



Appendix A - RSA Information

1. Name of Proposed Regional WEDI SNIP Affiliate

Greater New York SNIP Consortium

2. Primary Contact (Name, title, address, phone, fax, email)

Ellen Lukens,
Director, Finance and Managed Care
Greater New York Hospital Association
555 West 57th Street
New York, NY 10024
Phone: 212-506-5418
Fax: 212-262-6350
Email: lukens@gnyha.org

3. Secondary Contact (Name, title, address, phone, fax, email)

Stewart Presser,
Vice President, Patient Financial Resources
Greater New York Hospital Association
555 West 57th Street
New York, NY 10024
Phone: 212-506-5444
Fax: 212-262-6350
Email: presser@gnyha.org

4. Primary Local, State or Region(s) covered

Metropolitan New York Region

5. Meeting location(s) and time(s)

Location: Greater New York Hospital Association

Meeting Schedule:

Wednesday, April 30	9:30 a.m.-12:30 p.m.
Thursday, May 15	9:30 a.m.-12:30 p.m.
Thursday, June 19	9:30 a.m.-12:30 p.m.
Thursday, July 10	9:30 a.m.-12:30 p.m.
Thursday, August 14	9:30 a.m.-12:30 p.m.

6. Convening/facilitating organization

Greater New York Hospital Association

7. RSA Web site URL

None at this time

8. Key leadership contacts and organizations

WEDI SNIP Steering Committee:

- Patricia Wang, Senior Vice President, Finance and Managed Care, Greater New York Hospital Association
 - David Florman, Senior Vice President, Medical Delivery and Medicare Risk, Empire Blue Cross Blue Shield
 - Samuel Heller, Vice President for Finance, Visiting Nurse Service of New York
 - Diana Lisi, Operations Manager, Oxford Health Plans
 - John McBride, Director, Patient Accounts, Memorial Sloan Kettering Cancer Center
 - Joel Perlman, Chief Financial Officer, Montefiore Medical Center
 - Robert Shapiro, Chief Financial Officer, North Shore Long Island Jewish Health System
 - Mario Tedesco, Medicaid HIPAA Coordinator, New York State Department of Health
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9. Governance protocols

The Steering Committee will be responsible for GNYSNIP governance protocols. The workgroup will continue to meet monthly.

10. Membership list (optional)

10 Payers
> 50 Providers

11. Please write a 150 Word description of your RSA's goals and objectives (as would appear in the WEDI SNIP Web Site). Please include a description of the HIPAA areas the RSA will cover (transactions and code sets, identifiers, security, privacy, other). If you do not intend to cover all of HIPAA areas, please describe how you foresee these areas being addressed in the region.

See Attached RSA Goals & Objectives Document

12. List any products/resources that RSA feels are valuable to other WEDI SNIP regional affiliates. Include URLs as appropriate.

No RSA listserv at this time

13. RSA Listserv addresses (es) (if applicable).

Not applicable at this time

WEDI SNIP thanks you for your continued support. The WEDI SNIP Executive Steering Committee will review your Regional WEDI SNIP Affiliate application and may request additional information.

Please forward your completed application to:
Ann Marie Railing, Director of Regional Education and Operations,
amrailing@wedi.org, (703) 391-2718, or (703) 391-2759 (fax)