagnostic Monitor (workstation) Acceptance Testing	\$322	\$387	\$385	\$383	\$344	\$353	\$389		\$366	\$300	18%
101	RAD - Primary Diagnostic Monitor (workstation) Annual survey	\$161	\$193	\$193	\$191	\$172	\$176	\$194		\$183	\$150	18%
102	RAD-Primary Diagnostic monitors (workstation) Quarterly	\$54	\$64	\$64	\$64	\$57	\$59	\$65		\$61	\$50	18%
103												
104												
105	SAFETY - Radiation Protection Survey (Post Installation)	\$402	\$483	\$482	\$479	\$430	\$441	\$486		\$457	\$375	18%
106	Area Radiation Survey (per tube)	\$375	\$451	\$450	\$447	\$401	\$412	\$453		\$427	\$350	18%
107	SHD - Shielding (Rad, Fluoro, Mammo, and Bone Density)	\$322	\$387	\$385	\$383	\$344	\$353	\$389		\$366	\$300	18%
108	SHD - Shielding (CT, CBCT) CT-Simulator	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%
109												
110	RAM - Radioactive Materials License Development, New Application	\$2,145	\$2,578	\$2,313	\$2,298	\$2,291	\$2,352	\$2,499		\$2,354	\$1,800	24%
111	RAM - Radioactive Materials License - Renewal	\$1,072	\$1,289	\$1,285	\$1,277	\$1,145	\$1,176	\$1,296		\$1,220	\$1,000	18%
112	X-Ray RSO & Dosimetry Review Service	\$214	\$258	\$257	\$255	\$229	\$235	\$259		\$244	\$200	18%
113	RSC - Meeting Attendance - Quarterly	\$214	\$258	\$257	\$255	\$229	\$235	\$259		\$244	\$200	18%
114	RSC - Prepare Meeting Agenda, and Meeting Minutes - Quarterly	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%
115	SAFETY - Fluoroscopy Credentialing	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%
116	SAFETY - Online (Annual) Radiation Safety Refresher Program	\$0	\$0	\$0	\$0	\$0	\$0	\$0		\$0	\$0	
117	SAFETY - Classroom Radiation Safety Training	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%

	A	B	C	D	E	F	G	H		J	K	L
1	ATTACHMENT "A"											
2												
3												
4	Comparison of unit prices under current service agreements vs. new HHC rate card-2014											
5	COST Benefit Analysis											
6												
7	Services and Support	LIN	QHC	HHC	CIH	JMC	NCB	EGH		Avg	HHC New	% Discount
118	Comprehensive lecture series directed toward preparation for the ABR Exam-LIVE (per year) lecture recorded for future use	\$16,086	\$19,335	\$19,272	\$19,149	\$17,181	\$17,642	\$19,433			\$15,000	
119	Comprehensive lecture series directed toward preparation for the ABR Exam-LIVE (remote) via WEBEX (per year) lecture recorded for future use	\$8,579	\$10,312	\$10,278	\$10,213	\$9,163	\$9,409	\$10,364		\$9,760	\$8,000	18%
120	US - Ultrasound Acceptance	\$536	\$645	\$642	\$638	\$573	\$588	\$648		\$610	\$500	18%
121	US - Ultrasound Q.C. program and Semi-Annual Reviews	\$322	\$387	\$385	\$383	\$344	\$353	\$389		\$366	\$300	18%
122	US - Ultrasound ACR Accreditation	\$536	\$645	\$771	\$766	\$573	\$588	\$694		\$653	\$600	8%
123												
124	OTHER - General Medical Imaging / Health Physics Services											
125												
126	Secure access, 24/7/365 to cloud based client portal for retrieval of all physics related documents (reports, credentials, calibrations, etc.). Education, forms, links, regulatory alerts, other Compliance and Quality management tools	NC	NC	NC	NC	NC	NC	NC		NC	No Charge	
127												
128	Average Discount on new HHC rates											18%
129												
130	Current Annual (2013)	\$47,700	\$104,868	\$70,008	\$107,184	\$49,800	\$24,816					
131	New HHC rate annual if service scope unchanged	\$44,526	\$82,292	\$55,940	\$85,211	\$43,378	\$20,926					
132												
133	Comparative Savings If service scope unchanged	\$3,174	\$22,576	\$14,068	\$21,973	\$6,422	\$3,890	TTL	\$72,103			
134												

**Manasses C. Williams**  
Assistant Vice President  
Affirmative Action/EEO  
manasses.williams@nyc.gov

**TO:** David Larish  
Director, Procurement Systems & Operations  
Central Office - Operations

**FROM:** Manasses C. Williams

**DATE:** November 13, 2013

**SUBJECT:** EEO CONTRACT COMPLIANCE REVIEW AND EVALUATION

---

The proposed contractor/consultant, Petrone Associates 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  Non-M/WBE

Project Location(s): HHC Corporate-Wide

Contract Number: Project: Hospital Consulting Medical Physics Services

Submitted by: Central Office - Operations

EEO STATUS:

1.  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:

Office of Legal Affairs

**MEMORANDUM**

**To:** David Larish  
Procurement Systems & Operations

**From:** Karen Rosen   
Assistant Director

**Date:** January 13, 2014

**Subject:** VENDEX Approval

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For your information, on January 13, 2014 VENDEX approval was granted by the Office of Legal Affairs for the following company:

Petrone Associates, LLC.

cc: Norman M. Dion, Esq.

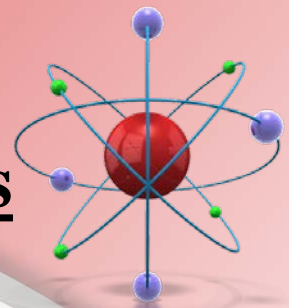




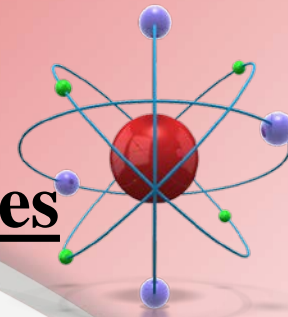
# **HHC Hospital Medical Physicist** **Consulting Services Contract**

**Chris D. Constantino**  
**Senior Vice President**  
**Queens Health Network**

# Hospital Medical Physicist Consulting Services



- HHC completed a RFP to identify a Medical Physicist Consulting Group to provide enterprise wide Medical Physicist services.
- HHC is seeking a contract agreement with Petrone Associates LLC, the selected Medical Physicist Consulting Firm, to provide regular testing and audits to ensure compliance with regulatory agencies and to continue ACR Accreditation as required which is not available by in-house HHC staff. The consulting group shall assist in the accreditation process and provide onsite support as needed. They are required to be on site as needed to perform testing, provide necessary documentation and support and also to respond to any emergency situation within a pre-determine response time.

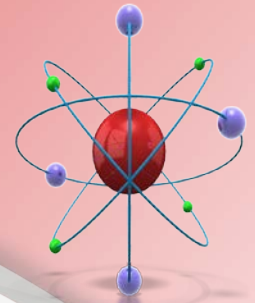


# Hospital Medical Physicist Consulting Services

## *Overall Scope of Work and Deliverables:*

- Evaluation of equipment and reports according to NYS, NYC, Federal, MQSA, and ACR accepted standards and regulations
- Education of facility staff in all aspects of radiologic standards
- Regular visits to carry out evaluations
- Onsite participation in high dose inpatient treatments
- Regular updates in anticipation of standard and regulation changes
- Attendance at meetings, inspections, and other important events
- Rapid response (physically if required) to facilities' unanticipated and/or emergent needs
- Coordination of Regulatory Compliance related to the initiation of New Services

# Hospital Medical Physicist Consulting Services



## Projected Savings:

	<u>LIN</u>	<u>QHC</u>	<u>EHC</u>	<u>CIH</u>	<u>JMC</u>	<u>NCB</u>
<u>Current Annual (2013)</u>	\$47,700	\$104,868	\$70,008	\$107,184	\$49,800	\$24,816
<u>New HHC rate annual if service scope unchanged</u>	\$44,526	\$82,292	\$55,940	\$85,211	\$43,378	\$20,926
<u>Comparative Savings if service scope unchanged</u>	\$3,174	\$22,576	\$14,068	\$21,973	\$6,422	\$3,890
<u>Projected overall average % Savings</u>	18%					

# Healthcare Associated Infections

**Division of Medical & Professional Affairs  
Office of Patient Centered Care**

**Lauren Johnston, RN, MPA, NEA-BC, FACHE  
Senior AVP & Corporate Chief Nurse Executive**

**April 10, 2014**

# The power of transparency: Where our data are reported

## ➤ **NYSDOH - New York State Department of Health**

- Governmental body responsible for public health in the state of New York

## ➤ **NYCHHC In Focus**

- Public website that provides information about our quality and safety performance metrics

## ➤ **Hospital Compare (CMS)**

- Consumer-oriented website that provides information on how well hospitals provide care to their patients.

## ➤ **NHSN - National Healthcare Safety Network**

- Centers for Disease Control database the nation's most widely used healthcare-associated infection tracking system.

## ➤ **NDNQI<sup>®</sup> National Database of Nursing Quality Indicators**

- NDNQI<sup>®</sup> is a repository for nursing-sensitive indicators data







# NEW YORK

HEALTHCARE  
ASSOCIATED  
INFECTIONS  
PROGRESS



Healthcare-associated infections (HAIs) are infections patients can get while receiving medical treatment in a healthcare facility. The standardized infection ratio (SIR) is a statistic used to track HAI prevention progress over time; lower SIRs indicate better progress. The infection data are collected through CDC's National Healthcare Safety Network (NHSN). New York requires hospitals to publicly report at least one HAI to NHSN, and HAI data for nearly all U.S. hospitals are published on the Hospital Compare website.



## ✓ CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS

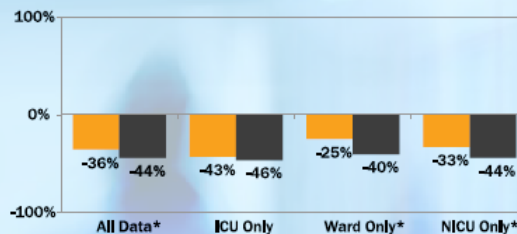
CLABSIs ↓ 36% LOWER COMPARED TO NAT'L BASELINE

A central line is a tube that a doctor usually places in a large vein of a patient's neck or chest to give important medical treatment. When not put in correctly or kept clean, central lines can become a freeway for germs to enter the body and cause deadly infections in the blood.

New York hospitals reported a significant decrease in CLABSIs between 2011 and 2012.

**17%** 17% of New York hospitals have an SIR worse than the national SIR of 0.56.

Changes in CLABSI vs. 2008 National Baseline



### LEGEND

- State
- National
- ✓ State examines data and reviews medical charts for this infection to confirm accuracy and completeness
- Q State investigates data for this infection to assess completeness and quality
- \* Statistically significant difference
- ∨ Fewer than 5 facilities reported data

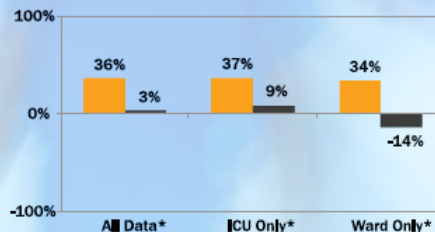
## CAUTIs ↑ 36% HIGHER COMPARED TO NAT'L BASELINE

## CATHETER-ASSOCIATED URINARY TRACT INFECTIONS

When a urinary catheter is not inserted correctly, not kept clean, or left in a patient for too long, germs can travel through the catheter and cause a catheter-associated urinary tract infection in the urinary system, which includes the bladder and kidneys.

**28%** 28% of New York hospitals have an SIR worse than the national SIR of 1.03.

Changes in CAUTI vs. 2009 National Baseline



## SSIs: COLON SURGERY ↓ 17% LOWER COMPARED TO NAT'L BASELINE

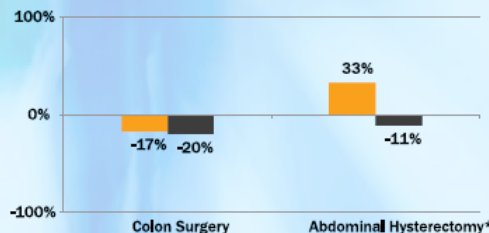
## SSIs: ABDOMINAL HYSTERECTOMY ↑ 33% HIGHER COMPARED TO NAT'L BASELINE

### SURGICAL SITE INFECTIONS: COLON SURGERY AND ABDOMINAL HYSTERECTOMY SURGERY ✓

When germs get into an area where surgery is or was performed, patients can get a surgical site infection. Sometimes these infections involve the skin only. Other SSIs can involve tissues under the skin, organs, or implanted material.

**8%** 8% of New York hospitals have a colon surgery SIR worse than the national SIR of 0.80.

Changes in SSI vs. 2008 National Baseline



**15%** 15% of New York hospitals have an abdominal hysterectomy SIR better than the national SIR of 0.89.



# HAI OUTCOMES

## 2013 PERFORMANCE DATA

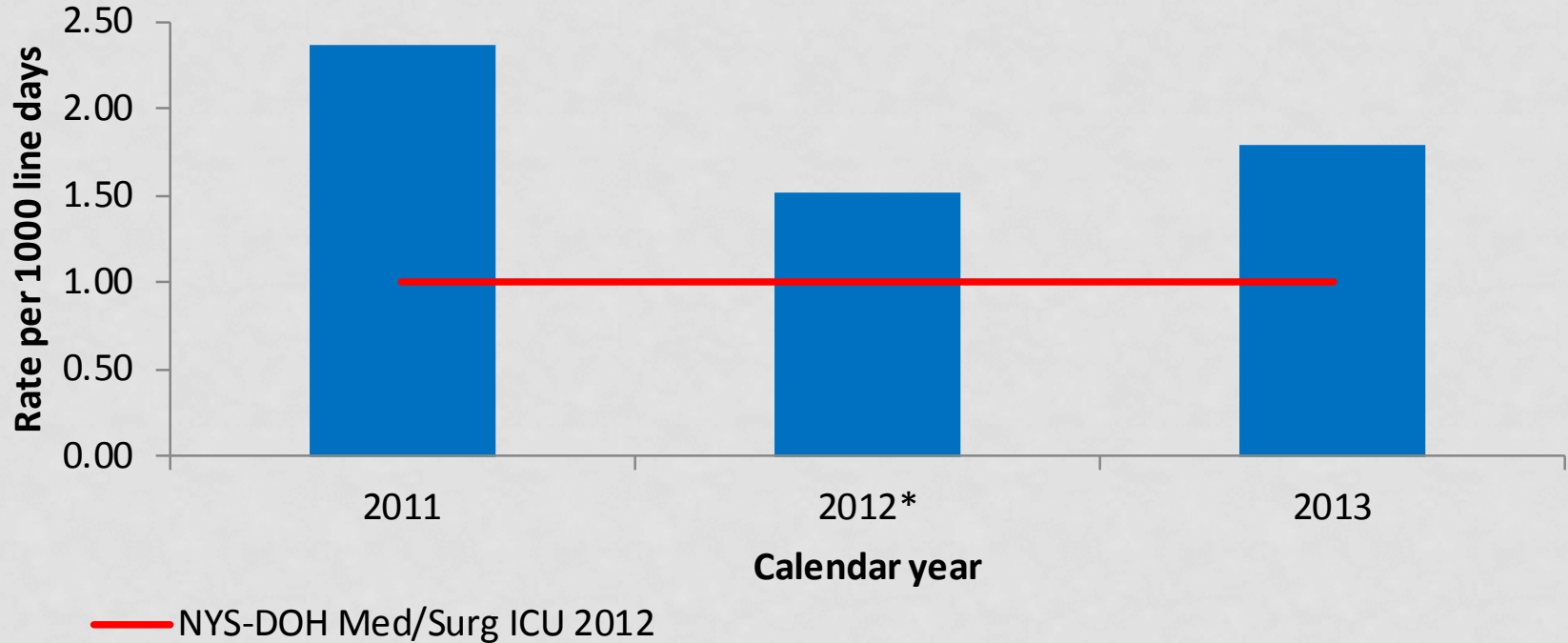


[nyc.gov/hhc](http://nyc.gov/hhc)



# CLABSI

## HHC System Rates CLABSI Adult ICU

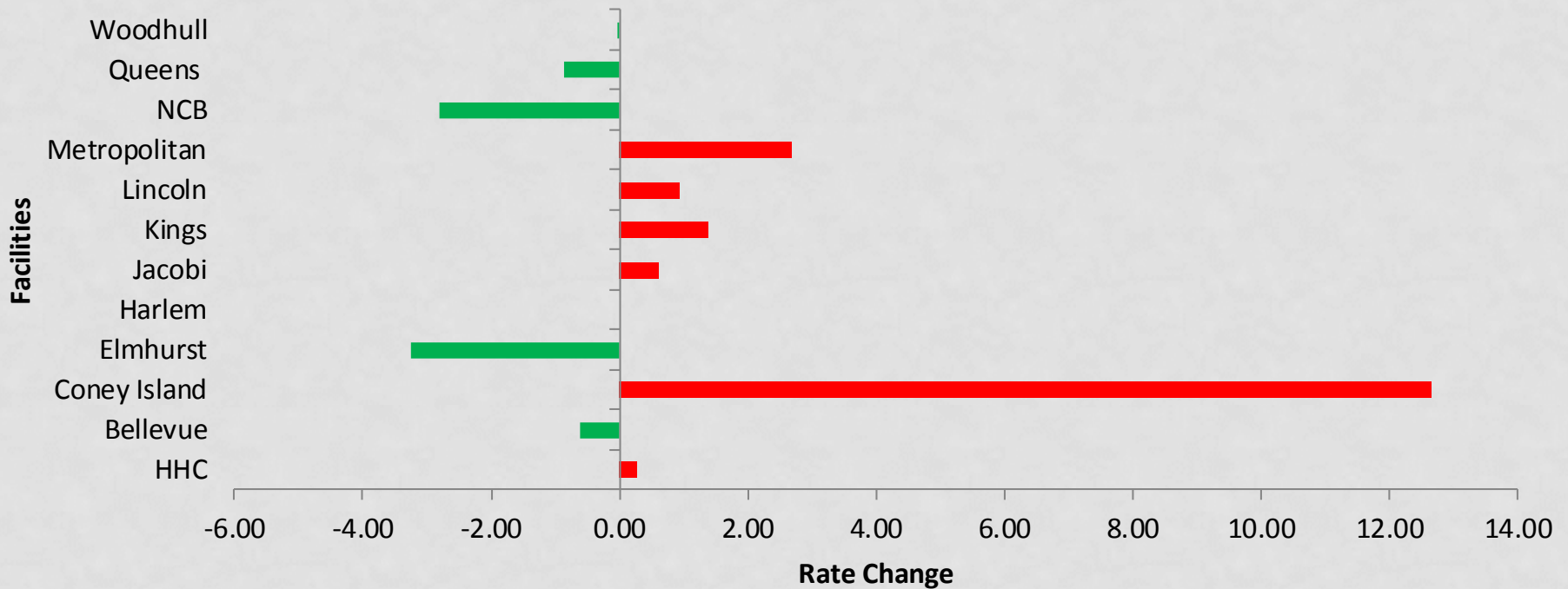


\* no data Nov. & Dec. BHC and CIH due to Sandy

Data source: CDC-NHSN

# CLABSI

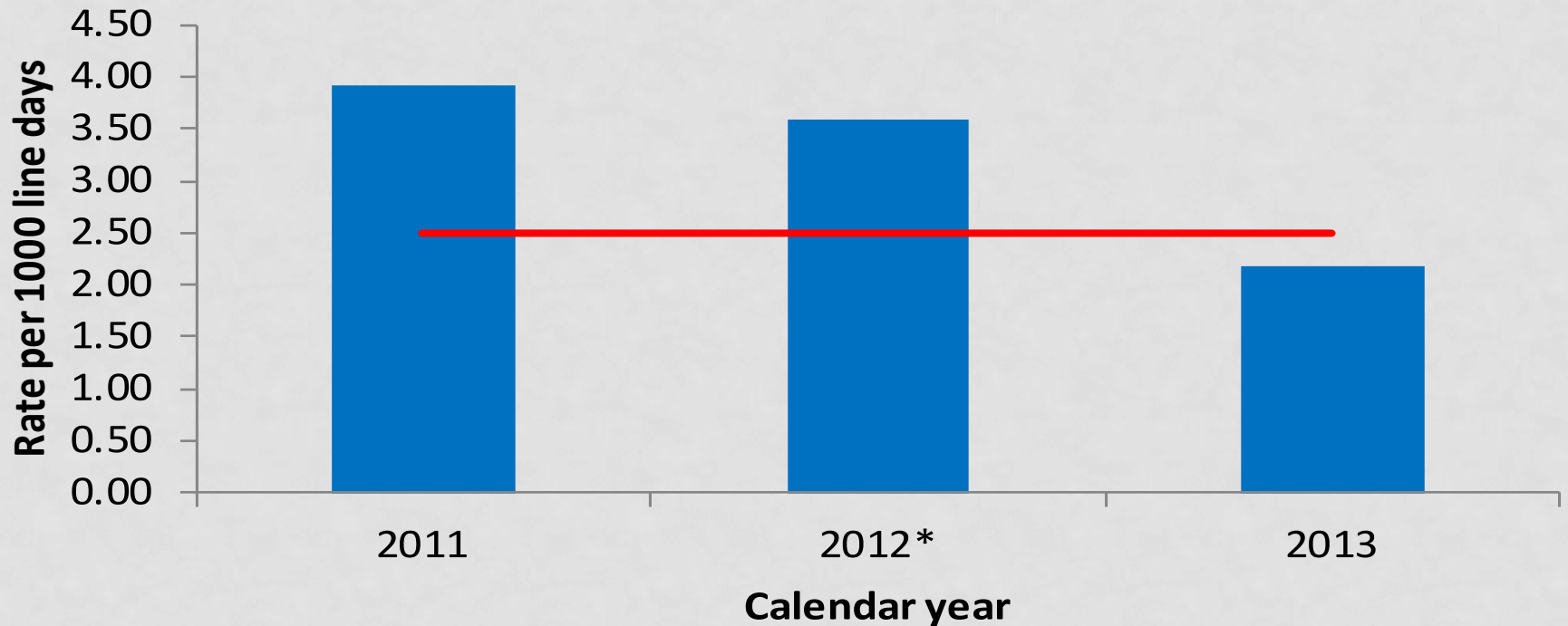
## HHC System Adult ICU CLABSI Rate Change 2012-2013



Data source: CDC-NHSN

# CLABSI

## HHC System Rates CLABSI NICU



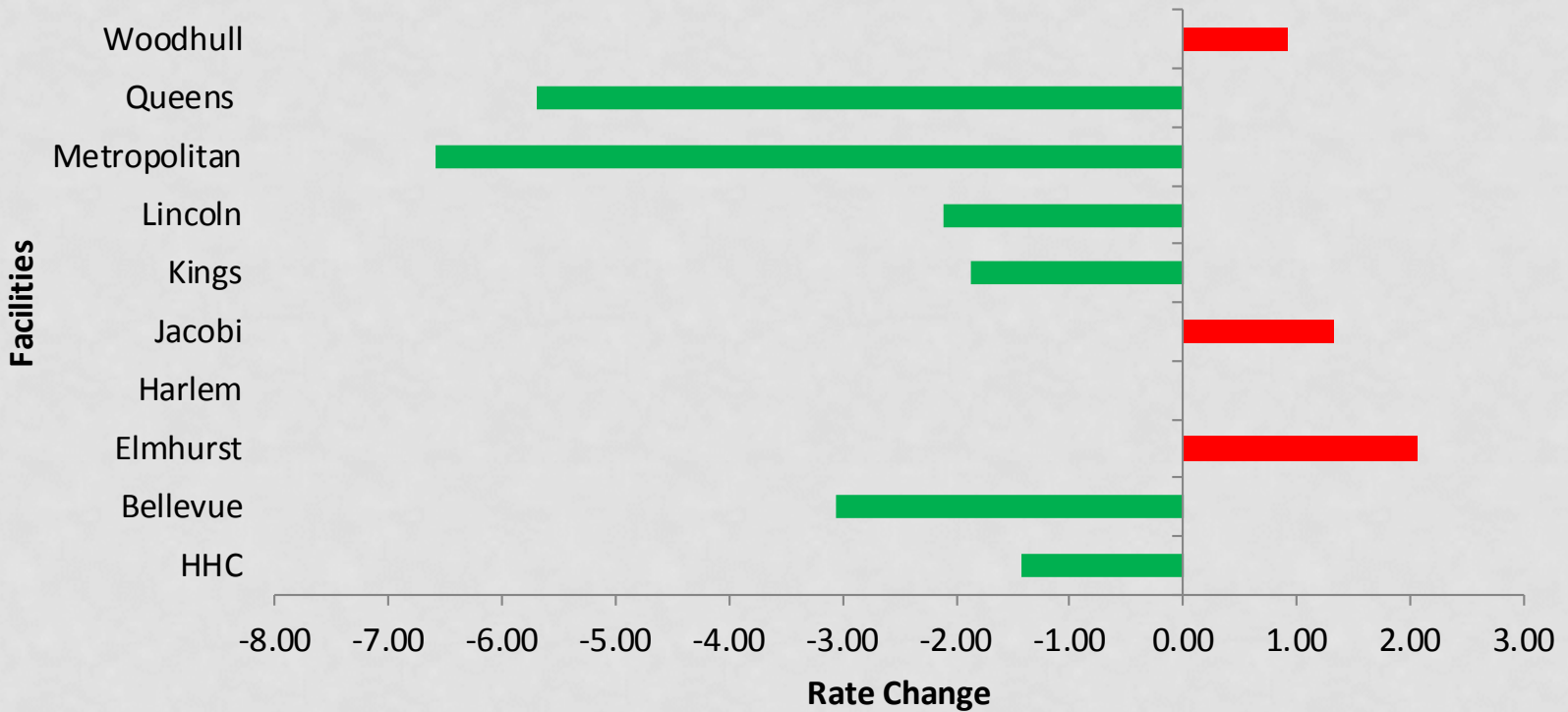
— NYS-DOH L2 NICU 2012

\* no data Nov. & Dec. BHC due to Sandy

Data source: CDC-NHSN

# CLABSI

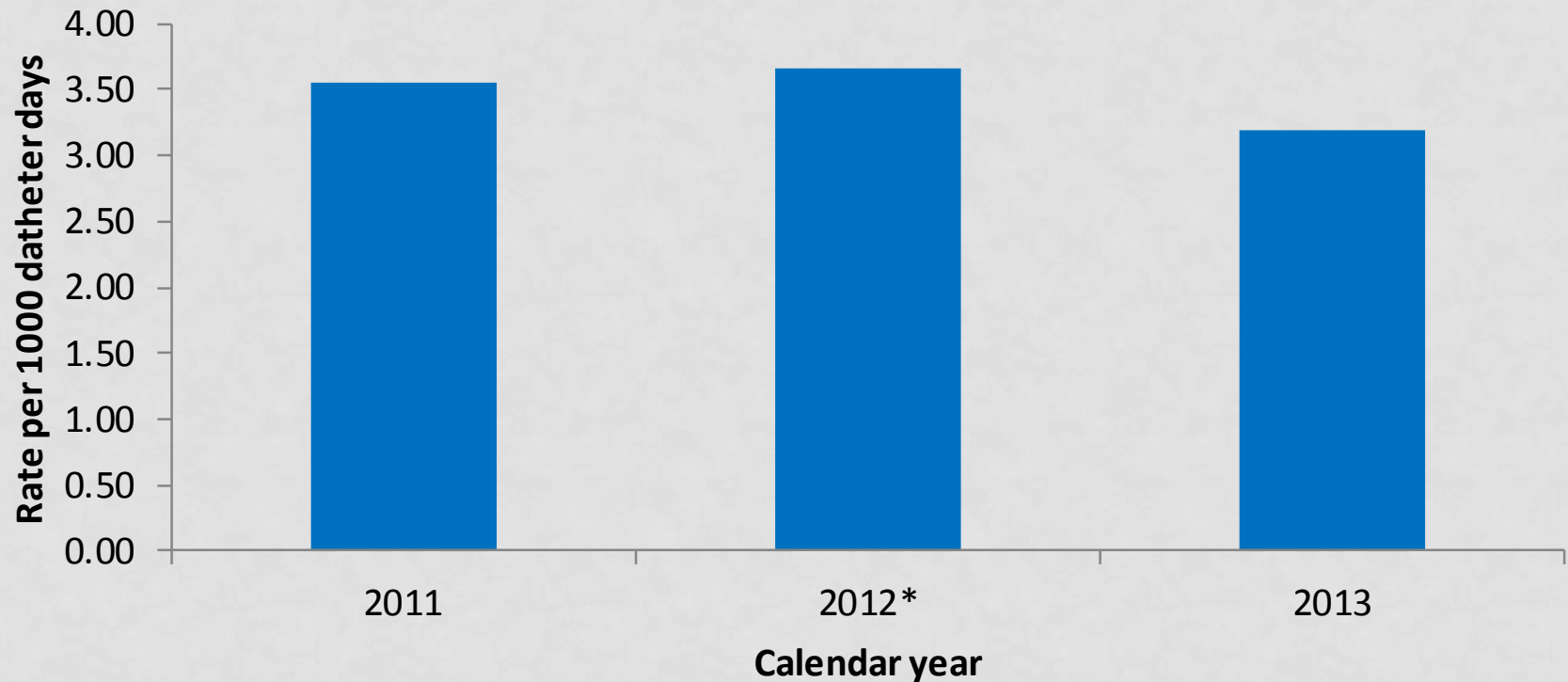
## HHC System NICU CLABSI Rate Change 2012-2013



Data source: CDC-NHSN

# CAUTI

## HHC System Rates CAUTI Adult ICU

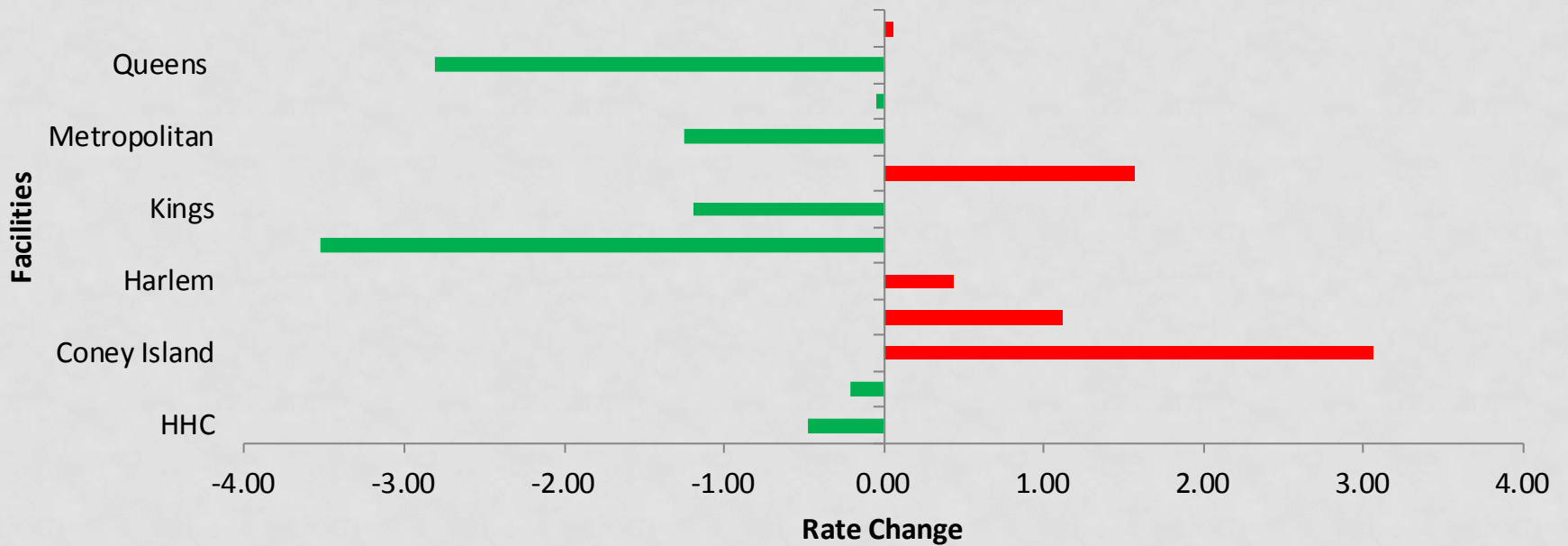


\* no data Nov. & Dec. BHC and CIH due to Sandy

Data source: CDC-NHSN

# CAUTI

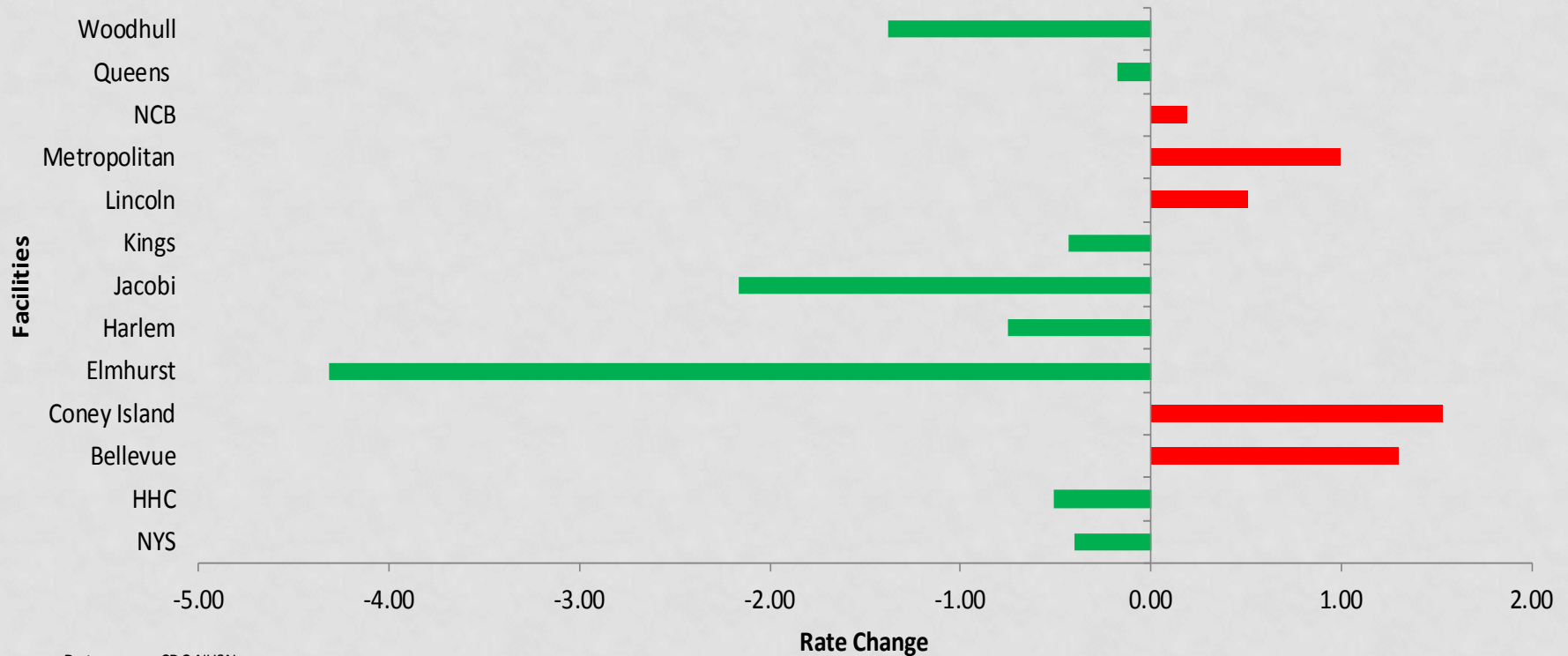
## HHC System Adult ICU CAUTI Rate Change 2012-2013



Data source: CDC-NHSN

# CLOSTRIDIUM DIFFICILE

**HHC System C.Diff Rate Change 2012-2013**  
infections per 10,000 patient days



Data source: CDC-NHSN

# NEXT STEPS: 2014 Goals

## ➤ **Business Intelligence**

- Automation of Central Line and Indwelling Catheter Days via EMR
- Incorporation of the Central Line Maintenance Checklist into the EMR

## ➤ **Spread of best practice bundles from critical care areas to non-critical care areas**

## ➤ **Monitor HAI's: Facility & System-Wide**

- Standardized Infection Rate: Goal:  $\leq 1$ 
  - ✓ CMS
  - ✓ NHSN
  - ✓ NYS
  - ✓ Hoshin Kanri
- Rate of Infection Goal: 0/1000 Central Line / Indwelling Urinary Catheter Days
  - ✓ NHSN
  - ✓ NYS-DOH
  - ✓ NYCHHC



Questions?