# AGENDA

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

**Meeting Date: January 24, 2013**
**Time: 10:00 AM**
**Location: 125 Worth Street, Room 532**

BOARD OF DIRECTORS

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| **CALL TO ORDER** | **DR. STOCKER** |
| **ADOPTION OF MINUTES**<br>***-December 13, 2012*** | |
| **CHIEF MEDICAL OFFICER REPORT** | **DR. WILSON** |
| **CHIEF INFORMATION OFFICER REPORT** | **MR. ROBLES** |
| **METROPLUS HEALTH PLAN** | **DR. SAPERSTEIN** |

**ACTION ITEMS:**

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| **1.** Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to execute a Sole Source contract with Sedgwick Claims Management (Sedgwick) to provide specialized claims and risk management services to the Corporation in connection with medical malpractice claims, and to manage subcontracts for risk reduction education, and insurance consulting and management for a term of four years with an option to renew for one additional two year term, solely exercisable by the Corporation, for an amount not to exceed $34,434,496.00. | **MR. RUSSO/**<br>**MS. BLUNDI** |

**INFORMATION ITEMS:**

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| **1. Influenza 2012-2013 Season** | **DR. WILSON** |

**OLD BUSINESS**

**NEW BUSINESS**

**ADJOURNMENT**

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

**MINUTES**

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

Meeting Date: December 13, 2012

**ATTENDEES**

**COMMITTEE MEMBERS:**

Michael A. Stocker, MD, Chairman
Alan D. Aviles
Josephine Bolus, RN
Amanda Parsons, MD (representing Thomas Farley, MD)

**HHC CENTRAL OFFICE STAFF:**

Deborah Cates, Chief of Staff, Board Affairs
Christina Coiro, Director, Office of Research Management
Darryl Commodore, Technical Resource Manager, ETIS.
Corey Cush, Assistant Vice President, Infrastructure Services
Juliet Gaengan, Senior Director, Clinical Affairs
Peter Coleman, Senior Director, Office of Behavioral Health
Paul Contino, Chief Technology Officer
John Delalio, Senior Director, EITS
Josianne Deratus, Associate Counsel, Legal Affairs
Al Garofalo, Senior Director, Clinical IS
Terry Hamilton, Director, Corporate Planning & HIV Services
Evelyn Hernandez, Director, Media Relations
Marisa Salamone-Greason, Assistant Vice President, EITS
Caroline Jacobs, Senior Vice President, Safety and Human Development
Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Patient Centered Care
Patricia Lockhart, Secretary to the Corporation
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
Karen Mattera, Director, Office of Emergency Management
Kathleen McGrath, Senior Director, Communications & Marketing
Susan Meehan, Assistant Vice President, Office of Emergency Management
Angela Minielli, Director, EITS
Bob Moon, Senior Director, Office of Behavioral Health
John Morley, MD, Deputy Chief Medical Officer
Bert Robles, Chief Information Officer
Salvatore Russo, Senior Vice President & General Counsel, Legal Affairs
Brenda Schultz, Senior Director, IT Financial Administration
Azfshan Syed, Manager, EITS
David Stevens, MD, Senior Director, Office of Healthcare Improvement
Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health
Tony Williams, Director or Storage & Virtualization Services
Ross Wilson, MD, Senior Vice President/Corporate Chief Medical Officer

**FACILITY STAFF:**

Machelle Allen, MD, Associate medical Director, Bellevue Hospital Center
Ernest Baptiste, Executive Director, King County Hospital Center
Marie Elivert, Sr. Associate Executive Director, Queens Hospital Center
Elizabeth Gerdts, Chief Nursing Officer, North Central Bronx Hospital
Jeffrey Goldberg, Chair, Behavioral Health, Coney Island Hospital
Laureen Goodridge, Chief Nurse Executive, Harlem Hospital Center
Carl Kirton, Chief Nurse Executive, Lincoln Medical & Mental Health Center
John Maese, MD, Chief Medical Office, Coney Island Hospital
Ellen O'Connor, Chief Nurse Executive, Jacobi Medical Center
Maryann Popiel, MD, Director, Behavioral Health, Jacobi Medical Center
George Proctor, Senior Vice President, Central & Northern Brooklyn Network
Jeannette Safford, Associate Director, Behavioral Health, Queens Hospital Center
Arnold Saperstein, Executive Director, MetroPlus Health Plan, Inc.
Joseph Skarzynski, MD, Medical Director, North Bronx Healthcare Network
Denise Soares, Executive Director, Harlem Hospital Center
Arthur Wagner, Senior Vice President, Southern Brooklyn/SI Network
Maurice Wright, Medical Director, Harlem Hospital Center

**OTHERS PRESENT:**

Moira Dolan, Senior Assistant Director, DC 37, Research & Negotiations Department
Melissa Dubowski, Analyst, Office of Management and Budget
Richard McIntyre, Key Account Executive, Siemens
Megan Meagher, Analyst, Office of Management and Budget
Tamara Robinson, CIR/SEIU

**MEDICAL AND PROFESSIONAL AFFAIRS/**
**INFORMATION TECHNOLOGY COMMITTEE**
**Thursday, December 13, 2012**

Michael A. Stocker, MD, Chairman of the Board, called the meeting to order at 10:07 A.M. The minutes of the October 11, 2012 Medical & Professional Affairs/IT Committee meeting were adopted.

**CHIEF MEDICAL OFFICER REPORT:**

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

1. HHC Accountable Care Organization and the Medicare Shared Savings Plan

HHC's Accountable Care Organization has been formally notified of their successful application to the Medicare Shared Savings Program; effective January 2013. This will initially apply to Medicare FFS patients, but will form the basis for HHC's work on the Triple Aim, regardless of payer. With this approval work will now commence on the organization and data systems needed to achieve the needed outcomes.

2. The Office of Emergency Management

The HHC's Office of Emergency Management participated in the New York City Office of Emergency Management's Coastal Storm Steering Committee conference calls beginning on October 24, 2012 in preparation for Hurricane Sandy. Central Office coordinated response efforts, staffed NYC OEM's Hospital Evacuation Center (HEC) and held daily conference calls beginning October 26, 2012. Eight Special Medical Needs Shelters were activated across the City and eventually provided care to approximately 2,000 evacuees for almost three weeks.

When the storm hit on October 29th, sections of NYC were devastated by record breaking storm surge and high winds. HHC was hit especially hard. Coney Island Hospital evacuated 214 patients and Bellevue Hospital Center evacuated 710 due to flooding and loss of services. Coler moved nearly 100 residents to Goldwater due to loss of steam and power, at Coler. In addition, Gouverneur, Goldwater and Metropolitan were on generator power for varying periods. Several Central Office locations including 125 Worth Street, 346 Broadway, 160 Water Street and 33 Whitehall Street were closed. 160 Water Street still remains closed due to water damage and staff has been relocated throughout the Corporation.

Coler Hospital remains on generator power and temporary boilers while repairs are ongoing. Both Coney Island and Bellevue are providing outpatient services. Coney Island is also operating an urgent care center and is expected to recommence inpatient services quite soon and then ramp up to full services in January. Bellevue opened a limited emergency department on December10th, with the expectation of resuming inpatient services in February 2013.

We have already begun the process of reviewing our response via a series of debriefings being conducted by Yale New Haven Center for Emergency Preparedness and Disaster Response. After action reports and improvement plans at both the Corporate and facility level will facilitate the decision-making process required to ascertain needed changes to ensure enhanced Corporate and response for future events and assist in providing information required for the Federal Emergency Management Agency (FEMA) reimbursement and or restoration applications.

Hurricane Sandy was a storm of unprecedented proportions. HHC staff performed extraordinarily well and successfully ensured the safety and continuity of care for our patients.

3. Controlled Substance Prescriptions

HHC has been working with the Mayor's office and the New York City Department of Health and Mental Hygiene (DOHMH) on the issue of prescription drugs. The number of young people dying as a result of a prescription drug (abuse) over the last 10 years has climbed significantly. We now have more young people dying from prescription drugs than from motor vehicle accidents. Our Emergency Medicine Council, chaired by Drs. Eric Legome (Kings County Hospital Center) and Christopher McStay (Bellevue Hospital Center), participated in the development of guidelines that will significantly reduce the amount of controlled substances prescribed and therefore the amount available for abuse. In addition, in partnership with DOHMH we have posters ready for placement in our Emergency Departments as soon as the DOHMH is ready to announce their program. Our Information Technology staff has altered the "default" number of days a controlled substance will be prescribed for in our employee health record (EHR) from the 30 days in many of our hospitals to 3 to 5 days. Physicians will still be able to prescribe for that amount when indicated but if they do not change it, the prescription will be limited to a 3-5 day supply. In addition, we are monitoring opioid prescribing in our Emergency Rooms to identify opportunities to reduce the number of doses being prescribed.

4. Stress Management and Support Groups

In response to supporting employees in the aftermath of Hurricane Sandy, the Office of Behavioral Health has provided group sessions at Central Office and developed cadre of licensed volunteer clinicians who can facilitate group discussions at other HHC facilities as well relocated 160 Water employees. The purpose of the group is to provide educational information about how to cope with stress and give employees an opportunity share experiences and develop new coping mechanisms.

5. Health Home

Center for Medicaid and Medicare Services (CMS) has agreed to the New York State plan amendment which will allow funding of phase 2 of the Health Home initiative. This will allow the Health Home work to begin in previously approved boroughs of Manhattan and Queens. In combination with some increase in Health Home rates, HHC is now in a position to ramp up its Health Home activities, and also increase its formal arrangements with a number of community agencies. We will also continue the necessary transition to Health Home, of patients currently in TCM or Cobra programs at HHC.

CHIEF INFORMATION OFFICER REPORT

Bert Robles, Chief Information Officer provided the Committee with updates on the following initiatives:

1. Hurricane Sandy

Mr. Robles publicly commended the EITS staff for their dedication and hard work during the past month in dealing with the destruction and displacement caused by Hurricane Sandy and her aftermath. As all HHC employees rose to the challenge and showed their dedication and perseverance in dealing with the events that followed, the EITS staff came together and went above and beyond the call of duty. As our emergency disaster plans went into effect, Central Office IT staff, Network CIOs and EITS staff at the facilities worked tirelessly to ensure that systems remained on line so that all HHC staff could remain connected. We witnessed first-hand what procedures worked for us as well as what we need to improve so that we can be

better prepared the next time a disaster strikes. Hospital EITS staff opened their facilities to their displaced colleagues and welcomed them, offering them a place to work from. I am grateful for everyone's assistance and appreciate the work accomplished by the EITS staff during this disaster.

2. Availability of Records During Hurricane Sandy

Prior to Hurricane Sandy, the EITS team developed a portal which provided the ability for HHC provides and staff to access HHC applications from remote HHC facilities and alternate locations. We could not have anticipated the critical impact of having this capability for staff, providers and patients in order to maintain the continuum of care once Sandy hit.

For HHC, when power was unavailable in some sites, this allowed the care providers to look to other areas within the hospital to access patient information. When patients and/or staff were relocated to other locations, this same solution allowed for the care of patients to be on-going without interruption regardless of patient and/or provider locations.

In addition, a unique patient care situation arose during the storm where chart review access was needed by non-HHC physicians outside of the HHC network to ensure the appropriate care for a highly critical patient. EITS quickly responded to this call and made available the technology for the providers to review charts electronically outside of the HHC network. In the end, the technical restrictions placed on the non-HHC physician's by their computer system would not allow them to access the charts. Ultimately, these providers relied on phone conversations with HHC providers, staff and family members to get the necessary information. However, technology restrictions aside, EITS was prepared and able to facilitate the access of necessary clinical information needed for patient care to outside providers.

3. PeopleSoft Employee Self-Service (ESS) Deployment Progress

Phase I of PeopleSoft Employee Self-Service (ESS) was successfully deployed on Monday, October 29th in three (3) Pilot networks: Central Office, North Brooklyn and Queens Health Networks. ESS allows HHC employees in these three networks to review and update their personal information and perform actions such as:

- Name, address, emails and ethnicity changes
- Emergency contact information updates
- View current job information
- Enroll and modify health benefits
- View and update dependent information
- Attach scans of supporting documentation (i.e., SSN card, birth certificates and marriage licenses)

The second phase of ESS is currently being worked on and will be deployed on February 25, 2013 which will include new functionality. This will include:

- Updates to the employee's profile (i.e., degrees, licenses, certifications)
- Life and job events that effect benefits (i.e., marriage, birth, adoption)
- Performance documents (employees will be to view their current and past performance evaluations)
- Independent learning (Once Employees have met with their managers, they will be able to enroll themselves in training on the PeopleSoft Enterprise Learning Management (ELM) System

Deployment of PeopleSoft ESS will continue throughout 2013, with all HHC networks gaining access and having the ability to utilize these services.
The PeopleSoft team continues to look to expand application functionality and deploy additional self-service modules. Analysis and requirements gathering are underway.

4. Electronic Protected Health Information (ePHI) Encryption Progress

In an effort to ensure HIPAA compliance and to protect sensitive data including electronic Protected Health Information (ePHI) from unauthorized access resulting from a loss or theft of a desktop, laptop, or any other removable media device, Enterprise IT Services also initiated an enterprise encryption project in conjunction with the Windows 7 project. To date we have encrypted over 19,000 workforce computing devices (19,031 corporate workstations and 330 laptops) and have also standardize encryption on any removable media device (i.e., thumb drives and portable hard drives). We also anticipate this project being completed by the 2nd quarter of 2013 which will significantly improve our security posture and lower or risk of any sensitive or protected health information failing into the wrong hands.

As mandated by Operating Procedures 250-16, 19, and 20, the Corporation backup policy includes a requirement that we encrypt backups for all systems containing ePHI and confidential information that are sent to off-site storage in event of disaster. At the present time, we are encrypting 882 out of 918 (business and clinical) systems which means 96% of our electronic patient health information and confidential files are secured. For the remaining 4% (36 systems), there are a series of issues stemming from old technology and applications which do not support encryption to the Food and Drug Administration regulated software and hardware. FDA regulated equipment will not allow non-approved software to be installed unless it is first tested and approved by the FDA which can be a lengthy process. We are currently working with non-compliant vendors to explore different options, such as application version upgrades and architectural changes to their application, which will allow us to incorporate the backup of those systems into our Enterprise Backup Environment.

**METROPLUS HEALTH PLAN, INC.**

Dr. Arnold Saperstein, Executive Director, MetroPlus Health Plan, Inc. presented to the Committee. Dr. Saperstein informed the Committee that the total plan enrollment as of November 26, 2012 was 439,703. Breakdown of plan enrollment by line of business is as follows:

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|---|---|
| Medicaid | 373,229 |
| Child Health Plus | 15,514 |
| Family Health Plus | 35,983 |
| MetroPlus Gold | 3,097 |
| Partnership in Care (HIV/SNP) | 5,741 |
| Medicare | 6,139 |

This month, MetroPlus added 2,862 members. MetroPlus experienced a modest gain in Medicare, gaining 113 enrollees.

Dr. Saperstein provided the Committee with reports of members disenrolled from MetroPlus due to transfer to other health plans, as well as a report of new members transferred to MetroPlus from other plans.

As of October 29th, MetroPlus operations were severely impacted by Hurricane Sandy. MetroPlus' main offices at 160 Water Street were inaccessible due to flooding and damage, and they will be unable to return to the building until at least February 2013. Immediately following the hurricane, MetroPlus formed an Incident Management Team and Dr. Saperstein assigned MetroPlus COO, Stanley Glassman to lead the

team. MetroPlus instantly began implementing their previously designed business resumption plan and worked day and night to resume their operations. MetroPlus initially used their answering service to accept all incoming calls which were then elevated to key staff members via cell phone. MetroPlus was able to resume their Call Center Operations at SunGard in Carlstadt, New Jersey by the Monday following the storm. The call volume was extremely high, up to 10,000 customer service calls per day.

Due to a partial failure in their backup server at SunGard, they needed to move their main server from the 160 Water Street location to Carlstadt, NJ so that they would have access to all of their data and phone systems. The move was successful and within the week after the storm, they had access to all of their data systems. Their phone systems though were only accessible at SunGard locations. They are porting all of their phone numbers away from Verizon to Optimum lightpath which will allow them to resume their phone operations at other locations. Due to this limitation, they currently have 150 Customer Service and Utilization management staff working at Carlstadt, NJ, and 135 Claims, Eligibility and HIV Services staff working at the Long Island City location of SunGard.

HHC has been very generous to open their doors to displaced MetroPlus staff and they have their other business functions operating out of Kings County Hospital, Woodhull Hospital, Elmhurst Hospital, 125 Worth Street, and 346 Broadway.

The staff working out of Carlstadt, New Jersey have had to endure very long commutes each day. MetroPlus arranged for several round trip rides in buses from various points in the City to the facility, as well as breakfast and lunch served daily for all of the staff working out of the SunGard locations. In an effort to regroup, consolidate their business functions, and eliminate hardship for their staff, MetroPlus sub-leased temporary space at 40 Wall Street.

On a much more positive note, Dr. Saperstein is thrilled to report that The New York State Department of Health released the 2012 Consumer's Guide to Medicaid Managed Care in New York City. MetroPlus is again the #1 rated plan in New York City based on Quality of Care and Patient Satisfaction. This makes them the #1 plan in New York City for seven out of the last eight years. This is quite an accomplishment. Through these results, MetroPlus Health Plan proves again its relentless commitment to providing members with high quality care and customer satisfaction.

In October, MetroPlus was preparing for our 2012 Article 44 audit on November 26-November 30, 2012. Because of the storm, the State has delayed their audit until 2013. MetroPlus was also preparing for a November 14, 2012, CMS financial audit. This audit was also delayed until 2013.

Last month, CMS had issued guidance that Plans need to file with CMS by November 14th if they intend to expand their service area or offer a new product type for 2014. MetroPlus successfully filed their proposal for the CMS dual eligible demonstration project. In addition, the New York State Department of Health also submitted a proposal. In that way, MetroPlus has the opportunity to participate both directly with CMS, and through the New York State program.

**ACTION ITEMS:**

1. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase storage hardware, software, and associated maintenance through New York State Office of General Services (OGS) contract (s) from manufacturers and various authorized resellers on an on-going basis in an amount not to exceed $6,600,000 for a one year period.

Presenting to the Committee was Tony Williams, Director or Storage & Virtualization Services and Brenda Schultz, Senior Director, IT Financial Administration

The Corporation has over 3.5 Petabytes (equivalent to about four times the data volume of the Google database) of storage which is utilized to store the Corporation's email, business and clinical data applications as well as surveillance video systems. The accompanying resolution requests approval to purchase storage hardware, software and maintenance through New York State Office of General Services (OGS) contract(s) from manufacturers and authorized resellers on an on-going basis in an amount not to exceed $6.6 million for enterprise wide projects and end of life equipment for a one year period.

Under this program, multiple solicitations will be conducted via NYS OGS contract(s) to procure storage equipment on an on-going basis for the Corporation's data center SAN's. A purchase order will be issued to the lowest responsive bidder for each purchase.

The resolution was approved for the full Board of Directors consideration.

2. Authorizing the President of the New York City Health and Hospitals Corporation ("the Corporation") to purchase the EMR Project Hardware Platform through New York State Office of General Services (OGS) contract (s) from IBM and various authorized resellers in an amount not to exceed $21,900,000 for a five year period.

Presenting to the Committee was Brenda Schultz, Senior Director, IT Financial Administration and John Delalio, Senior Director, EITS.

HHC is entering into a contract with Epic Software to purchase an electronic medical record (EMR) system which will be implemented in a project lasting approximately five years. The Corporation is required under the agreement to purchase equipment to run the Epic Software. EITS is requesting spending authority of $21.9 million to purchase the hardware platform to run software. This platform consists of servers, storage, supporting software, services, and maintenance.

HHC worked over the past nine months with the two finalist EMR software vendors, and multiple leading hardware manufacturers to design the hardware platform to support high transaction speeds and system reliability. Additionally each software vendor performed system testing to validate that the specified system could support the transaction volume and user work load of HHC.

When the Epic system is fully implemented, all of HHC's facilities will be running from a single instance on the specified hardware platform. Any outage or downtime would have significant impact on the clinical operations. For this reason, the system was designed for high availability by designing redundancy into every element of the system.

When designing the hardware platform for Epic, HHC considered two different approaches. The first was an all IBM solution. The second was a hybrid solution that included components from several different hardware manufacturers. After performing a detailed analysis, the all IBM solution was selected because it provided the most reliable system and the lowest cost.

EITS plans to procure the hardware platform via multiple solicitations via the NYS OGS contract(s). Solicitations will be sent to IBM and its authorized resellers via a competitive process. The lowest cost solution meeting the technical requirements will be selected. For fiscal year 2013, the test system will be purchased so the implementation team can get started. In fiscal year 2014 the main production system will

be purchased for the Jacobi data center as well as for the SunGard facility. In subsequent years, additional hardware will be incrementally added in conjunction with more health networks going live on the system.

The resolution was approved for the full Board of Directors consideration.

3. 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 $8,500,000, over a 12 month period.

Presenting to the Committee was Brenda Schultz, Senior Director, IT Financial Administration and Darryl Commodore, Technical Resource Manager, ETIS.

EITS plans to refresh PCs on a regular basis and make volume purchases to ensure cost savings. The Corporation has an inventory of approximately 34,500 computer workstations including mobile laptops. The accompanying resolution requests approval to purchase computer workstations from various vendors on an on-going basis via Third Party Contract(s) for the New York City Health and Hospitals Corporation's PC Refresh Program, for an amount not to exceed $8,500,000, which includes additional new PC/Laptop needs, over a 12 month period.

EITS strategy is to standardize on one manufacturer and limit the number of models in order to maintain a standard environment. This program targets old computers that are either past or approaching their useful life expectancy.

IT plans to solicit various vendors via Third Party Contracts for these purchases. Third Party Contracts offer discounted pricing compared to the market price for such equipment.
The resolution was approved for the full Board of Directors consideration.

**INFORMATION ITEMS:**

1. Behavioral Health

Presenting to the Committee was Joyce Wale, Senior Assistant Vice President, Office of Behavioral Health.

Ms. Wale began the presentation by informing the Committee of the current behavioral environment. As reported in late 2011, the legislature and the Governor's office gave the State Office of Mental Health (OMH) and the State Office of Alcoholism and Substance Abuse Services (OASAS) the authority to contract with managed behavioral health organizations (BHOs) to collect and track utilization and data for psychiatric and Detox inpatient services. OptumHealth which is part of United Health Care was selected as the Regional BHO and collects data on inpatient admissions and discharges of psych and detox patients with a focus on long-stay psych patients with complex needs. Reporting of behavioral health six core measures to CMS with future potential financial penalties begin July 2013. Further, there is a need to integrate primary and behavioral healthcare with the HEAL 17 initiative; use of TeamCare model in PCMH; Health Homes initiative; and the NYS DOH Hospital Medical Home Demonstration Project. The key opportunities for change are: trends are generally stable; need to develop effective capacity to improve guideline adherence; and performance variation reveals continued lack of consensus on best practice.

Below is a snapshot of the behavioral health service indicators Ms. Wale presented.

- HHC's psychiatric emergency services decreased by -0.2% 28,763 in Fiscal Year 11 to 28,695 in Fiscal Year 12.

- On the inpatient side, there was a decrease in length of stay in adult and youth services, which has been an area of our focus.
- Detox services length of stay decreased from four days in FY 11 to 3.9 days in FY 12.
- Outpatient utilization has decreased by -2.5% from 889,424 in FY 11 to 867,627 in FY 12 – the highest percentage decrease was in the chemical dependency program, mainly methadone which we suspect means that individuals are accepting other medication assisted treatments.
- Total hours of adult inpatient seclusion per 1,000 patient hours for Quarter 2 in 2012 was 0.046 well below The Joint Commission average of 0.300.
- Total hours of inpatient restraint per 1,000 patient hours for Quarter 2 in 2012 was 0.069 well below The Joint Commission average of 0.300.

The presentation concluded by informing the Committee of the challenges in the behavioral health arena as follows: 1) increased capacity to accessible, efficient services that balance cost and quality by reducing inpatient LOS and readmission; 2) rightsizing and preparing the workforce; 3) integration of behavioral health within medical services; and 4) development and implementation of a fully at-risk Special Needs Plan (SNP) for individuals with serious mental and substance use conditions.

2. Nursing Sensitive Indicators

Presenting to the Committee was Lauren Johnston, Senior Assistant Vice President/Chief Nursing Officer, Office of Patient Centered Care. Ms. Johnston reported on the nursing sensitive indicators which reflect the structure, process and outcomes of nursing care. Today’s presentation will center on the outcomes of nursing care in the acute care facilities, with a concentration on patient falls and hospital acquired pressure ulcers. Each facility is a member of the National Database of Nursing Quality Indicators (NDNQI) database which is a repository of data submitted by hospitals across the country. It is a requirement for hospitals to be a member of NDNQI and use their database if you are a magnet facility or on a magnet journey. NDNQI's mission is to aid the nurse in patient safety and quality improvement efforts by providing research-based, national, comparative data on nursing care and the relationship of this care to patient outcomes.

Below is a snapshot of the indicators Ms. Johnston presented.

- Falls with Injury Rate Change in Medical Units for FY 2012: It is not likely to bring the total rate of falls to “zero”, but an additional indicator is the severity of the fall. To that end, falls with injury are also monitored and reported, and it is here that our efforts have yielded results. Coney Island Hospital Center and North Central Bronx Hospital have remained at zero falls with injury throughout. Bellevue Hospital Center and Queens Hospital Center all achieved zero falls with injury in the first quarter of the year, Kings County Hospital Center and Metropolitan Hospital Center achieved zero falls with injury in the second quarter.

- Hospital Acquired Pressure Ulcer Rate Change in Medical Units in FY 2012: North Central Bronx Hospital has been at zero prevalence throughout this time period, and Coney Island since the second quarter of 2010. Quarter 1 and 2 of 2012: Coney Island Hospital, Metropolitan Hospital Center and Woodhull Medical & Mental Health Center all have zero for both quarters.

  Pressure ulcers are a very complicated issue, the key is to see the patient and turn them. All sites have specialized beds with “state of the art” mattresses referred to as “support surfaces”. All sites have resources devoted to wound care, however, there is a variation in the amount and level of education and certification between facilities. The Wound Care specialists meet quarterly, support each other, share expertise and case studies.

Next steps for lowering rates include: continued standardization, education and certification; consistent use of NDNQI by all sites every quarter; review and standardization of use of 1:1 surveillance of patients; digital photography for documentation and the use of internal and external expertise for continued education and prevalence surveillance.

There being no further business the meeting adjourned at 11:32 A.M.

**Bert Robles**
**Senior Vice President, Information Technology Services**
**Report to the M&PA/IT Committee to the Board**
**Thursday, January 24, 2013 – 10:00 AM**

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

## 1. ICIS Electronic Medical Record (EMR) Program Update:

I am happy to report that earlier this month, HHC signed a contract with EPIC for a new Electronic Medical Record system. I am grateful for everyone's hard work to get us to this point in time.

Getting this program planned, designed, built, tested and deployed over the course of the next five (5) years will consume every EITS resource going forward. However, I am very confident that every staff member is up to this critical challenge.

Our activities will now transition from the selection process to intensive implementation planning . As we move forward, one of the critical success factors will be the involvement of our clinicians and staff across all HHC facilities. The program team is working to identify the specific resource skill and time commitment that will be needed to perform the preparation activities and design of the ICIS application. Within the next few weeks we will be contacting each facility for representatives. This will be an

application for our clinicians that is designed by our clinicians. The continued support by the Board of this important project over the coming months of planning, designing, building, testing and training is extremely important and will ensure our successful implementation of a robust clinical application that will support our patients and clinicians.

## 2. Kings County Hospital Failover Test Results:

Earlier this month, Enterprise IT Services (EITS) concluded another successful disaster recovery test of our Electronic Medical Records Systems. This routine test, performed on the Kings County database, is part of on-going disaster preparedness activities throughout the Corporation. New York City's recent experiences with natural disasters and utility disruptions underscore the importance of on-going readiness through drills such as this one. I would like to take this opportunity to congratulate the teams at Kings County and Central Office for their continued focus on these important activities.

## 3. Care Coordination Program Update:

To support the needs of the New York State (NYS) Health Homes program and the larger Patient Centered Medical Home (PCMH), HHC has acquired a Care Plan Management System (CPMS) from Microsoft.

This web based platform will facilitate the creation and documentation of patient care plans and greatly improve the information exchange and access for all care team providers, including both HHC and non-HHC providers.

CPMS will provide a vehicle for capturing patients care needs and self-management goals, as well as the care teams activities and interventions supporting the patient's ability to meet those goals. In addition the system will support patient tracking and reporting, consent management and trigger automatic alerts and flags to notify providers regarding key events. CPMS provides critical linkage of information that is often not well documented in the medical record and goes beyond the typical care management of a clinical provider, encompassing non-clinical aspects of care such as social services and housing. This will provide the care team with a much more integrated view of the care coordination activities for the patient.

To date we have successfully installed the software components of the system and setup a number of the key interfaces needed to send patient demographics and select clinical information (allergies, meds, labs) to the CPMS database. The first phase of the project focuses on the setup and deployment of the administrative components needed to manage patient enrollment, care team assignment and reporting as well as the provider portal that will be used by the care team members to access and manage a patient's care plan. The second phase will expand upon the care plan system and deploy the patient portal (personal health record).

The care plan templates are under development and we expect to have a working version of the CPMS demonstrated to us by the end of November.

However given the recent events of Hurricane Sandy, we are re-evaluating our workplan and timelines. We anticipate some delays due to staffing relocations and disruptions in our planned testing and training plans. Phase 1 was anticipated to go-live Feb 2013 and Phase 2 in May 2013. We will try our best to maintain these timelines.

I would also like to inform the committee that recently Microsoft has entered into a joint venture with GE to form a new company (Caradigm) which now owns and supports the CPMS product. Microsoft and GE are each 50% owners of the new company. However, this development should have little or no impact on our program.

This completes my report to the Committee today. Thank you.

**MetroPlus Health Plan, Inc.**
**Report to the**
**HHC Medical and Professional Affairs Committee**
**January 24th, 2013**

Total plan enrollment as of December 31st, 2012 was 438,543. Breakdown of plan enrollment by line of business is as follows:

| | |
|---|---:|
| Medicaid | 372,942 |
| Child Health Plus | 14,486 |
| Family Health Plus | 36,110 |
| MetroPlus Gold | 3,099 |
| Partnership in Care (HIV/SNP) | 5,712 |
| Medicare | 6,194 |

This month, we lost 1,964 members. This loss is due to a catch-up of retroactive disenrollments that the State had delayed processing due to Hurricane Sandy. Preliminary numbers for the month of January show a recovery growth in membership of approximately 4,000 members. We experienced a modest gain in Medicare, gaining 56 enrollees.

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.

Our membership losses to Health First and Fidelis continue to decline. This month shows that the combined losses are down to 1,200 from 2,100 per month this summer.

Our recovery post Hurricane Sandy is going very well. Our main offices at 160 Water Street are inaccessible due to flooding and damage, and 160 Water Street building operations are now estimating that MetroPlus will be unable to return to the building until at least April 2013. Currently, almost all of MetroPlus operations are located at our offices at 40 Wall Street and 33 Maiden Lane. Our Claims and HIV SNP staff continue to function at our SunGard Long Island City location. These offsite team members are fully productive and communications with our Manhattan locations are seamless.

This month, MetroPlus underwent a CMS financial audit. This audit was also delayed because of Hurricane Sandy but despite our displacement, we were able to successfully complete the audit. The preliminary results from this audit were extremely positive. We were told of minor observations for issues out of our control, such as two members that had not signed for their prescriptions upon pickup in the retail pharmacy setting. Overall, CMS remarked that MetroPlus had excellent performance on this audit.

MetroPlus continues to prepare to submit our bids for the NYS Health Benefit Exchange. The NYS Health Benefit Exchange will go live in the Fall of 2013. Insurers seeking to offer Qualified Health Plans (QHP) will be asked to submit plan designs in March 2013. QHPs are classified into 4 types of product levels, Platinum, Gold, Silver, and Bronze; with progressively increased copayments and deductibles. Within the Silver plan there are three additional levels of

coverage based on a member's income as compared to the federal poverty level. Given these requirements, MetroPlus must offer a minimum of 8 products in the NYS Health Benefit Exchange, which will also include a Catastrophic Plan. Because of the changes as part of the Exchange, Family Health Plus will probably be discontinued when the Exchange products go live. Family Health Plus represents about 8% of MetroPlus' current membership. MetroPlus is striving to offer products that these members can afford and will enroll in, to minimize a loss in membership. MetroPlus' target population for the Exchange will be the Silver Plan with the four different levels based on income for individuals and Small Business Health Options (SHOPs). At the core of these product offerings will be our HHC facilities and the existing MetroPlus networks.

The State Department of Health has recently implemented more stringent processes to block enrollment of individuals with comprehensive third party health insurance (TPHI) into Medicaid managed care. The Department is undertaking a process to disenroll individuals that have TPHI and will provide plans with a file of identified enrollees 60 days prior to disenrollment. Plans may provide evidence of non-coverage to DOH on any identified members within the 60 day window for removal from the disenrollment file. MetroPlus has received our list of members and approximately 6,200 of our members are shown to carry third party health insurance. MetroPlus has begun a full scale outreach plan to gather evidence of non-coverage in an effort to retain this segment of our Medicaid membership.

Effective January 1, 2013, the Affordable Care Act requires that Medicaid payments to primary care physicians must be at least the level of the 2013 Medicare rate. CMS finalized regulations implementing the payment requirements in November, and DOH has begun to develop a methodology for calculating the necessary payment increases for both fee-for-service and managed care. Plans are required to ensure payments to qualifying providers are at the minimum required levels, though it remains unclear how sub-capitation payment arrangements with providers will be evaluated. Providers are required to attest to their eligibility for the payment enhancements. DOH must submit a calculation methodology to CMS by March 31, 2013, and CMS must review the methodology within 90 days. After approval by CMS, retroactive adjustments will be made to provider payments back to the January 1 effective date. MetroPlus in the process of updating our fee schedules to comply with this change.

# MetroPlus Health Plan

## Membership Summary by LOB Last 7 Months

## December-2012

| | | Jun-12 | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 |
|---|---|---|---|---|---|---|---|---|
| Total Members | Prior Month | 434,643 | 435,736 | 436,875 | 438,865 | 437,980 | 437,424 | 440,489 |
| | New Member | 18,236 | 17,049 | 19,112 | 15,919 | 14,245 | 18,370 | 10,003 |
| | Voluntary Disenroll | 2,053 | 2,593 | 3,469 | 3,072 | 2,574 | 3,262 | 2,090 |
| | Involuntary Disenroll | 15,090 | 13,317 | 13,653 | 13,732 | 12,227 | 12,043 | 9,859 |
| | Adjusted | -20 | -32 | -49 | -23 | 583 | 787 | 0 |
| | Net Change | 1,093 | 1,139 | 1,990 | -885 | -556 | 3,065 | -1,946 |
| | Current Month | 435,736 | 436,875 | 438,865 | 437,980 | 437,424 | 440,489 | 438,543 |
| Medicaid | Prior Month | 366,554 | 367,805 | 369,015 | 371,621 | 371,448 | 371,372 | 374,819 |
| | New Member | 14,971 | 14,044 | 16,191 | 13,317 | 11,819 | 15,622 | 8,251 |
| | Voluntary Disenroll | 1,707 | 2,174 | 2,902 | 2,599 | 2,188 | 2,829 | 1,791 |
| | Involuntary Disenroll | 12,013 | 10,660 | 10,683 | 10,891 | 9,707 | 9,346 | 8,337 |
| | Adjusted | -18 | -30 | -44 | -17 | 579 | 1,590 | 0 |
| | Net Change | 1,251 | 1,210 | 2,606 | -173 | -76 | 3,447 | -1,877 |
| | Current Month | 367,805 | 369,015 | 371,621 | 371,448 | 371,372 | 374,819 | 372,942 |
| Child Health Plus | Prior Month | 16,699 | 16,339 | 16,095 | 15,693 | 15,371 | 15,122 | 14,671 |
| | New Member | 420 | 451 | 398 | 437 | 468 | 455 | 214 |
| | Voluntary Disenroll | 22 | 38 | 53 | 33 | 35 | 39 | 21 |
| | Involuntary Disenroll | 758 | 657 | 747 | 726 | 682 | 867 | 378 |
| | Adjusted | -1 | 0 | 0 | 0 | 0 | -843 | 0 |
| | Net Change | -360 | -244 | -402 | -322 | -249 | -451 | -185 |
| | Current Month | 16,339 | 16,095 | 15,693 | 15,371 | 15,122 | 14,671 | 14,486 |
| Family Health Plus | Prior Month | 36,813 | 36,826 | 36,888 | 36,667 | 36,304 | 36,022 | 35,993 |
| | New Member | 2,356 | 2,075 | 2,173 | 1,819 | 1,603 | 1,919 | 1,266 |
| | Voluntary Disenroll | 184 | 220 | 366 | 243 | 215 | 260 | 151 |
| | Involuntary Disenroll | 2,159 | 1,793 | 2,028 | 1,939 | 1,670 | 1,688 | 998 |
| | Adjusted | 1 | 1 | -2 | -2 | 4 | 10 | 0 |
| | Net Change | 13 | 62 | -221 | -363 | -282 | -29 | 117 |
| | Current Month | 36,826 | 36,888 | 36,667 | 36,304 | 36,022 | 35,993 | 36,110 |

# MetroPlus Health Plan

## Membership Summary by LOB Last 7 Months

## December-2012

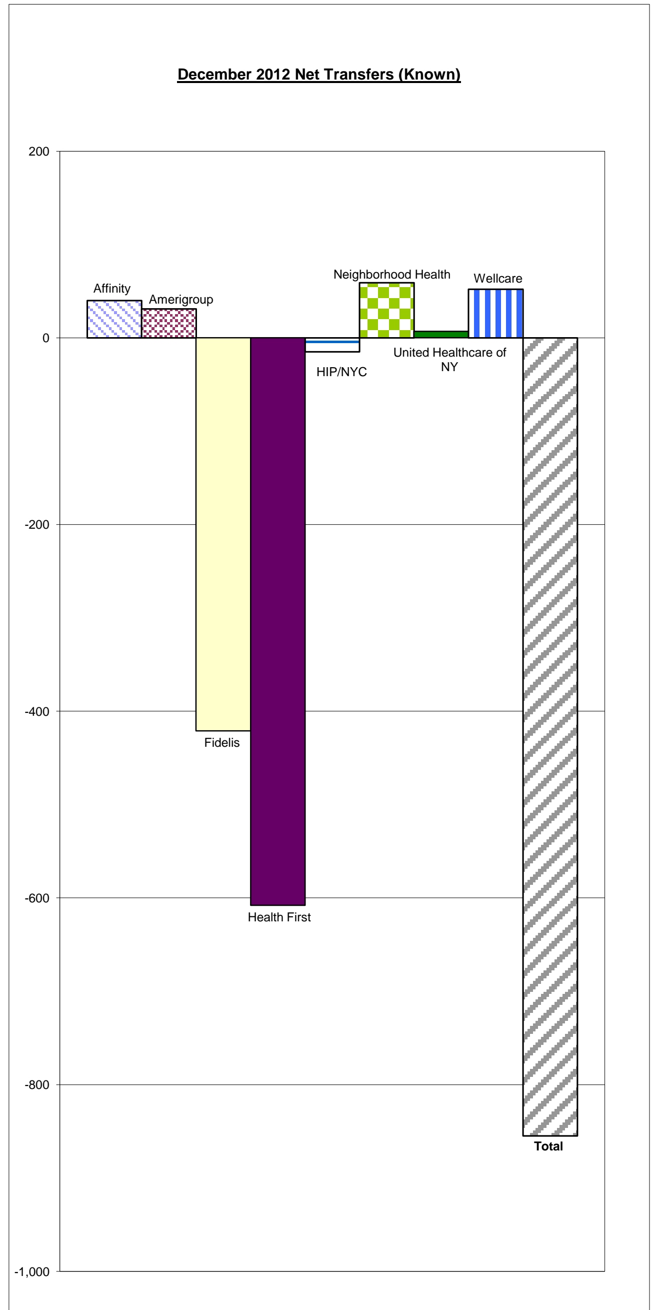
| | | Jun-12 | Jul-12 | Aug-12 | Sep-12 | Oct-12 | Nov-12 | Dec-12 |
|---|---|---|---|---|---|---|---|---|
| HHC | Prior Month | 3,143 | 3,145 | 3,184 | 3,129 | 3,132 | 3,129 | 3,107 |
| | New Member | 16 | 73 | 16 | 25 | 18 | 7 | 2 |
| | Voluntary Disenroll | 0 | 0 | 0 | 2 | 0 | 0 | 0 |
| | Involuntary Disenroll | 14 | 34 | 71 | 20 | 21 | 29 | 10 |
| | Adjusted | 0 | -1 | -1 | -1 | 4 | 10 | 0 |
| | Net Change | 2 | 39 | -55 | 3 | -3 | -22 | -8 |
| | Current Month | 3,145 | 3,184 | 3,129 | 3,132 | 3,129 | 3,107 | 3,099 |
| SNP | Prior Month | 5,786 | 5,818 | 5,801 | 5,788 | 5,772 | 5,753 | 5,761 |
| | New Member | 178 | 134 | 110 | 107 | 94 | 106 | 42 |
| | Voluntary Disenroll | 37 | 50 | 42 | 43 | 33 | 33 | 26 |
| | Involuntary Disenroll | 109 | 101 | 81 | 80 | 80 | 65 | 65 |
| | Adjusted | -2 | -2 | -2 | -3 | -4 | 20 | 0 |
| | Net Change | 32 | -17 | -13 | -16 | -19 | 8 | -49 |
| | Current Month | 5,818 | 5,801 | 5,788 | 5,772 | 5,753 | 5,761 | 5,712 |
| Medicare | Prior Month | 5,648 | 5,803 | 5,892 | 5,967 | 5,953 | 6,026 | 6,138 |
| | New Member | 295 | 272 | 224 | 214 | 243 | 261 | 228 |
| | Voluntary Disenroll | 103 | 111 | 106 | 152 | 103 | 101 | 101 |
| | Involuntary Disenroll | 37 | 72 | 43 | 76 | 67 | 48 | 71 |
| | Adjusted | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Net Change | 155 | 89 | 75 | -14 | 73 | 112 | 56 |
| | Current Month | 5,803 | 5,892 | 5,967 | 5,953 | 6,026 | 6,138 | 6,194 |

| Disenrollments TO Other Plans | | Dec-12 | | | Jan-12 to Dec-12 | | |
|---|---|---|---|---|---|---|---|
| | | FHP | MCAD | Total | FHP | MCAD | Total |
| | INVOL. | 1 | 0 | 1 | 1 | 2 | 3 |
| | VOL. | 7 | 87 | 94 | 140 | 1,334 | 1,474 |
| Affinity Health Plan | TOTAL | 8 | 87 | 95 | 141 | 1,336 | 1,477 |
| | INVOL. | 0 | 2 | 2 | 3 | 21 | 24 |
| | VOL. | 11 | 167 | 178 | 201 | 2,527 | 2,728 |
| Amerigroup/Health Plus/CarePlus | TOTAL | 11 | 169 | 180 | 204 | 2,548 | 2,752 |
| | INVOL. | 0 | 5 | 5 | 0 | 19 | 19 |
| | VOL. | 40 | 547 | 587 | 681 | 5,831 | 6,512 |
| Fidelis Care | TOTAL | 40 | 552 | 592 | 681 | 5,850 | 6,531 |
| | INVOL. | 0 | 2 | 2 | 3 | 32 | 35 |
| | VOL. | 63 | 665 | 728 | 714 | 8,200 | 8,914 |
| Health First | TOTAL | 63 | 667 | 730 | 717 | 8,233 | 8,950 |
| | INVOL. | 0 | 0 | 0 | 0 | 3 | 3 |
| | VOL. | 5 | 68 | 73 | 130 | 1,003 | 1,133 |
| HIP/NYC | TOTAL | 5 | 68 | 73 | 131 | 1,007 | 1,138 |
| | INVOL. | 0 | 0 | 0 | 1 | 6 | 7 |
| | VOL. | 5 | 59 | 64 | 152 | 1,373 | 1,525 |
| Neighborhood Health | TOTAL | 5 | 59 | 64 | 153 | 1,380 | 1,533 |
| | INVOL. | 0 | 1 | 1 | 0 | 7 | 7 |
| | VOL. | 12 | 74 | 86 | 143 | 1,070 | 1,213 |
| United Healthcare of NY | TOTAL | 12 | 75 | 87 | 143 | 1,077 | 1,220 |
| | INVOL. | 0 | 0 | 0 | 2 | 12 | 14 |
| | VOL. | 2 | 24 | 26 | 26 | 315 | 341 |
| Wellcare of NY | TOTAL | 2 | 24 | 26 | 28 | 327 | 355 |
| | INVOL. | 1 | 10 | 11 | 10 | 102 | 112 |
| | VOL. | 145 | 1,691 | 1,836 | 2,187 | 21,653 | 23,840 |
| Disenrolled Plan Transfers: | TOTAL | 146 | 1,701 | 1,847 | 2,198 | 21,758 | 23,956 |
| | INVOL. | 0 | 54 | 54 | 54 | 548 | 602 |
| | VOL. | 6 | 81 | 87 | 177 | 990 | 1,167 |
| Disenrolled Unknown Plan Transfers: | TOTAL | 6 | 135 | 141 | 232 | 1,539 | 1,771 |
| | INVOL. | 469 | 7,772 | 8,241 | 12,463 | 115,691 | 128,154 |
| | UNK. | 0 | 1 | 1 | 32 | 90 | 122 |
| | VOL. | 0 | 19 | 19 | 90 | 1,624 | 1,714 |
| Non-Transfer Disenroll Total: | TOTAL | 469 | 7,792 | 8,261 | 12,585 | 117,405 | 129,990 |
| | INVOL. | 470 | 7,836 | 8,306 | 12,527 | 116,341 | 128,868 |
| | UNK. | 0 | 1 | 1 | 34 | 94 | 128 |
| | VOL. | 151 | 1,791 | 1,942 | 2,454 | 24,267 | 26,721 |
| **Total MetroPlus Disenrollment:** | **TOTAL** | **621** | **9,628** | **10,249** | **15,015** | **140,702** | **155,717** |

| Disenrollments FROM Other Plans | Dec-12 | | | Jan-12 to Dec-12 | | |
|---|---|---|---|---|---|---|
| | FHP | MCAD | Total | FHP | MCAD | Total |
| Affinity Health Plan | 7 | 128 | 135 | 249 | 2,541 | 2,790 |
| Amerigroup/Health Plus/CarePlus | 22 | 189 | 211 | 550 | 4,788 | 5,338 |
| Fidelis Care | 12 | 159 | 171 | 186 | 2,423 | 2,609 |
| Health First | 5 | 117 | 122 | 202 | 2,389 | 2,591 |
| HIP/NYC | 5 | 53 | 58 | 85 | 1,282 | 1,367 |
| Neighborhood Health | 13 | 110 | 123 | 225 | 2,205 | 2,430 |
| United Healthcare of NY | 4 | 90 | 94 | 111 | 1,299 | 1,410 |
| Wellcare of NY | 8 | 70 | 78 | 235 | 1,381 | 1,616 |
| **Total** | 76 | 916 | 992 | 1,843 | 18,308 | 20,151 |
| **Unknown (not in total)** | 1,201 | 7,358 | 8,559 | 23,135 | 139,618 | 162,753 |

*Data Source: RDS Report 1268a&c Updated 12/24/2012*

| Net Difference | Dec-12 | | | Jan-12 to Dec-12 | | |
|---|---|---|---|---|---|---|
| | FHP | MCAD | Total | FHP | MCAD | Total |
| Affinity Health Plan | -1 | 41 | 40 | 108 | 1,205 | 1,313 |
| Amerigroup/Health Plus/CarePlus | 11 | 20 | 31 | 346 | 2,240 | 2,586 |
| Fidelis Care | -28 | -393 | -421 | -495 | -3,427 | -3,922 |
| Health First | -58 | -550 | -608 | -515 | -5,844 | -6,359 |
| HIP/NYC | 0 | -15 | -15 | -46 | 275 | 229 |
| Neighborhood Health | 8 | 51 | 59 | 72 | 825 | 897 |
| United Healthcare of NY | -8 | 15 | 7 | -32 | 222 | 190 |
| Wellcare of NY | 6 | 46 | 52 | 207 | 1,054 | 1,261 |
| **Total** | -70 | -785 | -855 | -355 | -3,450 | -3,805 |



# New Member Transfer From Other Plans

| | 2012_01 | | 2012_02 | | 2012_03 | | 2012_04 | | 2012_05 | | 2012_06 | | 2012_07 | | 2012_08 | | 2012_09 | | 2012_10 | | 2012_11 | | 2012_12 | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | |
| Affinity Health Plan | 13 | 207 | 19 | 191 | 20 | 254 | 30 | 242 | 38 | 296 | 26 | 239 | 21 | 180 | 23 | 200 | 22 | 212 | 15 | 202 | 15 | 190 | 7 | 128 | 2,790 |
| Amerigroup/Health Plus/CarePlus | 39 | 445 | 43 | 346 | 55 | 558 | 63 | 494 | 77 | 614 | 74 | 550 | 44 | 372 | 47 | 342 | 30 | 333 | 20 | 263 | 36 | 282 | 22 | 189 | 5,338 |
| Fidelis Care | 17 | 183 | 10 | 170 | 16 | 209 | 17 | 190 | 27 | 224 | 11 | 199 | 5 | 159 | 22 | 221 | 14 | 215 | 11 | 209 | 24 | 285 | 12 | 159 | 2,609 |
| Health First | 22 | 164 | 8 | 188 | 17 | 250 | 20 | 214 | 19 | 253 | 25 | 213 | 13 | 212 | 20 | 244 | 22 | 177 | 13 | 165 | 18 | 192 | 5 | 117 | 2,591 |
| HIP/NYC | 11 | 97 | 8 | 89 | 10 | 128 | 7 | 117 | 5 | 130 | 7 | 130 | 9 | 95 | 7 | 112 | 8 | 128 | 4 | 97 | 4 | 106 | 5 | 53 | 1,367 |
| Neighborhood Health Provider PHPS | 16 | 205 | 18 | 166 | 18 | 233 | 22 | 191 | 30 | 250 | 32 | 200 | 15 | 140 | 16 | 185 | 13 | 186 | 13 | 144 | 19 | 195 | 13 | 110 | 2,430 |
| United Healthcare of NY | 8 | 100 | 14 | 89 | 10 | 126 | 10 | 90 | 11 | 161 | 10 | 144 | 10 | 96 | 6 | 95 | 14 | 92 | 9 | 98 | 5 | 118 | 4 | 90 | 1,410 |
| Unknown PLan | 2,161 | 11,747 | 2,152 | 13,040 | 2,066 | 11,412 | 1,914 | 10,653 | 2,476 | 14,769 | 2,180 | 12,019 | 1,950 | 11,514 | 2,029 | 13,341 | 1,692 | 10,659 | 1,525 | 9,371 | 1,789 | 13,735 | 1,201 | 7,358 | 162,753 |
| Wellcare of NY | 19 | 138 | 14 | 98 | 31 | 122 | 23 | 145 | 15 | 185 | 27 | 146 | 19 | 84 | 32 | 137 | 13 | 91 | 16 | 79 | 18 | 86 | 8 | 70 | 1,616 |
| **TOTAL** | 2,306 | 13,286 | 2,286 | 14,377 | 2,243 | 13,292 | 2,106 | 12,336 | 2,698 | 16,882 | 2,392 | 13,840 | 2,086 | 12,852 | 2,202 | 14,877 | 1,828 | 12,093 | 1,626 | 10,628 | 1,928 | 15,189 | 1,277 | 8,274 | 182,904 |

Report ID: MHP1268C
Report Run Date: 12/15/2012

# Disenrolled Member Plan Transfer Distribution

**Last Data Refresh Date:** 12/14/2012

| Other Plan Name | Category | 2012_01 | | 2012_02 | | 2012_03 | | 2012_04 | | 2012_05 | | 2012_06 | | 2012_07 | | 2012_08 | | 2012_09 | | 2012_10 | | 2012_11 | | 2012_12 | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | |
| Affinity Health Plan | INVOLUNTARY | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 |
| | VOLUNTARY | 10 | 109 | 15 | 90 | 6 | 71 | 7 | 130 | 14 | 128 | 13 | 116 | 11 | 112 | 14 | 114 | 11 | 133 | 11 | 93 | 21 | 151 | 7 | 87 | 1,474 |
| | TOTAL | 10 | 109 | 15 | 90 | 6 | 71 | 7 | 130 | 14 | 129 | 13 | 116 | 11 | 113 | 14 | 114 | 11 | 133 | 11 | 93 | 21 | 151 | 8 | 87 | 1,477 |
| Amerigroup/ Health Plus/CarePlus | INVOLUNTARY | 0 | 2 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 2 | 1 | 4 | 0 | 1 | 0 | 2 | 2 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 24 |
| | VOLUNTARY | 10 | 202 | 18 | 266 | 14 | 128 | 20 | 199 | 33 | 188 | 23 | 267 | 11 | 243 | 18 | 240 | 11 | 235 | 14 | 183 | 18 | 209 | 11 | 167 | 2,728 |
| | TOTAL | 10 | 204 | 18 | 267 | 14 | 130 | 20 | 202 | 33 | 190 | 24 | 271 | 11 | 244 | 18 | 242 | 13 | 236 | 14 | 184 | 18 | 209 | 11 | 169 | 2,752 |
| Fidelis Care | INVOLUNTARY | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 4 | 0 | 2 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 5 | 19 |
| | VOLUNTARY | 25 | 223 | 33 | 267 | 17 | 147 | 21 | 266 | 28 | 274 | 26 | 239 | 76 | 562 | 148 | 989 | 99 | 792 | 89 | 652 | 79 | 873 | 40 | 547 | 6,512 |
| | TOTAL | 25 | 224 | 33 | 269 | 17 | 147 | 21 | 267 | 28 | 275 | 26 | 240 | 76 | 566 | 148 | 991 | 99 | 792 | 89 | 654 | 79 | 873 | 40 | 552 | 6,531 |
| Health First | INVOLUNTARY | 1 | 5 | 0 | 1 | 1 | 0 | 1 | 3 | 0 | 3 | 0 | 3 | 0 | 5 | 0 | 4 | 0 | 0 | 0 | 5 | 0 | 1 | 0 | 2 | 35 |
| | 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 | 25 | 517 | 42 | 550 | 30 | 301 | 52 | 479 | 61 | 636 | 46 | 601 | 76 | 780 | 115 | 997 | 69 | 908 | 60 | 832 | 75 | 934 | 63 | 665 | 8,914 |
| | TOTAL | 26 | 522 | 42 | 551 | 31 | 301 | 53 | 482 | 61 | 639 | 46 | 604 | 76 | 786 | 115 | 1,001 | 69 | 908 | 60 | 837 | 75 | 935 | 63 | 667 | 8,950 |
| HIP/NYC | INVOLUNTARY | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 3 |
| | UNKNOWN | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | VOLUNTARY | 10 | 92 | 9 | 92 | 8 | 54 | 14 | 113 | 13 | 99 | 16 | 84 | 10 | 85 | 6 | 84 | 10 | 90 | 12 | 53 | 17 | 89 | 5 | 68 | 1,133 |
| | TOTAL | 10 | 92 | 10 | 94 | 8 | 54 | 14 | 114 | 13 | 99 | 16 | 84 | 10 | 85 | 6 | 84 | 10 | 91 | 12 | 53 | 17 | 89 | 5 | 68 | 1,138 |
| Neighborhood Health Provider PHPS | INVOLUNTARY | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 7 |
| | UNKNOWN | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| | VOLUNTARY | 16 | 95 | 11 | 122 | 8 | 75 | 14 | 94 | 14 | 139 | 17 | 106 | 7 | 119 | 23 | 140 | 13 | 133 | 10 | 122 | 14 | 169 | 5 | 59 | 1,525 |

# Disenrolled Member Plan Transfer Distribution

**Last Data Refresh Date:** 12/14/2012

| | | 2012_01 | | 2012_02 | | 2012_03 | | 2012_04 | | 2012_05 | | 2012_06 | | 2012_07 | | 2012_08 | | 2012_09 | | 2012_10 | | 2012_11 | | 2012_12 | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | |
| Neighborhood | TOTAL | 16 | 97 | 11 | 123 | 8 | 76 | 14 | 95 | 14 | 139 | 17 | 106 | 7 | 119 | 23 | 141 | 14 | 133 | 10 | 122 | 14 | 170 | 5 | 59 | 1,533 |
| United Healthcare of NY | INVOLUNTARY | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 7 |
| | VOLUNTARY | 14 | 70 | 8 | 81 | 7 | 49 | 8 | 68 | 13 | 102 | 11 | 69 | 13 | 110 | 18 | 129 | 11 | 91 | 7 | 84 | 21 | 143 | 12 | 74 | 1,213 |
| | TOTAL | 14 | 71 | 8 | 81 | 7 | 50 | 8 | 69 | 13 | 102 | 11 | 69 | 13 | 111 | 18 | 131 | 11 | 91 | 7 | 84 | 21 | 143 | 12 | 75 | 1,220 |
| Wellcare of NY | INVOLUNTARY | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 5 | 0 | 0 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 14 |
| | VOLUNTARY | 0 | 20 | 2 | 26 | 2 | 13 | 1 | 17 | 3 | 27 | 1 | 30 | 4 | 14 | 2 | 38 | 3 | 30 | 3 | 31 | 3 | 45 | 2 | 24 | 341 |
| | TOTAL | 0 | 21 | 2 | 26 | 2 | 13 | 1 | 18 | 5 | 32 | 1 | 30 | 4 | 16 | 2 | 39 | 3 | 30 | 3 | 32 | 3 | 46 | 2 | 24 | 355 |
| **Disenrolled Plan Transfers** | INVOLUNTARY | 1 | 12 | 0 | 6 | 1 | 3 | 1 | 11 | 2 | 12 | 1 | 8 | 0 | 14 | 0 | 12 | 3 | 2 | 0 | 9 | 0 | 3 | 1 | 10 | 112 |
| | UNKNOWN | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 |
| | VOLUNTARY | 110 | 1,328 | 138 | 1,494 | 92 | 838 | 137 | 1,366 | 179 | 1,593 | 153 | 1,512 | 208 | 2,025 | 344 | 2,731 | 227 | 2,412 | 206 | 2,050 | 248 | 2,613 | 145 | 1,691 | 23,840 |
| | TOTAL | 111 | 1,340 | 139 | 1,501 | 93 | 842 | 138 | 1,377 | 181 | 1,605 | 154 | 1,520 | 208 | 2,040 | 344 | 2,743 | 230 | 2,414 | 206 | 2,059 | 248 | 2,616 | 146 | 1,701 | 23,956 |
| **Disenrolled Unknown Plan Transfers** | INVOLUNTARY | 3 | 43 | 4 | 36 | 6 | 31 | 7 | 84 | 8 | 59 | 3 | 33 | 11 | 34 | 2 | 33 | 4 | 20 | 1 | 93 | 5 | 28 | 0 | 54 | 602 |
| | UNKNOWN | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| | VOLUNTARY | 10 | 51 | 7 | 77 | 18 | 67 | 29 | 70 | 5 | 38 | 31 | 103 | 12 | 72 | 22 | 104 | 16 | 106 | 9 | 85 | 12 | 136 | 6 | 81 | 1,167 |
| | TOTAL | 13 | 94 | 12 | 113 | 24 | 99 | 36 | 154 | 13 | 97 | 34 | 136 | 23 | 106 | 24 | 137 | 20 | 126 | 10 | 178 | 17 | 164 | 6 | 135 | 1,771 |
| **Non-Transfer Disenroll Total** | INVOLUNTARY | 1,161 | 10,307 | 1,018 | 10,237 | 1,252 | 10,186 | 1,062 | 9,786 | 1,077 | 9,304 | 1,270 | 10,972 | 971 | 9,738 | 1,192 | 9,733 | 1,194 | 10,146 | 889 | 8,881 | 908 | 8,629 | 469 | 7,772 | 128,154 |
| | UNKNOWN | 1 | 5 | 1 | 14 | 2 | 13 | 2 | 15 | 3 | 9 | 5 | 5 | 8 | 6 | 5 | 2 | 2 | 4 | 3 | 15 | 0 | 1 | 0 | 1 | 122 |
| | VOLUNTARY | 2 | 82 | 1 | 63 | 78 | 781 | 2 | 98 | 7 | 133 | 0 | 92 | 0 | 76 | 0 | 67 | 0 | 81 | 0 | 53 | 0 | 79 | 0 | 19 | 1,714 |
| | TOTAL | 1,164 | 10,394 | 1,020 | 10,314 | 1,332 | 10,980 | 1,066 | 9,899 | 1,087 | 9,446 | 1,275 | 11,069 | 979 | 9,820 | 1,197 | 9,802 | 1,196 | 10,231 | 892 | 8,949 | 908 | 8,709 | 469 | 7,792 | 129,990 |
| **Total MetroPl** | INVOLUNTARY | 1,165 | 10,362 | 1,022 | 10,279 | 1,259 | 10,220 | 1,070 | 9,881 | 1,087 | 9,375 | 1,274 | 11,013 | 982 | 9,786 | 1,194 | 9,778 | 1,201 | 10,168 | 890 | 8,983 | 913 | 8,660 | 470 | 7,836 | 128,868 |

# Disenrolled Member Plan Transfer Distribution

**Last Data Refresh Date:** 12/14/2012

| | | 2012_01 | | 2012_02 | | 2012_03 | | 2012_04 | | 2012_05 | | 2012_06 | | 2012_07 | | 2012_08 | | 2012_09 | | 2012_10 | | 2012_11 | | 2012_12 | | TOTAL |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | FHP | MCAD | |
| **Total MetroPlus Disenrollment** | UNKNOWN | 1 | 5 | 3 | 15 | 2 | 15 | 2 | 15 | 3 | 9 | 5 | 5 | 8 | 7 | 5 | 2 | 2 | 4 | 3 | 15 | 0 | 1 | 0 | 1 | 128 |
| | VOLUNTARY | 122 | 1,461 | 146 | 1,634 | 188 | 1,686 | 168 | 1,534 | 191 | 1,764 | 184 | 1,707 | 220 | 2,173 | 366 | 2,902 | 243 | 2,599 | 215 | 2,188 | 260 | 2,828 | 151 | 1,791 | 26,721 |
| | TOTAL | 1,288 | 11,828 | 1,171 | 11,928 | 1,449 | 11,921 | 1,240 | 11,430 | 1,281 | 11,148 | 1,463 | 12,725 | 1,210 | 11,966 | 1,565 | 12,682 | 1,446 | 12,771 | 1,108 | 11,186 | 1,173 | 11,489 | 621 | 9,628 | 155,717 |

# RESOLUTION

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a Sole Source contract with Sedgwick Claims Management (Sedgwick) to provide specialized claims and risk management services to the Corporation in connection with medical malpractice claims, and to manage subcontracts for risk reduction education, and insurance consulting and management for a term of four years with an option to renew for one additional two year term, solely exercisable by the Corporation, for an amount not to exceed $34,434,496.00.

**WHEREAS,** the Corporation wishes to maintain a claims and risk management infrastructure at the Corporation's facilities which supports the medical malpractice risk reduction; and

**WHEREAS**, the Corporation requires the assistance of a firm specializing in medical malpractice claims investigation and management and which can support the requirements of a captive insurance program as required by the New York State Department of Financial Services; and

**WHEREAS**, since 2002 Sedgwick has been providing the services necessary for the Corporation to successfully implement its medical malpractice reduction initiative, establish an early settlement program, improve the defense of medical malpractice cases and establish best practices for the Corporation's captive insurance program; and

**WHEREAS**, the Corporation has realized significant savings in its medical malpractice costs since Sedgwick began providing services to the Corporation; and

**WHEREAS**, the result of the medical malpractice claims reduction initiative has resulted in a saving to the Corporation of $30 to $40 million dollars a year since 2006; and

**WHEREAS**, the Corporation will continue to benefit from the provision of these services by Sedgwick; and

**WHEREAS**, the responsibility for monitoring this contract shall be vested in the General Counsel of the Corporation.

**NOW, THEREFORE, BE IT**

RESOLVED, THAT THE President of the New York City Health and Hospitals Corporation (the "Corporation") be and hereby is authorized to execute a Sole Source management contract with Sedgwick to provide specialized claims and risk management services to the Corporation in connection with its medical malpractice claims, and to

manage sub-contracts for risk reduction education and insurance consulting and management for a term of four years with an option to re-new for one additional two year term, solely exercisable by the Corporation, for an amount not to exceed $34,434,496.00.

# EXECUTIVE SUMMARY

## EXECUTIVE SUMMARY
## CONTRACT WITH SEDGWICK

The accompanying resolution requests authorization for a four year Sole Source contract, with the option of a two year renewal, with Sedgwick to provide claims and risk management services in connection with medical malpractice claims for HHC.

This Sole Source contract is proposed in order to continue Sedgwick's work in maintaining a claims and risk management infrastructure under this contract. Sedgwick will continue to provide the claims investigation, risk management and claims services that have formed the basis for the Corporation's successful medical malpractice reduction initiative. Sedgwick's services, since March of 2002, have resulted in a significant reduction in the Corporation's medical malpractice indemnity payments through early and comprehensive investigation and analysis of claims, improved defense of medical malpractice cases, risk management initiatives and establishment of industry best practices which form the basis for the Corporation's captive insurance program.

Sedgwick was originally selected in 2001 through an RFP process. Continuation of its services would allow for provision of services without disruption or loss of Sedgwick's unique knowledge of the Corporation. The rates offered are competitive within the industry. It is expected that at the end of the contract an RFP will be issued to test other interest by the industry in providing these services.

# CONTRACT FACT SHEET

New York City Health and Hospitals Corporation

**Contract Title:** **Claims and Risk Management Services in Connection With Medical Malpractice Claims**

**Project Title & Number:** **2009**

**Project Location:** **Office of Legal Affairs**

**Requesting Dept.:** **Office of Legal Affairs**

**Successful Respondent:** **Sedgwick**

**Contract Amount:** **$34,434,496 in fixed fees over six (6) years; Not to exceed $1,500,000 in sub-contracted services and anticipated hour fees.**

**Contract Term:** **Four years with a two-year renewal**

**NUMBER of Respondents:** Sole Source
If Sole Source, explain in Background section)

**Range of Proposals:** $ N/A to $

**Minority Business Enterprise Invited:** **N/A** If no, please explain:

**Funding Source:** ? General Care ? Capital
? Grant: explain
X Other: explain **General Fund**

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

**EEO Analysis:** **Completed**

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

**Vendex Clearance** ? Yes ? No **Pending**

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

***Background***

***Efforts to successfully defend malpractice cases or to settle cases early in litigation at an advantageous cost are enhanced by active claims and risk management. Prior to FY 2002, these efforts had been localized at the Corporations facilities and varied in their effectiveness. Defense efforts were sometimes hampered by the lack of efficient systems to gather evidence, analyze claims and institute risk management initiatives. Beginning in FY 2002, the Corporation agreed to reimburse the City for medical malpractice indemnity costs up to an annual maximum "Cap".***

***Also beginning in 2002, the Corporation instituted a comprehensive e claims and risk management program, including the provision of claims and risk management by an outside vendor. As a result of these combined efforts, the Corporations payment to the City under the "cap" have been reduced by a total of approximately $144 million for FY 2008, FY, 2009, FY 2010 and FY2011.***

***Sedgwick (formerly Caronia) was first retained as part of this initiative in February of 2002 after an RFP. Since that time they have provided claims and risk management services to the Corporation. Sedgwick's efforts have formed the basis for the success of the medical malpractice reduction initiative, including a successful Early Settlement program, improving the defense of medical malpractice cases and establishing an industry best practice system for the captive insurance program.***

***Each year, the Corporation is served with approximately 600 new claims alleging medical malpractice and hospital negligence. This number represents a drop of 50 claims per year since the initiative was started. At present, approximately 1750 matters are pending with approximately 280 concluded each year with monetary payment.***

***Continuing with Sedgwick as the claims manager will enable the Corporation's current programs to continue to thrive without disruption.***

***Contract Review Committee***

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

***Yes.***

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

**Yes. Previously, our contract with Sedgwick provided for a 4% increase each FY. Efforts to negotiate with them envisioned an attempt to reduce that to a 3% increase annually. Through the negotiation process we were able to secure further savings.**

***Selection Process):***

***This was a sole source contract as approved by the CRC.***

**Scope of work and timetable:**

**Sedgwick will provide complete claims management and litigation support for all medical malpractice claims filed against the Corporation. This will include investigation of all matters filed as claims, as well as incidences selected by facility risk managers. Case reviews with professional analysis will be provided to the Office of Legal Affairs, to facility risk managers and to defense counsel. Sedgwick will provide litigation support to defense counsel, including prompt retrieval of evidence and timely interviews with staff, as well as a variety of support services through the disposition of the claim/suit. Sedgwick will assist risk management in identifying individual matters subject to regulatory reporting. Sedgwick will monitor litigation efforts through its review of reports from counsel and will work with the Office of Legal affairs to provide appropriate recommendations for the disposition of all litigated matters. Sedgwick will provide its own computer systems to monitor claims, including any modification the Corporation may seek to provide a complete database of its medical malpractice profile. Sedgwick will make available, on as needed basis, consulting services in the areas of computing, risk management, insurance and captive management. Sedgwick will also manage sub-contracts for insurance consulting, captive management, risk management consultation, education and invoice review. Sedgwick will also manage all reporting to the New York State and Federal databanks and agencies.**

**The contract is for a four year term beginning on March 1, 2013, with a two-year optional renewal term.**

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

**Attached is the contract fee schedule. This includes Sedgwick's all—inclusive annual fee for claims management services and fees for consulting in the areas of computing, risk management and insurance, which are delineated on an hourly fee basis at a "not to exceed" amount for each type of service.**

**The costs associated with this contract provide a variety of benefits to the Corporation and the City. Establishment of a claims management infrastructure at the Corporation replicates the standard practice followed by private hospitals and their insurers. By capturing information about medical claims promptly and completely early in the claims process, the Corporation will be able to improve its risk management capabilities at both the facility and corporation-wide levels through timely assessment of claims and related improvement of patient care services.**

**Additionally, the development of mechanisms to ensure complete reporting of medical malpractice claims dispositions required by State and Federal agencies. Increased risk management efforts are proven to diminish the number of claims in successive years.**

**Early and on-going assessment of claims provided the basis for important reforms in the Corporation's litigation defense efforts. Prompt retrieval of evidence, early analysis of claims and increased litigation support enables the Corporation and the City to increase efforts at early settlement and improve litigation defense strategies.**

**Maintenance of a claim and risk management infrastructure also provides a necessary element in the Corporation's overall profile in the event that the current indemnification arrangement is modified and the Corporation is required to seek commercial coverage or other insurance arrangements.**

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

**This is a highly specialized area. The Corporation does not have staff with the expertise to conduct medico legal investigations and manage claims to insurance industry standards.**

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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?*

***No.***

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

**Salvatore J. Russo, Sr. Vice President & General Counsel.**

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

*Received By E.E.O.* ______________
*Date*

*Analysis Completed By E.E.O.*___10/19/2012___________
*Date*

________________________________
*Name*

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
346 Broadway • Room 500B • New York, NY 10013 • Tel: 212-788-3380 • Fax: 212-788-3689
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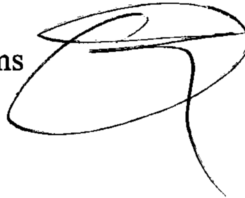
**Manasses C. Williams**
**Assistant Vice President**
**Affirmative Action/EEO**
manasses.williams@nychhc.org

**TO:** Marise Moreau
Sr. Executive Secretary
Office of Legal Affairs

**FROM:** Manasses C. Williams



**DATE:** October 19, 2012

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

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The proposed contractor/consultant, **Sedgwick Claims Management Services, Inc.** has submitted to the Affirmative Action Office a completed Contract Compliance Questionnaire and the appropriate EEO documents.
This company is a:

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

Project Location(s): HHC's Office of Legal Affairs

Contract Number: _________ Project Number: Professional Liability and Risk Management Services

Submitted by: HHC's Office of Legal Affairs

EEO STATUS:

1. [X] Approved

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

3. [ ] Not approved

4. [ ] Conditionally approved subject to EEO Committee Review

COMMENTS:

c: pat

HHC NEW YORK CITY HEALTH AND HOSPITALS CORPORATION
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**Manasses C. Williams**
**Assistant Vice President**
**Affirmative Action/EEO**
manasses.williams@nychhc.org

**TO:** Suzanne Blundi
Deputy Counsel
Claims and Risk Management

**FROM:** Manasses C. Williams

**DATE:** October 19, 2012

**SUBJECT:** Waiver of NYS Executive Law Article 15-A M/WBE Goals

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The New York City Health & Hospitals Corporation is in receipt of your request for goals for the **Contract** to provide **Legal Invoice Audit & Processing Services for the New York City Health and Hospitals Corporation.**

A review of the submitted data indicated that a **waiver** of the (M and/or WBE) goals for this **Sole Source Contract**, is appropriate. A review of the scope of work required for this contract indicates that no Article 15A goals are required. The scope of work and method of negotiating the contract did not meet the requirements of Article 15A for establishing M/WBE goals. The Office of Affirmative Action/Equal Employment Opportunity will grant a waiver for the (MBE / WBE) goals on this contract.

Thank you for your cooperation. If you have any further questions, you may contact Martin Everette. He can be reached at (212) 788-3374.

MCW:moe

c: Martin O. Everette

## Waiver Approval