

AGENDA

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

Meeting Date: December 11th, 2014
Time: 12:30 PM
Location: 125 Worth Street, Room 532

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES

- *November 11, 2014*

CHIEF MEDICAL OFFICER REPORT

DR. WILSON

METROPLUS HEALTH PLAN

DR. SAPERSTEIN

CHIEF INFORMATION OFFICER REPORT

MR. ROBLES

ACTION ITEMS:

Ratifying the action taken by the New York City Health and Hospitals Corporation (the "Corporation") to (i) submit an application to the New York State Department of Health ("DOH") to participate in the Delivery System Reform Incentive Payment program ("DSRIP") pursuant to which the Corporation will establish a single Performing Provider System (a "PPS") in collaboration with various health care providers (the "Participants"); and Authorizing the Corporation to (ii) enter into agreements within the PPS structure with those participants listed on the attached Schedule of Participants designated as "City Wide" and those Participants designated as "Hub-Based" in the attached Schedule of Participants subject to the addition of additional Hub-Based Participants or the removal of some Hub-Based Participants at the discretion of the Corporation President as he determines to be necessary or appropriate to respond to evolving DOH requirements, guidance and regulations, and the Corporation's assessment of the ability of the Hub-Based Participants to perform as required for the DSRIP program; (iii) cause the HHC Assistance Corporation (the "CSO") to provide technical assistance to the PPS in the capacity of a centralized service organization; (iv) nominate from among the officers and senior managers of the Corporation the directors of the CSO provided that the Corporation President shall have the authority to nominate one or more directors of the CSO who are not officers or employees of the Corporation provided further that such outside directors never exceed 25% of the total of CSO directors; (v) enter into such other and further ancillary contracts as are necessary or appropriate to carry out the purposes of the DSRIP program and to ensure the Corporation's successful execution of its DSRIP projects using the structure diagramed in the attached Table of Organization; and Directing the Corporation to (vi) subject the activities of the CSO under the DSRIP program to the Corporation's compliance and internal audit programs; (vii) requiring that all procurement contracts of the CSO be subject to the procurement

DR. JENKINS/MR. BERMAN

rules applicable to the Corporation; and (viii) make regular, periodic reports to the Corporation's Board of the progress of the DSRIP application and the implementation of the DSRIP projects including an overview of all contracts made by either CSO or the Corporation to carry out the DSRIP program.

INFORMATION ITEMS:

I. Disaster Recovery/Business Continuity Annual Update

MR. KEIL/MR. MANJORIN

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

MINUTES

MEDICAL AND PROFESSIONAL AFFAIRS/ INFORMATION TECHNOLOGY COMMITTEE BOARD OF DIRECTORS

Meeting Date: November 6, 2014

ATTENDEES

COMMITTEE MEMBERS

Vincent Calamia, MD, Committee Chair

Josephine Bolus, RN

Antonio D. Martin, Executive Vice President/Corporate Chief Operating Officer (representing Dr. Ram Raju in a voting capacity)

HHC CENTRAL OFFICE STAFF:

Sharon Abbott, Assistant Director, Corporate Planning and HIV Services

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

Maria Arias-Clarke, Assistant Director, Corporate Budget

Janette Baxter, Senior Director, Risk Management

Suzanne Blundi, Deputy Counsel, Office of Legal Affairs

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

Tammy Carlisle, Associate Executive Director, Corporate Planning

Deborah Cates, Chief of Staff, Board Affairs

Dave Chokshi, Assistant Vice President, Care Management

Paul Contino, Chief Technology Officer

Mary Ann Etiebet, Director, Medical and Professional Affairs

Kenra Ford, Assistant Vice President, Clinical Laboratory Operation

Ann Frisch, Executive Director Home Health Care

Sal Guido, Assistant Vice President, Infrastructure Services

Joanne Haberlin, Senior Director, Corporate Risk Management Legal Affairs

Caroline Jacobs, Senior Vice President, Safety and Human Development

Christina Jenkins, MD Senior Assistant Vice President, Quality & Performance Innovation

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

Imah Jones, Senior Director, Research

Susan Kansagra, Assistant Vice President, Population Health

Mei Kong, Assistant Vice President, Patient Safety

Patricia Lockhart, Secretary to the Corporation

Ronald Low, MD, Senior Director, Office of Statistic and Data analysis

Ana Marengo, Senior Vice President, Communications & Marketing

Wayne McNulty, Senior Assistant Vice President & Chief Compliance Officer

Deirdre Newton, Senior Counsel, Office of Legal Affairs

Praveen Pannala, Associate Director, Research

Bert Robles, Senior Vice President, Chief Information Officer

Deborah Rose, Director, Patient Center Care

Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs

Lynnette Sainbert, Assistant Director, Board Affairs

Jared Sender, Enterprise Information Technology Service

David Shi, Senior Director, Medical & Professional Affairs

Nicholas Stine, MD Chief Medical Officer, Accountable Care Organization

Pat Slesarchik, Assistant Vice President, Labor Relations

Yolanda Thompson, Asst. Director, IT
Diane Toppin, Senior Director, M&PA Divisional Administrator
Steven Van Schultz, Director, IT Audits
Joyce Wales, Senior Assistant Vice President, Behavioral Health
Ross Wilson, Senior Vice President/Corporate Chief Medical Officer, Medical and Professional Affairs

FACILITY STAFF:

Gregory Almond, MD, Acting Chief Medical Officer, Metropolitan Hospital Center
Robert Hughes, Executive Director, Coler –Carter Specialty Hospital
Arnold Saperstein, MD, Executive Director, MetroPlus Health Plan
Anthony Rajkumar, Acting Executive Director, Metropolitan Hospital Center

OTHERS PRESENT

Scott Hill, Account Executive/Quadramed
Donna Francis, Microsoft Account Executive
Richard McIntyre, Siemens
Vamsee Sistla, Microsoft Tech Specialist
Kristyn Raffaele, Analyst, OMB
Lori Schomp, OMB
Dhrunneanne Wood, Analyst OMB

MEDICAL AND PROFESSIONAL AFFAIRS/
INFORMATION TECHNOLOGY COMMITTEE
Thursday, November 6, 2014

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 12:30 pm. The minutes of the October 2, 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.

HHC Accountable Care Organization

HHC ACO Inc. held a meeting of its Board of Directors on Nov 3 to discuss changes in Board membership and the distribution of savings that were achieved in the MSSP (Medicare Shared Savings Program). The ACO achieved high quality scores (74th percentile nationally) and ~7% reduction in cost to Medicare. This resulted in 50% of ~\$7m being distributed from CMS to the ACO, and 50% of that 50% being distributed to the “participants”. CMS envisages that this is used as a financial incentive to the primary care physicians who provide care to the beneficiaries attributed to our ACO. The resolutions from the Board meeting relating to Board membership will be brought forward to the HHC Board of Directors meeting.

The ACO is beginning its preparations for the next annual quality reporting process, which will include IT exports from the data warehouse, manual chart review supported by the Quality Management teams, and a patient satisfaction survey administered by Press Ganey. This is reporting for the second performance year and the final year of our current three year agreement with CMS.

Ebola Preparedness

HHC continues to maintain preparedness for assessing and screening any patient at risk for Ebola at our 11 Emergency Departments and at our ambulatory clinics. This is being done with continued systematic training in the use of PPE (Personal Protective Equipment), as well as development and sharing of standard protocols and procedures for many aspects of the necessary care. NYS DOH will be soon commencing surveys on the Commissioner’s order for many of these elements.

In addition, the staff at Bellevue continues to provide care for the first Ebola patient in NYC. He continues to make good progress, with strong nursing, physician, lab and waste management leadership contributing to this progress. Hospital staff directly involved in the patient’s care will be actively monitored by the DOHMH for 21 days after their last involvement.

DSRIP

Continued activity at an extremely rapid pace is occurring in preparation for the HHC DSRIP application due in December. Guidance for the NYS DOH continues to be modified as all parties get more familiar with this highly complex undertaking. There is an information item later in this meeting where Board members questions can be answered.

Research

Human Subject Research Protections Program Policies and Procedures

HHC's Human Subject Research Program Operating Procedure is discussed as an action item later in this meeting, and provides comprehensive information and guidance about the organization and focus of the Human Subject Research Protection Program at HHC.

This Program will facilitate excellence in human research at HHC while protecting research participants' rights and safety, and ensuring a regulatory and legally compliant environment for the conduct of ethical research. The following is an outline of the significant issues (authority, role and procedures) covered by the Operating Procedure:

Commencement of Research at HHC

The Policies and Procedures set forth the requirements that a researcher must address prior to the commencement of research. The requirements include the criteria for eligibility, research involving vulnerable populations; protections for human subjects and researchers, such as valid informed consent and certificates of confidentiality; the process to determine the adequacy and feasibility of resources to support the research; and protecting HHC's interests in any publications or inventions resulting from research conducted at HHC.

Investigational Drugs, Devices and Biological Materials

The Policies and Procedures addresses various issues with respect to investigational drugs, devices and biological materials used in research. It sets forth requirements under law and HHC policy for the use of an investigational drug or device in research, including the storage, handling and dispensing of investigational drugs and biologics, as well as contractual requirements for the transfer of such materials into and out of HHC, the use of anatomical gifts, and the disclosure of genetic information obtained through genetic testing.

Misconduct, Unanticipated Events and Noncompliance

The Policies and Procedures outlines processes to address conduct that departs from a research protocol or unexpected events during a research project.

Research Records, Reimbursement, Costs and Reporting

The Policies and Procedures set forth the requirements under law, regulation and HHC policy with respect to various recordkeeping and financial aspects of research, emergency medical treatment and financial support provided to human research subjects who sustain research related injuries as a direct result of research participation; the process by which approval is obtained for costs incurred by HHC in connection with research involving an affiliate grantee and the means by which HHC can obtain reimbursement for those costs; billing and reconciliation processes for clinical research services provided to patients enrolled in studies.

MetroPlus Health Plan, Inc.

Arnold Saperstein, MD Executive Director, MetroPlus Health Plan Inc. Presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of October 1, 2014 was 467,823. Breakdown of plan enrollment by line of business is as follows:

Medicaid	389,919
Child Health Plus	12,047
Family Health Plus	9,419
MetroPlus Gold	3,349
Partnership in Care (HIV/SNP)	5,034
Medicare	8,395
MLTC	720
QHP	38,241
SHOP	699

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. As FHP membership is rolling into Medicaid, we will continue to see increases in the latter. However, the Medicaid membership increase experienced in the month of October was greater than the transfer (rollover) from FHP. We have also seen a loss of Exchange membership due to non-payment from members who have passed their one- or three-month grace period (based on their financial status).

The first item of importance that I would like to bring to this Committee's attention is Sovaldi; namely the cost associated with this Hep C medication. In the first six months of 2014, we have spent \$30M on Sovaldi for only 10% of the member population with a Hep C diagnosis code. We anticipate our spending on this drug to reach approximately \$70M for this calendar year. This presents a significant financial impact not only on MetroPlus, but also on the HHC risk balance. Since NYS has unsuccessfully attempted to firm up the clinical guidelines for coverage of Sovaldi, MetroPlus is therefore abiding by the guidelines CVS CareMark (our Pharmacy vendor) has put in place.

In our effort to increase membership (by enrolling new members as well as maximizing existing member retention) we are implementing several marketing and communication campaigns, via both internal and external activities, that will help us reach our goals. In addition, based on feedback we received throughout the year from our members, being able to offer an interactive web portal that will allow our members to access their accounts online, print their IDs, view their claims, etc is of critical importance in achieving member satisfaction. MIS is actively working on finalizing this portal so it can go live by November 1, 2014.

MetroPlus is developing aggressive marketing strategies to promote FIDA. This line of business is scheduled to go live on January 1, 2015. We are waiting for the State to provide us with the necessary materials for its implementation (ID card and Member Handbook templates). The Compliance Department and Regulatory Affairs are reviewing this line of business and will be conducting targeting reviews of key risk areas related to this product.

The State has revised the regulation of having Provider Directories printed and mailed to our Exchange and Medicaid members. We are now permitted to provide the Directory in alternate methods. Our Communications and Regulatory Affairs teams are working together to decide on alternate formats and how this is to be communicated to our members.

MetroPlus hosted an audit by the Federal Department of Health and Human Services, Centers for Medicare & Medicaid Services (CMS) on October 9, 2014. MetroPlus was one of four Managed Care Plans selected for review which was focused on New York's Medicaid program integrity procedures and processes. The focus of this CMS review was centered on three particular Medicaid program areas – federal Affordable Care Act provisions related to provider

enrollment and screening, state managed care oversight, and managed care entities (MCEs). The Bureau of Quality Assurance (BQA), within the OMIG, was responsible for coordinating all responses to CMS.

In preparation for this audit MetroPlus' Compliance Department coordinated the corporate response and gathered all the data necessary for the CMS audit team. Areas affected and under review were the Special Investigations Unit (SIU), Provider Credentialing & Provider Contracting units. The review was composed of an offsite desk audit as well as a one day review onsite. The timeframe of the review was the last 4 fiscal years. Overall, the audit went well and there were no issues raised during the process by the CMS auditors. There will be additional information requested by CMS and this will be communicated to MetroPlus by the local Office of Medicaid Inspector General. We anticipate this information request to come to MetroPlus within the next two weeks.

We have also been working closely with our providers, educating them on our new Pay-for-Performance (P4P) program. This program is a payment model that rewards providers and facilities for meeting targeted performance measures for the delivery of quality and efficient health services. The goal of this program is to improve the health of our members. Providers with a panel size of more than 200 MetroPlus members are eligible for the P4P program. Currently, P4P eligibility is limited to our Medicaid, CHP, FHP, and HIV SNP participating providers.

I would like to conclude my report by thanking and congratulating the MetroPlus Communications team for their innovative work that led to MetroPlus' award-winning performance in the 2014 American Health and Wellness Design Awards. The awards program honors the importance of design in communication the value of health and wellness, and the organizations, people, products, and services that foster better health. From roughly 1,000 entries to the annual competition, just a handful of designs were selected as winners – including the MetroPlus “How Do I Enroll?” and the MetroPlus Marketplace Individual and Small Business Tax Credit projects. Other winning organizations whose designs were recognized include the American Heart Association, Columbia University Medical Center, NSLIJ, and Kaiser Permanente.

CHIEF INFORMATION OFFICER REPORT

Bert Robles, Senior Vice President, Information Systems provided the Committee with the following updates:

Bert Robles (2) new important initiatives that will be launched this year: e-Prescribing and Meaningful Use (MU) for Eligible Professionals Stage I. These projects are interrelated as e-prescribing is a core MU requirement this year. According to data received from the Credentialing Office, it was determined that HHC has ~7000 prescribers made up of physicians and allied health professionals (i.e., Physician Assistants, Nurse Practitioners and Certified Mid-Wives) and 3800 eligible professionals (Source: Unity Physician Master List).

e-Prescribing:

Every prescriber in the twenty-one (21) HHC facilities must e-prescribe by March 2015. New York State passed legislation designed to more effectively curtail forged and counterfeit prescriptions, track patterns of potential prescription misuse and improve patient safety. The Internet System for Tracking Over-Prescribing (I-STOP) law mandates that effective March 27, 2015, all prescriptions issued in New York State are done electronically. The e-prescription (eRx) function will be performed through QuadraMed. QuadraMed has partnered with DrFirst which will provide HHC's e-prescribing solution. DrFirst is an industry recognized eRx solution that currently integrates with over 290 EMR/EHR vendors in the US. The configuration is underway enterprise-wide with Kings County Hospital as the pilot site. Additionally, an e-Rx Steering Committee was established to ensure timely delivery of the project plan. This committee, chaired by Dr. Mabelle Allen, is responsible for making recommendations regarding electronic prescription, policies, workflow, implementation and communication plans. This process will be developed to support QCPR as well as to ensure alignment with EPIC/ICIS future operational management. Various work groups were also formed for coordinating or executing all activities regarding the e-prescribing solution. Names of subject matter experts of these work groups were provided by the Medical Directors. There is also active collaboration with Medical Staff Credentialing and GME offices in identifying and validating all prescribers enterprise-wide as identity proofing is crucial for controlled

substances. Due to time constraints, the implementation will be fast tracked with facilities going live simultaneously. Training will include classroom didactic, demos, webinars, grand rounds, computerized based training (CBT) with onsite support by super users. In order to achieve this deadline throughout the Corporation, we will need the commitment from the facilities that their physicians and allied health professionals will attend this training. A major disruption to hospital operations will result if participation is not mandated.

Meaningful Use (MU) for Eligible Professionals (EP):

With regards to MU, Eligible Hospitals Stage 2 began its second year on October 1st. In 2015, the Eligible Professionals (EP) Stage I program will be introduced for the first time to outpatient providers.

Who Can Participate:

The following are considered "eligible professionals" who can participate in the MU Incentive Program: Physicians (primarily doctors of medicine and doctors of osteopathy), Nurse Practitioners, Certified Nurse-Midwives, Dentists and Physician Assistants (who provide services in a Federally Qualified Health Center (FQHC) or Rural Health Clinic(RHC) that is led by a physician assistant.)

Guidelines for Participation:

To qualify for participation in the MU Incentive Program, an EP must meet a minimum 30% Medicaid patient volume. For pediatricians to be eligible to attest, they must meet a minimum 20% Medicaid patient volume. Physician Assistants practicing in an FQHC or RHC must have a minimum 30% patient volume to be eligible to attest.

Please note - EPs who work in a hospital in-patient or emergency room setting cannot participate in the program.

For the first year under the MU guidelines, HHC can receive a portion of MU dollars under the adopting, implementing or upgrading (AIU) parameters. For the first payment in 2015, each Medicaid EP who meets the 19 objectives qualifies to receive \$21,250. If they continue to meet these 19 objectives for each of next five (5) years, an additional payment of \$8,500/year will be given for a total of \$63,750 per EP. Based on preliminary assessment, we have identified 3800 providers of whom 2400 are already enrolled with Medicaid. For the remaining 1400 providers, the next step would be to enroll them in Medicaid. We plan to complete and submit the requirements for AIU submission by February 2015.

We also plan to demonstrate MU Stage I in 2015 since QuadraMed is scheduled to deliver its certified version (v6.1) by mid-January. Both initiatives are large scale with high impact to HHC stakeholders.

ACTION ITEMS:

Authorizing the President of the New York City Health and Hospitals Corporation to implement the attached Operating Procedure 180-9 entitled "HHC's Human Subject Research Program Policies and Procedures was brought to the committee. Approved by the Board of Directors.

INFORMTION ITEMS:

Lauren Johnston, Senior Assistant Vice President of Patient Centered Care presented on Patient Satisfaction.

The topics were Patient Experience Data Review, Inpatient HCAHPS and Outpatient Medical Practice. 2015 Innovations: Real-Time Feedback with Point of Care Surveying, Patient Experience Consulting w/ Press Ganey, Queens Hospital Center Cultural & Communication Training and Compassionate Connected Care.

Christina Jenkins, MD Senior Assistant Vice President of Quality Performance and Innovation presented on DSRIP. Covered the following items: HHC DSRIP Overview, PPS Update: Configuration, Projects, and Partners Governance and Funds Flow.

Minutes of the November 6, 2014
Medical and Professional Affairs/
Information Technology Committee

There being no further business, the meeting was adjourned at 1:30 pm.

MetroPlus Health Plan, Inc.
Report to the
HHC Medical and Professional Affairs Committee
December 11, 2014

Total plan enrollment as of November 1, 2014 was 469,070. Breakdown of plan enrollment by line of business is as follows:

Medicaid	395,407
Child Health Plus	12,231
Family Health Plus	5,820
MetroPlus Gold	3,401
Partnership in Care (HIV/SNP)	4,954
Medicare	8,477
MLTC	774
QHP	37,318
SHOP	688

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. As FHP membership is rolling into Medicaid, we will continue to see increases in the latter. However, the Medicaid membership increase experienced in the month of November was greater than the transfer (rollover) from FHP (same as in October). We have also seen a slight increase in the Exchange membership.

As you know, the Open Enrollment Period (OEP) started on November 15th. In addition to strategically pricing our products, we have taken numerous important steps in an effort to grow membership. We have been collaborating with HHC facilities in targeting 190,000 HHC self-pay patients who are potentially eligible for insurance, embarked on aggressive advertising and marketing campaigns emphasizing our relationship with HHC, as well as initiated an extensive member retention campaign.

One of the barriers we faced with the new Exchange line of business during last year's open enrollment period and thereafter, was that the State had no mechanism in place to allow us to assign PCPs to members. This led to major customer dissatisfaction and extremely high call volume to our Customer Services department. For the current open enrollment, we have worked on a homegrown solution for MetroPlus staff and HHC HCIs whereby they can assign the PCP of the member's choice using the MetroPlus website.

We have also learned from the previous year's experience that our members were looking for easier ways to pay their premiums, select their PCP, view their account information online, etc. We listened to the voice of our members and have therefore adapted our website, improving its functionality, thereby offering all those solutions at the click of a button.

Our Brooklyn community office opened on the first day of Open Enrollment. We have experienced a tremendous volume of walk-ins on the very first day, resulting in over 200 applications.

We have seen a high number of Exchange applicants during the first week of Open Enrollment. There was a total of 2,672 submitted applications, and 96 applications in progress for the period 11/15 thru 11/21/14.

During this first week of Open Enrollment, there were a total of 41,000 transactions and a total of 23,000 membership renewals. As of the date of this report, we cannot tell how many of the above

referenced transactions are new members, changes to existing member information, cancellations, etc. I will have more accurate information to report at the next meeting.

As we look back at the first year operating under the new ACA Exchange product, I would like to summarize the year in numbers for this committee. The previous Open Enrollment Period (OEP) started on October 1, 2013, and ended on March 31, 2014. Anyone who enrolled before December 23, 2013, was effectuated as of January 1, 2014. The Exchange membership on January 1, 2014, was 13,025 (3% of total membership) and 27,978 as of April 1, 2014 (215% increase during Open Enrollment) and it represented 6.3% of total membership as of that date. The highest Exchange membership was in May 2014, at 44,311 members. Over the following few months, there have been slight decreases due to member non-payment.

The total membership as of January 1, 2014 was 432,791, representing an increase of almost 12,000 members from December 1, 2013 (an increase of 3% in one month). As of April 1, 2014, our total membership was 444,748 – the majority of members enrolled as follows: 362,939 or 82% in Medicaid and 27,978 or 7% in Exchange. As of this month, Medicaid increased to 84%, and Exchange to 8% of the total of 469,070 (a net increase of approximately 25,000 members – or 6% from December 2013).

As far as the MetroPlus Gold line of business, we have only seen a very small increase in membership over the course of this year (from 3,322 as of YE13 to 3,401 as of November 1, 2014 – an increase of 2%).

On a positive note, I concluded my last report by thanking and congratulating the MetroPlus Communications team for their innovative work that led to MetroPlus' award-winning performance in the 2014 American Health and Wellness Design Awards. I have obtained the award winning materials to share with this committee.

Indicator #1A for Enrollment Month: November 2014

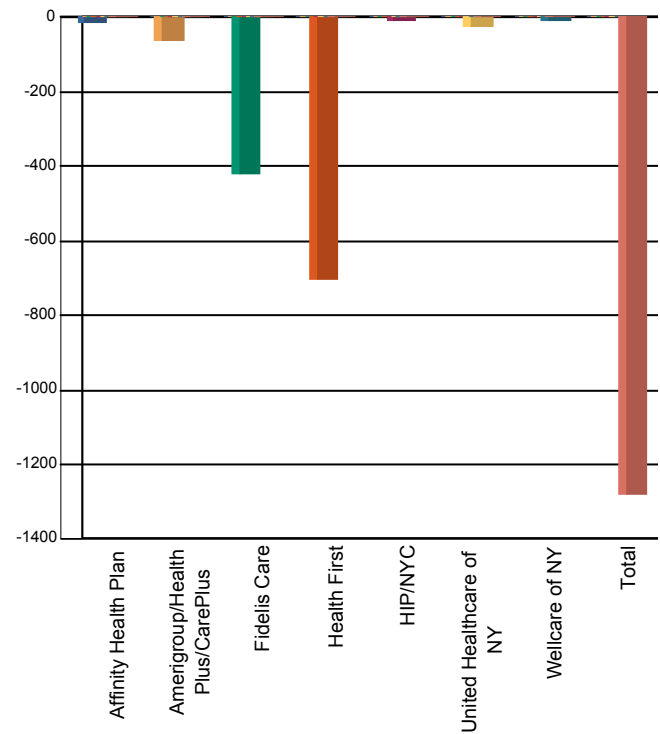
Disenrollments To Other Plans

		Enrollment Mont			Twelve Months Period		
		FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	INVOLUNTARY		40	40	24	358	382
	VOLUNTARY	3	61	64	76	748	824
	TOTAL	3	101	104	100	1106	1206
Amerigroup/Health Plus/CarePlus	INVOLUNTARY	2	54	56	32	628	660
	VOLUNTARY	1	97	98	60	1285	1345
	TOTAL	3	151	154	92	1913	2005
Fidelis Care	INVOLUNTARY		174	174	101	1790	1891
	VOLUNTARY	11	332	343	296	3789	4085
	TOTAL	11	506	517	397	5579	5976
Health First	INVOLUNTARY	3	260	263	125	2823	2948
	VOLUNTARY	12	562	574	355	6251	6606
	TOTAL	15	822	837	480	9074	9554
HIP/NYC	INVOLUNTARY		22	22	7	289	296
	VOLUNTARY	1	33	34	32	521	553
	TOTAL	1	55	56	39	810	849
United Healthcare of NY	INVOLUNTARY	2	53	55	16	464	480
	VOLUNTARY		34	34	43	629	672
	TOTAL	2	87	89	59	1093	1152
Wellcare of NY	INVOLUNTARY		33	33	18	225	243
	VOLUNTARY	1	13	14	17	192	209
	TOTAL	1	46	47	35	417	452
Disenrolled Plan Transfers	INVOLUNTARY	13	657	670	372	6876	7248
	VOLUNTARY	30	1144	1174	925	13561	14486
	TOTAL	43	1801	1844	1297	20437	21734
Disenrolled Unknown Plan Transfers:	INVOLUNTARY	3	51	54	33	607	640
	VOLUNTARY		64	64	7	531	538
	TOTAL	3	115	118	40	1138	1178
Non-Transfer Disenroll Total:	INVOLUNTARY	1375	10536	11911	11303	128464	139767
	UNKNOWN	16	15	31	179	239	418
	VOLUNTARY	4	36	40	18	875	893
TOTAL	1395	10587	11982	11500	129578	141078	
Total MetroPlus Disenrollment:	INVOLUNTARY	1391	11244	12635	11708	135947	147655
	UNKNOWN	16	15	31	187	244	431
	VOLUNTARY	34	1244	1278	950	14967	15917
TOTAL	1441	12503	13944	12845	151158	164003	

Net Difference

	Enrollment Month			Twelve Months Period		
	FHP	MCAD	Total	FHP	MCAD	Total
Affinity Health Plan	-2	-14	-16	-32	219	187
Amerigroup/Health Plus/CarePlus		-58	-61	16	-66	-50
Fidelis Care		-409	-420	-311	-3,805	-4,116
Health First	-12	-691	-703	-395	-7,237	-7,632
HIP/NYC		-5	-6	-17	-86	-103
United Healthcare of NY		-23	-25	-19	-224	-243
Wellcare of NY		-9	-10	46	513	559
Total	-39	-1,242	-1,281	-807	-11,131	-11,938

Enroll Month Net Transfers (Known)



New MetroPlus Members Disenrolled From Other Plans

	FHP	MCAD	Total	Y FHP	Y MCAD	Y Total
Affinity Health Plan	1	87	88	68	1,325	1,393
Amerigroup/Health Plus/CarePlus		93	93	108	1,847	1,955
Fidelis Care		97	97	86	1,774	1,860
Health First	3	131	134	85	1,837	1,922
HIP/NYC		50	50	22	724	746
United Healthcare of NY		64	64	40	869	909
Wellcare of NY		37	37	81	930	1,011
Total	4	559	563	490	9,306	9,796
Unknown/Other (not in total)	3	5,170	5,173	6,244	79,365	85,609



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 11/14/2014

Other Plan Name	Category	2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		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	2	5	1	1	1	2	1	4	0	3	1	3	1	1	1	4	0	6	0	9	0	2	0	3	51
	VOLUNTARY	2	0	0	0	0	0	0	0	1	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	4
	TOTAL	4	5	1	1	1	2	1	4	1	3	1	3	1	2	1	4	0	6	0	9	0	2	0	3	55
Affinity Health Plan	INVOLUNTARY	0	3	0	4	3	29	1	3	1	16	11	90	0	19	5	90	2	19	1	23	0	22	0	40	382
	VOLUNTARY	14	100	9	77	7	52	10	76	10	104	0	1	4	78	0	0	7	52	6	93	6	54	3	61	824
	TOTAL	14	103	9	81	10	81	11	79	11	120	11	91	4	97	5	90	9	71	7	116	6	76	3	101	1,206
Amerigroup/Health Plus/CarePlans	INVOLUNTARY	0	7	4	6	6	54	1	13	0	25	12	165	1	43	6	126	0	41	0	49	0	45	2	54	660
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	11	219	15	160	1	74	9	143	6	180	0	0	10	148	0	1	5	81	2	114	0	68	1	97	1,345
	TOTAL	11	226	19	166	7	128	10	156	6	205	12	165	11	191	6	128	5	122	2	163	0	113	3	151	2,006
BC/BS OF MNE	INVOLUNTARY	1	6	2	1	0	5	2	6	0	9	1	6	1	12	1	9	1	10	0	11	0	5	4	9	102
	VOLUNTARY	1	2	0	1	0	0	0	1	1	0	0	0	1	2	0	0	0	0	0	0	0	0	0	3	12
	TOTAL	2	8	2	2	0	5	2	7	1	9	1	6	2	14	1	9	1	10	0	11	0	5	4	12	114
CIGNA	INVOLUNTARY	0	3	0	1	1	4	0	4	0	3	0	5	0	1	0	1	1	3	0	0	0	0	0	1	28
	VOLUNTARY	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	4
	TOTAL	0	5	0	1	1	4	1	4	0	3	0	5	0	1	0	1	1	3	0	1	0	0	0	1	32
Fidelis Care	INVOLUNTARY	0	9	2	6	19	191	0	30	2	52	48	429	1	101	20	389	5	130	2	131	2	148	0	174	1,891
	UNKNOWN	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	3
	VOLUNTARY	71	575	40	424	8	162	41	404	35	454	0	0	42	416	0	0	10	315	22	404	16	303	11	332	4,085
	TOTAL	71	584	42	430	27	354	41	434	37	506	48	429	44	517	20	389	15	445	25	535	18	451	11	506	5,979



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 11/14/2014

		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		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	0	0	0	0	6	0	4	0	4	1	4	0	3	0	7	0	3	1	2	0	2	0	2	39
	VOLUNTARY	0	1	0	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	6
	TOTAL	0	1	0	2	0	6	0	4	1	4	1	4	0	3	0	7	0	3	1	4	0	2	0	2	45
Health First	INVOLUNTARY	6	15	0	15	32	309	1	46	2	90	40	696	9	185	26	653	1	171	4	171	1	212	3	260	2,948
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1	0	1	0	0	3	
	VOLUNTARY	82	902	58	596	8	275	47	632	48	758	0	2	39	750	0	0	25	521	18	733	18	520	12	562	6,606
	TOTAL	88	917	58	611	40	584	48	678	50	848	40	698	49	935	26	653	26	692	22	905	19	733	15	822	9,557
HEALTH INS PLAN OF GREATER NY	INVOLUNTARY	1	0	0	0	0	2	1	1	0	2	0	1	0	0	0	3	0	3	0	1	0	1	1	2	19
	VOLUNTARY	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	3
	TOTAL	1	0	0	0	0	2	1	1	0	2	0	1	0	0	0	4	0	3	0	2	0	2	1	2	22
HIP/NYC	INVOLUNTARY	0	3	0	4	1	33	1	4	0	14	4	56	0	21	1	70	0	16	0	18	0	28	0	22	296
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
	VOLUNTARY	11	73	4	73	2	39	2	55	5	80	0	1	2	59	0	0	1	34	2	37	2	37	1	33	553
	TOTAL	11	76	4	77	3	72	3	59	5	94	4	57	2	80	1	70	1	50	3	55	2	65	1	55	850
OXFORD INSURANCE CO.	INVOLUNTARY	0	0	0	1	0	0	0	0	1	1	1	2	0	0	1	1	1	3	0	5	0	0	0	2	19
	VOLUNTARY	0	2	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
	TOTAL	0	2	0	1	0	0	0	0	1	2	1	2	0	0	1	1	1	3	0	5	0	0	0	2	22
UNION LOC. 1199	INVOLUNTARY	0	2	0	5	7	22	0	8	2	5	4	12	1	4	1	8	0	4	1	1	0	0	1	2	90
	VOLUNTARY	5	9	9	7	0	0	1	12	5	15	0	0	1	10	0	0	1	15	9	25	6	20	1	9	160
	TOTAL	5	11	9	12	7	22	1	20	7	20	4	12	2	14	1	8	1	19	10	26	6	20	2	11	250



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 11/14/2014

		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
United Healthcare of NY	INVOLUNTARY	0	3	1	10	1	48	0	10	1	24	2	86	1	33	6	70	0	34	2	40	0	53	2	53	480
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	2
	VOLUNTARY	8	101	8	75	2	30	4	99	8	82	0	1	7	66	0	0	2	39	1	64	3	38	0	34	672
	TOTAL	8	104	9	85	3	78	4	109	9	106	2	87	9	99	6	70	3	73	3	104	3	91	2	87	1,154
Wellcare of NY	INVOLUNTARY	0	7	1	6	2	17	2	1	0	16	1	25	2	18	9	42	1	9	0	27	0	24	0	33	243
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	2
	VOLUNTARY	3	38	0	23	2	9	2	16	1	20	0	0	0	12	0	0	0	26	3	21	5	14	1	13	209
	TOTAL	3	45	1	29	4	26	4	17	1	36	1	25	2	30	11	42	1	35	3	48	5	38	1	46	454
Disenrolled Plan Transfers	INVOLUNTARY	10	63	11	60	73	722	10	134	9	264	126	1,580	17	441	77	1,473	12	452	11	488	3	542	13	657	7,248
	UNKNOWN	0	0	0	0	0	1	0	0	0	0	0	0	3	0	2	1	1	0	2	1	0	1	0	0	12
	VOLUNTARY	208	2,024	143	1,438	30	641	117	1,438	121	1,694	0	5	106	1,542	0	2	51	1,083	63	1,495	56	1,055	30	1,144	14,486
	TOTAL	218	2,087	154	1,498	103	1,364	127	1,572	130	1,958	126	1,585	126	1,983	79	1,476	64	1,535	76	1,984	59	1,598	43	1,801	21,746
Disenrolled Unknown Plan Transfers	INVOLUNTARY	2	37	1	26	1	75	1	27	8	29	4	71	4	53	5	131	1	37	1	48	2	22	3	51	640
	UNKNOWN	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	1
	VOLUNTARY	2	55	1	55	1	19	0	39	0	34	0	10	0	52	0	18	1	42	0	62	2	81	0	64	538
	TOTAL	4	92	2	81	2	94	1	66	8	63	4	81	4	106	5	149	2	79	1	110	4	103	3	115	1,179
Non-Transfer Disenroll Total	INVOLUNTARY	1,003	9,380	1,060	10,877	741	11,883	793	10,699	1,012	11,450	950	11,436	860	10,583	850	10,507	801	10,883	780	9,624	1,078	10,606	1,375	10,536	139,767
	UNKNOWN	1	2	45	0	2	6	2	1	13	13	14	12	22	15	29	22	35	46	0	49	0	58	16	15	418
	VOLUNTARY	2	115	3	71	0	46	2	80	2	88	0	47	2	83	0	107	1	84	2	62	0	56	4	36	893
	TOTAL	1,006	9,497	1,108	10,948	743	11,935	797	10,780	1,027	11,551	964	11,495	884	10,681	879	10,636	837	11,013	782	9,735	1,078	10,720	1,395	10,587	141,078



Disenrolled Member Plan Transfer Distribution

Last Data Refresh Date: 11/14/2014

		2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		TOTAL
		FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	FHP	MCAD	
Total MetroPlus Disenrollmen t	INVOLUNTARY	1,015	9,480	1,072	10,963	815	12,680	804	10,860	1,029	11,743	1,080	13,087	881	11,077	932	12,111	814	11,372	792	10,160	1,083	11,170	1,391	11,244	147,655
	UNKNOWN	1	2	45	0	2	7	2	1	13	13	14	12	25	16	31	23	36	46	2	50	0	59	16	15	431
	VOLUNTARY	212	2,194	147	1,564	31	706	119	1,557	123	1,816	0	62	108	1,677	0	127	53	1,209	65	1,619	58	1,192	34	1,244	15,917
	TOTAL	1,228	11,676	1,264	12,527	848	13,393	925	12,418	1,165	13,572	1,094	13,161	1,014	12,770	963	12,261	903	12,627	859	11,829	1,141	12,421	1,441	12,503	164,003



New Member Transfer From Other Plans

	2013_12		2014_01		2014_02		2014_03		2014_04		2014_05		2014_06		2014_07		2014_08		2014_09		2014_10		2014_11		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	1	17	1	17	4	13	3	6	1	6	0	3	1	4	0	3	0	8	0	6	0	7	1	9	111
Affinity Health Plan	14	156	6	145	5	114	6	106	10	119	8	113	7	113	1	88	3	95	5	102	2	87	1	87	1,393
Amerigroup/Health Plus/CarePlus	26	230	16	189	7	165	11	205	17	173	8	141	7	186	5	119	3	115	5	135	3	96	0	93	1,955
BC/BS OF MNE	1	34	0	37	4	19	2	14	5	14	0	6	1	11	0	7	0	19	0	30	0	25	0	49	278
CIGNA	1	17	1	15	2	9	2	3	3	7	0	3	0	5	0	6	0	0	0	1	0	4	0	1	80
Fidelis Care	16	232	4	152	3	131	15	151	10	188	5	163	10	144	9	146	6	115	6	138	2	117	0	97	1,860
GROUP HEALTH INC.	2	14	1	20	0	11	1	9	1	13	0	10	0	11	0	2	0	5	0	13	0	9	0	4	126
Health First	17	199	7	189	9	123	5	151	15	166	7	127	8	159	7	147	4	134	2	182	1	129	3	131	1,922
HEALTH INS PLAN OF GREATER N	3	23	0	13	0	14	2	7	2	8	0	2	0	5	0	3	0	8	0	8	1	3	0	10	112
HIP/NYC	10	93	2	55	2	69	1	60	2	74	2	64	1	72	2	43	0	36	0	53	0	55	0	50	746
OXFORD INSURANCE CO.	1	11	1	13	0	3	1	5	0	6	0	3	0	2	0	5	1	2	0	7	0	0	0	4	65
UNION LOC. 1199	6	20	7	37	3	18	5	6	8	27	4	19	1	21	3	8	2	12	1	18	0	17	3	3	249
United Healthcare of NY	7	143	4	89	7	77	10	72	4	92	3	56	5	66	0	54	0	43	0	57	0	56	0	64	909
Unknown Plan	1,731	10,263	1,043	14,813	1,112	6,297	1,137	5,655	944	7,268	161	4,755	71	6,031	14	4,723	9	4,364	5	5,219	14	4,807	3	5,170	85,609
Wellcare of NY	27	100	10	97	5	98	11	82	9	122	6	103	6	82	1	52	3	52	2	57	1	48	0	37	1,011
TOTAL	1,863	11,552	1,103	15,881	1,163	7,161	1,212	6,532	1,031	8,283	204	5,568	118	6,912	42	5,406	31	5,008	26	6,026	24	5,460	11	5,809	96,426



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

		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
Total Members	Prior Month	444,748	467,636	467,996	465,654	463,963	467,058	467,840
	New Member	40,698	19,544	17,325	17,564	20,632	18,453	18,862
	Voluntary Disenroll	277	2,061	349	1,502	1,969	1,488	1,561
	Involuntary Disenroll	17,533	17,123	19,318	17,753	15,568	16,183	16,071
	Adjusted	-4	26	116	14	758	1,348	0
	Net Change	22,888	360	-2,342	-1,691	3,095	782	1,230
	Current Month	467,636	467,996	465,654	463,963	467,058	467,840	469,070
Medicaid	Prior Month	362,939	370,749	375,262	378,049	380,959	387,421	391,185
	New Member	21,088	17,302	15,064	15,545	18,299	16,197	16,731
	Voluntary Disenroll	62	1,677	127	1,209	1,619	1,192	1,244
	Involuntary Disenroll	13,216	11,112	12,150	11,426	10,218	11,241	11,265
	Adjusted	-12	14	88	-17	705	1,276	0
	Net Change	7,810	4,513	2,787	2,910	6,462	3,764	4,222
	Current Month	370,749	375,262	378,049	380,959	387,421	391,185	395,407
Child Health Plus	Prior Month	11,608	11,912	11,876	11,698	11,683	11,834	12,063
	New Member	800	491	448	489	677	827	682
	Voluntary Disenroll	53	51	56	51	68	49	77
	Involuntary Disenroll	443	476	570	453	458	549	437
	Adjusted	-1	2	5	6	7	16	0
	Net Change	304	-36	-178	-15	151	229	168
	Current Month	11,912	11,876	11,698	11,683	11,834	12,063	12,231
Family Health Plus	Prior Month	24,594	22,796	20,144	17,552	14,963	12,410	9,424
	New Member	206	109	42	36	23	24	10
	Voluntary Disenroll	0	108	0	53	65	58	34
	Involuntary Disenroll	2,004	2,653	2,634	2,572	2,511	2,952	3,580
	Adjusted	0	0	1	2	8	5	0
	Net Change	-1,798	-2,652	-2,592	-2,589	-2,553	-2,986	-3,604
	Current Month	22,796	20,144	17,552	14,963	12,410	9,424	5,820



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

		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
HHC	Prior Month	3,382	3,416	3,438	3,514	3,519	3,547	3,416
	New Member	57	48	140	57	55	40	0
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	23	26	64	52	27	171	15
	Adjusted	10	10	22	26	47	69	0
	Net Change	34	22	76	5	28	-131	-15
	Current Month	3,416	3,438	3,514	3,519	3,547	3,416	3,401
SNP	Prior Month	5,267	5,218	5,230	5,252	5,198	5,093	5,014
	New Member	68	131	129	73	55	48	46
	Voluntary Disenroll	22	56	8	40	78	36	38
	Involuntary Disenroll	95	63	99	87	82	91	68
	Adjusted	-2	-1	-1	-2	-5	-20	0
	Net Change	-49	12	22	-54	-105	-79	-60
	Current Month	5,218	5,230	5,252	5,198	5,093	5,014	4,954
Medicare	Prior Month	8,008	8,117	7,938	8,143	8,251	8,347	8,395
	New Member	329	330	462	364	338	306	359
	Voluntary Disenroll	139	167	158	149	139	153	168
	Involuntary Disenroll	81	342	99	107	103	105	109
	Adjusted	0	0	0	0	0	0	0
	Net Change	109	-179	205	108	96	48	82
	Current Month	8,117	7,938	8,143	8,251	8,347	8,395	8,477
Managed Long Term Care	Prior Month	510	535	575	606	631	676	725
	New Member	39	52	44	39	58	67	84
	Voluntary Disenroll	0	1	0	0	0	0	0
	Involuntary Disenroll	14	11	13	14	13	18	35
	Adjusted	0	0	0	0	0	5	0
	Net Change	25	40	31	25	45	49	49
	Current Month	535	575	606	631	676	725	774



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

		May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14
QHP	Prior Month	27,978	44,311	42,906	40,192	38,083	37,032	36,925
	New Member	17,969	1,015	947	907	1,084	924	947
	Voluntary Disenroll	1	1	0	0	0	0	0
	Involuntary Disenroll	1,635	2,419	3,661	3,016	2,135	1,031	554
	Adjusted	1	1	1	-1	-4	-7	0
	Net Change	16,333	-1,405	-2,714	-2,109	-1,051	-107	393
	Current Month	44,311	42,906	40,192	38,083	37,032	36,925	37,318
SHOP	Prior Month	462	582	627	648	676	698	693
	New Member	142	66	49	54	43	20	3
	Voluntary Disenroll	0	0	0	0	0	0	0
	Involuntary Disenroll	22	21	28	26	21	25	8
	Adjusted	0	0	0	0	0	4	0
	Net Change	120	45	21	28	22	-5	-5
	Current Month	582	627	648	676	698	693	688

RESOLUTION

Ratifying the action taken by the New York City Health and Hospitals Corporation (the “Corporation”) to (i) submit an application to the New York State Department of Health (“DOH”) to participate in the Delivery System Reform Incentive Payment program (“DSRIP”) pursuant to which the Corporation will establish a single Performing Provider System (a “PPS”) in collaboration with various health care providers (the “Participants”); and

Authorizing the Corporation to (ii) enter into agreements within the PPS structure with those Participants listed on the attached Schedule of Participants designated as “City Wide” and those Participants designated as “Hub-Based” in the attached Schedule of Participants subject to the addition of additional Hub-Based Participants or the removal of some Hub-Based Participants at the discretion of the Corporation President as he determines to be necessary or appropriate to respond to evolving DOH requirements, guidance and regulations, and the Corporation’s assessment of the ability of the Hub-Based Participants to perform as required for the DSRIP program; (iii) cause the HHC Assistance Corporation (the “CSO”) to provide technical assistance to the PPS in the capacity of a centralized service organization; (iv) nominate from among the officers and senior managers of the Corporation the directors of the CSO provided that the Corporation President shall have the authority to nominate one or more directors of the CSO who are not officers or employees of the Corporation provided further that such outside directors never exceed 25% of the total of CSO directors; (v) enter into such other and further ancillary contracts as are necessary or appropriate to carry out the purposes of the DSRIP program and to ensure the Corporation’s successful execution of its DSRIP projects using the structure diagramed in the attached Table of Organization; and

Directing the Corporation to (vi) subject the activities of the CSO under the DSRIP program to the Corporation’s compliance and internal audit programs; (vii) requiring that all procurement contracts of the CSO be subject to the procurement rules applicable to the Corporation; and (viii) make regular, periodic reports to the Corporation’s Board of the progress of the DSRIP application and the implementation of the DSRIP projects including an overview of all contracts made by either CSO or the Corporation to carry out the DSRIP program.

WHEREAS, pursuant to a waiver issued by the Centers for Medicaid and Medicare Services, DOH designed the DSRIP program to reduce preventable hospital admissions by 25% over a five-year period by implementing various health care reform projects; and

WHEREAS, DSRIP requires healthcare providers, mostly led by public hospitals and safety-net hospitals, to form PPS’s to collaborate in providing coordinated health care within geographic areas; and

WHEREAS, the DSRIP program requires that each PPS choose from among 26 projects or initiatives to implement to achieve the desired health care reform goals with certain projects and a certain required over-all scale of projects being required; and

WHEREAS, the DSRIP program provides for substantial funds to flow: through the PPS's to the PPS Participants based upon their performance of the projects launched measured against various statistical benchmarks; to the PPS's to compensate for certain administrative expenses incurred in their operation, the implementation of the projects and the preparation of the required reports to DOH; and to the PPS's for acute care hospital Participants to offset the loss of revenue attendant to the reduction of hospital admissions to the extent achieved as a result of the DSRIP program; and

WHEREAS, in June 2014, the Corporation filed with DOH a DSRIP Grant Funding Application that outlined in preliminary terms the DSRIP projects the Corporation intends to pursue, the criteria for selection of Participants and the general structure envisioned for the PPS all to form the foundation for the DSRIP Application that was due in December 2014; and

WHEREAS, DOH accepted the Corporation's Grant Funding Application and awarded the Corporation a DSRIP planning grant that the Corporation used to prepare its DSRIP Application; and

WHEREAS, on December 16, 2014 the Corporation filed its DSRIP application; and

WHEREAS, the Corporation's DSRIP application indicates that the Corporation will pursue eleven projects under the umbrella of a single PPS but administered by four Hubs each operating within a defined geographic area (each, a "Hub"); and

WHEREAS, to achieve the goals of the projects, it is necessary to create a management and governance structure for the PPS and a structure to provide essential technical services to the PPS; and

NOW, THEREFORE, be it

RESOLVED, that the actions taken by the New York City Health and Hospitals Corporation (the "Corporation") to submit an application to the New York State Department of Health ("DOH") to participate in the DOH Delivery System Reform Incentive Payment program ("DSRIP") pursuant to which the Corporation will establish a single Performing Provider System (the "PPS") in collaboration with various health care providers (the "Participants") be and the same is ratified and confirmed as the valid act of the Corporation; and it is further

RESOLVED, that the Corporation be, and it hereby is, authorized to enter into agreements within the PPS structure with those Participants listed on the attached Schedule of Participants designated as "City Wide" and those Participants designated as "Hub-Based" in the attached Schedule of Participants subject to the addition of additional Hub-Based Participants or the removal of some Hub-Based Participants at the discretion of the Corporation President as he determines to be necessary or appropriate to respond to evolving DOH requirements, guidance and regulations, and the Corporation's assessment of the ability of the Hub-Based Participants to perform as required for the DSRIP program; and it is further,

RESOLVED, that the Corporation be, and it hereby is, authorized to cause the HHC Assistance Corporation (the "CSO") to provide technical assistance to the PPS in the capacity of a centralized service organization; and it is further,

RESOLVED, that the Corporation be, and it hereby is, authorized to nominate from among the officers and senior executives of the Corporation the directors of the CSO, provided that the Corporation President shall have the authority to nominate one or more directors of the CSO who are not officers or employees of the Corporation provided further that such outside directors never exceed 25% of the total of CSO directors; and it is further,

RESOLVED, that the Corporation be, and it hereby is, authorized to enter into such other and further ancillary contracts as are necessary or appropriate to carry out the purposes of the DSRIP program and to ensure the Corporation's successful execution of its DSRIP projects using the structure described in these Resolutions.

The Corporation, the CSO and the Participants shall enter into a Master Hub and Services Agreement under which the CSO shall furnish technical services to the PPS including information technology, training, accounting, tracking, reporting, data analysis and health care management consulting services and for the CSO to be compensated for such services performed. Furthermore, the Master Hub and Services Agreement will establish the formulae to distribute: to the Participants DSRIP funds received based on the achievement of the DSRIP reform objectives and to the acute care hospital Participants to offset the loss of revenue attendant to the loss of hospital admissions to the extent achieved as a result of the DSRIP program.

The PPS will be managed by an Executive Committee with the support of a Care Models Sub-Committee, a Business/IT Sub-Committee, a Stakeholder Sub-Committee and such other sub-committees as may be established by the Executive Committee. Each of the Hubs will be governed by a Hub Committee consisting of representatives of Participants in that Hub. The PPS will have a Nominating Committee that is responsible for recommending members of the Executive Committee, the Sub-Committees, and the Hub Committees. The PPS will also establish a PPS Advisory Committee (the "PAC"), as required by DSRIP. The PAC will be comprised of all partners and providers from each borough-based hub, as well as representatives from unions, affiliate representatives, City agencies, Community Advisory Board representatives, and other key stakeholders.

The Corporation will be responsible for entering into a DSRIP project contract with DOH under which it will be the fiduciary. As fiduciary, HHC will be responsible for collecting DSRIP funding from DOH, and for distributing such funding to CSO and the Participants. And it is further,

RESOLVED, that the President of the Corporation be, and it hereby is, authorized to perform all other acts and to do all other things and to execute and/or attest all such documents for and on behalf of the Corporation as he, in his sole and absolute discretion, from time to time determines to be necessary, desirable, advisable or appropriate and in the best interests of the Corporation to carry out the purposes of these Resolutions; and it is further,

RESOLVED, that any and all actions taken or contracts entered into heretofore by any officer of the Corporation, on behalf of the Corporation in connection with the DSRIP program be and the same are hereby ratified, approved and confirmed, and all such actions and contracts are hereby adopted by the Corporation, as applicable, as if each and every act had been done pursuant to the specific authorization of the Corporation, and it is further,

RESOLVED, that the Corporation be, and it hereby is, directed to subject the activities of the CSO under the DSRIP program to the Corporation's compliance and internal audit programs; and it is further,

RESOLVED, that all procurement contracts of the CSO be subject to the procurement rules applicable to the Corporation; and it is further,

RESOLVED, that the Corporation be, and it hereby is, directed to make regular, periodic reports to the Corporation's Board of the progress of the DSRIP application and the implementation of the DSRIP projects including an overview of all contracts made by either CSO or the Corporation to carry out the DSRIP program.

The provisions of these Resolutions shall be separable and if any section, phrase or provision of these Resolutions shall for any reason be declared invalid, such declaration shall not affect the validity of the remainder of the sections, phrases or provisions of these Resolutions.

Organization Name

Each organization name listed may include the organization's affiliates, sites, members, and operating divisions

Acacia Network, Inc.
AHRC New York City
American Dental Offices
ArchCare
CassenaCare
Coordinated Behavioral Care
CenterLight
Centers Health Care
Community Healthcare Network
FEGS Health & Human Services
Metropolitan Jewish Health System
Office of Mental Health
PAGNY
Rockaway Care Center
Ryan Center
Sentosa Care
The Children's Collaborative
Village Care
The New York State Nurses Association (NYSNA)
Allen Healthcare Services (National Healthcare Corp)
Calvary Hospital
Compassionate Care Hospice of New York, LLC
Concern for Independent Living
Doctors on Call
MetroNY Home Health Care PLLC
Hospice of New York, LLC
Jewish Home Lifecare
National Black Leadership Commission on AIDS, Inc. (NBLCA)
People Care Inc.
Progressive Home Health Services, Inc.
St. Mary's Center, Inc
Puerto Rican Family Institute
Bronx Mental Health Clinic
Brooklyn Mental Health Clinic
Manhattan Mental Health Clinic
Fortune Society
Health Leads
Callen-Lorde Community Health Center
TRI Center Inc. (The Recovery Institute)
St. Mary's Community Care Professionals
Extraordinary Home Care (St. Mary's Home Care)
St. Mary's Hospital for Children
The Osborne Association
Able Health Care Service, Inc.
All Metro Health Care

Organization Name

Each organization name listed may include the organization's affiliates, sites, members, and operating divisions

Gotham Per Diem, Inc.
Unlimited Care, Inc.
Xincon Home Health Care Services
CityMD
Premier Healthcare, Inc.
Medicaid Service Coordination NY
Young Adult Institute Inc (YAI)
a.i.r. nyc
START Treatment & Recovery Centers
Americare (Certified Special Services, Inc.)
BestCare, Inc.
Cornerstone Medical Arts Center Hospital
Cornerstone Treatment Facilities Network
EAC, Inc
God's Love We Deliver
Harlem United / Upper Room AIDS Ministry
HELP/PSI Inc.
Independence Care System
Iris House, Inc.
Isabella Geriatric Center
Kings Harbor Multicare Center
LegalHealth (NYLAG)
Lott Assisted Living Operating Corp. / Lott Community Home Health Care, Inc.
Mental Health Providers of Western Queens
Northern Manhattan Rehabilitation and Nursing Center
Odyssey House
Pelham Parkway Nursing Care & Rehab (IHS of New York, Inc.)
SES Operating Corp. (Harlem East Life Plan)
Transitional Services for New York, Inc. (TSINY)
YMCA
NYC DOHMH (Department of Health and Mental Hygiene)
1199SEIU Training and Employment Funds
Department for the Aging
MetroPlus Health Plan
Promoting Specialized Care & Health (PSCH)

Organization Name

Each organization listed may include the organization's affiliates, sites, members, and operating divisions

Shield of David, Inc. (The Shield Institute)
Upper Manhattan Mental Health Center, Inc.
Addicts Rehabilitation Center Fund, Inc.
AIDS Service Center of Lower Manhattan Inc., dba ASCNYC
Gay Men's Health Crisis (GMHC)
Little Sisters of the Assumption Family Health Service (LSA)
Queens Nassau Rehab & Nursing
Union Settlement Association
Lenox Hill Neighborhood House
Center for Comprehensive Health Practice
BOOM!Health
Providence Rest
Terrace Healthcare
Rebekah Certified Home Health Care
Rebekah Certified Home Health Agency
Rebekah Rehab & Extended Care Center
United Odd Fellow & Rebekah Home
Blythedale Children's Hospital
Bronx Park Rehab & Nursing Center
BronxWorks (formerly Citizen Advise Bureau)
Bronxwood Home for the Aged
Ocean Breeze Home Care (Community Surgical Supply)
Dominican Sisters Family Health Service
Family Home Health Care Inc.
Park Gardens Rehabilitation and Nursing Center
Allcare Medical
Grand Manor Nursing Center
Amato Pharmacy, Inc.
Avanti Health Care
Best AID Pharmacy
NORC-Naturally Occurring Retirement Community (Bronx Jewish Community Services)
Morris Park Nursing and Rehab Center
Neighborhood SHOPP
Falak Pharmacy
Fedcap Behavioral Health Services
Hostos Community College
Medical Center Pharmacy, Inc.
Planned Parenthood of New York City, PC (PPNYC)
RAIN, Inc.
Cucina Dolores
Riverdale Mental Health Association
Pilgrim Pharmacy
Specialty Care Pharmacy, Inc.
Total Care Pharmacy BX, Inc.

Organization Name

Each organization listed may include the organization's affiliates, sites, members, and operating divisions

Total Care Pharmacy, Inc.
Gold Crest Care Center
Regeis Care Center
Bronx Community College - CUNY
Grameen PrimaCare
Asthma Coalition of Queens
The PAC Program
Chapin Home
The Child Center of New York, Inc
Hamilton Madison House
Hamilton Park Nursing & Rehab
Cerebral Palsy Associations of New York State
Queens Sickle Cell Advocacy Network
Lakeville Ambulette Transportation, LLC
Queens Long Island Renal Institute
The Abraham & Henrietta Malamut Community Health Center - Adult Day Care Program of Parker Jewish Institute
Parker Jewish Institute for Health Care & Rehabilitation (AgeWell New York, LLC)
Comprehensive Community Hospice of Parker Jewish Institute
Sutphin Drugs (Pills on Wheels)
Queens Community House
Sunnyside Home Care Project, Inc.
Sunnyside Citywide Home Care Services
Sunnyside Community Services, Inc.
Queens Village Committee for Mental Health for J-CAP, Inc.
CABS Home Attendants Service, Inc.
CABS Nursing Home Co, Inc.
Saints Joachim & Anne Nursing Rehabilitation Center
Arms Acres Inpatient
Arms Acres Outpatient - Bronx
Arms Acrss Outpatient - Queens
Conifer Park Inpatient
Bensonhurst Center for Rehabilitation and Healthcare
FOUR SEASONS PHARMACY
SUNRISE ADULT DAY HEALTH CARE CENTER
LAKESIDE ADULT DAY HEALTH CARE CENTER
FOUR SEASONS CERTIFIED HOME HEALTH AGENCY
FOUR SEASONS HOME CARE PROGRAM
GATEWAY DIALYSIS CENTER
Parkshore Health Care LLC (Four Seasons Nursing & Rehab)
First MedCare, Inc.
CAMBA
Caring Hospice Services of New York
Conifer Park, Inc.
Crown Nursing and Rehabilitation Center

Organization Name

Each organization listed may include the organization's affiliates, sites, members, and operating divisions

Damon House
Brooklyn Center for Psychotherapy/New Directions
Marg Pharmacy, Inc. (Katz Drugs)
Moffat Garden Assisted Living Program
NAE Edison LLS (Edison Home Health Care)
Family Services Network of NY
La Nueva Esperanza
Ridgewood Bushwick Senior Citizen Council (RBSCC)
Buena Vida
Pella Care
St. Jude's Pharmacy
Scharome Cares, Inc.
St. Christopher's Inn
Family Care Certified Services (Tri-Borough Certified Health Systems of NY)
PSC Community Services, Inc.
Fort Green Strategic Action Partnership (SNAP)
Bedford Stuyvesant Restoration Corporation
Caribbean Women's Health Association, Inc.

Community Physicians

A T M Yousuf Physician, PC
Afzal Hossain Physician PC
AMB Medical Services, PC
AMERICA MEDICAL GROUP
Be Well Primary Health Care Center, LLC
Bridget Chime DBA Hillside Polymedic DTC
Broadway Internal Medicine, PC
Care For The Homeless
East Harlem Council for Human Services /Boriken Neighborhood Health Center
Henry Sardar, MD
Highland Medical Center
Hillside Pediatrics, PC
Jamaica Family Practice & Osteopathic Medicine
Joseph R. Andrade, MD PC
Karine Mednik, MD
Kathrine A. Gold, MD (AKA Debevoise Health, per HC)
MedCare LLC
MEDICAL CLINIC 721 FLUSHING AVE/ Pala Community Care LLC
New York Medical & Diagnostic Center
North Valley Medical, PC
Park Avenue Pediatrics PC
REST Medical Care, PC
Smart Medical Care, PC
The Joseph P. Addabbo FHC
Uptown Health Care Management Inc.

Organization Name

Each organization listed may include the organization's affiliates, sites, members, and operating divisions

ZWH Medical Care, P.C.

CBOs

Academy of Medical & Public Health Services
African Services Committee
APICHA Community Health Center
Arab-American Family Support Center
Arthur Ashe Institute for Urban Health
Asian Americans for Equality
Brooklyn Perinatal Network
Caribbean Women's Health Association, Inc.
Coalition for Asian American Children & Families
Commission on the Public's Health System
Community Service Society of New York (CSSNY)
Council of Peoples Organization (COPO)
Goddard Riverside Neighborhood Center
Greenwich House
Haitian Centers Council
Health People, Inc.
Hudson Guild
Indochina Sino American Community Center
Make the Road by Walking
Medicaid Matters NY
NADAP
New York Lawyers for the Public Interest
Northern Manhattan Perinatal Partnership
Northwest Bronx Community and Clergy Coalition (NWBCCC)
Project Hospitality
Public Health Solutions
Shorefront Y
Single Stop
South Asian Council for Social Services (SACSS)
Southeast Bronx Neighborhood Center
Stanley Isaacs Neighborhood Center
The Bronx Health Link
The LGBT Community Center
The New York Immigration Coalition
United Neighborhood Houses
University Settlement Society of New York
Women's Housing and Economic Development Corporation (WHEDco)

SUNY Affiliated Providers

SUNY Downstate Medical Center
Abdulla Alwani, M.D.
Abraham Sleem, MD
Advantage Care Physicians

Organization Name

Each organization listed may include the organization's affiliates, sites, members, and operating divisions

Albert A. Anglade, M.D.
Brooklyn Cancer Care Medical, PC
Carl Casimir, D.O.
Clifford Urias Young, M.D.
Cobble Hill Health Center, Inc.
Comprehensive Geriatric Medicine PC; DBA Doctors on Call
Daniel Khodadadian, MD
David E. Biro, M.D.
David Schwartz, M.D.
Dexter A. McKenzie, M.D.
Diaspora Community Services
Dove Pediatric Service
Eastern Pediatrics, PC
EAW Medical Care, PLLC
Elbaz, Tamer
Ernest Afflu, M.D.
First MedCare
Gentle Touch Medical PC
Gerald Valme, M.D.
Gwen P. Gentile, M.D.
Harold Fritz Kerolle, M.D.
Hazel L. Goodwin, M.D.
Hyacinthe, Llewellyn
Interboro Pediatrics
Jerry Uduevbo, M.D.
Kantu, Kanhaiyalal
Kelly Chin
Kevin Bruce Norowitz, M.D.
Kevin T. Custis, M.D.
Leonid Reyfman, M.D.
Lippman, Sheldon
Maria Elena Fodera, M.D.
Marie F. Conde-Wright, M.D.
Mark H. Krotowski, M.D.
Mauro L. Ruffy, M.D.
McMillan, George
Melvin C. Mahoney, M.D.
Ngozi Oji, MD
Ogiste-McBain, Sharon
Oluyemi O. Badero, M.D.
Otis M. Jones, M.D.
Oyenike Kilanko, MD
Park Nursing home
Peiyong Xiao, M.D.

Organization Name

Each organization listed may include the organization's affiliates, sites, members, and operating divisions

Renaissance Medical Imaging, PC

Sabu John, MD

Schreiber, David

Scott, Claude

Shelby Kevin Samuel, M.D.

Sherill L. Purcell, M.D.

Sudhakar Bhagavath, M.D.

Tomasine Fodera, M.D.

SUNY UHB / UPB

Wellman W. Cheung, M.D.

Yechiel Zagelbaum, D.O.

Yogendra K. Saxena, M.D.

Grace Wong

HHC ASSISTANCE CORPORATION

1

**AN HHC SUBSIDIARY
WITH A NEW ROLE IN
DSRIP**

**HHC BOARD OF DIRECTORS
MEDICAL + PROFESSIONAL AFFAIRS/IT COMMITTEE
DECEMBER 11, 2014**

HHC Assistance Corporation

Origin

2

- **HHC Assistance Corp. formed in Oct 2012**
- **A not-for-profit membership corporation**
- **HHC is the single member**
- **The not-for-profit equivalent of a wholly owned subsidiary similar to MetroPlus**
- **Entirely controlled by HHC**

HHC Assistance Corporation

Original Purpose

3

- HHC Assistance Corp. originally formed to be part of a New Market Tax Credit Financing by HHC of part of Harlem Hospital Major Modernization Project
- That transaction is substantially completed though there will be equal interest payments made to HHC Assistance Corp. and made by the Corporation to a subsidiary of U.S. Bank for five years.
- Otherwise, HHC Assistance Corp. is inactive.

HHC Assistance Corporation

Proposed New Role

4

- In the DSRIP structure, an HHC “subsidiary” is to give technical assistance services to the PPS as a Central Services Organization or a “CSO”
 - Accounting
 - Training
 - Information Technology
 - Tracking
 - Data Analysis
 - Health Care Management Consulting Services
- HHC Assistance Corp.to be compensated for services

HHC Assistance Corporation

Fulfilling its DSRIP Role

5

- The Corporation has corporate authority to perform the DSRIP functions.
- The HHC Board can give HHC Assistance Corp. a new mission as per the proposed resolutions.
- HHC can give Dr. Raju authority to name new directors including replacing Al Aviles with Dr. Raju and adding outside directors as is strategic.
- HHC Assistance Corp. will have adequate staffing to perform required services for the HHC-led PPS, including services of non-HHC consultants.

HHC Assistance Corporation Regulating its DSRIP Role

6

- As a controlled subsidiary, HHC Assistance Corp. would be subject to all Public Authority Accountability Act requirements.
- HHC procurement rules would apply.
- HHC Assistance Corp. must follow HHC Internal Audits and Compliance policies.
- HHC Assistance Corp. will file minutes of its board meetings and resolutions with the HHC Board.



Business Continuity Program Update

Service Management Office

**Michael Keil – AVP IT Service
Management Office
December 11, 2014**

Business Continuity Program



EITS Business Continuity Program (ITDR/BCM) Review (Established 2011)

The foundation for a Business Continuity Management program is comprised of several components:

- Understanding the Operationally Critical Business processes and the IT resources required.
 - Business Impact Analysis (BIA) completed (2011) with 35 critical apps identified
 - Engaged the ITPMC with Methodology documented and used moving forward in the EPIC implementation

- Establishing a DR recovery prioritization chart with Recovery Time Objectives (RTO) & Recovery Point Objectives (RPO).
 - Tiering prioritization for the top 35 clinical applications developed and reviewed/published. Annual review continues as HHC business needs change



Business Continuity Program

EITS Business Continuity Program (ITDR/BCM)

- Establishing a Disaster Recovery (DR) testing methodology to apply repeatable procedures throughout all IT infrastructure.
 - Standardized DR Guides for QCPR
 - Application Recovery Plans written for Key applications
 - Financial application templates and owner participation
 - Project Plans written for each exercise event
- Conducting periodic tests to ensure the quality of the program meets the needs of the organization.
 - All eight QCPR domains have been exercised for full Failover and Failback
 - Financial applications have been exercised on an annual basis
 - Selected critical ancillary applications have been exercised in preparation for EPIC implementation
 - All exercises now documented with Project Management Program and Homeland Security Standard forms
- Identifying and preparing for the threats and vulnerabilities for recovery at our facilities.

2013 Status

Tier 1 – RTO 4 hours

Tier 2 – RTO 4 - 24 hours

Tier 3 – RTO 24 - 48 hours

Tier 4 – RTO 48 – 72 >

Tier	Application	Network									
		Bellevue	Metropolitan	Kings County	Harlem	Lincoln	Elmhurst	Queens	Coney Island	Woodhull	Jacobi
1	Bed tracking – Teletrac										
1	Allscripts Sunrise Record Manager (SRM); Eclipsys										
1	HMED										
1	Q-CPR										
1	Cisco Call Manager / Telephone System										
1	Ensemble										
1	Openlink										
1	Unity Patient Management & Scheduling										
1	Webterm										
1	Groupwise eMail										
1	Soarian										

	Recovery time capability has been proven (tested) to meet BIA requirements
	Expected recovery time meets BIA requirements, is included in SRM but has not been tested
	Consolidated Application NOT covered by SRM: Recovery time capability does NOT meet the requirements defined in the BIA

	3 rd party hosted application
	Application is not used by this network

2014 Update

Tier 1 – RTO 4 hours

Tier 2 – RTO 4 - 24 hours

Tier 3 – RTO 24 - 48 hours

Tier 4 – RTO 48 – 72 >

Tier	Application	Network									
		Bellevue	Metropolitan	Kings County	Harlem	Lincoln	Elmhurst	Queens	Coney Island	Woodhull	Jacobi
1	Bed tracking – Teletrac										
1	Allscripts Sunrise Record Manager (SRM); Eclipsys										
1	HMED										
1	Q-CPR		U		U	U					U
1	Cisco Call Manager / Telephone System										
1	Ensemble						U				
1	Openlink	U	U	U	U	U	U	U	U	U	U
1	Unity Patient Management & Scheduling										
1	Webterm										
1	Groupwise eMail						U				
1	Soarian										

	Recovery time capability has been proven (tested) to meet BIA requirements
	Expected recovery time meets BIA requirements, is included in SRM but has not been tested
	Consolidated Application NOT covered by SRM: Recovery time capability does NOT meet the requirements defined in the BIA

	3 rd party hosted application
	Application is not used by this network

U	Exercised since last annual report 2013
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ITDR Application Scorecard: Tier 2 (RTO 4 – 24 Hours)

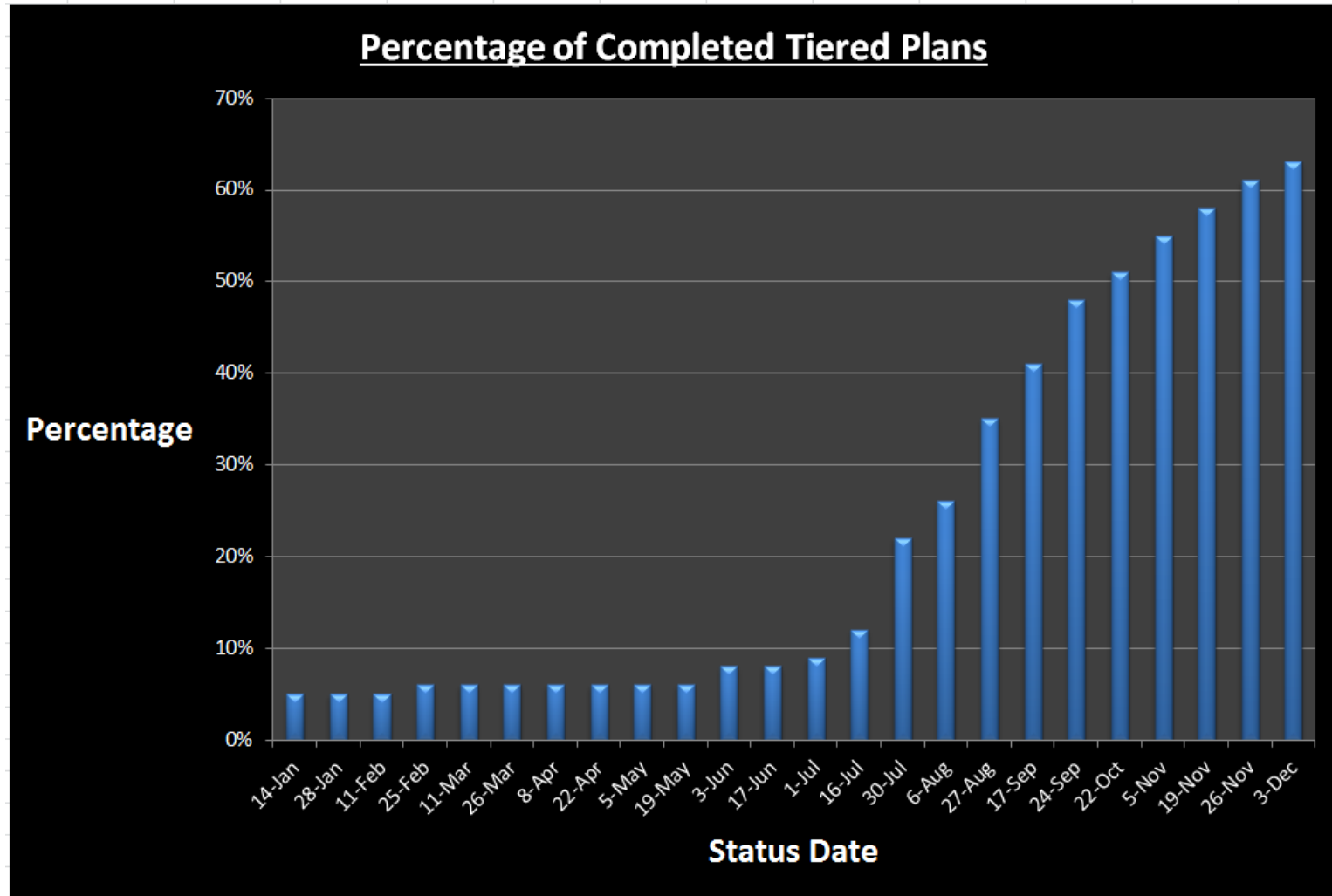
Tier	Application	Network									
		Bellevue	Metropolitan	Kings County	Harlem	Lincoln	Elmhurst	Queens	Coney Island	Woodhull	Jacobi
2	Picis										
2	TraceMakers / TraceMasters VUE EKG - Philips										
2	GE MUSE										
2	3M Health Data Management (HDM)										
2	TalkStation (TalkTech)										
2	Voicebrook Applications										
2	WITT System; Cathlab Reporting WITT										
2	Abbott PWEB3 Data Management System										
2	AS-OBGYN software										
2	Advia Central Link; Advia LabCell										
2	BioRad										
2	CoPath										
2	PACS - AGFA IMPAX										
2	PACS – SECTRA										
2	Tamtron										
2	OPUS ISM Pharmacy Management System										
2	ORSOS (QDX / One-Call)										
2	pTRAC										
2	Pyramis										

	Recovery time capability has been proven (tested) to meet BIA requirements
	Expected recovery time meets BIA requirements, is included in SRM but has not been tested
	Recovery time capability does NOT meet the requirements defined in the BIA

	3 rd party hosted application
	Application is not used by this network



Percentage Completed Tier 0 to Tier 4



Review ITDR Plan Status



Target Completion: June 2015

Recovery Plan	Current Status
IT Business Continuity Management Plan	1 / 1
Facility Coordination Plans	7 / 7
Tiered Application Recovery Plans 2013	28 / 35
Discovered Dependent Plans 2014	110 / 180
Infrastructure Recovery Plans	5 / 5

HHC now has a total of 110 plans written to cover the critically addressed areas

55% completion growth over 2013 plan

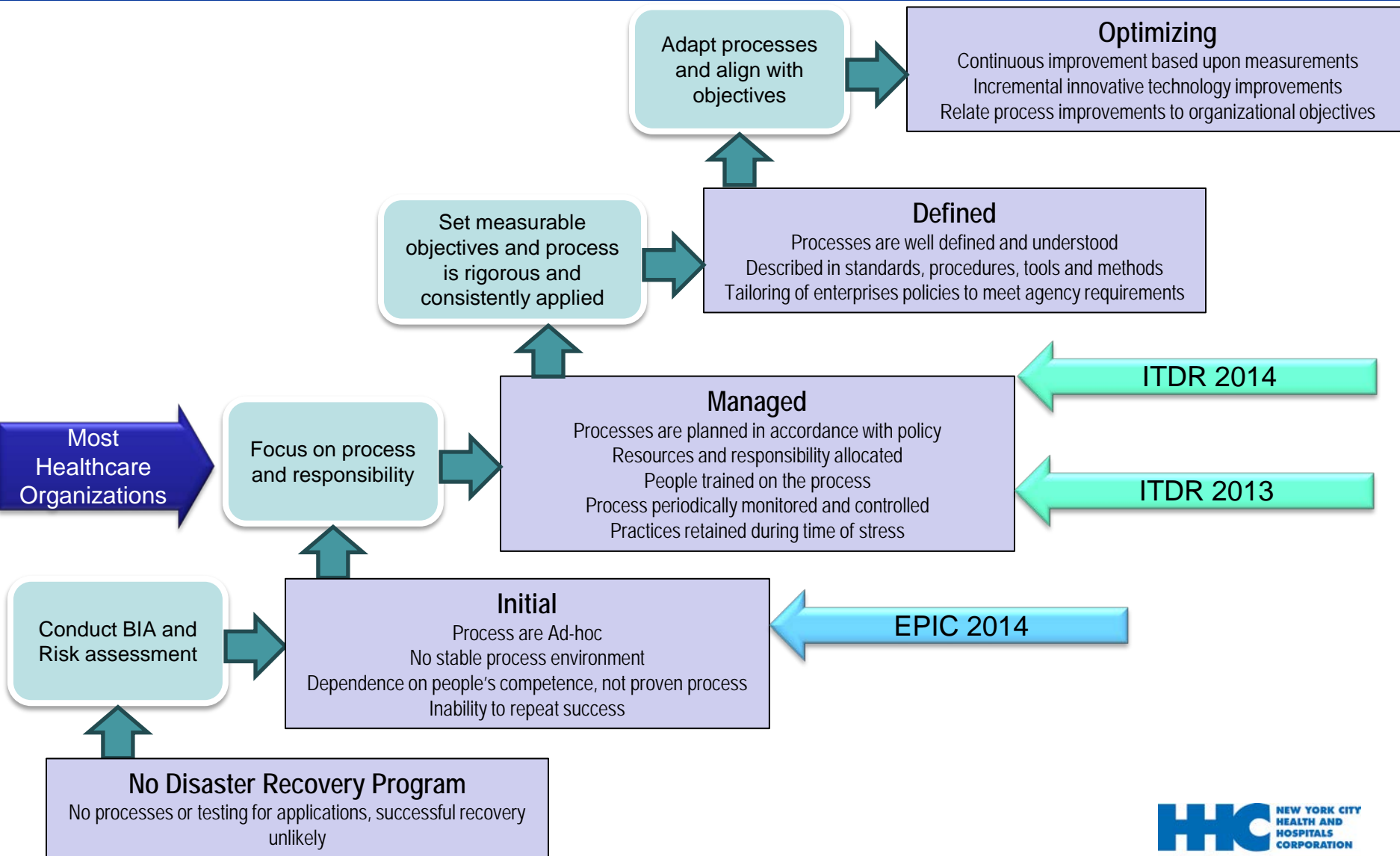
Business Continuity Program Next Steps



- Develop auditor approved BCM Planning template document
- Develop educational strategy for EITS regarding BCM
- EITS RISK Management strategy and metrics (Threat and BIA)
- Governance Council to be merged for ITDR/BCM for efficiency
- Improved Working relationship with HHC OEM on related solutions:
 - Crisis Management software discovery and deployment
 - SendWordNow Communication software discovery and deployment
 - COOP Management (total plan revision)
 - Business Continuity Software management (Sustainable Planner – Virtual Corp)



Disaster Recovery Maturity – Self Assessment



Questions & Answers



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