125 Worth Street ▪ New York, NY ▪ 10013

BOARD OF DIRECTORS MEETING

THURSDAY, SEPTEMBER 26, 2019

A•G•E•N•D•A

CALL TO ORDER - 3:00 PM	**Mr. Pagán**
1. Adoption of Minutes: JULY 25, 2019	
Chair's Report	**Mr. Pagán**
President's Report	**Dr. Katz**
Legislative Update	**Mr. Siegler**
>> **Action Items**<<	
2. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with the New York City Human Resources Administration ("HRA") to operate its Medical Assistance Program ("MAP") at five System facilities (the "Facilities") in a total of approximately 11,438 square feet of space for a total annual occupancy fee of approximately $741,247.78 based on the facility Institutional Cost Reimbursement Rate ("ICR"), ranging between $46.77 per square foot and $84.19 per square foot as shown on the attached spreadsheet and to be escalated by 2% per year and further authorizing The System to negotiate with HRA to change the location of some MAP offices within the Facilities to accommodate program and construction initiatives as they develop and to make any appropriate adjustment to the occupancy fees charged. (Capital Committee – 09/12/2019) - **(EEO: NA / Vendex: NA)**	**Mr. Pagán**
3. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a 30 year lease with Camelot of Staten Island, Inc. ("Camelot") with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View (the "Facility") on a parcel of land measuring approximately 24,080 sq. ft. including the approximately 20,000 sq. ft. Administration Building at an annual rent of $250,000, or $12.50/sq. ft. to be escalated by 2.5% per year for a total rent over the 30 year initial term of $10,975,676. (RESUBMISSION - Capital Committee – 07/11/2019 and 09/12/2019) - **(EEO: Pending / Vendex: Approved)**	**Mr. Pagán**
4. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a two year revocable license agreement with a one year renewal option exercisable solely by the System with New York Legal Assistance Group ("NYLAG") for part-time, non-exclusive use and occupancy of space at all of the System's acute care hospitals and at the other large facilities as indicated in attachment "A" to this Resolution (the "Facilities") to provide legal services to patients and training to System staff at a fee payable by System to NYLAG for the services to be performed over the potential three year term not to exceed $4,160,424 and without any payment by NYLAG for the use of the space; provided however, if any other source provides funds for the NYLAG services, the total value of the contract may increase correspondingly. (Capital Committee – 09/12/2019) - **(EEO: NA / Vendex: Approved)**	**Mr. Pagán**
5. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with Bellevue Day Care Center, Inc. (the "Licensee") for its continued use and occupancy of 3,031 square feet in the C&D Building at NYC Health + Hospitals/Bellevue Hospital Center (the "Facility") to operate a daycare center with the occupancy fee waived. (Capital Committee – 09/12/2019) - **(EEO: NA / Vendex: Approved)**	**Mr. Pagán**
6. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a one year revocable license agreement with two one-year options to renew exclusive to the System with Bright Horizons Children's Centers LLC ("BHC") for its use and occupancy of approximately 1,900 square feet of space on the ground floor in NYC Health + Hospitals/Elmhurst (the "Facility") to operate a daycare center with discounted rates for Facility staff and the occupancy fee waived; provided, however, the System shall not exercise its renewal options unless BHC enrollment is at least 50% children of staff by the end of the first year. (Capital Committee – 09/12/2019) - **(EEO: NA / Vendex: Approved)**	**Mr. Pagán**

7. Authorizing the New York City Health and Hospitals Corporation (the "System") to amend the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Mac Fhionnghaile & Sons Electrical Contractors, Inc. ("Mac & Sons"), which was procured through the System's public bid process, to provide electrical construction services on an as-needed basis with such amendment increasing the $6,000,0000 not to exceed contract limit for Mac & Sons by $6,000,000 to bring the total not to exceed limit to $12,000,000. (Capital Committee – 09/12/2019) - **(EEO: Approved / Vendex: Approved)**	**Mr. Pagán**
8. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a contract with Carrier Corporation ("the contractor"): that was selected through a Request For Proposals ("RFP") process, to provide HVAC/Chiller maintenance services on pre-determined schedule at various facilities throughout the System. The contract shall be for a term of three (3) years with the option for two (2) one-year extensions, for an amount not to exceed $6,000,000. The total authorized value of this contract would be $6,000,000. (Capital Committee – 09/12/2019) – (**EEO: Approved / Vendex: Pending)**	**Mr. Pagán**
9. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year lease extension agreement with LSS Leasing Limited Liability Company (the "Landlord") for 5,120 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Women's Medical Center (the "Center"), operated by NYC Health + Hospitals/Gotham Health ("Gotham Health") at an initial rent of $271,360 per year or $53 per square foot to increase at a rate of 3% per year for a five year total of $1,440,687. (Capital Committee – 09/12/2019) -**(EEO: NA / Vendex: Pending)**	**Mr. Pagán**
10. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year sublease agreement with Pediatric Specialties of Queens (the "Subtenant") for approximately 2,560 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Subtenant's pediatric practice at an initial rent of $135,680 per year or approximately $53 per square foot to increase at a rate of 3% per year but in no event to be less than half of all of the System's occupancy costs at the premises. (Capital Committee – 09/12/2019) - **(EEO: NA / Vendex: Pending)**	**Mr. Pagán**
11. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with Verizon Wireless (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of the "C Building" at NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the "Facility") at an annual occupancy fee of $50,000 per year or $167 per square foot to be escalated by 2% per year for a five year total of $260,202. (Capital Committee – 09/12/2019) - **(EEO: NA / Vendex: Approved)**	**Mr. Pagán**
12. Amending the resolution adopted in September 29, 2017 by the Board of Directors of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to authorizing an extension of existing agreements with Arcadis U.S., Inc. ("Arcadis") and with Parsons Brinckerhoff, Inc. ("Parsons") for a term of five years for an amount not to exceed $1,277,702.94 for both of such contractors drawing on funds left unused from the prior contract with such amendment authorizing an increase in the not-to-exceed amount by an additional $450,000 without further extending the term for a total amount of $1,727,702.94. (Capital Committee – 09/12/2019) – **(Arcadis - EEO: Approved / Vendex: Approved - Parsons – EEO: Pending / Vendex: Approved)**	**Mr. Pagán**
13. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contract documents as necessary to increase funding for and extend the existing contract with SunGard Availability Services (SunGard) for an alternate data center for disaster recovery, business continuity and associated professional services for a total of $10,100,000 (which includes $217,172 contingency) for a three-year term. (Information Technology Committee – 09/12/2019) - **(EEO: Approved / Vendex: Approved)**	**Mr. Pagán**
14. Authorizing the New York City Health and Hospitals Corporation (the "System") to enter into a contract with Dimension Data to provide Cisco SmartNet maintenance to support the inventory of Cisco hardware and software licenses deployed across the System for a total of $48,906,495.64, for the period of October 1, 2019 through June 30, 2022; and	**Mr. Pagán**

Authorizing the System to borrow $48,906,495.64 from Key Government Finance, Inc. ("Lender") over a period matching the Dimension Data agreement term with interest at approximately 4.2% with the final rate to be fixed prior to funding based on changes in market rates and to execute a loan agreement, note, security agreement and such other customary documents as are necessary to complete the financing transaction. (Joint Information Technology and Finance Committees – 09/12/2019) - **(EEO: Approved / Vendex: Approved)**	
15. Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2019 to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA"). **(EEO: NA / Vendex: NA)**	**Mr. Pagán**
16. Designating Hyacinth Peart to serve on the HHC ACO Inc. (the "ACO") Board of Directors in accordance with the laws of the State of New York, until her successor is duly elected and qualified, or until her earlier death, resignation or removal. (HHC ACO – September 5, 2019) - **(EEO: NA / Vendex: NA)**	**Dr. Chokshi**
17. Amending the January 28, 2016 resolution of the Board of Directors of **New York City Health and Hospitals Corporation (NYC Health + Hospitals")** that had authorized the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to sign a three-year contract, with two one-year options to renew, with **Milton Samuels Advertising Agency, Inc. ("MSA")** for advertising services at a cost not to exceed $3.5 Million per year or $17.5 Million total to increase the not to exceed limitation on the annual cost of the contract for the first renewal contract year which will expire on February 13, 2020 by $1.6 Million to bring the total allowed contract cost for such year to $5.1 Million and the total for the term of the contract to $19.1 Million. (MetroPlus Executive Committee: August 7, 2019) - **(EEO: Pending / Vendex: Pending)**	**Ms. Hernandez-Piñero**
Committees and Subsidiaries Report	
➢ Governance	**Mr. Pagán**
➢ Information Technology	**Mr. Pagán**
➢ Capital	**Mr. Pagán**
➢ Equity Diversity and Inclusion	**Mr. Pagán**
➢ Community Relations	**Mr. Pagán**
➢ ACO	**Dr. Chokshi**
➢ MetroPlus Executive Committee	**Ms. Hernandez-Piñero**
Executive Session | Facility Governing Body Report ➢NYC Health + Hospitals | Woodhull	**Mr. Pagán**
Semi-Annual Governing Body Report (Written Submission Only) ➢NYC Health + Hospitals | Lincoln ➢NYC Health + Hospitals | Gouverneur Skilled Nursing Facility	**Mr. Pagán**
2018 Performance Improvement Plan and Evaluation (Written Submission Only) ➢NYC Health + Hospitals | Cumberland Diagnostic & Treatment Center- Gotham	
>>**Old Business**<<	
>>**New Business**<<	
Adjournment	

NYC HEALTH + HOSPITALS

A meeting of the Board of Directors of NYC Health + Hospitals was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 25th day of July, 2019, at 3 P.M., pursuant to a notice which was sent to all of the Directors of NYC Health + Hospitals and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. José Pagàn
Dr. Mitchell Katz
Dr. Oxiris Barbot
Dr. Vincent Calamia
Ms. Deborah Brown
Ms. Barbara A. Lowe
Dr. Hillary Kunins
Ms. Sally Piñero-Hernandez
Ms. Freda Wang
Mr. Feniosky Peña-Mora

Mr. Pagán called the meeting to order at 3:14 p.m. Mr. José Pagàn, Chair of the Board, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof. Deborah Brown was in attendance representing Deputy Mayor Herminia Palacio, in a voting capacity.

Mr. Pagán started the meeting by informing the Board that Ms. Bolus, Board Member, passed away that morning. He spoke about her career as a nurse, her advocacy and her lifelong commitment to HHC as an example for all, and he called for a moment of silence. Dr. Katz also spoke about Ms. Bolus and her passionate advocacy for nurses and patients.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on June 20, 2019 were presented to the Board. Then on motion made and duly seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on June 20, 2019, copies of which have been presented to this meeting, be and hereby are adopted.

Mr. Pagán then notified the Board that in the interest of time he would be rearranging the agenda to first discuss the action items:

Action Item 2:

Dr. Calamia, Chair of the Medical and Professional Affairs Committee, read the resolution:

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with GE Precision Healthcare LLC ("GE") to supply the System's needs for medical imaging equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten-year period commencing July 1, 2019 and ending June 30, 2029 at a total cost not to exceed $224 Million subject to funding availability.
This item was presented before the Medical and Professional Affairs Committee: 07/18/2019.

Paul Albertson, Vice President of Supply Chain, Dr. Michael Ambrosino, Director of the Medical Directors Council and Chief of Radiology at Bellevue Hospital, Alina Moran, Chief Executive Officer of Metropolitan Hospital and Joe Wilson, Senior Assistant Vice President of Strategic Sourcing, presented.

The presentation materials are attached and incorporated herein by reference.

During the presentation, Ms. Moran informed the Board that mammography and ultrasound are not included in the current scope of the proposed contract with GE.

Discussion followed on the carve-out of mammography and ultrasound and how savings are achieved through the standardization of equipment across facilities.

Mr. Peña-Mora expressed concerns regarding the 10% MWBE waiver indicated in the presentation. Several members of the Board joined with him in expressing that concern. After extensive discussion, management was advised not to grant an MWBE waiver for the contract. Management was further advised to convey to GE how strongly the Board felt about the MWBE issue and to work with GE to fully exhaust all MWBE contracting possibilities. Dr. Katz agreed that if after working with GE it appears that a waiver is still required, an explanation would be given to the Board before the waiver would be granted.

Upon motion made and duly seconded, the Board unanimously approved the resolution.

WITHDRAWAL OF ACTION ITEM 9

Mr. Pagán notified the Board that action item nine, the Coler Verizon resolution, was being withdrawn from the agenda.

ACTION ITEM 3

Dr. Calamia, Chair of the Medical and Professional Affairs Committee, read the resolution:

> Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Crothall Facilities Management, Inc. (“Crothall”) to manage the central sterile function performed by System employees at all of the System’s facilities to continue the current contracts with Crothall that exist on an individual facility basis at six facilities and extend such services to the remaining System facilities at total cost not to exceed the amount of $45.2M over a term of five years with two one-year options to renew exercisable solely by the System. This item was presented at the Medical and Professional Affairs Committee: 07/18/2019.

Paul Albertson, Vice President of Supply Chain Services, and Joe Wilson, Senior Assistant Vice President of Strategic Sourcing, presented. The attached materials are incorporated herein by reference.

In response to questions regarding regulatory compliance, Mr. Wilson explained that Crothall would be a true partner in making sure Health + Hospitals meets all compliance regulations.

Mr. Albertson assured the Board that Crothall would meet the target of 30% MWBE participation.

Upon motion made, and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 4

Dr. Calamia, Chair of the Medical and Professional Affairs Committee, read the resolution:

> Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute an extension of its affiliation agreement with the State University of New York/ Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/Coney Island ("CIH") (the "Affiliation Agreement") for two years, through June 30, 2022, for an amount not to exceed $42,924,252;
>
> AND
>
> Further authorizing the System to make adjustments to the contract amounts, providing such adjustments are consistent with the System's financial plan, professional standards of care and equal employment opportunity policy except that the System will seek approval from the System's Board of Directors for any increases in costs in any fiscal year exceeding 25% of the above not to exceed amount.
> This item was presented to the Medical and Professional Affairs Committee: 07/18/2019.

Graham Julian, Chief Operating Officer – Kings County; Bill Brown, Chief Executive Officer – Coney Island; Machelle Allen, Chief Medical Officer; Nelson Conde, Senior Director – Affiliations; Terry Brady, Chief Medical Officer – Coney Island; and Steven Pulitzer, Chief Medical Officer – Kings County presented. A copy of the presentation is attached and incorporated herein by reference.

Discussion followed regarding the length of the contract and other topics. Upon motion made, and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 5

Dr. Calamia, Chair of the Medical and Professional Affairs Committee, read the resolution:

> Authorizing the amendment of the By-Laws of the New York City Health and Hospitals Corporation (the "System") to rename the Quality Assurance Committee as the Quality Assurance/ Performance Improvement Committee and

to revise Article VI, Section 9 to state the duties and responsibilities of the Quality Assurance/ Performance Improvement Committee to include “overseeing performance improvement activities to foster sharing of system-wide and facility-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices .”
This item was presented before the Medical and Professional Affairs Committee: 07/18/2019 and Governance Committee: 07/25/2019.

Eric Wei, Vice President and Chief Quality Officer, and Hillary Jalon, Senior Assistant Vice President of Quality and Safety, presented. The attached materials are incorporated herein by reference.

After discussion, and upon motion made and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 6

Feniosky Peña-Mora, Chair of the Capital Committee, read the resolution:

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a six-month extension of the existing agreement with Johnson Controls, Inc. (“JCI”) to manage and maintain the System’s building management system (“BMS”) and fire alarm monitoring system (“Fire System”) at a cost not to exceed $1,425,000, for a total contract spend of $6,100,000.
This item was presented to the Capital Committee – 07/11/2019.

Christine Flaherty, Senior Vice President – Office of Facilities Development, Roslyn Weinstein, Vice President, Facilities Development and Mahendranath Indar, Senior Director, Facilities Development, presented. Materials from the presentation are incorporated herein by reference.

Ms. Flaherty explained that this six-months contract extension was due to the contract value increase over the $5 million Board approval threshold and is for building management systems and fire systems and would provide Health + Hospitals with enough time to negotiate new contracts since the current contracts are expiring.

Upon motion made, and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 7

Feniosky Peña-Mora, Chair of the Capital Committee, read the resolution:

Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the "System") at its October 2018 meeting authorizing the execution of a lease with Master Lease LLC (the "Landlord") for ground floor space at 1920 Webster Avenue to house a community health clinic to be operated by the System under the NYC Health + Hospitals/Gotham Health FQHC structure, a copy of which is attached, to correct the floor area of the Premises from "approximately 21,236 square feet" to "approximately 21,643 square feet" while not changing the statement of the total rent payable:

and

Further amending the resolution to correct the name of the Landlord from "Master Lease LLC" to "TR Master Lease LLC."

and

Further amending the resolution to add approximately 1,500 square feet of ground floor space to the lease which will increase the total floor area leased to 23,143 square feet (the "Premises") with the result that the initial rent, charged at $42.50 per square foot, will be $63,750 per month and $983,578 per year and, as before, will be escalated by 3% per year thereby bringing the total rent for the Premises over the 15 year term after factoring in eight months of free rent to $17,626,267.
This item was presented to the Capital Committee – 07/11/2019.

Theodore Long, Vice President for Ambulatory Care, Christine Flaherty, Senior Vice President Office of Facilities Development, and Dion Wilson, Assistant Director Capital Budget and Construction Control – General Counsel Office presented. The presentation materials are incorporated herein by reference.

Dr. Long explained that this resolution amends a resolution that was previously approved by the Board on October 25, 2018 to open three new primary care sites in Brooklyn, the Bronx and Queens.

Discussion ensued about the resolution and the primary care expansion initiative. Mr. Pagán encouraged Dr. Long and the team to think creatively regarding the social determinants of health, and how to integrate services into the health plan at these sites within the community.

Upon motion made, and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 8

Feniosky Peña-Mora, Chair of the Capital Committee, read the resolution:

> Authorizing New York City Health and Hospitals Corporation (the "System") to execute a 30 year lease with Camelot of Staten Island, Inc. ("Camelot") with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View (the "Facility") on a parcel of land measuring approximately 24,080 sq. ft. including the approximately 20,000 sq. ft. Administration Building at an annual rent of $250,000, or $12.50/sq. ft. to be escalated by 2.5% per year for a total rent over the 30 year initial term of $10,975,676.
> This item was presented to the Capital Committee – 07/11/2019.

Maureen McClusky, Senior Vice President Post-Acute Care and Christine Flaherty, Senior Vice President – Office of Facility Development, presented. The presentation materials are incorporated herein by reference.

Ms. McClusky informed the Board that the resolution seeks authorization to rent the current vacant administrative building on the campus of Sea View Hospital to Camelot of Staten Island. Camelot currently operates a 35-bed male inpatient substance use disorder facility and is seeking to rent additional space to operate a similar treatment program for female. Camelot secured funding from the New York State Office of Alcoholism and Substance Abuse Services (OASAS). The proposal was presented at a public hearing on February 27, 2018 and received favorable comments from elected officials and the community. Ms. McClusky further informed the Board that Staten Island has the highest incidence of opioid use disorder and there are currently no inpatient residential female facilities to address these much-needed services.

Dr. Barbot and Dr. Kunins expressed concerns with Camelot's treatment model, which they understood did not incorporate medication-assisted treatment effectively. Dr. Kunins noted that the standard of care for treating opioid use disorder is using medication, either methadone, buprenorphine or injectable naltrexone.

After extensive discussion it was decided that in the best interest of patient care this resolution be tabled pending a conversation between the System's Office of Behavioral Health and the New York State Office of Alcoholism and Substance Abuse Services for a better understanding of the program model being used by Camelot. The Board indicated that it would seek assurance that Camelot does offer the current standard of substance use treatment, with patients being offered medication treatment in all settings.

Upon motion made, and duly seconded, the Board unanimously tabled the resolution.

ACTION ITEM 10

Feniosky Peña-Mora, Chair of the Capital Committee, read the resolution:

> Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a revocable five-year license agreement with the New York City Police Department ("NYPD" or "Licensee") for its use and occupancy of approximately 300 square feet of space in Building No. 1 to operate radio communications equipment at Jacobi Medical Center (the "Facility") with the occupancy fee waived.
> This item was presented to the Capital Committee – 07/11/2019

Christopher Mastromano, Chief Executive Officer of Jacobi and North Central Bronx presented.

Mr. Mastromano explained to the Board that there will be a locked room that will house the computer equipment that operates the antenna on the roof. There will be no police interaction with patients and no disruption to patient care.

Upon motion made, and duly seconded, the Board unanimously approved the resolution.

CHAIRPERSON’S REPORT

Mr. Pagan notified the Board that he, Mr. Peña-Mora and Ms. Wang visited Coney Island Hospital on June 27. Mr. Peña-Mora complimented the facility staff on their coordination of the construction of the new site. They were very impressed with the progress of the project and the patient care being provided at the facility.

Ms. Hernandez-Piñero provided feedback on a site visit conducted by herself, Mr. Peña-Mora and Mr. Pagán to Queens Hospital on July 11. The expansion of the emergency room to address the increase in the demand for patient care in that community was notable. Queens Hospitals’ model of having a three-person team of nurse, doctor and social worker interacting with each patient is impressive.

Mr. Pagán also notified the Board that he, Ms. Hernandez-Piñero and Mr. Peña-Mora visited Harlem Hospital and North Central Bronx on July 15 and July 20 respectively. These visits were very informative. They learned how each facility provides care to a different culture and how staff approach the different challenges with professionalism and care for the patients. They all expressed how proud they were of Health + Hospitals staff for providing excellent patient care.

Ms. Hernandez-Piñero reported that the Marjorie Matthews volunteer recognition ceremony on July 24 was well attended and appreciated by all.

Mr. Pagán then recognized Deputy Mayor Hermina Palacio service for the past three years. Her support, dedication and advocacy for Health + Hospital will be missed. The Board wishes her well in her new endeavors, and presented a token of appreciation for her service and dedication.

VENDEX UPDATE

Mr. Pagán noted with respect to vendex: Since we began the process of approving contracts prior to Vendex approvals, there are five new items on today's agenda requiring Vendex, of which two have Vendex approval. There are six items on previous board meetings pending Vendex approval. Since the last meeting, the System has received two Vendex approvals; the Board will be notified as outstanding Vendex approvals are received. .

Mr. Pagán then turned the meeting over to Dr. Katz for the President’s report and the 2019 Annual Public Meetings responses.

PRESIDENT’S REPORT

Dr. Katz indicated that his full report is included in the Board folders. He highlighted two items that are not in the full written report but occurred overnight. Dr. Katz notified the Board that Beacon, a behavioral health vendor who responded to an RFP to provide behavioral health and substance use disorder services to MetroPlus, had contested the award of the contract to another vendor in court. However, as of this morning the case was dismissed by the court.

Dr. Katz also notified the Board that unfortunately the implementation of the electronic payroll system did not go as well as could be expected, and some employees with direct deposit received duplicate paychecks. Health + Hospitals notified staff of the error and is actively in the process of reversing the duplication.

Dr. Katz then updated the Board on several issues raised at the 2019 Annual Public Meetings, and how the system would be addressing those issues. He noted the full report would be posted on the public website within the next few days.

Mr. Pagán thanked Dr. Katz and requested a Legislative Update from Mr. Matthew Siegler.

LEGISLATIVE UPDATE

Mr. Siegler, Senior Vice President for Managed Care and Patient Growth, highlighted the success of the Marjorie Matthews Volunteer Recognition ceremony and how important the work of the Community Advisory Board and Auxiliary members advocacy is to Health + Hospitals. There were four awards for years of services and commitment to Ms. Gladys Dixon and Mr. Edward Shaw for 25 and 40 years of service and their continued work with Health + Hospitals.

Also of note is auxiliary members Dr. Mary Ann Chiasson for her 36 years of service to the Children of Bellevue Auxiliary and Ms. Lulu King for 57 years of service to Harlem Auxiliary.

Mr. Siegler notified the Board that the disproportionate share hospital legislation has advanced through the key committees of the House of Representatives, with bipartisan support and no opposition. This legislation is expected to pass the House in the next couple of months.

COMMITTEE AND SUBSIDIARIES REPORTS

Mr. Pagán noted the committee and subsidiary reports are in Board folders and would be submitted into the meeting record, and he asked for questions or comments about the reports.

Ms. Hernandez-Piñero noted that the full MetroPlus Board report is included and encouraged fellow Board members to review the report.

Mr. Pagán then requested the Board’s approval to convene an executive session to discuss confidential and privileged quality assurance information and matters that may be related to anticipated or actual litigation, as well as certain personnel matters.

A motion was made, seconded, and approved to enter into the executive session.

Mr. Pagán asked that only those specifically invited remain in the Boardroom.

FACILITY GOVERNING BODY/EXECUTIVE SESSION

During the executive session, the Board received oral governing body submissions from NYC Health + Hospitals/Queens.

The Board received and approved semi-annual governing body report from NYC Health + Hospitals/Kings County and Susan Smith McKinney Nursing and Rehabilitation Center.

The Board also received and approved the 2018 performance improvement plan and evaluation written submission from Segundo Ruiz Belvis Diagnostic & Treatment Center - Gotham Health.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:52 P.M.

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Capital Committee – July 11, 2019
As Reported by: Feniosky Peña-Mora
Committee Members Present: José Pagán, Feniosky Peña-Mora, and Mitchell Katz

The meeting was called to order by José Pagán, Chairman of the Board, at 10:02 A.M.

On motion, the Committee voted to adopt the minutes of the March 19, 2019, Capital Committee meeting.

VICE PRESIDENT'S REPORT

Christine Flaherty, Senior Vice President, advised that since her arrival on May 20, 2019, she had been getting to know the New York City Health + Hospitals system, as she had the opportunity to participate in in-depth tours at ten of the systems' major facilities - Jacobi, North Central Bronx, Bellevue, Elmhurst, Kings County, Coney Island, Metropolitan, Coler, Queens and Seaview. Additionally, she had the opportunity to tour three new primary care sites that Theodore Long, MD, Vice President, Ambulatory Care, would be briefing members of the Committee on later in the meeting. She noted that she had the chance to do a quick stop in at Woodhull and had many major facility tours on her calendar for the coming weeks. She explained that she was working on getting to know the entire senior leadership team. She thanked Matthew Siegler, Senior Vice President, Managed Care and Patient Growth and Ebone Carrington, Chief Executive Officer, NYC Health + Hospitals / Harlem, for their initial work in launching the Office of Facilities Development (OFD) Council with hospital designated operations executives, to identify resource gaps and opportunities for improvements in operations, process, procedures, and reporting, and to increase collaboration across the system. She noted that as the council moved forward, she looked forward to working with Mitchell Katz, MD, President/Chief Executive Officer, the Capital Committee, and the Board of Directors to provide educational sessions around feedback, recommendations and strategic decisions to align services with the needs of the system.

Ms. Flaherty added that on June 27, 2019, Coney Island Hospital and the OFD team hosted a construction site-visit focused on the Coney Island resiliency projects funded by Federal Emergency Management Agency (FEMA) funds, including the systems' largest current construction project - the construction of the new Coney Island

Hospital. Mrs. Flaherty thanked the Board Chair, José Pagán and Capital Chair Feniosky Peña-Mora as well as Board member Freda Wang for participating in the discussion and tour.

That concluded her report.

ACTION ITEMS

- **Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the "System") at its October 2018 meeting authorizing the execution of a lease with Master Lease LLC (the "Landlord") for ground floor space at 1920 Webster Avenue to house a community health clinic to be operated by the System under the NYC Health + Hospitals/Gotham Health FQHC structure, a copy of which is attached, to correct the floor area of the Premises from "approximately 21,236 square feet" to "approximately 21,643 square feet" while not changing the statement of the total rent payable.**

  and

  Further amending the resolution to correct the name of the Landlord from "Master Lease LLC" to "TR Master Lease LLC."

  and

  Further amending the resolution to add approximately 1,500 square feet of ground floor space to the lease which will increase the total floor area leased to 23,143 square feet (the "Premises") with the result that the initial rent, charged at $42.50 per square foot, will be $63,750 per month and $983,578 per year and, as before, will be escalated by 3% per year thereby bringing the total rent for the Premises over the 15 year term after factoring in eight months of free rent to $17,626,267.

Feniosky Peña-Mora, Chair, Capital Committee, read the resolution into the record. Theodore Long, MD, Vice President, Ambulatory Care, and Shahriar Khan, Assistant Vice President, Post-Acute Care Operations, were present to discuss the item.

Dr. Long narrated a presentation outlining the overall strategy for Primary Care expansion. He started with background on the guiding principles for the approach to the Primary Care expansion, access and engagement, value and growth, the way that need and opportunity were identified, and the new service model.

Dr. Long explained that he would like to focus on two specifics related to the planned expansion that made it different from prior efforts. Frist, how H+H selected the properties and defined need and opportunity.

Dr. Long said that the team looked at various factors, including; where patients would benefit the most from Primary Care, where were patients with the most room for improvement, where were patients with the most social determinants of health, for which we could make the biggest difference?

Other factors were, where are all the patients in New York City that do not have Primary Care now? Accessibility of public transit was also important to ensure accessibility. Dr. Long noted that maps in the presentation showed the sites and their nearest transit options, as well as where MetroPlus enrollees were.

Dr. Long explained that there were areas of Bushwick, Brooklyn that had a 20 fold difference in availability to Primary Care services than areas of Manhattan. Citizens cannot get the care they need if they do not have access to the services, he said.

Dr. Long explained that the heat map included in the presentation showed shaded green areas, representing the confluence of all the factors discussed, with dark green identifying areas of greatest need, and light green or no green showed little to no need.

The locations being presented were located in or near the dark green areas. Dr. Long stated that the clinics were not situated directly inside all the darkest areas for various reasons. For example, he noted that a section on the map, near lower Manhattan, was not targeted because it was near NYC Health + Hospitals / Gouverneur which already provides Primary Care services and so a plan would be developed to expand services at that existing location.

The final factor was any limitation with regards to the actual physical space: cost of rent, type of building/structure, etc.

Dr. Long explained that, at present, families sometimes have to visit multiple locations to receive all necessary health services, be it for pediatrics, adults, geriatrics, dental, optometry, pharmacy, lab-work, etc. He said that the new H+H vision was to have enough square-footage to provide all those services in one location. Being able to access care for optometry, radiology, mammography, dexiscan, x-ray, pharmacy, etc. We want to remove barriers for families that want and need to be healthy, said Dr. Long.

Dr. Long noted that NYC Health + Hospitals/Woodhull was located a few blocks away from the 815 Broadway site, in Brooklyn, meaning that patients could be referred to the hospital site for specialties.

Dr. Long reminded the Committee that resolutions for the approval of the three selected sites has been brought before the Committee and full Board of Directors in October of 2018, but an increase in the square footage at the 1920 Webster Avenue site, provided an opportunity to come back and provide a refresh on the new plan to new leadership.

Mitchel Katz, MD, President, Chief Executive Officer, referring to the heat map discussed earlier, said that he was familiar with public organizations that would make similar style maps, indicating catchment areas that were instead based on the number of insured in the area. The dark green would represent the highly insured (instead of uninsured and underserved) and that would be the institutions desired area. Quite a different method of service, he noted.

Dr. Long advised on status of the real estate agreements for the three sites. The lease was signed for the space at 815 Broadway, Brooklyn, the lease for space at 71-17 Roosevelt Avenue, Queens, was under review by the Law Department. The third lease is being presented now to revise the space at 1920 Webster Avenue for an increase in square-footage, change in landlord and correction of original square footage with no additional cost. He noted that Perkins Eastman had been retained as an architect to provide scope and preliminary design for the sites.

José Pagán, Chairman of the Board, said the presentation was very informative and he appreciated the breadth of it.

Mr. Peña-Mora asked for an explanation of Dr. Long’s prior statements about locating sites near existing facilities and the seeming contradiction when noting the benefit of Woodhull being located near 815 Broadway but also determining that a site was not needed near lower Manhattan because Gouverneur was nearby.

Dr. Long explained that services at Woodhull and Gouverneur differed, and Gouverneur provided primary care services along the lines of those being presented in the new plan. The idea was to expand existing services at Gouverneur, whereas, services at Woodhull were more specialty care, and would complement the primary care services available at the new sites.

Dr. Katz explained that Gouverneur previously functioned as a hospital but was now a primary care facility so there was common confusion about the types of services provided.

Mr. Peña-Mora asked if perhaps that statement could be clarified moving forward, with regards to the benefit of existing facilities. Dr. Long said yes.

Mr. Peña-Mora asked for clarification on the comparable rates provided with regards to the rent at the 1920 Webster Avenue site. Dr. Long said that would be provided.

Mr. Peña-Mora asked if it would be possible to show existing H+H facilities on the existing heat map, so that it was clear where existing services were being provided. Dr. Long said that would be provided prior to the full Board of Directors meeting, and added that the distance of Woodhull to the 815 Broadway site, was by far the closest of the new sites to an existing facilities. On the other end of the spectrum was the site in the Bronx, 1920 Webster Avenue, which was great distance from any existing H+H facilities, falling almost equidistant between Jacobi and North Central Bronx. In that instance, said Dr. Long, the primary care sites would refer to the closest facilities for specialty services not covered in primary care clinic.

Mr. Peña-Mora supported the plan and expressed appreciation for the presentation.

Mr. Pagán encouraged the team to focus on care coordination moving forward. Dr. Long said that the core model for care was developed at a population level but there were indeed services and specialties that were of higher need in certain neighborhoods or with certain ethnic groups, and that was being discussed with the Gotham Health Board, and Community Boards as well. Dr. Long acknowledged that was a very important component of care. He provided an explanation of success in that area, on Staten Island, where there are concerns about the opioid crisis and trauma care and in response the Vanderbilt Clinic on Staten Island responded by ensuring that all providers were waivered to provide associated services. That came as a direct result of interaction with the community. The trauma care concern was being addressed by continuing education of staff, but both efforts were attributable to community engagement and communication.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board’s consideration.

Feniosky Peña-Mora, Chair, Capital Committee, read the resolution into the record

- **Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a 30 year lease with Camelot of Staten Island, Inc. (“Camelot”) with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder (“SUD”) program on the campus of NYC Health + Hospitals/Sea View (the “Facility”) on a parcel of land measuring approximately 24,080 sq. ft. including the approximately 20,000 sq. ft. Administration Building at an annual rent of $250,000, or $12.50/sq. ft. to be escalated by 2.5% per year for a total rent over the 30 year initial term of $10,975,676.**

Maureen McClusky, Senior Vice President, Post-Acute Care Operations, and Jeremy Berman, Deputy Council, Legal Affairs, were present to discuss the item.

Ms. McClusky noted that Dr. Long’s comments on Staten Island’s concerns with the opioid crisis were an appropriate segue to discussing the Camelot lease. Ms. McClusky explained that Camelot had originally developed a 35-bed male substance abuse facility on the NYC Health + Hospitals / Sea View campus in 2012. That facility was well maintained and successful and strongly supported by the Borough President and the community.

Ms. McClusky explained that this new request was to take another part of the campus, the old administration building, and convert that into a 25-bed female facility. The renovation would be subsidized by Office of Alcoholism and Substance Abuse Services (OASAS) and Camelot would run the facility, and pay for utilities and maintenance. The annual occupancy fee was $250,000.

Dr. Katz asked if the rent was at market value. Mr. Berman said yes, and explained that the rate was much lower than that for the new

Primary Care sites because of location and type of structure. The proposed site was an old building on the campus of Sea View, in the center of Staten Island (not easily accessible), and requires a complete renovation.

Mr. Peña-Mora asked if the terms of the lease were standard terms. Mr. Berman said yes, it was in the interest of all parties to have a longer-term lease. Ms. McClusky noted that the prior agreement with Camelot had established a trusting, committed relationship. Mr. Berman added that there was no established process for selling land under the jurisdiction of Health + Hospitals so long term leases were often done, sometimes for a term of 99 years.

Dr. Katz asked if this was sometimes a savings to the system. Mr. Berman said yes, we no longer have to maintain the structure as another entity is taking responsibility and maintaining.

Mr. Berman noted that the public hearing was held in February of 2018. Dr. Katz asked why it took so long for the item to come before the Committee and Board if the hearing went well.

Mr. Berman explained that there was some back and forth between OASAS and Camelot regarding rent rates and necessary inspections. There were on-going negotiations between OASAS and Camelot that happened after the Public Hearing.

Dr. Katz noted that there was a huge difference between how the State was involved here in New York, versus their involvement in these types of service arrangements in California. A very interesting, and different way of functioning, he noted.

Mr. Peña-Mora asked if Camelot was a not-for-profit. Ms. McClusky said yes.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board’s consideration.

Feniosky Peña-Mora, Chair, Capital Committee, read the resolution into the record.

- **Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a short-term six month extension of the**

existing agreement with Johnson Controls, Inc. (“JCI”) to manage and maintain the System’s building management system (“BMS”) and fire alarm monitoring system (“Fire System”) at a cost not to exceed $1,425,000, for a total contract spend of $6,100,000.

Christine Flaherty, Senior Vice President, Office of Facilities Development, and Jeremy Berman, Deputy Council, Legal Affairs, were present to discuss the item.

Mrs. Flaherty provided some background to the resolution, explaining that an original contract with Johnson Controls had been executed in 2012, for a large number of services. Over time, a number of those services had been reduced, and at present, the remaining functions for which they were contracted include maintenance of Heating, Ventilation and Air Conditioning (HVAC) systems, Building Maintenance System (BMS) services and fire alarm monitoring, at various facilities. This resolution was to extend services related to BMS and fire alarm monitoring.

Dr. Katz asked for details of the original engagement and why it had been determined that the relationship was not beneficial.

Ms. Flaherty explained that at the time the contract was initiated there was an ongoing effort to lower costs throughout the system and outsourcing facilitates management services and equipment contracts was identified as way to reduce spend. JCI was brought on board under a ten (10) year contract to provide a large number of services including taking on and managing every trade person, in every facility. It covered a large amount of contracts under one umbrella. Over time, approximately five (5) years, it was realized that going to one single provider was not helping the system and all the necessary in-house expertise required for the various aspects of running a healthcare system was not there. H+H needs were not being met and so various contracts have since been siphoned off and separately outsourced with other providers. JCI was retained and became part of CB Richard Ellis (CBRE) and they are still under contract for certain select services, including the maintenance contracts being discussed.

Ms. Flaherty noted that the system was working to slowly carve out all of the services originally under the JCI contract.

Dr. Katz said, at some point in time leadership made the decision to contract out management services, with the intention of saving money. Was there a savings to H+H?

Mr. Berman explained that this contract was initiated under a previous administration, as part of their transformation process. That process was designed based on a report that was provided by consultants to senior staff, and City Hall, and determinations were made that the outsourcing of non-core services; dietary, linen, plant maintenance, and environmental services, would provide a savings. He noted that other outsourcing efforts, such as dietary or linen for instance, had been successful and that was partly because those service areas are very well defined. The contracts were more coherent. JCI was the attempt to outsource plant maintenance but that turned out to be a more difficult field then we realized.

Mr. Berman said it eventually became clear that JCI was not providing the expertise needed to perform in our healthcare environments.

Ms. Flaherty noted that those simple services, linen or dietary, are common services to be outsourced in a hospital environment, but facilities management is not.

Mr. Berman explained that JCI was a very established vendor, with a number of services and it was possible that H+H may continue to use them for some specific services where the relationship had been successful, but the original contract was for wrap-around services, including management services, and that was the problem.

Mr. Peña-Mora asked if the system was now parceling out services and returning management to the facilities, was there still the expertise in place throughout the system?

Ms. Flaherty said there were some strong staff members in place that had been hired through the Office of Facilities Development, as well as facilities management staff within the individual facilities, and there was continuing work through the OFD Council, to determine the correct balance of trades required to appropriately and efficiently provide services. She explained that as industry standards were reviewed it became clear that New York City is unique and that outsourcing of facilities management is not really done in City healthcare like it is in other areas.

Ms. Weinstein explained that another piece of the original contract was that when JCI had supervision of management, related services were provided under their nationwide contracts. What H+H found was that when we do our own independent contracting, without the middle man, we get a savings. It allows us to negotiate and to ensure that those contracts work best for us.

Mr. Berman explained that the management contract was terminated two (2) years ago, but some individual service contracts remained under JCI.

Mr. Peña-Mora asked if JCI provided elevator services or if those services had been split from the contract. Ms. Weinstein said that there was a new contract in place with Kone, Inc., presented to the Capital Committee in October, 2018, to provide system-wide service. She noted that there had been a decrease in down time of elevators and a quicker response time since Kone took over, but advised that there were modernization project that needed to be completed as well, to keep things functioning at their most efficient.

Dr. Katz said he understood the outsourcing of services such as elevators, that is not the specialty of a hospital, but he did not support the outsourcing of management. Why hire someone from outside to manage instead of training and utilizing your staff? That is very different from contracting for a specialized service. I am not in favor of giving a little group authority over our organization, he said. We should run things. I do not believe that in civil service systems there should be outside management.

Mr. Peña-Mora asked that metrics be carefully created in future contracts, so that tracking of success is more easy to identify.

Dr. Katz said that he had received complaints about services provided by Crothall, and whether they provide the proper equipment and supplied, but noted that it was unclear whether that was fact or opinion and that was the difficulty of outsourcing. The organization is no longer managing those services or that staff and so you do not have the expertise to weigh in. I do not know if that is good or bad, he said, but it makes me uncomfortable.

Mr. Peña-Mora said the system needs to be sure that performance was where it should be and there was satisfaction with the service. Make sure that performance criteria, and how they treat and support workers meet the H+H value system.

Mr. Pagán recommended that future changes, dependent on the type of service, perhaps be tested at a single site prior to rollout system-wide.

Mr. Peña-Mora agreed that a pilot program may be beneficial, but acknowledged that each site was different so there was a possibility that a pilot could go well somewhere and not go as well at another location.

Ms. Flaherty said that communication, engagement of management, and on site skillset were large factors of that success or failure. Mr. Peña-Mora agreed.

Mr. Peña-Mora said that clearly, outsourcing can be beneficial in certain areas but it is definitely dependent on the type of service. Ms. Flaherty agreed.

Ms. Flaherty explained that an analysis of the entire contract and the possible savings recognized under that contract was ongoing. There was immediate savings recognized, simply from the elimination of all the staff that was no longer on the payroll, but looking at the long term, and what was promised regarding services, is a lengthy and difficult process.

Mr. Peña-Mora said that this highlights the importance of being able to terminate a contract.

In closing, Ms. Flaherty noted that this resolution was requesting an extension of services for the BMS and fire alarm monitoring, an extension approved by the Contract Review Committee (CRC) in June. She explained that by the time the extension expires, H+H intends to have new contracts in place. She said an RFP had been issued and selection was complete for HVAC services, and there were BMS and fire safety RFPs that were being opened. All the new service contracts will be presented to the committee prior to contract execution, as action or information items.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board’s consideration.

Feniosky Peña-Mora, Chair, Capital Committee, read the resolution into the record.

- **Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a five year revocable license agreement with Verizon Wireless (the “Licensee”) to**

operate a cellular communications system in approximately 300 square feet of space on the roof of the "C Building" at NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the "Facility") at an annual occupancy fee of $50,000 per year or $167 per square foot to be escalated by 2% per year for a five year total of $260,202.

Alfonso Pistone, Associate Executive Director, Coler Rehabilitation and Nursing Care Center, was present to discuss the item.

Mr. Pistone explained that the request would provide permission to Verizon Wireless to install a wireless antenna on the roof of Coler. He noted that the location was currently vacant and therefore the annual occupancy fee would present an opportunity for revenue where there was none.

There being no further questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board's consideration.

Feniosky Peña-Mora, Chair, Capital Committee, read the resolution into the record.

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a revocable five year license agreement with the New York City Police Department ("NYPD" or "Licensee") for its use and occupancy of approximately 300 square feet of space in Building No. 1 to operate radio communications equipment at Jacobi Medical Center (the "Facility") with the occupancy fee waived.**

Christopher Mastromano, Executive Director, Jacobi Medical Center, was present to discuss the item. Mr. Mastromano was joined by Fawad Rashid, New York City Police Department.

Mr. Mastromano noted that there would be no impact on space or hospital operations and there would be a possible enhancement to public safety.

There being no questions or comments, the Committee Chair offered the matter for a Committee vote.

On motion by the Chair, the Committee approved the resolution for the full Board’s consideration.

There being no further business, the meeting was adjourned at 11:04 A.M.

Medical and Professional Affairs Committee – July 18, 2019
As Reported by: José Pagán
Committee Members Present- Jose Pagan, Mitchell Katz, Barbara Lowe

Mr. José Pagán, Chairman of the Board, called the meeting to order at 9:07AM. Dr. Eric Wei represented Dr. Katz, in a voting capacity, for the adoption of the previous Medical and Professional Affairs Committee meeting minutes. The Committee voted to adopt the minutes of the February 14th, 2019 Medical and Professional Affairs Committee. Dr. Katz joined the meeting at 9:15.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, SVP/Chief Medical Officer, reported on the following initiatives.

Measles Update

As of 6/13/2019, there has been 1,044 cases of measles across the United States (U.S.), in 28 states with NYC accounting for more than half of these confirmed measles cases, 596 cases as of 6/17/2019. This is the greatest number of cases reported in the U.S. since 1992 and since measles was declared eliminated in 2000. NYC Health + Hospitals has seen 13 confirmed measles cases since March 2019. NYC H+H’s measles response has included (1) developing, implementing and educating staff on the H+H measles guidance, (2) providing educational opportunities on measles via hosting a system-wide measles webinar with public health officials and continuously providing measles update on the city, state, national and international front on the monthly System-wide Special Pathogens Call, (3) maintaining the most up-to-date measles guidance based on public health advisories and having it available on the system intranet, (4) rolling out system-wide infection control and prevention strategies including point of entry respiratory stands with standardized basic infection prevention and universal travel screening signage, and (5) through activation of central office emergency management, maintain vigilance and collect weekly measles cases including any impact to facilities on an ongoing basis.

Behavioral Health - Opioid Crisis:

OBH is a major part of the Mayor’s initiative, *Healing NYC* – focused programs that address the current opioid crisis in NYC. Special substance use/opioid consultation teams (CATCH) are being established at 6 facilities: Bellevue; Metropolitan; Harlem; Lincoln; Woodhull; Coney Island; and Elmhurst. These teams treat and engage patients with opioid use disorders hospitalized on medical units in order to reduce the risk of overdose and death by opioids. Substance use specialist peers are being deployed to all emergency departments to identify and engage opioid users and other substance users and engage in treatment. H+H is increasing access to buprenorphine across all clinics with a focus on primary care and emergency departments. OBH has supported 390 clinicians in receiving their X-waiver license to prescribe buprenorphine and, through Project ECHO, offers ongoing clinical guidance on working with this vulnerable patient population.

Furthermore, with regards to prevention, OBH is increasing distribution of naloxone kits at all sites to reduce fatal overdose and have thus far handed out over 5400 since HealingNYC’s induction. H+H is beginning a program at each facility to educate the community of resources available for opioid treatment.

Integration Efforts:

OBH supports several efforts to integrate behavioral health throughout the H+H system. Collaborative care has been implemented in all acute care primary care sites and several Gotham sites. OBH is also integrating primary care into behavioral health at five sites: Bellevue; Elmhurst; Lincoln; Kings; and Cumberland. OBH is working with Jacobi, Metropolitan, and other sites to develop integrated services there. OBH is expanding collaborative care to include substance use disorder screening and treatment in primary care sites. Maternal health also provides screening and referral for depression, and the addition of pediatric/well-baby sites is on- going. These efforts ensure a wider range of patient settings screen patients and then refer to appropriate treatment within the H+H system.

Homeless Mentally Ill:

Two programs are being developed that will better serve the homeless mentally ill. First, H+H/OBH has opened a mental health and primary care clinic in a homeless shelter, located in the Meyer Building on Ward’s Island, specifically for those with mental illness. H+H/OBH will provide a full range of services including screening and assessment, pharmacological treatment, therapy, and support services.

Patient/Staff Safety:

OBH is working with all facilities to advance safety for patients and staff. A program of debriefing after an incident or aggressive episode has been implemented and focuses on reducing violence and assaults in the acute care areas. Mock codes/drills related to aggression and violence are being conducted to better train and prepare staff to respond to crises. In collaboration with Quality, Nursing, and Security, OBH is looking into providing additional support and training for the Emergency Departments staff. This work seeks to ensure a safe environment for patients through a comprehensive risk assessment for ligature risk and other environmental safety concerns. OBH is in the process of developing a system-wide environmental risk assessment.

PHARMACY SERVICES

Enterprise Antimicrobial Stewardship:

Assuring Antibiotic Time-Out: An Antibiotic time out best practice advisory (BPS) has been implemented during the GL4 to ensure that providers take a time out and reassess if the antibiotic is still indicated, recording what the indication is, if de-escalation from IV to PO can occur, and the expected duration of therapy. This BPS is a formalized process that ensures compliance with CDC and Joint Commission recommendation.

- 1196 antibiotic timeout best practice advisories(BPA) launched
- 724 BPAs were deferred; 438 were deferred for 1 hour; 286 were deferred to responsible provider

CREDENTIALING

- Medical Staff Office (MSO) staff centralization started in February 2019. We are in the process of consolidating the credentialing effort for Acute, Gotham Health and Post-Acute care facilities to maximize efficiency and flexibility.
- Credentialing just completed our peak cycle to reappoint over 4,000 practitioners across the system prior to August 31, 2019. We are utilizing paper applications due to technical difficulties encountered with current credentialing application.
- We have initiated the RFP process to seek a system-wide credentialing software solution with the following functionalities:
    - User-friendly, support multiple devices and platforms

- Real-time interface with HR, EMR, GME, and Finance software applications
- OPPE/FPPE Tracking Mechanism
- Automation of Practitioner Managed Care Plan Enrollment

The credentialing contract has been approved by the contract review committee.

LABORATORY SERVICES

Successfully implemented the new laboratory information system (LIS) during the Bellevue and Harlem April, 2019 EPIC go-live including the implementation of a standard Point of Care (POC) test middleware enhancing the connectivity of POC devices enterprise wide as well as the standard flow of test results.

- Equipment Standardization-
  - Chemistry- 10 of 11 acute care labs have completed the implementation with focus on now preparing the Bellevue laboratory
  - Hematology- 7 of 11 acute care labs have completed the implementation, preparing for Queens and Coney lab to implement by June, 2019 and Elmhurst and Woodhull to implement by Jan. 2020.
  - Completed the enterprise-wide implementation of standard flu testing laboratory equipment
- Point of Care Test Services
  - Hgb A1C testing has now been deployed in all acute care sites with Kings County targeted for implementation in August 2019.
  - We continue to support Gotham programs as needed

CLINICAL SERVICE LINES

Goal – to bring the clinical voice to central office –to lead in the implementation of H+H’s strategic clinical vision.

The clinical service line leads are subject matter experts, who are passionate, creative, thoughtful leaders and agents of change which is based on evidence.

Examples:

- Test Utilization-clinical leads have been identified and are in the process of developing 6 month goals, strategies to reduce utilization in the areas of clinical lab tests, imaging, and pharmacy

- Patient Blood Management- - 6 months goals are in development to reduce unnecessary blood product wastage across enterprise-wide with implementation expected in the next 30- 45 days

Cardiology – CHF pathway

Critical Care - 24 hour patient visitation in the ICU’s

Women’s Health – Obstetric Life Support simulation training of 100% of the obstetric staff

Behavioral Health – Medication Assisted Treatment for substance use treatment

Pediatrics / Behavioral Health / Women’s Health – Robin Hood Funding for integrated care from in-utero to 36 months of age.

Internal Medicine – decrease test utilization

Reproductive Health – increase access to reproductive options

IMSAL

MM Simulation Center progress

<u>Human Resources</u>

- All 4 resources designated for Simulation related activities have been hired.
    - 2-Nurse educators, 2- Training/Data Managers

<u>Simulation Mini-labs</u>

- Construction at the first site is scheduled to begin shortly, with an estimated timeline for completion within 12-16 weeks.

- Completion for the second site is targeted for December 2019, with the remaining sites in 2020.

<u>Insitu simulations</u>

Goal: Embed simulation training in all hospital obstetric units to focus on identification and response to the top three (3) causes of maternal mortality and morbidity: 1) OB cardiac arrest; 2) OB Hemorrhage; 3) Severe hypertension in pregnancy.

- The SIM team has been very busy. Currently, 100% of facilities have received the didactic training for simulation. All facilities are concentrating on OBLS as a first simulation.
- Metrics will be 60% saturation of OB, nursing and Anesthesia providers by October 2019 and >80% by December 2019.

<u>Logistics</u>

- MM Site Core Team Leadership Committee meetings are in progress.
  - System guidelines for OB emergencies
  - Policy development
  - Curricula
  - Metrics
  - OB Simulation Champions
  - Simulation core teams in each OB department
  - Reporting

Coordination of Maternal Care from pre-natal care to postnatal care (High Risk Perinatal Medical Home)

Logistics

- Steering Committee meetings are in progress
- Risk screening/stratification tools – program guidelines and protocols have been drafted and is scheduled for further review by the committee in mid-June.

Pregnancy Intention among Primary Care Providers

Established primary care interventions to identify women who are planning to have a child within six to 12 months

- The intervention was to add the question of pregnancy intentionality to the history taken in primary care so that primary care physicians may refer patients who wish to become pregnant to OBGYN's for pre-conception counselling and optimize their health for pregnancy.
- This task was completed. Pregnancy intention screening questions were configured, tested and implemented with the Epic rollout on 3/30/19

Coordination of Postpartum visit with Newborn visit

Co-locate newborn and postpartum appointments to increase the number of women receiving postpartum care from 60 percent to 90 percent

This initiative has been implemented at Kings County and Gouverneur.

Hire maternal care coordinators to assist an estimated 2,000 high-risk women in the prenatal and postpartum periods to keep appointments, procure prescriptions, and connect women to eligible benefits.

6 candidates were identified for employment - 2 Social Workers, 4 Maternal Care Coordinators.

- 1 Coordinator has a start date of 6/10/19; 1 SW declined, the others are currently being on-boarded.
- Recruitment continues to fill the remaining positions

System Chief Nurse Executive Report

Dr. Natalia Cineas, System Chief Nurse Executive reported to the work and achievements since February 2019. Work continues to focus on both system transformation strategic goals as well as Nursing and Office of Patient Centered Care high priority initiatives.

Nurse Leader Retreat

On June 3rd, 2019 Nurse Leaders from across the health system gathered to develop our 5 year Nurse Strategic Plan

Nurses4NYC

The office of Patient Centered launched Nurses4NYC campaign May 10th, 2019 with Senior Leadership, Nurses and NYSNA at Bellevue.

- **NURSES4NYC page** - https://www.nychealthandhospitals.org/nurses4nyc/. The page includes links to employment opportunities, highlights of nursing recognition and benefits for employees of NYC Health + Hospitals and NYSNA members.
    - Video testimonials from nurses working for NYC Health + Hospitals has been placed on this website.

Clairvia Nurse Scheduling Application Implementation Project:

- Successful 2nd wave go-live at Woodhull Hospital and (4) Cumberland sites in Queens and Brooklyn. Continued support for wave 1a sites. ANSOS moved to read only.

- 15 day GO/NO go vote for 3rd wave site on 6/23/19 at Queens and Elmhurst Hospital this week
- Activation schedules are continually reviewed to remain in collaboration with the NYC Health + Hospitals Time and Labor, Time Capture Devices and Absence Management Initiatives.
- Main Operational focus for future state design: standardize practices supported by Clairvia to support best practices for balancing schedules and optimization of the right staff at the right time in the right place.
- Training Strategy and Plan is being developed for inclusion in new hire orientation and new role orientation.

Legacy Nursing Applications

Continue working with EITS and Change HealthCare (Ansos) to develop an archive plan to support method of archiving and accessing historical data from Ansos as we convert to Clairvia.

- Plan developed with NASH to develop and archive plan to support method to access historical data from NASH as we convert to Clairvia.

Vizient Nurse Agency central office Program:

- System wide task force assessed standard work flow to enhance timely recruitment of verified temporary staff for acute care
- RFP underway for Agency management firm. Vizient contract ends 12/19.
- Established 1st FY 2020, Open PO for 6 months.

Nursing Staffing Model Implementation Update:

- In-patient model for 11 acute care facilities finalized by OPCC and sign off by each site CEO/ CNO completed. Implementation glidepaths due back by 6/5/19. Monthly budget variances review to be done with Finance and Nursing Operations in FY 2020.
- Reviewed ENA staffing guidelines and NASH pilot work done at Jacobi, as we plan to design ED nursing staffing model. To be completed by June 2019.
- Partnering with Ambulatory service line to develop staffing model for nursing by June 2019.

Central Office Nursing Program:

- Daily staffing huddles have started as of May 2019 to identify areas under staff and to develop staffing plans.
- Vizient process is under review to ensure adequate agency staff coverage.

Care Management Collaboration:

- Partnering with CM and developing Social work staffing model that covers Ambulatory, In-patient and Emergency Department. Aligning staffing model assumptions across disciplines, i.e. replacement factor.
- Nursing representation on 4 CM subcommittees. Co-chair of Proactive Approach subcommittee, member of staffing model and longitudinal care plan teams.

RN Residency Program

- RN residents are newly hired staff nurses to NYC Health + Hospitals who enter the system with one year or less experience as a registered nurse.
- The second session for Cohort 1 was held on May 14, 2019 with 38 residents in attendance.
- The first session for Cohort 2 is scheduled to take place on June 24, 2019. Cohort 2 is comprised of 40 nurses from across the health system.
- As NYC H+H is part of a city-wide consortium of hospitals implementing a residency program, Monefa Anderson, SAVP, Nursing and Lori Puff, Senior Director participate in meetings held monthly with consortium members to discuss session development, review program data collected, to date, and share best practices.
- Dr. Natalia Cineas, System Chief Nursing Executive, attends a quarterly CNO consortium meeting to discuss the impact on internal recruitment and retention efforts as well as program sustainability.

System Nursing Orientation

- Office of Patient Centered Care continues to conduct a 2-day system level orientation program for all newly hired nursing staff.

- In April 2019 – a total of 50 nurses attended orientation. The projected number for June 2019 is 150. (This number includes staff who didn't attend May's orientation due to facility level onboarding or scheduling conflicts).

Nursing Quality

Office of Patient Centered Care continues to work collaboratively with the Quality and Safety Department on system wide initiatives to eliminate patient harm associated with:

Continuation of Special Projects focused on effective & efficient use of resources

NISA (Nursing **I**nformatics **S**ystem **A**dvisory)

- NISA program nurses continued to be trained on Epic and will service as support for all upcoming activations across the enterprise as well as super users for their home facilities.
- Free HIMSS membership via NISA is available for all clinicians at H&H.
- Preparing for NY State Mini HIMSS conference as presenters and conference speakers in June.
- Annual NISA Educational Day which be conducted on May 31, 2019 at Gouverneur.

Honor Walk for Organ Donor

- NYC Health + Hospitals/Lincoln held its first HONOR WALK in April 2019 – "a powerful act of community to honor a great sacrifice" and a help to families in their loss. Nurses, PCAs, RTs, doctors, EVS and other health care workers stood in solemn silence to honor this patient's sacrifice and gift. Lining the hallway on her way to the Operating Room, this was a gesture of the deep respect we have for what the patient is giving so that other patients may benefit.
- NYC Health + Hospitals/Jacobi held its first honor walk on May 28, 2019, the system's 2nd.

MetroPlus Health Plan, Inc.

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan presented to the committee on the following:

<u>**2018 Year End Financials**</u>

MetroPlus ended the year with $3.15 billion in revenue, breaking the three billion mark as expected in the budget. Medical Expenses were $2.6 billion and adding the risk share provision of $273.8 million; MetroPlus posted $2.9 billion in total Medical Expense for a 92.2% Medical Loss Ratio, exceeding the State Department of Health’s minimum requirement of 85%. MetroPlus’ administrative expense ended the year at $240.8 million closing in at 7.6% Administrative Loss Ratio; again, coming in lower than the Insurance Plan industry average. MetroPlus posted a $15.1 million net income for the year through the combination of all its lines of business ending the year in a positive position.

MetroPlus Health Plan Year End 2018

Member Months		6,216,970
	Total	**PMPM**
Total Revenue	**$ 3,159,281,790**	**$ 508.17**
Medical & Hospital Expense	$ 2,640,227,697	$ 424.68
Risk Share Provision Expense	$ 273,810,370	$ 44.04
Total Medical Hospital Expense	$ 2,914,038,067	$ 468.72
General Administrative Expense	$ 240,819,391	$ 38.74
Net Investment Income	$ 10,999,956	$ 1.77
Net Income	$ 15,424,288	$ 2.48

Loss Ratios

Medical Loss Ratio	92.24%
Admin Loss Ratio	7.62%
Net Income	0.49%

Total plan membership as of April 1, 2019 was 520,822. Breakdown of plan enrollment by line of business is as follows:

Medicaid	360,975
Child Health Plus	20,155
MetroPlus Gold	16,034
Partnership in Care (HIV/SNP)	4,123
Medicare	7,860
MLTC	1,951
QHP	13,447
SHOP	858
HARP	13,027
Essential Plan	80,556
GoldCare I	1,204
GoldCare II	632

The MetroPlus Gold, HARP, EP, and CHP lines of business have seen the greatest increase in membership from April 2018 to April 2019. MetroPlus Gold increased by 3,834 members (31%), HARP increased by 2,263 members (21%), EP increased by 3,670 members (5%), and CHP increased by 2,419 members (14%). It is important to note that HARP growth is largely due to a change of member assignment methodology at the State level.

The largest percent loss (although not in absolute numbers) was in the Small Business Health Options Program (SHOP) and amounted to 36%. Although the Medicaid line of business lost only 3% of the membership, due to the size of this LOB, it resulted in the highest decrease in the number of members. A contributing factor to the decline in the Medicaid LOB is members transitioning to the HARP and EP LOBs. From January 2019 to April 2019, 3,365 Medicaid members transitioned to EP and 1,408 transitioned from Medicaid to HARP. Due to the removal of the penalty associated with the Individual Mandate as part of the ACA, the industry is experiencing a decline in the number of insured members.

Month	CHP	EP	Medicaid	Medicare	MLTC	QHP	Gold	SNP	SHOP	HARP	Gold Care 1	Gold Care 2
18-Apr	17,736	76,886	373,410	7,987	1,840	13,989	12,200	4,258	1,339	10,764	1,162	685
19-Apr	20,155	80,556	360,975	7,860	1,951	13,447	16,034	4,123	858	13,027	1,204	632
Diference	2,419	3,670	-12,435	-127	111	-542	3,834	-135	-481	2,263	42	-53
Growth	14%	5%	-3%	-2%	6%	-4%	31%	-3%	-36%	21%	4%	-8%

Below are the top 5 City Agencies with the highest contribution to enrollment growth and represents 77% of the total:

- H+H (7,085)
- NYPD (2,594)
- DOE (1,585)
- HRA/Dept. of Social Services (705)
- Dept. of Corrections (531)

Retention Activity

- In response to membership declines, counter measures have been put in place to offset losses. Specifically, areas of focus include address changes, missing documents, voluntary withdrawal, eligibility loss, and premium payments. Results noted below:
    - Address correction: 81 members retained
    - Outreached to members in a “clock down” for coverage loss: 353 retained
    - Outreach to voluntary disenrollment members: 296 (10%) retained
    - Transition of members into a newly eligible product: 196 retained
    - Since November 2018 an average of 63% of premium payments were collected from members that were due to disenrollment.
    - In April, MetroPlus successfully retained 58% of members that were due to disenrollment for non-payment by assisting members with payment submission/collection process.
- The overall membership retention rate for March 2019 was 81%.

Enrollment Activity

- As a part of the H+H Options rollout, effective August 7th, 2018, MetroPlus enrollers began screening H+H uninsured patients. Below is a summary of MetroPlus marketing efforts as of 5/25/2019:

- 63,391 people were referred to MetroPlus enrollers of which 58,990 were interviewed
- 4,401 potential applicants were no-shows or saw a provider to maintain H+H cycle times
- 13% resulted in an application for a product line MetroPlus offers
- 29% of enrollments contributed to H+H revenue stream (Emergency Medicaid)
- 58% of all patients interviewed did not qualify for insurance

The Public Option

As part of the Mayor’s Guaranteed Health Care Initiative, MetroPlus has partnered with 28 city agencies. MetroPlus performs onsite marketing and enrollment, participates in educational sessions and public events organized by various agencies. Leading agencies include Department of Probation, Department of Small Businesses, CUNY and Taxi and Limousine Commission.

Change to City Employee Health Coverage

- As of July 1st, 2019, all new City employees who are electing City Health coverage will be able to choose only HIP coverage. New employees hired after July 1st, 2019 will not be able to participate in Open Enrollment until after they have completed 365 days of employment. Some exceptions apply.

Quality Improvement

- MetroPlus has achieved the highest tier (tier 3) for its 2018 Managed Long-Term Care (MLTC) Quality Incentive. MetroPlus has made massive improvements to its care management process and systems and leaped from the bottom tier to the top tier in three years. Total MLTC Quality Incentive award for New York State is $147M and is disproportionately distributed to plans in the highest tier.
- In 2019, for the first time, Plan’s P4P program will target CAHPS survey areas, which require improvements. Traditionally, MetroPlus has done exceptionally well on the clinical measures (HEDIS) but was underperforming on survey-based measures assessing access to care and patient experience with the health system. To promote better experience, we are now incentivizing providers who perform well on the subpar measures in the survey. Total award amount available for the program is $10M.

- Medicaid Quality Incentive Program results: MetroPlus received 100/100 normalized quality points, the highest in the State. Additionally, 10/30 points were earned in Satisfaction, 5/20 points from potentially avoidable hospitalization (PQI), the first time the plan has received points in this category. Additionally, we were awarded 6 bonus points for submitting the Telehealth Innovation Plan (TIP). Unfortunately, we lost -4 points for Statements of Deficiency in Access and Availability Surveys and Provider Directory Information.

- No plans were awarded Tier 1 status because no plans achieved 80% of the points available in the program. MetroPlus will be awarded a Tier 2 Quality Incentive and will continue to receive the quality preference in the auto-assignment algorithm.

- HARP Quality Incentive Program results: MetroPlus received a score of 99.97% scoring 119.96/120 points available. This score ranked the plan second behind Healthfirst.

- Since this was the first year that Plans were required to report, all Plans were awarded full points for reporting (P4R). Because this was the first report year and so many measures were P4R, the DOH determined that Plans would not be grouped into tiers and therefore no incentive premium would be administered.

- InquisitHealth: This is a Peer to Peer Education and Support Program for Diabetes Management. MetroPlus will enroll 300 members with Alc >9 for participation in the program. Members attributed to Kings County Hospital and Cumberland will be excluded and continue in the H+H arm of this program.

- Harlem Health Advocacy Partners (HHAP): MetroPlus is collaborating with the New York City Department of Health and Mental Hygiene (DOHMH) to introduce the Harlem Health Advocacy Partners (HHAP) to our members, partner providers and their patients.

HHAP is a program of DOHMH’s Harlem Neighborhood Action Center that aims to improve the health and well-being of New York City Housing Authority (NYCHA) development residents. HHAP is a free program that utilizes a team of community health workers – that have been trained and are able to:

  - o provide peer support to residents living with asthma, diabetes, mood disorders or high blood pressure;

  - o work closely with primary care providers and social services to improve access to care; and

- o help residents become involved in local community activities that unite them with other residents to ask questions about their health needs, and to create solutions together.

- As of May, 57,834 members have registered for the MetroPlus Healthy Rewards Program and 22,241 members have redeemed rewards. The Step-Up Challenge which encourages members to get moving using a pedometer, has had over 16K members participate with over 1.4M steps taken.

Clinical Service Utilization Highlights

- Almost 25% of members assigned to an H+H PCP have seen a community-based PCP. Of those, 4% exclusively saw a community-based provider. On average, only 66% of the members assigned to an H+H PCP have a visit within the year with their assigned PCP site. On the other hand, more than 90% of members assigned to a community-based PCP visit a community-based PCP. On average, 72% of members assigned to a community PCP visit their assigned provider.

- While the Urgent Care spend almost doubled in 2018, the emergency department rate remained essentially unchanged with approximately 3% decrease. Due to a significantly higher volume of visits to the ED, the total spend between ER and Urgent Care remained cost neutral.
  - o MetroPlus has over 100 Urgent Care sites throughout the five boroughs. We have closed the network to new Urgent Care Center contracts, given this level of saturation, but will continue to add any of the NYC H+H Express Care Urgent Care locations. Lincoln and Elmhurst locations have already been added to our provider Network.

- Pharmacy cost per member per month, based on prescriptions written by H+H providers, is $402 compared to $261 for community-based written prescriptions. The main driver for cost differential is a higher utilization of HIV medications. Additional analysis is being completed to identify opportunities for formulary alignment, and H+H pharmacy utilization.

- As of March 2019, pharmacy has implemented a case management program to improve medication adherence and patient outcomes. After identifying members with a history of non-adherence, a MetroPlus pharmacist visits members’ homes to promote intervention strategies. The two interventions are transitioning members' prescriptions to multi-dose packaging and utilizing a smart pillbox which delivers real time data to MetroPlus pharmacy staff when a member has not taken their medication. Initial outcome data for the intervention group will be available in September of this year.

Housing Initiatives

- MetroPlus services between 8,000-10,000 homeless members at any given time (and cumulatively approximately 20,000 members annually). The Plan has invested in a housing specialist team to back up its efforts to support members who need permanent housing. This project required the training of more than 20 staff members to complete HRA applications for housing, relationship building with HRA, shelters and H+H facilities, as well as collaboration with the CBO Comunilife.

- As of this writing, more than 50 members of MetroPlus have moved into three different supportive housing options we are able to offer. In addition, MetroPlus received 30 Section 8 vouchers. We identify eligible members, assist members in identifying appropriate Section 8 housing units and assist in completing the process of attaining stable living.

- We are working with supportive housing and other NYC housing developers to increase our available resource of units for our members. It is expected that another supportive housing opportunity will be opening in June of 2019 for an additional 20-30 members.

Provider Contracting and Network Relations

- MetroPlus is finalizing implementation of the new Cactus credentialing system that will streamline the submission of delegated provider information, improve accuracy of data, and offer daily online screening of MetroPlus providers against State and Federal exclusion listings.

- MetroPlus is finalizing the selection of its telemedicine vendor, which will be offered to members via smartphone, tablet and computers. Members' non-emergent health issues will be addressed remotely by licensed providers. The primary utilization is anticipated to be nights and weekends, when most provider offices and clinics are closed, but service will be available 24/7. The program goal is to reduce unnecessary Emergency Room and Urgent Care visits and to improve member satisfaction and access. Telehealth providers will re-direct members back to their primary care physicians as appropriate and to specialists as needed for more serious conditions. The service will be available for all age categories, all lines of business, and will address both physical and behavioral health needs. While physical health will be addressed on demand, it is expected that behavioral health issues will be addressed on a pre-scheduled basis.

- Contracting staff is working with participating labs to encourage PCPs to direct lab services in network. Provider education and outreach is currently underway. Unnecessary out of network lab utilization has declined significantly due to MetroPlus Health Plan's change in toxicology screening coverage. As of September 1st, lab claims without referring physician information will be denied. This information is necessary to identify provider patterns and inappropriate out of network lab referrals.

- The 21st Century Cures Act requires that all Medicaid Managed Care and Children's Health Insurance Program providers enroll into Fee-for-Service Medicaid. On June 3rd, Plans received guidance from the State to comply with notice requirements and timeline for sending termination notices to providers and notices to members. Members in an ongoing course of treatment will be allowed to receive continuity of care. This Act impacts several hundred providers in the MetroPlus network including H+H providers.

Expansion of Field Presence for HIV Care

- MetroPlus' Special Needs Plan (SNP) deploys 22 Health and Wellness Advisors (care coordinators) across 13 HIV clinics in the Health + Hospital network from 2-5 days a week, dependent on clinics' operation. They collaborate with primary care physicians to improve gaps in members' care, management of co-morbidities, and service utilization. The Advisors also support End the Epidemic (EtE) grant activities, lost to care members, SNP benefits education and creative arts groups. MetroPlus SNP initiated its deployment to BrightPoint Health in late 2018 and plans to grow its deployment operations to 3-5 community-based providers with high membership in 2019.

ACTION ITEMS:

Mrs. Alina Moran, Chief Executive Officer, Metropolitan Hospital, Michael Ambrosino, MD, Chair, Radiology Council and Chief Radiology, Bellevue Hospital, and Joe Wilson, Senior Assistant Vice President, Strategic Sourcing presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with GE Precision Healthcare LLC ("GE") to supply the System's needs for medical imaging equipment and associated programmatic support (clinical, operational, biomedical, IT) over a ten year period commencing July 1, 2019 and ending June 30, 2029 at a total cost not to exceed $224 Million subject to funding availability.

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

Mr. Paul Albertson, Vice President, Supply Chain Services, and Joe Wilson, Senior Assistant President, Strategic Sourcing, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Crothall Facilities Management, Inc. ("Crothall") to manage the central sterile function performed by System employees at all of the System's facilities to continue the current contracts with Crothall that exist on an individual facility basis at six facilities and extend such services to the remaining System facilities at total cost not to exceed the amount of $45.2M over a term of five years with two one-year options to renew exercisable solely by the System.

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

Machelle Allen, MD, System Chief Medical Officer, Elizabeth Smith, Senior Associate Dean for Administration, SUNY, Leo Johnson, Affiliation Administrator, SUNY presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute an extension of its affiliation agreement with the State University of New York/ Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/ Kings County ("KCHC") and NYC Health + Hospitals/Coney Island ("CIH") (the "Affiliation Agreement") for two years, through June 30, 2022, for an amount not to exceed $42,924,252;

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

Eric Wei, MD, Vice President and Chief Quality Officer, and Hillary Jalon, Assistant Vice President, Quality & Safety, presented to the committee on the following:

> **Authorizing the amendment of the By-Laws of the New York City Health and Hospitals Corporation (the “System”) to rename the Quality Assurance Committee as the Quality Assurance/ Performance Improvement Committee and to revise Article VI, Section 9 to state the duties and responsibilities of the Quality Assurance/Performance Improvement Committee to include “overseeing performance improvement activities to foster sharing of system-wide and facility-specific performance improvement priorities, identifying new areas of opportunity for performance improvement, and the spreading of performance improvement best practices.**

The resolution was duly seconded, discussed and unanimously adopted by the Committee for consideration by the full board.

There being no further business, the meeting was adjourned 10:35 AM.

SUBSIDIARY REPORTS

HHC Assistance Corporation/One-City Health - July 16, 2019
As Reported by Israel Rocha

The meeting of the HHC Assistance Corporation Board of Directors, *d/b/a OneCity Health Services,* was held on July 16, 2019 in Conference Room 532 located at 125 Worth Street with Israel Rocha presiding as Chairman.

ATTENDEES

HHC Assistance Corporation Directors

Jeremy Berman

Mitchell Katz, M.D.

Sheldon McLeod

Israel Rocha

Matthew Siegler

John Ulberg

Other Attendees

Molly Chidester, Chief Strategy Officer, OneCity Health Services

Benjamin Goldsteen, Chief Analytics Officer, OneCity Health Services

Tatyana Seta, Chief Financial Officer, OneCity Health Services

Grace Wong, Chief Operating Officer, OneCity Health Services

Wilbur Yen, Chief of Staff, OneCity Health Services

MEMBERS NOT PRESENT

Michael Stocker, M.D.

CALL TO ORDER

The meeting of the Board of Directors (the "Board") of HHC Assistance Corporation (the "Corporation") was called to order by Mr. Rocha at 2:01pm.

OLD BUSINESS

Mr. Rocha presented minutes of the February 25, 2019 Board meeting. A motion was made, duly seconded, and unanimously accepted to adopt the meeting minutes.

NEW BUSINESS

Mr. Rocha welcomed Mr. McLeod and Mr. Ulberg officially as new CSO Board members. To begin the CSO Report, Mr. Rocha presented updates from New York State Department of Health (DOH) on Performing Provider System (PPS) performance and funds flow updates. The DOH’s recently implemented re-attribution and performance measures calculation methodology will result in nearly a $20 million dollar decrease for OneCity Health’s Measurement Year 4 revenue, accounting for a large percentage of the overall statewide loss. OneCity is concerned about DOH’s changes noting that performance and associated payment periods were closed. Management is working with Finance and planning to send DOH a formal letter of objection.

On the topic of funds flow, management at OneCity Health is still awaiting direction from the DOH’s Independent Assessor (IA) on whether the undistributed portion (e.g. sustainability funding) of the earnings will be subject to the 95/5 threshold rule. Mr. Rocha and Ms. Seta explained that all providers within a PPS that did not meet DSRIP–eligible safety net provider definition, in aggregate, are only able to receive up to 5% of the performance payments from a project´s total valuation. At least 95% of the performance payment must be made to the safety–net qualified PPS. Depending on the explicit guidance issued by the IA, the Board may be requested to expedite and authorize additional funding for safety-net providers.

Mr. Rocha highlighted four themes from a recent report released by the United Hospital Fund that will likely be reflected in renewed DSRIP program: core infrastructure (e.g. analytics, data sharing), social needs, care management, and behavioral health. Additionally, Mr. Rocha shared the DOH’s DSRIP renewal timeline, with an official waiver proposal due to CMS at the end of November, 2019.

Mr. Rocha and Ms. Seta showcased two projects (approved by the OneCity Health Executive Committee) planned for the current fiscal year. The projects and their associated measures account for nearly 60% of the measures that OneCity Health is currently being measured on. To improve on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, OneCity did an assessment on institutions who had recently experienced big gains in this area in a relatively short amount of time and discovered that many of those surveyed worked with an organization called Planetree. Planetree works to make sure that all healthcare systems are built around patients and helps them feel safe, informed, and comforted. OneCity is working closely with the Office of Quality and expects that implementation of Planetree will align with the iCARE initiative and lead to financial benefits through better quality and patient satisfaction scores.

Next, Bridges to Excellence was presented as a program that works closely with hospitals to ensure that that code, collect, and monitor encounters effectively, leading to appropriate documentation of risks, better CRG scores and ultimately better care for patients. Community partners participating in BTE will receive coaching and technical assistance, as well as analytics and infrastructure support, leading to a greater level of value-based payment readiness and revenue maximization.

Finally, Mr. Rocha and Mr. Siegler spoke to the positive impact of the Care Gap tool, that had been developed to monitor various MCO-related measures at the facility level. The tool has been built into the workflows that ambulatory sites use to monitor their performance. Mr. Rocha also spoke to the collaborative nature of the facilities, quality and managed care teams that have assisted OneCity Health on supplemental initiatives, including Value-Based Payment Quality Improvement Program (VBP-QIP), and Care Restructuring Enhancement Pilot (CREP). These programs have resulted in hundreds of millions of additional dollars for the system.

Along with the programs mentioned above, Mr. Rocha made special mention of Net Revenue Loss, which accounts for one of the largest payments OneCity Health makes to offset revenue that is lost (e.g. revenue from inpatient admissions) when DSRIP projects are successful.

Ms. Seta reviewed the financial budget, looking at the Fiscal Year (FY) 2019 budget, FY’19 Forecast, and FY’20 Budget. FY19 was a transformational year as OneCity Health was restructured to ramp down DSRIP work and support other system initiatives. Partner engagement and contract strategy shifted to post-DSRIP sustainability. OneCity Health has worked more closely with partners on the design of contracts. With the help of the analytics team, management has been able to identify additional opportunities for investment. For FY’20, we are expecting to operate at similar levels as FY’19, recognizing that OneCity’s work is evolving. Cash outflows are expected to exceed inflows, which reflects the plan will no longer build up cash balances as DSRIP ends. Net revenues are expected to be around $60 million, which accounts for an estimated $95.8 million based on performance, less $31.2 million in penalty if the State fails to reach its Statewide Accountability Measures. CSO Board members discussed the State’s performance on the statewide measures and opportunities to influence the managed care VBP measure in DSRIP Year 5, running through March of 2020. Mr. Rocha noted that OneCity will be conducting a review of current staffing, including those that are currently seated in other H+H departments, to evaluate effectiveness and return on investment.

A motion was made, duly seconded, and unanimously accepted to adopting the fiscal year 2020 HHC Assistance Corporation's (d.b.a OneCity Health Services) budget of $125M in total expenses [$100M Performing Provider System (PPS) partner payments approved by PPS governance] for the period July 1, 2019 to June 30, 2020.

Ms. Wong and Mr. Rocha presented the Independent Practice Association (IPA) to the Board for discussion as a vehicle to sustain the PPS network and provide legal authority to take risk and contract post-DSRIP. Nearly all of the current downstate PPS already have IPA licenses in place or are in the process of obtaining them. OneCity Health Management appealed to Board members to approve the IPA's formation in concept, noting the process and lengthy timeline for approval and the need to quickly evolve scope and function as discussions proceed. Board members recommended that Ms. Wong reconvene interested parties at H+H to further discuss.

ADJOURNMENT

There being no further business, Mr. Rocha adjourned the meeting at 3:12 p.m.

MetroPlus Health Plan, Inc. – July 9, 2019
As reported by Ms. Sally Hernandez-Piñero

CHAIRPERSON'S REMARKS

Ms. Sally Hernandez-Piñero welcomed everyone to the MetroPlus Board of Director's meeting. Ms. Hernandez-Piñero stated that the meeting would consist of the Executive Director's report presented by Dr. Talya Schwartz. The minutes from the May 7, 2019 Board of Directors meeting were approved.

EXECUTIVE DIRECTOR'S REPORT

Ms. Hernandez-Piñero asked Dr. Schwartz, MetroPlus' Chief Executive Officer, to present her report. Dr. Schwartz's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Before Dr. Schwartz began the Executive Director's report, she informed the Board that moving forward the Board of Directors meetings will now be held longer than the other Committee meetings so that

MetroPlus can level set and have a broader overview of the Plan’s operations. Moving forward the meetings will be extended from 1 hour to 1 hour and a ½ to cover all the critical operational areas of the Plan and to have discussion with the Board in terms of decision making and moving forward. In terms of the meeting schedule for next year, MetroPlus plans to maintain the extended timeframe of the meetings and ultimately meet less frequently. Dr. Schwartz also informed the Board of Directors that her report is longer than usually because her intention is to level set the Board on critical areas of MetroPlus, reassessing areas of focus, and to also highlight the changes that will be taking place within MetroPlus.

On organizational restructuring, Dr. Schwartz stated that the changes that have occurred so far are mostly streamlining the Plan’s operations and reducing some of the silos that exist within MetroPlus. Dr. Schwartz stated that there were operational areas that did not have an owner. These operational areas were important to MetroPlus thus Dr. Schwartz created an owner to oversee those areas. Dr. Schwartz informed the Board that a new division has been created within MetroPlus known as the Administrative Division. The Administrative Division is led by Ms. Lauren Leverich Castaldo, MetroPlus’ Deputy Chief Financial Officer, who has been promoted to MetroPlus’ Chief Administrative Officer. Ms. Leverich Castaldo’s responsibilities pertain to data processing and analytics as a means to provide insight for MetroPlus. Previously the Plan’s data was coming from various departments in which none of the data aligned. Due to this the Plan spent a large amount of time trying to reconcile different numbers, trying to understand if a source is reliable, and if that source could ultimately be used to make a decision that would benefit the Plan. The Plan has already begun to see the impact of this consolidation. Another area that Ms. Leverich Castaldo will oversee is everything that relates to risk. Previously, Ms. Leverich Castaldo was in charge of just reporting the Clinical Risk Groups (CRG) risks but there is a lot of work that goes with risk. This includes working with the two vendors who work with MetroPlus to ensure that the Plan is capturing risk appropriately. All the risk angles will be cohesive and under Ms. Leverich Castaldo. The third area that the Administrative Division will be responsible for will be Membership. This is an area in which the Plan had a gap. There was not a function at MetroPlus that was primarily responsible for membership from the time the Plan receives the application, to after it goes to the State, and being processed. Dr. Schwartz added that there were flaws in the process that impacted the Plan’s membership and revenue.

In addition to changes in organizational restructuring, Dr. Schwartz informed the Board that Ms. Susan Sun, MetroPlus' Chief Information Officer for 19 years has decided to leave the company. Mr. Robert Micillo, MetroPlus' Chief Information Security Officer, will become the Acting Chief Information Officer until the Plan can recruit for the position. Dr. Schwartz stated that Erminia Brandler, MetroPlus' Director of Federal Regulatory/Medicare Compliance Officer has been promoted to Senior Director of Federal Regulatory Affairs & Operations. Dr. Schwartz informed the Board that this was another area within the Plan that was completely siloed. Medicare is a regulated product and has a lot of requirements. The Plan had the Regulatory Department separated from the Operational Department when they are supposed to be intertwined. The two functions are now merged.

For finance, Dr. Schwartz stated that through the first quarter of 2019, MetroPlus has been performing well financially. The Plan's member months and revenue were up which includes significant positive adjustments from 2018. Dr. Schwartz stated that per member per month (pmpm) is up in comparison to quarter one of 2018. The Plan's total net income was $7.64 pmpm in comparison to first quarter 2018 which was $5.68 pmpm. The Plan's medical loss ratio was in the expected range of 91.80%.

For the Department of Health (DOH) rate adjustment impact, Dr. Schwartz informed the Board that there are two major things that are happening from a financial standpoint on a State level that will impact MetroPlus and New York City Health + Hospitals (NYC Health + Hospitals). The first being the DOH rate adjustments. Dr. Schwartz stated that the DOH rate adjustment will have a negative impact on Medicaid and Health and Recovery Plan (HARP) amounting to 8.6 million dollars, 2.1 million dollars for HARP, and a positive rate adjustment for HIV Special Needs Plan (SNP) of 1.15 million dollars. In addition to the rate adjustment there is also an impact from a change in the CRG methodology by the State. The State has changed their methodology in terms of how they are capturing the complexity and morbidity of the membership that health plans are managing. This change in methodology had a negative impact on MetroPlus. A few of the highlighted changes that are significant to MetroPlus is HIV being downgraded from catastrophic condition to a chronic condition. Dr. Schwartz stated that MetroPlus has a significant HIV population. Under the previous methodology, MetroPlus' HIV positive members were given a higher weight in the total score. Now that the condition has been downgraded the Plan is receiving less weight in score. Mr. Williams asked how significant will the impact be? Ms. Leverich Castaldo answered that the State weighs it depending on what bucket the health plan are in. Ms. Leverich Castaldo stated that the catastrophic weight is about 20 times a healthy user. Ms. Hernandez–Piñero asked how does this translate into dollars? Ms. Leverich Castaldo answered that she does not know the number but will follow-up with the Board.

For Medicare Bid 2020, Dr. Schwartz informed the Board that there are two favorable things that happened in 2019 that allowed the Plan to submit the strongest bid for the Medicare line of business. The first being that the Plan was able to reconcile its Encounter Data Submissions (EDS).

These submissions truly reflected the Plan's risk over population. Dr. Schwartz stated that for 2019 the Plan has truly been able to reflect the complexity of the population in a more accurate way and close the gap from the previous methodology to the current methodology. This worked in MetroPlus' favor and as a result the risk is higher which allows the Plan more money to invest in a stronger benefit package for beneficiaries. Ms. Hernandez–Piñero asked if the federal government asks the Plan for an explanation on why the bid changed so significantly. Dr. Schwartz answered that the federal government does not ask for an explanation. However, audit the Plan to ensure that what is being submitted is reflected in the medical records. The second favorable thing that happened is the Plan is now able to use over $1 million in discounted CVS credits. The Plan was able to use this money to reinvest back into the benefits package that is also offered to the beneficiaries. Mr. William asked what the difference was between the recently submitted EDS and what was previously submitted. Dr. Schwartz referred to the bullet points within the presentation.

On membership, Dr. Schwartz stated that the total application from January to May 2019 was up almost 15,000 in comparison to the same period in 2018. However, the net membership in January to May 2019 was lower in comparison to the same period in 2018. Dr. Schwartz stated that in totality MetroPlus membership has increased by 1% from December 2018 to May 2019. In terms of membership growth by lines of business, the Essential Plan line of business increased by 4%, Child Health Plus (CHP) increased by 13.6%, MetroPlus Gold increased by 13.6%, and HARP increased by 1.2%. There were decreases in Medicaid, followed by Affordable Care Act (ACA) Exchange, and SHOP. Dr. Schwartz stated that the Plan looked at the State's reports and although the Plan's Medicaid membership is decreasing the Plan's market share of the Medicaid line of business is increasing. Dr. Schwartz informed the Board that this meant all health plans are experiencing a decline in Medicaid enrollment. Mr. Still asked if this meant that there were fewer members who were eligible then past periods. Dr. Schwartz answered that members were not necessarily eligible but may have just decided not to sign up. The members must take a proactive role to sign up with Medicaid by providing evidence and documentation. Dr. Schwartz added that what is happening on the federal level is having an impact on the local level. Every health plan has been experiencing a decrease except for one health plan that has been seeing a positive trend. The positive trend is not significant, but it is positive. Mr. Williams asked how does MetroPlus compare to the competitors. Mr. Williams added if the Plan does not understand how other health plans are performing then it will be hard for the Plan to evaluate how it is performing. Dr. Schwartz answered that all the health plans had a downward trend except for one health plan. As far as the significant of the downward trend, Dr. Schwartz stated that MetroPlus fell in the middle meaning some health plans were higher and some were lower on the downward trend. Mr. Williams asked who was the health plan that had a positive trend. Dr. Schwartz answered Fidelis has a slightly positive trend, about 2%. Mr. Siegler stated that the Plan is 11 years into an economic expansion, and that Medicaid is a membership that is typical counterspiral to the economy. Mr. Siegler asked if Centene has put a lot of marketing money into New York yet and added that it is a troubling trend because Fidelis will get a lot of national money coming into a very competitive market. Dr. Schwartz answered that MetroPlus is concerned with all the MNAs that are happening in the market. Mr. Still asked if NYC Health + Hospitals has seen these trends as well. Mr. Siegler answered that NYC Health + Hospital's trends are different because NYC Health + Hospital has had a steady downward trend in overall utilization for many years, which in part, is due to the expansion of Medicaid coverage. The members now have a choice of other health plans and other hospital systems are now competing.

On membership retention, Dr. Schwartz informed the Board that MetroPlus now has dedicated teams under Mr. Roger Milliner, MetroPlus' Chief Growth Officer. The team has been formed to proactively identify and engage members who are likely to dis-enroll. Another means to retain membership that the Plan has implemented is the renewal systems on the phone and in person. In addition to that, the Plan is working collaboratively with member's providers to reenroll members. As the Plan is thinking about value-based payment (VBP) membership growth and membership retention is a part of the conversation of how the Plan can support the providers not just on the medical and care coordination side but also on the administrative side. Other strategies that the Plan is using to retain membership is by identifying updated member contact information and using the member rewards vendor Finity to help the Plan to reach out to members who are either about to lose their eligibility or have already disenrolled within the allotted timeframe.

The benefit of them reaching out to the member is that they are calling on the behalf of Finity reminding the members that they are eligible for a reward. This provides a different angle to retain membership. Lastly, MetroPlus wants to improve member experience with the Plan and with the network, improving customer service and differentiating value and offerings. Dr. Schwartz stated at some point a lot of the plans start to look the same. The plans offer the same mandated benefits especially the Medicaid line of business. Dr. Schwartz stated that it is all part of the positioning and marketing and the other part is value offerings, for example, when walking the streets of New York, you will the see the logo of Healthfirst on Citi bikes. Dr. Schwartz stated that the Plan is working on several initiatives that are not fully prepared, so she did not want to bring them up to the Board as of yet, but she expects to bring the initiatives to the Board by the end of the year.

In the meanwhile, the Plan is focusing significantly on housing. The Plan now has a second Community Based Organization (CBO) to assist with housing. Dr. Schwartz stated that it is critical to have value advertisement that can be offered to the members but also advertise and position the Plan at the same level or above the Plan's competitors. Mr. Williams stated that another issue is that the focus on membership retention is also the first line of focus on new membership. The retained members are going to be the ones who are bringing in new members due. The Plan needs to focus on making the members feel like they should stay with MetroPlus and provide value to them as the members are the voice of the Plan. Mr. Williams stated that when members hear Health First they think health first, but when you hear MetroPlus you are not quite sure what you are hearing. The identification of how MetroPlus brands itself and where it places itself is going to be key and added that Dr. Schwartz was on track with this idea.

Another important piece around retention relates back to creating the data unit. The Plan has identified that there are serious data issues as they relate to the retention numbers. Essentially, the Plan discovered that it was not capturing the disenrollment/retention percentages accurately. Besides not understanding fully what the enrollment rate was, the Plan was investing efforts in the wrong places. One example of how MetroPlus found a flaw in its logic, was the State capturing of membership in two ways. One being a roster and another being a file called E34. Over time members will be transitioned from the roster, which was the historical way of capturing membership, to the new file format. Every month, members are moved from the roster to the new file. When MetroPlus members were moved from one methodology to another those members were captured as dis-enrolled. This means that the disenrollment is much lower than what the Plan historically thought it was. The bad news is that the Plan spent and wasted resources on reaching out to members who the Plan thought were dis-enrolled but were actual active members.

On membership growth, Dr. Schwartz stated that there was a great deal of opportunities and MetroPlus plans to conduct competitive analysis to understand the benefit variations between the Plan and other competitors. Executive Staff has had discussions on what the best options were to deal with this issue and ultimately decided it was best to retrieve benefit variation insights externally. An Request for Proposal (RFP) will be released sometime next week to bring an external consultant in to help conduct an analysis and to ensure that MetroPlus is on the right track. Additionally, the Plan is expanding outreach to specific target groups including trade associations, labor unions, faith-based organizations among others. The Plan, for some time was trying to gain membership by going after individuals who attended various events. Dr. Schwartz stated that MetroPlus' process of gaining membership is labor intensive and a reactive way to gain membership and leaves the Plan at the "mercy" of the members approaching enrollers and expressing interest in enrolling versus the Plan being more strategic and recognizing where are there pockets of opportunity where the Plan could proactively outreach and offer a product that will be appealing to an entire group. Dr. Schwartz added for this to be successful the Plan will need to present an appealing, affordable, comprehensive product. Mr. Milliner and his team will be overseeing these efforts.

Ms. Hernandez-Piñero stated that all these issues feed into the larger issue of changing the Plan's historical identity. MetroPlus was born as NYC Health + Hospitals Medicaid managed care plan and presented itself in the market that way. It is the core of what MetroPlus does and although the Plan has other lines of business, they are relatively incremental in comparison to the Medicaid line of business. Ms. Hernandez-Piñero stated these initiatives of being able to market MetroPlus to a group of constituencies as opposed to the retail level, at least gives the Plan an opportunity to deal with whatever stereotypes or misconceptions the members may have about the Plan. Ms. Hernandez-Piñero added that the initiative is not exactly marketing but stated that it feeds into the marketing strategy.

Mr. Williams added that the Plan needs to look at who its members are, who the target members are, and that the Plan should advertise to groups that can best affect the targeted membership. Mr. Williams stated that he is unsure on how effective it will be to bring in one group for one RFP to come up with a strategy to impact different types of groups. Dr. Schwartz agreed and then explained that MetroPlus needs to look at not only the membership but also look into the providers. The provider group, in some areas, truly impact the member’s selection. Dr. Schwartz stated that it is also a matter of understanding where the gaps are in network and what can benefit MetroPlus and NYC Health + Hospitals. Another issue that may affect growth is the product line and marketing strategies in comparison to other health plans. Dr. Schwartz stated that another area of improvement to increase membership growth is to improve the training and education that the marketing representatives are receiving. The marketing representatives must understand the ins and outs and all the bells and whistles that the MetroPlus product offers. The Human Resources Department and the Marketing Department will be taking the lead to redesign the training program to make sure that the marketing representatives are well equipped to go out and sell the product.

For growth in the Medicare line of business, Dr. Schwartz stated that MetroPlus is at a critical point as it relates to Medicare. Either MetroPlus must grow the Medicare line of business or it will not make sense for MetroPlus to remain in the Medicare line of business. This is why MetroPlus pushed to be as aggressive as it could in the 2020 bid. An additional strategy that the Plan is implementing to help grow Medicare so that it can be a viable product is by utilizing the assistance of brokers to help sell the product. All of MetroPlus’ competitors in the market are using brokers. MetroPlus is the only health plan that does not use the help of brokers. Another strategy for Medicare growth is revisiting the Plan’s incentive structure for marketing and retention representatives. MetroPlus’ incentives are not competitive so what ends up happening is a successful marketing representative ends up going to work for the competition. The Plan is sometimes too short sided in terms of the investment in representatives to make sure that they are satisfied with MetroPlus, especially the strong ones, so the Plan is saving in the short-term but losing on the longer and more impactful terms. Ms. Hernandez-Piñero stated that it is going to be a challenge for the Plan because it is a losing proposition now. Some of the new initiatives to grow Medicare is going to cost the Plan more money. Ms. Hernandez-Piñero stated that this is a strategy that says that MetroPlus is all in now and the Plan is going to see how well it can do. Mr. Still asked how well Medicare had to perform to break even. Dr. Schwartz answered that Medicare would have to do double. For the past two years the Plan had been at 0.1% or 0.2% from rounding up to 4 stars for the star ratings. Mr. Still stated that the plan was achievable. Ms. Hernandez-Piñero stated that it is hard to determine if whether the plan is achievable or not because the market is so over-saturated with the other players.

For older members to decide to dis-enroll from an existing Medicare plan is not a decision that is taken lightly. Ms. Hernandez-Piñero stated that the Plan is right to go all in because it can be addressed from so many different angles now. Mr. Still replied that the strategy is to maintain the members as they mature. Dr. Schwartz agreed and stated that the problem is that MetroPlus will not have the new fully insured dual product in 2020. There is a long application with Centers for Medicare and Medicaid Services (CMS) so the earliest time the fully insured dual product will be available is in 2021. Mr. Still stated that CMS is a burdensome agency to work with for such a small membership.

On the Plan’s partnership with NYC Health + Hospitals around NYC Health + Hospitals options, Dr. Schwartz stated that MetroPlus started supporting NYC Health and Hospitals around August 2018. Dr. Schwartz informed the Board that this portion of the presentation will unveil part of the reason why MetroPlus has more applications but less members. In supporting NYC Health + Hospitals options, MetroPlus added 26 marketplace facilitated enrollers, this is on top of the enrollers that were already at NYC Health + Hospitals facilities. At this point, MetroPlus has a total of 105 marketplace facilitated enrollers dedicated specifically to NYC Health + Hospitals out of a total of 200 enrollers or 50% of the Plans total workforce is at NYC Health + Hospitals which was a significant increase for the Plan. Initially, MetroPlus believed that the screenings would be mutually beneficial for both MetroPlus and NYC Health + Hospitals but the statistics show otherwise. Since August the Plan has had 67,733 people referred to enrollers, 61,564 were interviewed by enrollers. Only 13% of the 61,564 interviewed ended up becoming MetroPlus members. 30% of the those who were interviewed qualified for emergency Medicaid which was a good thing according to Dr. Schwartz as it is income for NYC Health + Hospitals. 57% of the patients interviewed did not qualify for insurance. Dr. Schwartz stated that there was a lot of effort and a significant portion of the Plan’s sale force was dedicated to this effort only to receive a small return. At this point the Plan is in discussions with Central Office and various hospitals to try and understand how to scale back the screening operations in a responsible phased way so that NYC Health + Hospitals is covered and is doing the screening but MetroPlus can free up some of the enrollers to go into higher yield locations.

For Operations, Dr. Schwartz informed the Board that MetroPlus filed the new rates for the Goldcare products, which have significantly improved rates. There was a reduction in the premium rates, between 7% and 14% for Goldcare I and Goldcare II. In addition, the Plan significantly lowered the Medicare and prescription cost shares. For example, a current primary care provider (PCP) copay for the product was lowered from $20 in this year and will be $10 next year. Dr. Schwartz stated that with these lower rates the Plan would hopefully gain some additional membership. The Plan currently has about 1,700 members in the Goldcare product out of a pool of over 4,000, which is certainly an opportunity to capture more members. Dr. Schwartz informed the Board that this would be the last guaranteed year that MetroPlus will be the only health plan that offers the coverage.

On the MHP Process Improvement Project, Dr. Schwartz stated that the Plan engaged with Honsha consulting firm to help look through membership processes, this is where MetroPlus discovered the issue with disenrollment. There are other issues that Honsha, with the help of MetroPlus, has identified. Honsha has identified issues with enrollment accuracy, unprocessed files, unprocessed transactions, and skewed disenrollment reporting. What Honsha has done for MetroPlus in response to these findings is leading the Plan through a lean exercise. Honsha does not bring expertise of their own to health plan operations, the expertise contribution was completed by MetroPlus, what the firm did was essentially facilitate the process which has been extremely successful. From that process, the Plan has implemented a process improvement in collaboration with the enrollment function, marketing and retention function, and IT. Dr. Schwartz informed the Board that some of the enhancements are already in place and many are still in progress. Moving forward, the Plan is really strengthening the process improvement and project management operations internally. This facilitation will be done by MetroPlus and not a consulting firm.

For claims processing systems, Dr. Schwartz informed the Board that when a health plan has a claims processing system the health plan could decide what edits it wants to apply to the claims processing. Due to the claims edit system that MetroPlus uses and partially because of the relationship with the parent company NYC Health + Hospitals, MetroPlus has not been aggressive with the claims editing system. There is an opportunity to be a little stricter with the edits that are being put into place. If MetroPlus follows the Medicare rules that are in place the Plan will save about 4 million dollars. Mr. Still asked if this initiative was focused only on Medicaid line of business and Medicare or just Medicare. Dr. Schwartz answered that this initiative will focus on all lines of business.

On information technology, Dr. Schwartz stated that the Plan would be fully redesigning the MetroPlus website. The last time that the MetroPlus website was redesigned was 5 years ago and at this point, it is not keeping up with the time and customers’ expectations. It is not mobile friendly, lacking content, not streamline or up to par. The deadline to deliver the newly redesigned website is on July 31[t]. The way the website was designed was based on the historical use of the member. The Plan looked to see what the members do when they go on the website. The three areas mostly used were where to find a doctor, find a plan, and make a payment. Due to this, the Plan made these areas easily accessible for the member.

Ms. Hernandez-Piñero asked Dr. Schwartz if it was okay to place her report on a brief hold so that the Board may address the three actions items. Dr. Schwartz agreed. Ms. Hernandez-Piñero took a moment to acknowledge the extraordinary work that Dr. Schwartz has done with all the staff to dive into all the Plan's core areas of business and to come up with an outline of a strategic plan that is well into implementation for some areas. Ms. Hernandez-Piñero stated that she hopes the most significant impact will be on the customer and membership growth and retention. Ms. Hernandez-Piñero stated that Dr. Schwartz report is very impressive and is a report that the Plan can continue to build on.

ACTION ITEMS

The first resolution was introduced by Mr. Still, Chair of Finance Committee.

> *Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Symphony Performance Health, Inc. d/b/a SPH Analytics, to provide health related and access & availability outreach call services for a term of three years with two options to renew for one year each, solely exercisable by MetroPlus for an amount not to exceed $300,000 per year for the first three years of the contract and $315,000 for the fourth and fifth optional renewal years.*

Mr. Still stated this contract was necessary because of a prior vendor who provided this service ended up changing their business model, due to this MetroPlus had to perform another solicitation in which SPH Analytics responded. Dr. Schwartz added that MetroPlus has a very positive experience with the vendor and that there will be an increase in spend in comparison to the previous vendor. The reason that there will be an increase in spend is because the Plan has internal staff coordinating all of the community events as they relate to quality initiatives and closing gaps. When MetroPlus did a cost analysis of how much the Plan pays temps and internal staff to make those phone calls versus how much it will cost to transition the spend to a vendor it was financial beneficial to outsource the services to the vendor.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

The second resolution was introduced by Mr. Joseph Dicks, MetroPlus' Associate Executive Director, Network and Provider Contracting.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with American Well, to provide administration of telehealth services for a term of three years with two options to renew for 1-year each, solely exercisable by MetroPlus, for an amount not to exceed $1,600,000 per year.

Mr. Williams asked for the rationale for the contract. Mr. Dicks informed the Board that the telehealth service will allow members to access a visit with a medical doctor via their laptop, desktop computer, and smart phone. The DOH recently modified their requirements around telehealth. Previously the members would have to be in the doctor's office to engage in this type of visit. Mr. Dicks stated that the State recognized that it is an advantage for members to have access to these kinds of services, so the rules were changed for Medicaid. Many commercial health plans have offered this type of benefit in New York State for years. The Plan has been looking into telehealth services for a number of years and has had discussion with different vendors but ultimately the Plan felt that it did not make sense to move forward with the plans until the State relaxed the rules around Medicaid member accessing telehealth services. Mr. Dicks informed the Board that the Plan's focus is that members will be able to reach out and have a direct contact with a physician after hours and on weekends. The Provider Contracting Department looked at different vendors. American Well had some synergies that the Plan looked at. American Well has also worked with Medicaid health plans in other states and are currently in discussions with other health plans now. Mr. Dicks added that American Well is recognized as one of the industry's leaders in the telehealth market. Ms. Hernandez–Piñero asked when the members have the initial contact with the provider and the provider cannot assist the member via phone, does the provider then refer the member to the provider network to contact someone. Mr. Dicks explained that some things cannot be resolved and should not be attempted to be resolved during this type of communication, but other things can be treated via telehealth service.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors Committee.

Approving a resolution honoring the extraordinary leadership and service of retiring member of the MetroPlus Board of Directors, Dan H. Still.

Mr. Still stated that it has been a great pleasure to serve on the MetroPlus Board of Directors and thanked the fellow Board members and MetroPlus staff.

The adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors Committee.

After the adoption of the action items took place, Dr. Schwartz resumed her report. On marketing spend, Dr. Schwartz informed the Board that the Plan did a competitive analysis for 2017 and 2018 to see what other health plans are investing in marketing. The analysis revealed that MetroPlus competitors significantly outspend MetroPlus in major categories such as print, radio, and television. Dr. Schwartz stated that MetroPlus needs to improve its visibility and to also look at the marketing budget to see how much can be invested. Ms. Hernandez-Piñero asked what a competitive marketing budget would be. Dr. Schwartz answered that a competitive marketing budget would be $2 million. Mr. Williams stated that improving the marketing budget makes a lot of sense. Ms. Hernandez-Piñero stated that the Plan needs to adjust things like the Medicaid population, which is relatively the same or is competitive to the larger health plans. Dr. Wei added that the $2 million is easy to burn through. Dr. Wei asked if MetroPlus will look to outside marketing ad firm. Dr. Schwartz stated that currently the Plan uses an outside agency. Dr. Wei asked if MetroPlus tracks how the members are learning about the Plan. Dr. Schwartz answered yes and no. Sometimes the Plan does and sometimes it does not. Dr. Schwartz added that this is the reason why she did not want to share a number because she has not seen data to show how different outreaches have benefitted the Plan. Dr. Wei asked if MetroPlus ever looked into giving the members referral incentives. Dr. Wei added that members who are satisfied with the Plan will be the Plan’s best ambassador. Dr. Schwartz answered that it is not allowed. Dr. Schwartz briefly summarized rebranding and repositioning strategy in her presentation.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 4:00 P.M.

Mitchell H. Katz, MD - NYC HEALTH + HOSPITALS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
July 25, 2019

CITY, STATE, FEDERAL UPDATE

The key Committee in the US House of Representatives has advanced legislation to avert the DSH cuts scheduled to take effect this October. Rather than simply delay the cuts, this legislation eliminates them for two years and then reduces their size by $4b in FY2022. The provision was included in a package with funding for community health centers and passed the committee unanimously with little debate. It does not appear the funding will be included in the recently announced budget package to raise the debt ceiling before Congress leaves for the August recess. However, the DSH package is poised to pass the House with overwhelming bipartisan support setting up action in the Senate in the fall.

NYC CARE UPDATE

We are excited and starting to count down toward the NYC Care program launch in the Bronx next week on August 1. Operational details, such as the enrollment process and call center workflows have been finalized and are being tested. The new 24/7 pharmacy access through extended pharmacy hours at all our pharmacies in the Bronx will be in place, as well as a new arrangement with a 24-hour retail pharmacy for emergency prescriptions overnight. The new call center and website will go live August 1, and our multi-language advertising campaign will be visible in subway stations, bus shelters and strategic places across the borough where people live and work. We have selected five community-based organizations to lead the important outreach work and help us reach eligible New Yorkers who will benefit from the new program. Our staff recruitment is on track and with new extended hours of operation at our ambulatory care clinics, we’ll be ready to enroll our target of 10,000 NYC Care members in the first 6 months.

ORGANIZATIONAL NEWS

- **NYC Health + Hospitals Launches Comprehensive Primary Care Strategies to Improve Health Outcomes for More than 60,000 Diabetes Patients**

- Today we announced the launch of a comprehensive, primary care-centered diabetes management program that includes investments in new clinical pharmacy staff, equipment, and telehealth strategies to help improve the health of more than 60,000 New Yorkers with diabetes who receive care in our public hospitals and community-based health centers. We are investing in these new programs to make primary care more robust and effective for patients with uncontrolled diabetes, and help them adhere to their medications, take care of their vision, get counseling from someone who has experienced the same challenges, and ultimately feel empowered to take charge of their health. The new NYC Health + Hospitals initiatives to help improve health outcomes for New Yorkers with diabetes include:

- Integrating Clinical Pharmacists in Primary Care – Twenty new clinical pharmacists will join the public health system by the end of 2020 to work as integrated members of primary care teams with a focus on medication management.
- Teleretinal Screening in Primary Care – Hospitals, Gotham Health centers and Correctional Health Services will offer advanced teleretinal screenings as part of routine primary care visits for patients with diabetes. Patients will be able to get their preventive care in a more convenient way instead of having to schedule a separate ophthalmology appointment.
- Peer Mentors a Phone Call Away – A telehealth pilot program that connects patients with diabetes with peer mentors on the phone to help enhance their diabetes self-management. This remote workforce of peer mentors helps address each patient's barriers related to the social determinants of health while inspiring healthy lifestyle behavioral changes.
- A Coach in Your Pocket Smartphone App – Another telehealth pilot -- an app that provides real-time, individualized coaching, reminders and support, as well as diabetes educational tools that are actionable and personalized for each patient to monitor and manage their type-2 diabetes. The app helps to bridge the gap between patients and their providers outside of the clinic visit.

To Protect Access to Abortion, Mayor de Blasio and NYC Health + Hospitals Reject Federal Funding Tied to New "Gag Rule"

I joined Mayor de Blasio and Deputy Mayor Palacio earlier this month to announce that our public health care system will cease participating in the federal Title X program for as long as the "gag rule" is in effect. The rule prevents medical providers from sharing information and counseling about abortion to their patients. I sent a directive to all NYC Health + Hospitals personnel instructing doctors and nurses to support patients on whatever pathway they choose, including providing referrals to abortion and reproductive health services. The mayor was very clear in expressing his belief that the doctors and nurses at NYC Health + Hospitals took an oath to protect and serve patients. And we will do whatever’s necessary to ensure they are able to provide the best medical treatment. The decision to reject Title X funds sends a clear message that we will not stand by while the Trump Administration tries to censor our providers and prevent them from giving patients information about abortions.

Arts in Medicine Program Selects Nine Artists to Lead Community Murals Project at Hospitals and Post-Acute Care Facilities

NYC Health + Hospitals Arts in Medicine has selected nine artists to lead community-based mural projects at hospitals and post-acute care facilities in our health system. The artists, chosen from more than 100 applications, will engage patients, staff, and local community residents to create an integrated internal or external mural as a tool to encourage creativity, build trust and engagement between the patient care facilities and their communities. They will begin their work August 1. The project is a flagship component of our arts-based initiatives, made possible through the Laurie M. Tisch Illumination Fund and the Mayor’s Fund to Advance New York City. Arts help celebrate shared history and culture, and it also promotes healing and reduces stress. We are proud to work with these talented artists who will be helping us create emotionally nourishing spaces for the communities we serve.

NYC Health + Hospitals to Host Farmers Markets that Help Expand Access to Affordable, Healthy Food Options for Patients and Staff

NYC Health + Hospitals has again partnered with Harvest Home Farmers Market and GrowNYC, two local non-profit organizations, to host farmer’s markets and fresh food box programs at patient care locations throughout the city and make fresh fruits and vegetables more accessible for patients, staff, and the community. Farmers markets offer a variety of affordable, regionally grown vegetables, fruits, and fresh juices in communities where residents sometimes lack access to quality produce at reasonable prices. Shopping at farmers markets supports regional agriculture and helps educate communities about the importance of healthy eating through on-site cooking and nutrition demonstrations, health tips, and healthy recipes, and as well as information about how eating fruits and vegetables can prevent or control the symptoms of obesity and chronic disease. Part of our work at Health + Hospitals is to understand the needs of the communities we serve to guarantee they have all the tools necessary to live healthy lives. Proper nutrition is foundational to good health and we want to make sure we’re providing New Yorkers with affordable and convenient food options to help control or avoid chronic health conditions.

NYC Health + Hospitals and St. George's University Award $1.8 Million in CityDoctors Scholarship to 12 NYC Medical Students

NYC Health + Hospitals and St. George's University School of Medicine selected 12 students from the New York metropolitan area to receive a total of $1.8 million in CityDoctors scholarships in return for their commitment to practice primary care medicine for at least two years at one of the 11 public hospitals following their medical training. Since its inception in 2012, the CityDoctors scholarship program has awarded 113 aspiring and current doctors with scholarships worth a total of $12.3 million through the NYC Health + Hospitals partnership. This is an important and reliable pipeline of well-trained doctors who have expressed an early commitment to primary care along with a heart-felt connection to the people we serve.

MetroPlus Rewards Point Program Creates Incentive for 300,000 New Yorkers to Keep Their Primary Care Appointment and Get Health Screenings

MetroPlus Health Plan, the City's Public Option component of Mayor de Blasio's Guaranteed Health Care for All initiative, announced its Member Rewards Program exceeded expectations in serving as an incentive for members to take a more active role in their own health care. The program uses health intelligence and gamification, and allows members to accumulate points for primary care visits, dental check-ups, preventive screenings and other healthy activities. More than 300,000 New Yorkers who have MetroPlus earned 150 million rewards points last year – valued at more than $15 million worth of products from the MetroPlus rewards catalog. More than 60 percent of eligible MetroPlus members participated in the program with 94 percent of members surveyed reporting that the program has helped them improve their health. We want New Yorkers to see their primary care physician as often as necessary to ensure they stay healthy. This rewards program is a great incentive to get them to do the right thing for their health.

NYC Health + Hospitals/Gotham Health, Morrisania Opens Renovated Radiology Suite to Enhance Access for People with Disabilities

Earlier this month we were joined by New York State Senator Gustavo Rivera and Independence Care System of New York (ICSNY) Senior Vice President Marilyn Saviola to celebrate the newly renovated radiology suite at NYC Health + Hospitals/Gotham Health, Morrisania that's designed to enhance access for people with disabilities. The space features modified mammography machine to enhance accessibility for women who use wheelchairs, a moveable examination table, and a patient lift. The facility also widened exam rooms to accommodate wheelchairs.

The renovated space will now enable women with disabilities to receive accurate mammogram and/or preventative OB/GYN care for the first time. While women with disabilities get breast cancer at the same rate as other women, they die from breast cancer at a much higher rate because they do not get timely screenings and treatment. The renovated suite will also enable the facility to increase capacity and facilitate additional procedures, such as sonograms and dual energy x-ray absorptiometry, which were not possible before. The $853,294 renovation was funded by the NYC City Council with support from ICSNY.

As part of this event, we also had the opportunity to present a special award to Marilyn Saviola for her advocacy for people with disabilities and her life-long efforts to protect their right to quality health care. Marilyn is the founder of ICSNY Women's Health Program and has been a fierce advocate for spaces and technology that enable women with disabilities to receive accurate mammogram and preventative OB/GYN care. Thanks to her efforts, preventative, gender-specific health services, such as breast and cervical cancer screenings, are more widely available in New York. She continues her work to expand these services, as well as to add accessible primary care, which will benefit both women and men. Many women will live longer and healthier lives because of Marilyn's tireless efforts, and we are grateful for her support and partnership.

NYC Health + Hospitals/Bellevue Receives Award for Reducing Ventilator Associated Pneumonia in Adult Trauma Patients

NYC Health + Hospitals/Bellevue won the 2019 Pinnacle Award for Quality and Patient Safety from the Healthcare Association of New York State (HANYS) for reducing the rate of ventilator-associated pneumonia (VAP) in adult trauma patients and achieving 100 percent compliance with best practice care protocols. The hospital team succeeded in reducing VAP in trauma patients from 3.5 percent to 0.5 percent through interventions including data analysis to determine the most at-risk patients, ventilator care protocols, an oral care tracking system, sedation guidelines and real-time monitoring. The hospital team also credits its success to improved teamwork among physicians, nurses, and respiratory therapists. By preventing hospital acquired infections in critically ill patients, the team helped patients recover faster, decreased duration of mechanical ventilation, avoided antibiotic use, and helped reduce healthcare costs.

NYC Health + Hospitals/Bellevue Updates Emergency Department with a New Computer Tomography (CT) Scanner

NYC Health + Hospitals/Bellevue celebrated the installation of a new state-of-the-art Computerized Tomography (CT) Scanner in the Emergency

Department, part of a series of modern, high-technology additions to the Radiology Service planned over the summer at the hospital that will reduce wait times, produce faster and better image quality, and lead to quicker diagnoses and treatment for patients, particularly critical patients in the Emergency Department. The $6.5 million dollar project will add a total of four new state-of-the-art medical machines at the hospital: two new CT Scanners and two new MRI machines. The Radiology and nursing staff now have new, state-of-the-art and dependable medical equipment to support patient care and provide more efficient and effective diagnosis and treatment.

NYC Health + Hospitals/Elmhurst and Centering Healthcare Institute Launch Group Prenatal Care Program for Pregnant Women

NYC Health + Hospitals/Elmhurst, in partnership with Centering Healthcare Institute, launched a new program for pregnant women aimed at reducing preterm births and encouraging greater patient engagement during the prenatal experience. The program will feature group pregnancy visits with obstetricians, networking with other pregnant women, group discussions, and prenatal wellness and education classes on nutrition, stress management, and breastfeeding. Improving maternal health has been a central focus of the de Blasio administration, and this effort builds on the efforts undertaken by NYC Health + Hospitals to ensure safe maternity care at all our hospitals. We are excited to offer expectant mothers an opportunity to share their experience with other new mothers and learn together about many topics they often must navigate alone. These prenatal group care sessions have been proven to help patients improve their self-confidence; decrease rates of preterm and low-weight babies, and contributes to the reduction of racial disparities in preterm birth.

NYC Health + Hospitals Recognized for Leadership in Interreligious Understanding

On June 19, 2019, NYC Health + Hospitals received the Adam Solomon Award for Excellence from the Tanenbaum Center for Interreligious Understanding for our leadership in educating health care providers on how to respectfully deliver care to the religiously diverse patients we serve across New York City. We work with the Tanenbaum Center to offer our staff the training they need to help build practical skills to assess and meet a patient’s religious or spiritual and cultural needs, as well as understand key demographics and trigger topics in health care related to religious beliefs and accommodations. The trainings discusses real-life case scenarios and strategies for culturally responsive engagement to improve patient safety, satisfaction, and quality of care. We are proud of this recognition and thank our Office of Diversity and Inclusion for leading some important efforts that ensure our excellence in providing culturally responsive services. Thanks to board members Jose Pagan and Helen Ortega for participating in the awards celebration.

# # #

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with the New York City Human Resources Administration ("HRA") to operate its Medical Assistance Program ("MAP") at five System facilities (the "Facilities") in a total of approximately 11,438 square feet of space for a total annual occupancy fee of approximately $741,247.78 based on the facility Institutional Cost Reimbursement Rate ("ICR"), ranging between $46.77 per square foot and $84.19 per square foot as shown on the attached spreadsheet and to be escalated by 2% per year and further authorizing

The System to negotiate with HRA to change the location of some MAP offices within the Facilities to accommodate program and construction initiatives as they develop and to make any appropriate adjustment to the occupancy fees charged.

WHEREAS, HRA's MAP attempts to enroll those patients of the System that are eligible for Medicaid but not yet enrolled and in doing so the MAP serves the System's interests; and

WHEREAS, in September 2014 the System's Board of Directors authorized the execution of a five-year agreement with HRA to operate MAP at various Facilities; and

WHEREAS, the System has been hosting MAP services since 1991; and

WHEREAS, the ICR is calculated separately for each Facility and takes into account the cost of operating each Facility including depreciation of capital assets and thus the rate varies across the System based on historic capital expenditures; and

WHEREAS, the System desires to continue to allow the HRA MAP to occupy space and provide services to individuals and families seeking Medicaid insurance coverage.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five-year revocable license agreement with the New York City Human Resources Administration to operate its Medical Assistance Program at five System facilities in a total of approximately 11,438 square feet of space for a total annual occupancy fee of approximately $741,247.78 per year based on the facility Institutional Cost Reimbursement Rate ranging between $46.77 per square foot and $84.19 per square foot as shown on the attached spreadsheet to be escalated by 2% per year.

AND IT IS FURTHER RESOLVED that the System may negotiate with HRA to accommodate program and construction initiatives as they develop and to make any appropriate adjustment to the occupancy fees charged.

EXECUTIVE SUMMARY

LICENSE AGREEMENT
NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
MEDICAL ASSISTANCE PROGRAM

OVERVIEW:	The New York City Human Resources Administration ("HRA") operate its Medical Assistance Program ("MAP") to enroll eligible individuals in Medicaid. MAP has been operating in System Facilities since 1991. Normally, programs like MAP around the country rent space and the rental costs are reimbursed by Medicaid to the program. Because MAP operates largely in System Facilities, in 2014, HRA and the System realized that it was appropriate for the System to charge rent for the MAP offices which HRA submits for Medicaid reimbursement. The System seeks authorization to execute a renewal of its revocable license agreement with HRA for the continued operation of MAP at various System Facilities with the right to negotiate with HRA to relocate certain MAP offices, to free the original locations, with appropriate adjustments in the occupancy fees.
NEED/ PROGRAM:	MAP works together with System staff to facilitate the enrollment of eligible individuals in Medicaid. It is important to enroll as many eligible individuals as possible in Medicaid. The new license agreement will provide for MAP sites at NYC Health + Hospitals/Kings, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/North Central Bronx and NYC Health + Hospitals/Gotham/Morrisania.
TERMS:	HRA will use and occupy approximately 11,438 square feet of space at a total occupancy fee of approximately $741,247.78 per year calculated using the ICR for each Facility. The rates will be escalated by 2% per year. The Facilities shall provide electricity, housekeeping, and security to the licensed space. The ICR is calculated separately for each Facility and takes into account the cost of operating each Facility including depreciation of capital assets and thus the rate varies across the System based on historic capital expenditures The term of the license agreement will be five years and will be revocable by either party on thirty days' written notice.

MAP SITES				
Facility	Location	Floor Area (sf)	ICR ($)	Annual Occupancy Fee
Kings Cty.	T-Bldg., 1st Floor	2,175	$84.19	$183,113.25
Lincoln	Basement	4,352	$67.66	$294,456.32
Metropolitan	OPD Bldg., 1st Floor	2,149	$59.03	$126,855.47
NCB	Rm 1A-05	1,462	$46.77	$68,377.74
Morrisania	Basement	1,300	$52.65	$68,445.00
Total		11,438		$741,247.78

License Agreement with NYC Human Resources Administration to provide space for Medical Assistance Program at five H+H locations

Board of Directors Meeting September 26, 2019

Frederick Covino, Vice President Finance

NYC HEALTH+ HOSPITALS

Program Background

- NYC HRA administers the Medicaid program for residents who are age 65 and older and for people of any age who are seeking public health insurance based on a disability.

- The Medical Assistance Program (MAP) Offices assist New Yorkers who want to apply for public health programs, most notably Medicaid.

- MAP offices services including: assisting in filing new applications, collecting annual renewal applications and documentation, updating existing cases as well as answering questions related to Medicaid eligibility, application process and application status.

- Statistics:

H+H MAP Location	Average Monthly Visitors	Approx. Medicaid Applications
Kings County	1,200	350
Lincoln	3,800	380
Metropolitan	1,200	180
North Central Bronx	2,100	250
Morrisania	1,800	210

Financial Summary

- Rates are based on the each facility's Institutional Cost Report (ICR) which are submitted annually in accordance with Medicaid regulations
- ICR's are calculated separately for each facility and take into account the cost of operations which include the depreciation of capital assets. As a result, rates vary across the system based on historic capital expenditures.

H+H MAP Location	Floor Area (Sq. Ft)	Rate (ICR)	Annual Occupancy Fee	Location
Kings County	2,175	$ 84.19	$ 183,113.25	T Building, 1st Floor
Lincoln	4,352	$ 67.66	$ 294,456.32	Basement
Metropolitan	2,149	$ 59.03	$ 126,855.47	OPD Building, 1st floor
North Central Bronx	1,462	$ 46.77	$ 68,377.74	Room 1A-05
Morrisania	1,300	$ 52.65	$ 68,445.00	Basement
Total	11,438		$ 741,247.78	

Conclusion

- HRA has operated MAP offices within the System since 1991. The MAP offices provide a valuable service to the System and our patients.

- Since 2014, H+H has been reimbursed for the program's space based on the System's Institutional Cost Reports. The rental costs associated with the program are reimbursable under Medicaid.

- The five year renewal of the license agreement would provide over $741k in income in year one and increase by two percent annually.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a 30 year lease with Camelot of Staten Island, Inc. ("Camelot") with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View (the "Facility") on land measuring approximately 24,080 sq. ft. including the approximately 20,000 sq. ft. Administration Building at an annual rent of $250,000, or $12.50/sq. ft. to be escalated by 2.5% per year for a total rent over the 30 year initial term of $10,975,676.

WHEREAS, Camelot is a not-for-profit formed in 1971, licensed under Article 32 of the Mental Hygiene law to operate outpatient and intensive residential rehabilitation programs; and

WHEREAS, Camelot operates 2 intensive residential programs – 1 for adolescent males, and 1 for adult males; and 4 out-patient programs – one on Staten Island and 3 out-patient clinics located in Homes for the Homeless Inc. Tier II Family Shelters in Queens and the Bronx; and

WHEREAS, since 2012 Camelot has operated a 35-bed adult male residential program on the Facility's campus in the Camelot-renovated "Group Building;" and

WHEREAS, the proposed 25-bed residential SUD program will treat women only because research indicates that gender-responsive rehabilitation is more effective; and

WHEREAS, the program will be housed in the now vacant Administration Building to be renovated by Camelot at its own expense; and

WHEREAS, there is an acute need for SUD programs on Staten Island and SUD programs for women, in particular; and

WHEREAS, the New York State Office of Alcohol and Substance Abuse Services (OASAS) confirms that Camelot complies with OASAS program requirements, which includes medication and monitoring; and

WHEREAS, Camelot provides Methadone and Buprenorphine-based treatments to all patients with opioid use disorder and connects patients to maintenance treatment with medication following completion of residential treatment; and

WHEREAS, Camelot also provides out-patient intensive counseling and family treatment programs to which the System will refer

WHEREAS, a Public Hearing was held on February 27, 2018, in accordance with the requirements of the System's Enabling Act, and, prior to lease execution, the proposed sublease is subject to the approval of the City Council and the Office of the Mayor.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a 30 year lease with Camelot of Staten Island, Inc. with Camelot holding a 19 year renewal option for the operation of a residential Substance Use Disorder program on the campus of NYC Health + Hospitals/Sea View on a parcel of land measuring approximately 24,080 sq. ft. including the approximately 20,000 sq. ft. Administration Building at an annual rent of $250,000, or $12.50 per sq. ft. to be escalated by 2.5% per year for a total rent amount over the 30 year term of $10,975,676.

EXECUTIVE SUMMARY

LEASE WITH CAMELOT OF STATEN ISLAND, INC.
NYC HEALTH + HOSPITALS/SEA VIEW

OVERVIEW: The New York City Health and Hospitals Corporation (the "System") seeks authorization from its Board of Directors to execute a lease with Camelot of Staten Island, Inc. ("Camelot"), for the operation of a residential Substance Use Disorder ("SUD") program on the campus of NYC Health + Hospitals/Sea View ("Sea View") in the approximately 20,000 square foot Administration Building. A Public Hearing was held on February 27, 2018, in accordance with the requirements of the System's enabling act. Prior to lease execution, the proposed sublease is subject to the approval of the City Council and the Office of the Mayor.

Camelot is a not-for-profit corporation formed in 1971 and licensed under Article 32 of the Mental Hygiene law to operate outpatient and intensive residential rehabilitation programs. Camelot currently operates two intensive residential programs – one for adolescent males, and one for adult males; and four out-patient programs – one on Staten Island and three out-patient clinics located in Homes for the Homeless Inc. Tier II Family Shelters in Queens and the Bronx. Since 2012, Camelot has operated a 35-bed adult male residential program on Sea View's campus in the Camelot-rehabilitated "Group Building.

PROGRAM/ NEED: According to the NYS Department of Health, SUD are found on Staten Island at rates higher than the rest of New York City. Individuals with SUD represent approximately 33% of Medicaid beneficiaries on Staten Island and 32% of these are hospitalized at least once each year, which is twice the rate of those without SUD. Roughly 30% of these are women. There are no residential treatment programs on Staten Island for women with SUD. The proposed 25-bed residential SUD program will treat women only because research indicates that gender-responsive rehabilitation is more effective. It will be housed in the now vacant Administration Building to be renovated by Camelot at its own expense.

Camelot maintains that acute detoxification services either alone or in combination with short-term 21 day inpatient rehabilitation is effective for less than 25% of patients and ongoing outpatient treatment is also effective for only a limited percentage of patients. Thus, longer duration programs are necessary. Women entering the Camelot program will remain as long as nine months.

The Camelot facility will accept referrals from the System and from a range of health and social service agencies on Staten Island including members of the Staten Island DSRIP PPS. Each Camelot patient will have a primary counselor and will receive treatment for SUD, mental health issues, trauma-related experiences and post-discharge planning with respect to employment and housing. Each resident will receive a medical and psychiatric evaluation and medications will be prescribed for any chronic conditions. Camelot projects that 80% of its patients will achieve recovery.

PROCUREMENT: Camelot responded to an RFP issued by OASAS on February 13, 2017 for developers/operators of residential SUD treatment facilities in Bronx, Kings and Richmond County and was awarded funding and a contract to develop the Administration Building and operate the program. Also during this time period, the New York City Economic Development Corporation ("EDC") issued a Request for Expressions of Interest in the development of portions of the Sea View campus not being used for the operation of the facility. Camelot responded to the RFEI on April 24, 2017 with support, from among others, the Borough President, James Oddo. Although the Camelot proposal does not provide a comprehensive plan for the entire Sea View campus, EDC concluded that the proposed use of the Administration Building would complement the other proposed plans and that Camelot's independent funding would help to anchor either of the other two leading proposers.

TERMS: Camelot will lease a parcel of land measuring approximately 24,080 square feet including the Administration Building which is approximately 20,000 gross square feet over two floors and a cellar. The building is currently not in use. The renovation work for the Administration Building will include installation of a new elevator, new interior finishing, new windows, doors, roofing, mechanical and fire protection systems. The construction will be managed by the Dormitory Authority of the State of New York and will be entirely funded by OASAS at an estimated cost of approximately $9 million. The term of the lease will be 30 years. Camelot will pay annual rent of $250,000, or $12.50 per square foot to be escalated by 2.5% per year for a total rent over the thirty year term of $10,975,676. The sublease will contain one nineteen year renewal option. The annual base rent for the option term will be set at 95% of the property's appraised value. Camelot will be responsible for its operating expenses associated with the Administration Building including utilities, interior and exterior maintenance, and structural and non-structural repairs

Camelot will indemnify and hold harmless the System and the City of New York from any and all claims arising by virtue of its use of the property, and will also provide appropriate insurance naming each as additional insured.

SUMMARY OF ECONOMIC TERMS

SITE:	NYC Health + Hospitals/Sea View 460 Brielle Avenue Borough of Staten Island Block 955, Lot 1
TENANT:	Camelot Counseling, Inc. 4442 Arthur Kill Road, Suite No. 4 Staten Island, N.Y. 10309
BUILDING SIZE:	Approximately 20,000 square feet
PARCEL SIZE:	Approximately 24.080 square feet
TERM:	30 year initial term
RENEWAL OPTIONS:	One 19 year option. The annual base rent for the option term will be set at 95% of the property's appraised value and will escalate at 2.5% thereafter.
RENT:	$250,000 per year in the first year of the term
ESCALATION:	2.5% per year
UTILITIES:	The cost of all utilities will be the tenant's responsibility.
MAINTENANCE:	The tenant will responsible for all interior and exterior structural and non-structural maintenance and repairs to the facility.
FINANCING:	Funding will be provided by the New York State Office of Alcohol and Substance Abuse Services.

NYC
HEALTH+
HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Camelot of Staten Island, Inc.

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	**EEO**	**MWBE**
Approved	Pending	N/A

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

LONG TERM LEASE TO CAMELOT OF STATEN ISLAND, INC. SEA VIEW HOSPITAL ADMINSTRATION BUILDING FOR CONVERSION TO WOMENS' RESIDENTIAL SUBSTANCE ABUSE PROGRAM

Board of Directors Meeting
SEPTEMBER 26, 2019

Maureen McClusky - Senior Vice President
Christine Flaherty, Senior Vice President, Capital and Design
Charles Barron, Deputy Chief, MPA Behavioral Health Administrator

NYC HEALTH+ HOSPITALS

Background -- Camelot

- Not-for-profit formed in 1971
- Art 32 Mental Health Law license to operate outpatient and residential substance use disorder (SUD) programs
- Now operates 35-bed men’s residential SUD program at Sea View under another long term lease
- Focuses on Staten Island where incidence of SUD is higher than elsewhere in City and where 30% of patients are women

NYC HEALTH+ HOSPITALS

Camelot SUD Program

- Funded by NY State Office of Alcohol and Substance Abuse Services (OASAS)
- OASAS confirms Camelot complies with OASAS Program Requirements, which includes medication and monitoring
- Provides Methadone and Buprenorphine-based treatments as well as abstinence-based treatments
- Provides out-patient intensive counseling and family treatment programs to which NYC H+H will refer
- Collaboration with Gotham Vanderbilt Staten Island Site

NYC HEALTH+ HOSPITALS

Proposed Camelot Program

- 25 bed residential program for women and their children
- Residents will remain in the program for up to 9 months
- Will accept referrals from NYC Health + Hospital facilities among others
- Residents will be offered drug maintenance programs (Methadone and Buprenorphine) as well as abstinence-based treatments

Proposed Lease of Admin. Building

- 30 year term
- Land is 24,080 sf; Building is 20,000 sf
- Building currently dilapidated and unused
- Rent starts at $12.50/ft. or $250,000/yr.
- Increases at 2.5%/yr.; total rent over term is $10,975,676
- Renovation costs paid entirely by Camelot and funded by OASAS

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a two year revocable license agreement with a one year renewal option exercisable solely by the System with New York Legal Assistance Group ("NYLAG") for part-time, non-exclusive use and occupancy of space at all of the System's acute care hospitals and at the other large facilities as indicated in attachment "A" to this Resolution (the "Facilities") to provide legal services to patients and training to System staff at a fee payable by System to NYLAG for the services to be performed over the potential three year term not to exceed $4,160,424 and without any payment by NYLAG for the use of the space; provided however, if any other source provides funds for the NYLAG services, the total value of the contract may increase correspondingly.

WHEREAS, NYLAG is a not-for-profit provider of legal services to, among others, hospital patients in need of counseling in various areas of the law, including, but not limited to, immigration, domestic relations, child support and custody, and benefit entitlements; and

WHEREAS, NYLAG also trains hospital staff to identify patients with legal issues that would benefit from legal representation; and

WHEREAS, the System has been working with NYLAG continuously since 2002 when its services were limited to NYC Health + Hospitals/Elmhurst;

WHEREAS, since its start at Elmhurst, NYLAG expanded its services to all of the System's acute care hospitals as well as NYC Health + Hospitals/Coler and NYC Health + Hospitals /Henry J. Carter; and

WHEREAS, during the last several years, both the New York City Council and the Mayor's Office of Immigrant Affairs have added funds to the pre-existing NYLAG contracts to fund additional NYLAG staff or to expand NYLAG services; and

WHEREAS, previously the NYLAG agreements were viewed primarily as license agreements reflecting the view that NYLAG operated its program fairly independently of the System and the System's role was merely to furnish space in which NYLAG could operate but as the contract has grown, the System has come to regard the predominant nature of the relationship as that of a service agreement; and

WHREREAS, with the changed emphasis, the contract will be structured as a services agreement, centrally managed and the System will assert itself more by requiring more detailed reports and exercising greater control over the nature of the services, how they are staffed, where within the System NYLAG resources are assigned and which services are emphasized; and

WHEREAS, the Vice President for Population Health shall be responsible for the administration of the proposed agreement.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") to sign a two year revocable license agreement with a one year renewal option exercisable solely by the System with New York Legal Assistance Group ("NYLAG") for part-time, non-exclusive use and occupancy of space at all of the System's acute care hospitals and at the other large facilities as indicated in attachment "A" to this Resolution (the "Facilities") to provide legal services to patients and training to System staff at a fee payable by System to NYLAG for the services to be performed over the potential three year term not to exceed $4,160,424 and without any payment by NYLAG for the use of the space provided however, if any other source provides funds for the NYLAG services, the total value of the contract may increase correspondingly.

EXECUTIVE SUMMARY

NEW YORK LEGAL ASSISTANCE GROUP
CONTRACT TO PROVIDE *PRO BONO* LEGAL SERVICES

OVER-VIEW Since 2002, NYLAG has been providing *pro bono* legal services to the System's patients. The relationship started small at only Elmhurst Hospital but grew steadily to its current size which includes representation at each of the System's acute care facilities and numerous other large facilities. NYLAG's representation spans the range of patients' needs but is focused primarily on immigration, housing, benefit entitlement and family law matters. NYLAG has a long history of obtaining legal status for patients entitling them to Medicaid coverage and thereby permitting the System to collect payment for its services.

From 2002, the NYLAG relationship with the System was treated as primarily a real estate one where the System provided space to an independent entity for the operation of its program. On this basis, prior NYLAG agreements were space license agreements although they all included provisions as to the nature of the services to be provided. With the growth in the size of the NYLAG contract and the increased awareness of the importance of social determinants of health, the System has come to appreciate the importance of the services performed by NYLAG and the need to structure and focus them to integrate with the System's own attempts to address social determinants and to maximize the benefits of the services. Accordingly, the contract is proposed to be a services contract and its administration is to be centralized although still with a space license element.

NEED: There continues to be great need for *pro bono* legal services for the System's patients. There is particular demand for immigration related legal services. This kind of work often benefits the System financially in that it may establish a payor for health care services provided.

PROGRAM: The proposed contract will be for two years with the System holding one, one-year option to renew. Over the full three year term, the cost will not exceed $4,160,424. However, it is likely that in the course of the contract, the New York City Council and or the Mayor's Office of Immigrant Affairs will give the System a grant to be used to add funding for additional services thereby increasing its total cost.

FUNDING: The fees payable by the System to NYLAG will come out of operating funds. In the first year, the fee will be $921,000. In the second year, the fee will be $1,428,313. In the option year, the fee will be $1,811,111. The three year total will be $4,160,424. Such fees do not cover the entire cost of the program with funds raised from other sources, including the Robin Hood Foundation making up the difference. Additionally, the City Council and the Mayor's Office of Immigrant Affairs have provided further funding for additional immigration representation. The benefits to the System in Medicaid payments for patients qualified for Medicaid coverage by NYLAG immigration work has more than paid for the System's costs during prior years.

NYC Health + Hospitals – General Legal Clinic Sites – ATTACHMENT - A

CLINIC SITE	DAY & TIME	LOCATION
Bellevue Hospital Center	Tuesdays: 9:30-2pm	*Atrium Ground Floor, Patient Assistance Center, Room G1027, 462 First Ave.*
Bellevue Hospital Center, Cancer Center	Friday: 9:30am – 2pm	*Mezzanine Ambulatory Care Cancer Center* *462 First Ave*
Coney Island Hospital	Friday: 9:30am -2pm	*Medical Records Room 101* *First Floor* *2601 Ocean Parkway*
Elmhurst Hospital Center	Wednesday: 12:30pm – 5pm Thursday: 9:30am – 2:00pm	Wednesday: *Room A-1-25* *79-01 Broadway* Thursday: *Hope Pavilion, 2nd Floor* *79-01 Broadway*
Harlem Hospital Center	Wednesday: 9:30am – 2pm	*Ronald Brown Pavilion 4th Fl.* *Yellow Waiting Room* *540 Lenox Ave*
Jacobi Medical Center	Thursday: 9:30am -2pm	*Building 1 Room 3E27A* *1400 Pelham Parkway*
Kings County Hospital Center	Wednesday & Friday: 9:30am – 2pm	*E Building, Specialty Clinic Lobby* *451 Clarkson Ave*

Lincoln Medical Center	Thursday: 9:30am – 2pm	*2nd Floor, Room 2C2-455* *234 East 149th Street*
Metropolitan Hospital	Thursday: 12:30pm – 5pm	*Room 7C2* *Social Work Office* *1901 1st Avenue*
North Central Bronx Hospital	Wednesday: 12:00pm – 5:00pm	*14A-04* *3424 Kossuth Ave*
Queens Hospital	Thursday: 9:30am – 2pm	*Geriatrics, P023* *82-68 164th Street*
Woodhull Medical Center	Wednesday: 9:00am – 3pm	*Geriatric Wellness Center* *760 Broadway*

NYC HEALTH + HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
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To: Colicia Hercules
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From: Keith Tallbe
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Vendor: NYLAG

Date: September 5, 2019

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Approved	Pending	NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

POPULATION HEALTH SERVICES AGREEMENT WITH SPACE LICENSE COMPONENT NEW YORK LEGAL ASSISTANCE GROUP (NYLAG)

Board of Directors Meeting
SEPTEMBER 26, 2019

Dave Chokshi – Vice President Population Health

NYC HEALTH + HOSPITALS

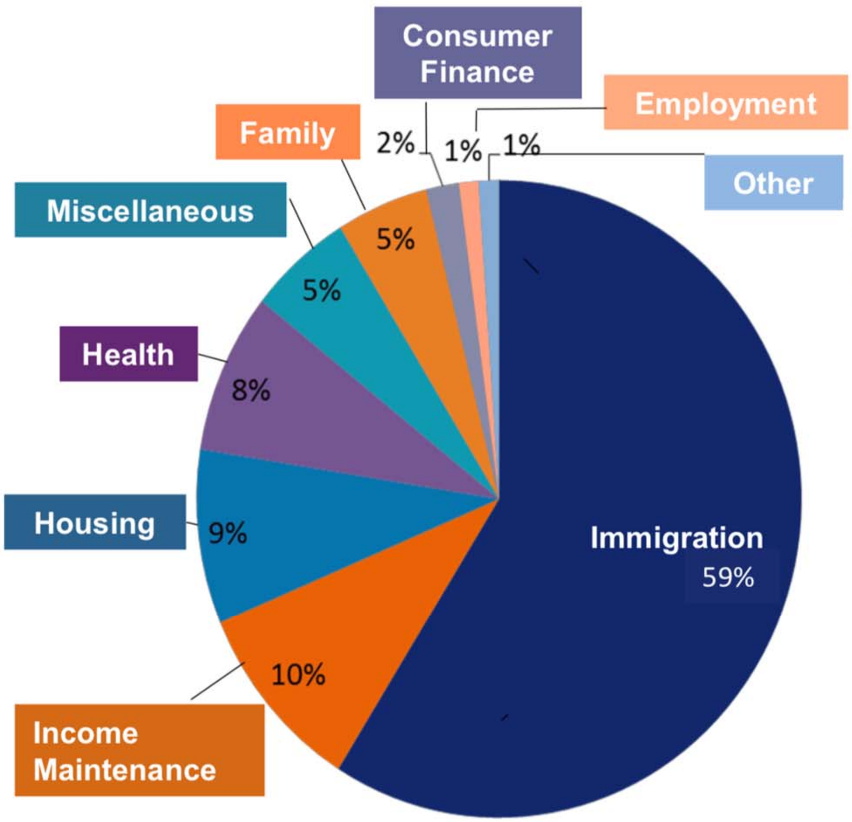
Overview – LegalHealth at NYC H+H

- LegalHealth is a division of NYLAG, a nonprofit legal services provider founded in 1991 that partners with over 600 health and human services agencies across NYC to combat social and economic injustice for low-income, medically underserved, and other vulnerable New Yorkers*
- NYC Health + Hospitals operates one of the country's oldest and largest medical-legal partnerships with NYLAG's LegalHealth division – H+H provides physical space to NYLAG attorneys to serve patients at sites on matters related to immigration, housing, income maximization, family law, and more.
- Began at Elmhurst in 2002; later expanded to all acute care facilities, as well as select post-acute and larger Gotham facilities.
- NYLAG receives funding from other sources, including the Robin Hood Foundation, which combines with the System's payments to cover the full cost of the program.
- 4,375 patient cases were handled by NYLAG attorneys in 2018.

* A System-Level Approach to Address Health-Harming Legal and Social Needs: A Case Study of the NYC Health + Hospitals and LegalHealth Medical-Legal Partnership

NYC HEALTH+ HOSPITALS

LegalHealth Case Load at NYC H+H



Other: Juvenile, Education, Unspecified, Individual Rights (disability/other)

Examples of specific matters:

- Housing: Eviction prevention
- Health: Establishing PRUCOL status as a pathway to Medicaid eligibility
- Income Maintenance: Handling a Social Security Disability appeal
- Employment: Handling a reasonable accommodation in the workplace
- Immigration: Processing visa / other application for family members for the purposes of organ donation

NYC HEALTH+ HOSPITALS

Proposed Resolution

- License agreement with provision for services
- Attorneys on-site at all 11 acute care hospitals as well as select post-acute and Gotham sites between 1-2 days per week
- New contract will be administered centrally by the Office of Population Health
  - Integrate with System's social determinants strategy
  - Coordinate NYLAG's legal resources with flexibility to shift legal staff across the system to support spikes in volume
  - Population Health will manage payments, rather than each facility independently

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with Bellevue Day Care Center, Inc. (the "Licensee") for its continued use and occupancy of 3,031 square feet in the C&D Building at NYC Health + Hospitals/Bellevue Hospital Center (the "Facility") to operate a daycare center with the occupancy fee waived.

WHEREAS, the Licensee is a not-for profit organization created in 1971 by the three auxiliary organizations to Bellevue, and is experienced in the provision of childcare services to Bellevue Hospital employees and the New York City community; and

WHEREAS, since 2001, the Licensee has provided childcare services to the Facility's employees and the New York City community from the Facility's C&D Building under a succession of license agreements with the Corporation; and

WHEREAS, in May 2014 the System's Board of Directors authorized a license agreement with the Licensee and the Facility has determined that there continues to be a need for childcare services; and

WHEREAS, the Corporation recognizes the benefit conferred upon it by having the Licensee's program located on the Facility's campus; and

WHEREAS, the System desires to allow the Licensee to continue to occupy space at the Facility and operate its childcare center.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five year revocable license agreement with Bellevue Day Care Center, Inc. (the "Licensee") for its continued use and occupancy of 3,031 square feet in the C&D Building at NYC Health + Hospitals/Bellevue Hospital Center to operate a daycare center with the occupancy fee waived.

EXECUTIVE SUMMARY

LICENSE AGREEMENT
BELLEVUE DAY CARE CENTER, INC.
BELLEVUE HOSPITAL CENTER

OVERVIEW: The New York City Health and Hospitals Corporation (the "System") seeks authorization from the System Board of Directors to execute a revocable license agreement with Bellevue Day Care Center, Inc. (the "Center") for its continued use and occupancy of space to operate a childcare center at NYC Health + Hospitals/Bellevue Hospital Center ("Bellevue").

PROGRAM/
NEED: The Center is a not-for profit organization created in 1971 by the three Bellevue auxiliaries. Since 2001, the Center has operated in Bellevue's C&D Building, providing services to the community and Bellevue staff. The program was established to address the shortage of on-site childcare for Bellevue employees. In May of 2014 the System Board of Directors authorized the license agreement with the Center.

The proposed agreement gives Bellevue employees access to affordable on-site childcare. The Center will be open from 7:00 a.m. to 7:00 p.m., Monday through Friday. The program aims to reduce employee absenteeism related to childcare issues while increasing staff productivity and satisfaction. The program also helps retain professional staff. The service will also be available to members of the Community. In case of a disaster, the Center will provide childcare for essential staff and other emergency service staff.

Because of the benefits accruing to Bellevue staff, and to the surrounding community, the occupancy fee from the Center is waived. The majority of the childcare slots will be allocated to Bellevue employees who will receive a 10% discount. In addition to the 10% discount, some staff may be eligible for a further discount through a program offered by the New York City Administration for Children's Services ("ACS").

The Center is licensed for 41 spots including: 8 infants, 12 children ages 1-3, 21 children ages 3-5. The proposed rates will be $1,975/month for non-Bellevue staff and $1,875 for Bellevue staff. Currently 24 of the slots are filled with children of Bellevue staff, 4 slots are vacant and the rest are filled with non-Bellevue staff children. The 4 empty slots are all reserved for Bellevue staff. There is a waiting list for the Bellevue staff slots and so there is no doubt that all the vacancies will be filled with children of Bellevue staff at which point the children of Bellevue will comprise close to 70% of the total.

TERMS: Bellevue Day Care will be granted the continued use and occupancy of approximately 3,031 square feet of space in the C&D Building. The occupancy fee will be waived. Bellevue will provide electricity, hot and cold water, heating, air conditioning, refuse removal and structural maintenance. Bellevue Day Care will be responsible for housekeeping, food service, routine maintenance and security.

The Center will be required to indemnify and hold harmless the System and the City of New York from any and all claims arising out of its use of the Licensed Space and will provide appropriate insurance naming the System and the City of New York as additional insured parties.

The license agreement will not exceed five (5) years and will be revocable by either party upon ninety (90) days prior written notice.

NYC HEALTH+ HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Bellevue Day Care Center

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	**EEO**	**MWBE**
Approved	NA	NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

BELLEVUE DAY CARE CENTER, INC.

Request for a 5 year Lease renewal

Board of Directors Meeting
SEPTEMBER 26, 2019

Michael Rawlings – Chief Operating Officer Bellevue Hospital

Bellevue Day Care Center, Inc.

- The Day Care is a not-for-profit established in 1971.
- The Day Care has been on-site at Bellevue since 2001.
- Occupying 3,031 square feet in Bellevue's C&D Building.
- Bellevue provides electricity, water, heating/AC, and garbage collection.
- 51% of the Childcare spots are reserved for Bellevue Staff (Bellevue is currently using 60% of the spots).
- The occupancy fee (3,031 square feet at $34.00 per square foot for a total cost of $103,054 yearly) has been waved, due to the benefits accruing to Bellevue staff (receiving discounts totaling $248,208 yearly) and to the surrounding community.

Day Care Operation

- The Day Care Center is licensed for 41 childcare spots
  - 8 Infants
  - 12 Children Ages 1 – 3
  - 21 Children Ages 3 - 5
  - The Day Care has 8 Free Pre-K spots for the ages of 3 – 5
  - The Day Care is open from 7:00 am to 7:00 pm, Monday – Friday.
  - Bellevue Staff receive a 10% discount.
  - Bellevue staff pay $1,875 monthly and Non-Bellevue staff pay $1,975 monthly.
  - Most of Bellevue staff are eligible for a further discount though a program offered by NYC Administration of Children's Services (ACS).

Day Care Current Enrollment Stats

- There are 8 Infants.
- There are 24 Bellevue/Affiliate employees' children (60% of the Day Care childcare spots) and 16 non-Bellevue employees' children are enrolled.
- There are 4 spots (in the 3-5-year range) that are open for the fall 2019 and Bellevue staff has preference.
- There are currently 15 Bellevue employees on a waiting list for enrollment in 2020.

Additional Employee Benefits

- The Day Care works with NYC Administration for Children's Services (ACS) to help subsidizes the monthly costs for Bellevue Staff. Currently, 14 of the 24 Bellevue staff with children enrolled in the Day Care qualify for ACS discount.
- In 2014 the Day Care was awarded a grant from New York City Council to install an outdoor play area, which was built in Bellevue's First Avenue Park.

Bellevue Day Care Center, Inc.

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to execute a five year revocable license agreement with Bellevue Day Care Center Inc. (the "Licensee") for the use and occupancy of 3,031 square feet in the C&D Building at Bellevue Hospital Center (the "Facility") in which to operate a daycare center at no charge to the Licensee.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a one year revocable license agreement with two one-year options to renew exclusive to the System with Bright Horizons Children's Centers LLC ("BHC") for its use and occupancy of approximately 1,900 square feet of space on the ground floor in NYC Health + Hospitals/Elmhurst (the "Facility") to operate a daycare center with discounted rates for Facility staff and the occupancy fee waived; provided, however, the System shall not exercise its renewal options unless BHC enrollment is at least 50% children of staff by the end of the first year.

WHEREAS, BHC has been operating a daycare center providing care for infants, toddlers and preschoolers at the Facility for close to ten years; and

WHEREAS, such daycare center has been open to staff at the Facility as well as members of the public, however, in the past, usage by Facility staff has been low; and

WHEREAS, the Facility leadership has been willing to continue the relationship with BHC only if the tuition pricing is adjusted to attract more staff of the Facility, if BHC actively markets the center to staff, and if more staff enroll their children in the center; and

WHEREAS, BHC has agreed to the discounted tuition for staff indicated in the attached Summary of Economic Terms and the Facility has wanted to continue the relationship for only a single year to see if additional staff enroll their children with the expectation that if staff enrollment does not increase, the relationship will not be continued but if it does increase sufficiently, then the option to renew will be exercised; and

WHEREAS, the Facility has adequate space to house BHC's program; and

WHEREAS, the proposed license agreement will be administered by the Executive Director of the Facility.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a one year revocable license agreement with two one-year options to renew exclusive to the System with Bright Horizons Children's Centers LLC ("BHC") for its use and occupancy of approximately 1,900 square feet of space on the ground floor in NYC Health + Hospitals/Elmhurst to operate a daycare center with discounted rates for staff with the occupancy fee waived; provided, however, the System shall not exercise its renewal options unless BHC enrollment is at least 50% children of staff by the end of the first year.

EXECUTIVE SUMMARY

LICENSE AGREEMENT
BRIGHT HORIZON CENTER
NYC HEALTH + HOSPITALS/ELMHURST

BACKGROUND: New York City Health and Hospitals Corporation (the "System") seeks authorization from its Board of Directors to execute a one year revocable license agreement with Bright Horizons Children's Centers LLC ("BHC"") for its use and occupancy of approximately 1,900 square feet of space on the first floor of NYC Health + Hospitals/Elmhurst (the "Facility") to operate a daycare center providing care for infants, toddlers and preschoolers.

NEED: Having an on-site day care center available to all employees helps attract young employees and retain them following childbirth by offering a clean, safe and caring environment for their infants, toddlers and preschoolers in a location adjacent to their workplace. The proximity of this resource to Facility employees will appeal to employees looking to build both families and careers. BHC manages its licensing requirements, compliance, safety, curriculum as well as all staffing issues.

BHC: BHC, headquartered in Watertown, MA, is an organization founded in 1986 that provides on-site workplace child care. It has been recognized as one of Fortune's best workplaces for diversity and is used by more than 1,000 of the world's top employers to provide on-site child care to help attract and retain employees. BHC employs over 32,000 employees worldwide. They operate in the US, Canada, UK, the Netherlands and India.

PROGRAM: There are now 30 children in BHC's "Little Elms" program. The program is licensed for 33 children. Currently there are seven hospital employees families enrolled (23% hospital enrollment) with the remainder being families from the community. The program is operated between 7 am to 6 pm and provides an environment and experience to each child that captures the joys of childhood, nurtures each child's individual growth and development, paving the way for future success in school and life.

TERMS: BHC does not pay an occupancy fee, but in lieu thereof it provides a discount to Facility staff. The proposed discount is on a sliding scale so that staff earning less than $55,000 get a 60% discount, those earning between $55,000-$70,000 get a 45% discount, those earning between $70,000 - $90,000 get a 35% discount and those making more than $90,000 get a 25% discount. Additional details are given in the attached Summary of Economic Terms. The term of the license will be one year and shall be revocable by either party on 90 days' notice. The System will have the right to extend the license for two one-year terms; provided, however, the System shall not exercise its renewal options unless BHC enrollment is at least 50% children of staff by the end of the first year. BHC will indemnify and hold harmless the System and the City of New York from any claims arising by virtue of its use of the licensed space and will also provide appropriate insurance naming each of the parties as additional insureds.

SUMMARY OF ECONOMIC TERMS

LICENSE AGREEMENT
BRIGHT HORIZON CENTER
NYC HEALTH + HOSPITALS/ELMHURST

CURRENT MONTHLY TUITION	COMMUNITY	ELMHURST STAFF	SAVINGS
Infants	$2,515	$1,755	$760
Toddlers	$2,391	$1,663	$728
Preschool	$2,199	$1,538	$661

The staff discount represents a 15% decrease from 2017 staff rates

PROPOSED GREATER DISCOUNTS

	Income < $55K	$55K-$70K	$70K-$90K	>$90K
Staff Discount from Community rates	60%	45%	35%	25%
Infant	$957	$1,383	$1,634	$1,886
Toddler	$880	$1,315	$1,554	$1,794
Preschool	$880	$1,209	$1,429	$1,649

OCCUPANCY FEE: The occupancy fee is waived.

NYC HEALTH+ HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
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New York, NY 10038
Keith.Tallbe@nychhc.org
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To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Bright Horizons

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Approved	NA	NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Elmhurst
Bright Horizon
One Year Lease Renewal

Board of Directors Meeting

September 26, 2019

Israel Rocha, Vice President, One City Health

Bright Horizon - Little Elms Daycare Center at Elmhurst Hospital

- In January 2009, Elmhurst Hospital issued an RFP for the management of a childcare center it was developing for the benefit of its employees.
- Bright Horizons was selected through RFP Process in 2009 to manage the onsite daycare center at Elmhurst Hospital.
- The daycare center occupies approximately 2,616 square feet at Elmhurst Hospital.
- Elmhurst provides utility and maintenance services to the daycare center.
- The occupancy fee has been waved in exchange for tuition discounts for employees and in recognition of the benefits the daycare center has to residents of the surrounding community.
- In October 2017, facility administration reviewed the daycare center's tuition structure with daycare management.
- As the result of this review, in January 2018, the daycare center reduced tuition for employees by an additional 15%, for a total discount over community rates of 30% to attract more employees.

Bright Horizon - Little Elms Daycare Center at Elmhurst Hospital (Cont'd)

- While the additional tuition reduction in 2018 increased the number of employees utilizing the daycare center, it fell short of expectations.
- The facility worked again with daycare center management to revamp the tuition structure and make the daycare center more affordable to employees.
- The new tuition structure would feature tiers and discounts that are based on employee household income to make the center more affordable to all employees.
- The one year renewal is contingent on the implementation of the new tuition structure.
- The % of employees that use the center will be used as the basis to evaluate the efficacy of the new tuition structure and will be assessed to determine whether to continue the operation of the center beyond the one year renewal being sought.

NYC HEALTH+ HOSPITALS

Areas of Focus

- Little Elms Staffing and Hours
- Tuition Fee Structure
  - Current
  - Historical
  - New
- Summary

Bright Horizons

Staffing and Teacher Composition

- 1 Center Director
- 1 Administrative Assistant / Associate Teacher
- 2 Preschool Teachers
- 2 Toddler Teachers
- 2 Infant Teachers
- 2 Float Teachers

Total: 10 Staff and Teachers at Little Elms Child Care Center

Hours of Operation are 7am-6pm

Value

- Fair Market Value (FMV) assessment values the space at $49 per sq. ft. or $127,400/year.

- Using the gross sq. ft. of 2600 sq. ft. the per sq. ft. savings value is;
  - Lowest value based on 21% (current occupancy) at new rates is $32.40 per sq. ft.
  - Median value based on 50% occupancy at new rates is $70.26 per sq. ft.
  - Highest value based on 100% occupancy at new rates is $124.13 per sq. ft.

NYC HEALTH+ HOSPITALS

Summary

- The center has a total of 33 slots, with 7 slots filled by employees.
- The goal of the new tuition structure is to have 50% employee/subsidized enrollment within a year of implementation and the long-term goal is to have 100% employee/subsidized enrollment.
- The total value of annual tuition savings/subsidy, at the initial targeted level of client enrollment is $195,000.
- Hospital employees are unlikely to find comparable, quality child care at these tuition rates, combined with the convenient location at the hospital.
- New tuition rates will be implemented within 30 days of a fully executed agreement between NYCHHC and BH, though there may be a waiting period if spaces are currently filled.
- BH would work with Elmhurst Hospital on a marketing strategy to attract additional hospital families to Little Elms.

NYC HEALTH+ HOSPITALS

Current Tuition and Savings Summary

	Current Rates Community	Current Rates Client*	Savings in Dollars
Infant	$2,515	$1,755	$760
Toddler	$2,391	$1,663	$728
Preschool	$2,199	$1,538	$661

*Current rate structure provides a 30% discount from community rates

- There are currently 7 client families enrolled at Little Elms (3 Infants, 1 Toddler, 3 PreSchool)
- The total value of annual tuition savings, based on currently enrolled client families, is $60k

NYC HEALTH+ HOSPITALS

History of Tuition Restructuring

	2017 Rates Client	2018 - Present Rates Client
Infant	$2,065	$1,755
Toddler	$1,956	$1,663
PreSchool	$1,809	$1,538

- In January 2018, Bright Horizons *decreased* client rates by 15%, which remain in effect, as of today
- In February 2019, Bright Horizons increased community rates by 7%, and increased teacher wages by 13%, *while holding client tuition rates flat*
- The new, income-based tuition structure, will *further reduce* tuition rates for Hospital employees

NYC HEALTH+ HOSPITALS

New Tuition Structure

Discount from Community:	Client HH Income <55k 60%	Client HH Income 55k-70k 45%	Client HH Income 70k-90k 35%	Client HH Income >90k 25%
Infant	$957	$1,383	$1,634	$1,886
Toddler	$880	$1,315	$1,554	$1,794
PreSchool	$880	$1,209	$1,429	$1,649

- The new tuition structure will allow *unlimited* client enrollment in the top tier (greater than 90k); families in this tier, if currently enrolled, will see a 5% tuition increase
- The new tuition structure will allow a total of 9 client enrollments in the lowest two tiers (less than 55k, and 55k-70k, respectively), and a total of 3 client enrollments in remaining tier (70k-90k)
- All tuition rates are based on full-time enrollment, assuming 9 hours of care; extended-day care, up to 11 hours, is available for an additional fee

Tuitions: Household Income <55K

HH <55K									
	Infant			Toddler			Preschool		
	5 days	3 days	2 days	5 days	3 days	2 days	5 days	3 days	2 days
Part-time 0 - 6.0 hours	$756	$567	$401	$695	$521	$368	$695	$521	$368
Full-time 6.01 - 9.00 hours	$957	$718	$507	$880	$660	$466	$880	$660	$466
Extended hours 9.01+ hours	$995	$746	$527	$915	$686	$485	$915	$686	$485

- Tuitions in this tier have been reduced by an average of 45% from current tuition discount & represent a discount of an average of 56% from current community rates.

NYC HEALTH+ HOSPITALS

Tuitions: Household Income 55-70K

HH 55-70K									
	Infant			Toddler			Preschool		
	5 days	3 days	2 days	5 days	3 days	2 days	5 days	3 days	2 days
Part-time 0 - 6.0 hours	$1,093	$819	$579	$1,039	$779	$551	$955	$716	$506
Full-time 6.01 - 9.00 hours	$1,383	$1,037	$733	$1,315	$986	$697	$1,209	$907	$641
Extended hours 9.01+ hours	$1,438	$1,079	$762	$1,368	$1,026	$725	$1,257	$943	$666

- Tuitions in this tier have been reduced by an average of 21% from current tuition discount & represent a discount of 37% from current community rates.

Tuitions: Household Income 71-90K

HH 71 - 90K+									
	Infant			Toddler			Preschool		
	5 days	3 days	2 days	5 days	3 days	2 days	5 days	3 days	2 days
Part-time 0 - 6.0 hours	$1,291	$968	$684	$1,228	$921	$651	$1,129	$847	$598
Full-time 6.01 - 9.00 hours	$1,634	$1,226	$866	$1,554	$1,166	$824	$1,429	$1,072	$757
Extended hours 9.01+ hours	$1,699	$1,275	$901	$1,616	$1,212	$857	$1,486	$1,115	$788

- Tuitions in this tier have been reduced by an average of 7% from current tuition discount & represent a discount of 26% from current community rates.

NYC HEALTH+ HOSPITALS

Tuitions: Household Income 90K +

HH 90K+									
	Infant			Toddler			Preschool		
	5 days	3 days	2 days	5 days	3 days	2 days	5 days	3 days	2 days
Part-time 0 - 6.0 hours	$1,490	$1,117	$790	$1,417	$1,063	$751	$1,303	$977	$690
Full-time 6.01 - 9.00 hours	$1,886	$1,415	$1,000	$1,794	$1,346	$951	$1,649	$1,237	$874
Extended hours 9.01+ hours	$1,961	$1,471	$1,040	$1,866	$1,399	$989	$1,715	$1,286	$909

- Tuitions in this tier have been increased by an average of 8% from current tuition discount, however represent a discount of 14% from current community rates.

Thank You!

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to amend the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Mac Fhionnghaile & Sons Electrical Contractors, Inc. ("Mac & Sons"), which was procured through the System's public bid process, to provide electrical construction services on an as-needed basis with such amendment increasing the $6,000,0000 not to exceed contract limit for Mac & Sons by $6,000,000 to bring the total not to exceed limit to $12,000,000.

WHEREAS, to address the System's need for electrical contractors from time to time, the Board of Directors authorized two JOCs contracts in July 2018, including one for Mac & Sons, both of which are two year agreements of which roughly one year remains; and

WHEREAS, in July, 2018, the Board of Directors authorized the execution of two JOCs contracts; one with Mac Fhionnghaile & Sons Electrical Contracts, and one with Jemco Electrical Contractors; and

WHEREAS, Mac & Sons has been used far more heavily than originally expected because of the unanticipated volume of electrical work associated with the System's Epic roll-out; and

WHEREAS, the other JOCs electrical contractor has been similarly fully engaged doing work in connection with the System's roll-out of the Point Click Care medical records system for its Long Term Care facilities; and

WHEREAS, of the $6,000,000 authorized for Mac & Sons, $5,622,617.83 has already been spent leaving only $377,382.17 while $2,072,000 of work is being requested at NYC Health + Hospitals/Kings; and

WHEREAS, adding $6,000,000 to the Mac & Son contract will ensure that, after the currently identified work is completed, $4,305,382 will remain in the contract for currently unanticipated projects; and

WHEREAS, the Mac & Sons contract will be managed under the supervision of the Senior Vice President for Facilities Development.

NOW THEREFORE, it is hereby resolved that, the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Mac Fhionnghaile & Sons Electrical Contractors, Inc. ("Mac & Sons"), which was procured through the System's public bid process, to provide electrical construction services on an as-needed basis with such amendment increasing the $6,000,0000 not to exceed contract limit for Mac Fhionnghaile & Sons Electrical Contractors, Inc. by $6,000,000 to bring the total not to exceed limit to $12,000,000.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION LIFTING PRIOR NOT-TO-EXCEED CAP
MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTORS, INC.
ELECTRICAL REQUIREMENTS CONTRACT

OVER-VIEW The System uses JOC contracts to meet many of its needs for professional construction services. In fact, the statute that created the System specifically allows pre-qualification of contractors. Historically, the resolutions that have approved such contracting have included a not-to-exceed limit. In July 2018, the Board approved two contracts for two contractors to serve on an as-needed basis with each contract having a $6M not-to-exceed limit. These contracts have worked well and have been heavily drawn upon throughout the System enabling the System to respond quickly to a wide range of requests and needs. In fact, they have been so useful that currently the Mac Fhionnghaile & Sons Electrical Contractors Inc. ("Mac & Sons") contract has committed $5,622,617.83 leaving only $377,382.17 dollars remaining through the expiration of the contract at the end of the next fiscal year. Mac & Sons has already been requested to perform work valued at $2,072,000 a NYC Health + Hospitals/Kings over the next three months and this will exceed the current value of the contract. These contracts have been used for many projects not envisioned in 2018 and 2019 such as the electrical work required in the IT IDFs and MDFs for EPIC go-live. These additional uses have pushed the expenditures close to the maximum allowed on the current contract.

NEED: Additional uses of the Mac & Sons contract are anticipated some of which are not currently known.

FUNDING: Each use of the JOC contracts is made only with explicitly identified funding whether from operating funds or City Capital. Increasing the not-to-exceed cap will not provide additional money to be spent but will only increase the capacity of the subject contract to be used with such funds as are provided.

PROGRAM: The Mac & Sons contract will expire in July 2020. Prior to that date, the System will perform another RFP to secure a continuing pool of requirements contractors in the needed fields. The requested authority will not change any aspect of the current contract other than to increase the contracting cap from $6,000,000 to $12,000,000 subject to funding availability.

MWBE: Mac & Sons is a WBE certified firm.

NYC
HEALTH+
HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
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To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: MacFhionnghaile & Sons.

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Approved	Approved	NYC Certified WBE

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Mac Fhionngnaile & Sons Inc.
Electrical Contractor

Board of Directors Meeting

September 26, 2019

Christine Flaherty
Sr. Vice President
Office of Facilities Development

Background / Current State

- JOC contracts are pre-bid contracts using fixed prices with a multiplier
- Current electrical construction services providers are
  - Mac Fhionngnaile & Sons Inc.
  - JEMCO
- JEMCO used for Point Care Click (PCC) make ready work
  - PCC is the long term care electronic patient record software
- Mac Fhionngnaile & Sons used for EPIC make ready work
  - EPIC is the acute and ambulatory acre electronic patient record software

Procurement

- Public bids opened on April 3, 2018 and April 4, 2018 for two contracts, each for $6M, to provide electrical construction services
- JEMCO Electrical Contractors was the lowest responsible bidder on both bids, however they can only be awarded one contract
  - **April 3, 2018** - JEMCOs multiplier **1.0493** and Mac Fhionngnaile 1.1599
    - Elmhurst Electric 1.2078 and Wade Electric 1.4300 were the other bidders
  - **April 4, 2018** - JEMCOs multiplier 1.0493 and Mac Fhionngnaile **1.1495**
    - Elmhurst Electric 1.3207, Palace Eletrical Contractor 1.3386, and Arcadia Electrical Inc. 1.2480 were the other bidders
- Mac Fhionngnaile & Sons Electrical Inc. was the second lowest responsible bidder on the April 4, 2018 opening
- Mac Fhionngnaile & Sons is a WBE

Mac & Sons Current Commitment

Work Order	Facility	Description	Approval Date	Capital	Expense	Total
1905000-1000	Cumberland D & TC	Rooms 358 & 431 Installations	1/8/2019		$ 25,300.43	$ 25,300.43
1905000-1001	Bellevue Hospital Center	EPIC Data Rooms Additional Electric	1/14/2019		$ 31,987.52	$ 31,987.52
1905000-1002	Jacobi Medical Center	Power for 46 IDF closets in Bldgs. 1, 6, and 8		$ 1,999,997.72		$ 1,999,997.72
1905000-1003	Jacobi Medical Center	EPIC Database Server Refresh Power Upgrade	2/28/2019	$ -	$ 12,140.23	$ 12,140.23
1905000-1004	Metropolitan Hospital Center	IDF Closet Power Upgrade		$ 618,647.58		$ 618,647.58
1905000-1005	Correctional Health	Correctional Health - Horizon Facility Repurpose Storage Room to Medication Distribution Room.	4/11/2019		$ 33,755.85	$ 33,755.85
1905000-1006	Jacobi Medical Center	Power for 46 IDF closets in Bldgs. 1, 6, and 8 - supplemental	5/6/2019		$ 100,814.78	$ 100,814.78
1905000-1007	Morrisania D&TC	Electrical install of 32 c20 outlets and 32 c12 outlets in IDF rooms.	6/21/2019	$ 160,808.68		$ 160,808.68
1905000-1008	Lincoln Medical Center	Provide 70 A circuits in 27 IDF closets	6/21/2019	$ 724,056.31		$ 724,056.31
1905000-1009	Metropolitan Hospital Center	IDF Closet Power Upgrade Supplemental	7/31/2019	$ 122,296.83		$ 122,196.83
1905000-1010	Kings County Hospital	Bldg. S IDF Closet Electrical Work	8/1/2019	$ 442,481.70		$ 442,481.70
1905000-1011	Kings County Hospital	Bldg. E IDF Closet Electrical Work		$ 527,202.93		$ 527,202.93
1905000-1012	Jacobi Medical Center	Hyperbaric Chamber bldg#1	8/6/2019		$ 44,974.92	$ 44,974.92
1905000-1013	Kings County Hospital	Bldg. B IDF Closet Electrical Work	8/27/2019	$ 778,252.35		$ 778,252.35
Subtotal				$ 5,373,744.10	$ 248,973.73	
TOTAL						**$ 5,622,617.83**

Mac & Sons Future Commitment

Facility	Description	Approval Date	Estimate
Kings County Hospital	C Buidling IDF Work		$662,000.00
Kings County Hospital	P Building IDF Work		$458,000.00
Kings County Hospital	A Buidling IDF Work		$695,000.00
Kings County Hospital	T Buidling IDF Work		$257,000.00
TOTAL			**$2,072,000.00**

- With current spend and future commitments, anticipated contract spend will exceed the current $6,000,000 NTE limit

COMMITMENT	AMOUNT
Current Commitment	$5,622,617.83
Future Commitment	$2,072,000.00
TOTAL COMMITMENT	**$7,694,617.83**

Board of Directors Approval Request

- Seeking the approval of the Capital Committee to increase the value of the NTE amount of the current contract with Mac Fhionnghaile & Sons Electrical Inc from $6,000,0000 to $12,000,000.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Carrier Corporation (“the contractor”): that was selected through a Request For Proposals (“RFP”) process, to provide HVAC/Chiller maintenance services on pre-determined schedule at various facilities throughout the System. The contract shall be for a term of three (3) years with the option for two (2) one-year extensions, for an amount not to exceed $6,000,000. The total authorized value of this contract would be $6,000,000.

WHEREAS, the facilities of the System will require maintenance services for Heating, Ventilation and Air Conditioning (HVAC) systems; and

WHEREAS, the System has determined that such needs can best be met by utilizing an outside firm, through a maintenance contract; and

WHEREAS, the System’s Operating Procedure No. 100-5 requires approval by the Board of Directors contracts of $5,000,000 and above; and

WHEREAS, the System published a RFP for HVAC/Chiller maintenance services, proposals were evaluated with the final results of the evaluation published on June 18, 2019, and the System’s evaluation committee determined that the Contractor was best suited to provide these services to the System; and

WHEREAS, the Contractor have met all, legal, business and technical requirements and are qualified to perform the services as required in the contract documents.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Carrier Corporation Inc. that was selected through a Request For Proposals (“RFP”) process, to provide HVAC/Chiller maintenance services on pre-determined schedule at various facilities throughout the System. The contract shall be for a term of three (3) years with the option for two (2) one year extensions, for an amount not to exceed $6,000,000. The total authorized value of this contract would be $6,000,000.

EXECUTIVE SUMMARY

HVAC/CHILLER MAINTENANCE SERVICES

CARRIER CORPORATION INC.

OVERVIEW: The New York City Health and Hospitals Corporation (the "System") seeks to execute a contract for a term of three years, with the option for two one year renewals for amount not-to-exceed $6,000,000, to provide HVAC/Chiller maintenance services at various NYC Health + Hospitals facility. The total authorized to be spent under this contracts is $6 Million.

NEED: Throughout the System various facilities utilize HVAC/Chiller systems to provide cooling and dehumidification to the buildings. These HVAC/Chiller systems require regularly scheduled maintenance to ensure their continued operation.

TERMS: The maintenance services will be provided via a contract within a three (3) year period, with the option for two one year extensions for an amount not to exceed $6,000,000.

COSTS: Not-to-exceed $6,000,000 over three years and two one year options solely exercisable by the System.

FINANCING: This contract will be funded through the System's operating budget.

SCHEDULE: Upon contract execution this contract will be in effect for three years with the System have the option to exercise two one year renewals.

CONTRACT FACT SHEET

CONTRACT SCOPE:	HVAC/Chiller Maintenance Services
CONTRACT DURATION:	Three (3) years with two (2) one year extension options
CONTRACT AMOUNT:	$6,000,000
ADVERTISING PERIOD:	Advertised in City Record January 11, 2019
BIDS RECEIVED:	Three (3) proposals received for consideration. Carrier Corporation was selected by the System's evaluation committee using a pre-determined evaluation criteria.
HHC EXPERIENCE:	This is the first maintenance contract between Carrier Corporation Inc., and New York City Health and Hospitals Corporation, however, Carrier Corporation Inc. has previously provided satisfactory repair services to the System.
VENDEX:	TBD.
EEO:	Approved.
MWBE:	Carrier will meet 30% subcontracting plan for MWBEs.

NYC HEALTH + HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Carrier

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Pending	Approved	30%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Carrier Corporation
Chiller\HVAC Maintenance and Repairs

Board of Directors

September 26, 2019

Christine Flaherty
Sr. Vice President
Office of Facilities Development

Background / Current State

- Chillers serve as the cooling source for most of the facilities at H+H
- The System currently has 100 chillers and 10 HVAC cooling units under a service/maintenance contract with Johnson Controls (JCI) that expired on 6/30/19
- JCI declined request to extend the agreement
- The vendor of choice, Carrier, has agreed to perform any needed work on an interim basis at rates negotiated for their proposed contract with H+H

Procurement

- Evaluation Criteria
  - 35% Agreement to the terms of SOW and substance of Vendor's proposal
  - 20% Appropriateness and quality of firm's experience
  - 35% Cost Proposal
  - 10% Status as MWBE or MWBE utilization

- Evaluation Committee:
- Donald McManamon, Dir., Coney Island
- Kevin Matulich, Dir., Harlem
- Keith Smalls, Dir., Lincoln
- Vincent Forgione, Dir., Coler
- Angelo Quartuccia, Dir., Gouverneur
- James Galu, Dir., Henry J Carter
- Michael Geldert, Dir., Elmhurst
- John Muniz, Dir., Metropolitan
- John Schiek, Dir., Queens
- George Gallo, Dir., Bellevue
- Wojciech Mickowski, Dir., NCB
- George Montine, Dir., Kings County
- Scott Rasnow, Dir., Seaview
- Donald Panton, Dir. East New York

NYC HEALTH+ HOSPITALS

Overview of Procurement

- Application to Issue RFP was approved by the CRC on 11/27/18
- RFP was issued 1/11/19 and published to City Record
- Nine vendors attended the pre-bidders conference
- Three proposals were received
- Carrier received the highest scoring based on the established RFP criteria to provide preventative maintenance and repair services for HVAC/Chiller equipment across the System
- Carrier will meet 30% subcontracting plan for MWBE's

Vendor Name	Agreement to terms of SOW and Substance of Vendor's Proposal	Appropriateness and Quality of Firm's Experience	Cost Proposal	Status as MWBE or MWBE Utilization Plan Percentage and Quality	Total
MAXIMUM SCORE	**3.5**	**2**	**3.5**	**1**	**10**
Carrier	2.95	1.71	2.78	1.00	8.44
Johnson Controls	2.58	1.36	1.63	0.00	5.56
Power Cooling	2.74	1.44	2.51	0.00	6.69

NYC HEALTH+ HOSPITALS

Carrier References

- Lennox Hill Hospital
- SUNY Stony Brook
- The Parker Institute for Geriatric Care
- Park Towers
- Nyack Hospital
- Mount Sinai Hospital
- White Plains Hospital Center

Board of Directors Approval Request

- Health + Hospitals is seeking approval to enter into contract with Carrier for HVAC/Chiller Preventative Maintenance and Repairs:

  - Vendor name: Carrier Corporation
  - Contract Terms: 3 years with two one-year options to renew
  - Effective Date: October 1, 2019
  - 5 Year Contract Cost: $6,000,000

FY 18 preventative maintenance spend - $1.22MM

FY 18 repair spend - $915K

Translates to ~$5M of savings over the term compared to previous agreement.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year lease extension agreement with LSS Leasing Limited Liability Company (the "Landlord") for 5,120 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Women's Medical Center (the "Center"), operated by NYC Health + Hospitals/Gotham Health ("Gotham Health") at an initial rent of $271,360 per year or $53 per square foot to increase at a rate of 3% per year for a five year total of $1,440,687.

WHEREAS, the Center is a community-based health care center that has been providing primary care services to residents of the Corona section of Queens since the year 2000; and

WHEREAS, the Center offers a full range of primary care services for women and children including prenatal care and gynecological services; and

WHEREAS, half of the leased premises have been and will continue to be occupied by a subtenant, Pediatrics Specialties of Queens, P.C. which will continue its arrangement of paying one half of all occupancy costs associated with the Center; and

WHEREAS, the proposed sublease with Pediatrics Specialties of Queens, P.C. will be the subject of a separate resolution presented to the Corporation's Capital Committee and Board for authorization; and

WHEREAS, there remains a need for primary care services in this section of Queens and extending the lease for this site will allow the Center to continue to serve the community.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five year lease extension agreement with LSS Leasing Limited Liability Company for 5,120 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Women's Medical Center, operated by NYC Health + Hospitals/Gotham Health ("Gotham Health") at an initial rent of $271,360 per year or $53 per square foot to increase at a rate of 3% per year for a five year total of $1,440,687.

EXECUTIVE SUMMARY
NYC HEALTH + HOAPITALS GOTHAM
WOMEN'S MEDICAL CENTER
59-17 JUNCTION BOULEVARD
BOROUGH OF THE QUEENS

OVERVIEW: The New York City Health and Hospitals Corporation seeks authorization from the Board of Directors of the Corporation to execute a lease extension agreement with LSS Leasing Limited Liability Company (the "Landlord") for space at 59-17 Junction Boulevard, Borough of Queens to house the Women's Medical Center (the "Center") operated by NYC Health + Hospitals/Gotham Health ("Gotham Health")

NEED/
PROGRAM: The Center is a community-based health care center that has been providing primary care services to residents of the Corona section of Queens since the year 2000.
The Center offers a full range of primary care services for women and children including prenatal care and gynecological services. There remains a need for primary care services in this section of Queens and extending the lease for this site will allow the Center to continue to serve the community. Under a sublease agreement, Pediatric Specialties of Queens occupies approximately half the entire area leased and is responsible under the agreement for payment of half of the occupancy costs. The Center is open Monday through Friday 8:00 a.m. to 4:30 p.m.

UTILIZTION: For the FY 2018/19, the Center provided approximately 4,494 visits.

PRIOR TERMS: The Center has occupied the site under a lease dated April 6, 1999 that commenced after landlord completed a build out of the space on January 17, 2000. The rent currently paid at the space (including the portion covered by the subtenant) is $251,102 per year or $49 per square foot. The new base rent under the proposed lease extension will commence at $271,360 per year or $53 per square foot. The new rent represents an 8% increase over the current rent. The subtenant will continue to pay 50% of the rent, or $135,680 per year.

TERMS: The Tenant will continue to occupy approximately 5,120 square feet of ground floor space. The base rent will be escalated by 3% per year. The rent for this lease extension has been determined to be a fair market value rate. The rent will total $1,440,687 over the five year lease extension term.

The Landlord will be responsible for structural repairs and maintenance and the repair and maintenance of all common areas including sidewalks, curbs and parking lots. The Tenant will be responsible for interior non-structural repairs and maintenance. The Tenant will be responsible for payment of separately metered utilities.

The Tenant will be responsible for the payment of its proportionate share of real estate tax increases above a base year.

SUMMARY OF ECONOMIC TERMS

SITE:	59-17 Junction Boulevard Queens, New York 11368 Block 1918, Lot 112
LANDLORD:	LSS Leasing Limited Liability Company 59-17 Junction Boulevard, 20th floor NY, NY 11368
TERM:	Five years
FLOOR AREA:	Approximately 5,120 square feet
BASE RENT:	$53 per square foot or $271,360 per year
ESCALATION:	3% per year
UTILITIES:	Tenant is responsible for payment for electricity, gas, and water and sewer rents
REAL ESTATE TAXES:	Tenant is responsible for payment of its proportionate share of real estate taxes increases above a base year.
REPAIRS/ MAINTENANCE:	The Landlord will be responsible for structural repairs and maintenance and the repair and maintenance of all common areas including sidewalks, curbs and parking lots. The Tenant will be responsible for interior non-structural repairs and maintenance.

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To:	Colicia Hercules Chief of Staff, Office of the Chair
From:	Keith Tallbe Senior Counsel Office of Legal Affairs
Re:	Vendor Responsibility, EEO and MWBE status for Board review of contract
Vendor:	LSS Leasing Limited Liability Co.
Date:	September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Pending	NA	NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

SAVITT PARTNERS

August 22, 2019

Mr. Dion Wilson
Director of Real Estate
NYC Health + Hospitals
125 Worth Street, Rm 527
New York, NY 10013

Re: Fair Market Value Report
Women's Health Service Center
59-17 Junction Boulevard, Queens, NY 11373

Dear Dion:

You have requested that I comment on the value of the referenced property for the rental renewal. The original valuation report dated October 22, 2014 describes the referenced premises and gives a valuation of $44-46 per rentable square foot (RSF) at that time.

This letter further confirms that I've reviewed the proposal of economic terms of the Lease by and between LSS Leasing, Inc. as Landlord and NYC Health + Hospitals intended response as Tenant comprising the following:

- The unit is currently occupied and zoned for use as a medical office.
- The lease expired February, 2020.
- The Landlord, in accordance with the terms of the original lease, has proposed a second, five-year renewal term with 3.00% escalations per annum.
- The unit is approximately 5,120 RSF.
- This evaluation is for the purpose of a lease renewal.

Based on my review of the proposed lease term (5 years), the starting base rent and escalations, $50.50 per square foot with 2.75% annual increases plus other Landlord cost pass-throughs as outlined in the initial lease, represents an increase from the current rent of 3.00% giving the Landlord 2.75% annual escalations.

Landlord could reasonably claim rents to be in the mid-$60s range as the rental market for commercial space has improved. We understand also that the building is fully leased. That said, there must be consideration given to a Tenant renewing its lease. The renewing Tenant will provide Landlord with a continued rent stream uninterrupted by vacancy, little or no Tenant Improvement Allowance, no gap in marketing a vacant space and the time it takes to do so, and any free rent which would be given to a new Tenant. In addition, ancillary costs such as architects and engineering, commissions, and hard and soft legal fees are also avoided.

Given the proposed Landlord rent and NYC Health + Hospitals response, we value the rent at a range of $51-54/RSF. Further, a 3% annual escalating rent increase, while on the higher end of percentage rent escalations, nevertheless remains consistent with current market conditions.

If you have any further questions, please let me know.

Very truly yours,

Michael Dubin
Partner

NYC HEALTH+ HOSPITALS | Gotham Health

Annual Operating P/L
Women's Medical Center
59-19 Junction Boulevard, Corona, NY 11368
Cost Center: CUM01-8024-215000

PERSONNEL SERVICES (P.S.)

TITLE	NAME	REIM. CODE	FTE	SALARY As of 6/15/19 PSER	ANNUAL BUDGET
PATIENT CARE ASSOCIATE	KAZIYEVA, STELLA	GOXL	1.00	44,690	44,690
PATIENT CARE ASSOCIATE	BABAYEVA, ROZA	GOXL	1.00	44,681	44,681
PUBLIC HEALTH NURSE-L I	SHARMA, TARAMATEE	GOXL	1.00	95,245	95,245
CLERICAL ASSOCIATE - L IV	POON, MANG YING	GOXL	1.00	46,461	46,461
HHC PS			4.00	231,077	231,077
HHC F.B. @	78.65%				181,742
HHC PS + F.B.					412,819
Certified Nurse Midwife	HENRY-LAKE, SELENE		0.40	35,499	35,499
AFFL PS			0.40	35,499	35,499
AFFL F.B. @	22.39%				7,948
AFFL Over Head @	2.00%				869
AFFL PS + F.B. + OH					44,316
TOTAL PS + F.B.			4.40		457,135

OTHER THAN PERSONNEL SERVICES (O.T.P.S.) - Vouched FY19

GL ACCOUNT	DESCRIPTION		BUDGET
6398490	MEDICAL SURGICAL SUPPLIES		660
6458550	CLEANING SUPPLIES		4,400
6468560	OFFICE SUPPLIES		93
7140102	SPACE LEASE/RENTAL + WATER + REAL ESTATE TAX		258,869
	TELEPHONE ($50 X12MON X 4.40 FTE)		2,640
	Dr. Villegas - sub leasee / shared space (half of LaFrak site rent is paid by Dr. Villegas)		(125,551)
OTPS			141,111
TOTAL DIRECT EXPENSE			598,247
	ANCILLARY/MED. SURG COSTS ($15 per visit)	4,494	67,410
INDIRECT + ANCILLARY			67,410
TOTAL EXPENSES			665,657

REVENUE COLLECTIONS (BASED ON Sorian & EPIC data run)

NEC CODE		Rate	VISITS/MEMBERS	Allocation	COLLECTIONS
FFS COLLECTIONS (Clinic Codes 231, 335, 454, 473, 488)			4,494		283,454
WRAP PAYMENT			1,593		163,553
INPATIENT REVENUE CREDIT	(referred by clinic)	$ 6,706.50	18	32% Credit (based on fixed)	38,341
TOTAL COLLECTIONS					485,348

SURPLUS / (DEFICIT)	(180,309)

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year sublease agreement with Pediatric Specialties of Queens (the "Subtenant") for approximately 2,560 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Subtenant's pediatric practice at an initial rent of $135,680 per year or approximately $53 per square foot to increase at a rate of 3% per year but in no event to be less than half of all of the System's occupancy costs at the premises.

WHEREAS, the System has been operating a community-based health care center at this location that has been providing primary care services to residents of the Corona section of Queens since 2000; and

WHEREAS, the System's health care center is now managed under the Gotham Health FQHC structure; and

WHEREAS, the Subtenant has been providing pediatric services at this site since the late 1990s and the System and the Subtenant maintain separate and distinct medical practices at the site; and

WHEREAS, in the past, the Subtenant has subleased half of the space rented by the System and has paid half of the System's occupancy costs; and

WHEREAS, the System proposes, pursuant to separate resolution, to renew and extend its lease for the premises and the Subtenant wishes to continue in occupancy of its half of the premises and to pay half the System's occupancy costs for the entire premises under a sublease with the System.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year sublease agreement with Pediatric Specialties of Queens for approximately 2,560 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Subtenant's pediatric practice at an initial rent of $135,680 per year or approximately $53 per square foot to increase at a rate of 3% per year but in no event to be less than half of all of the Corporation's occupancy costs at the premises.

EXECUTIVE SUMMARY

59-17 JUNCTION BOULEVARD SUBLEASE

OVERVIEW: The New York City Health and Hospitals Corporation seeks authorization from its Board of Directors to execute a five-year sublease agreement with Pediatric Specialties of Queens (the "Subtenant") for approximately 2,560 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Subtenant's pediatric practice at an initial rent of $135,680 per year or approximately $53 per square foot to increase at a rate of 3% per year but in no event to be less than half of all of the System's occupancy costs at the premises.

NEED/ PROGRAM: The System, through its Gotham Health FQHC structure, operates a Gotham community health center with a focus on obstetrics at 59-17 Junction Blvd., Queens, NY. The center provides the continuum of care for families with the focus being on obstetric and women's services and the subtenant, Pediatric Specialties of Queens, Inc., providing pediatric care.

UTILIZTION: In 2018, there were 4,494 visits, and FY 19 is on track to do the same.

TERMS: The subtenant occupies half of the space leased by the System and pays half of the rent. The rent that the System pays is determined to be a fair market value rent and the Subtenant's payment of half the rent for half of the space is also a fair market value arrangement.

NYC HEALTH+ HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Pediatric Specialties of Queens

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Pending	NA	NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

Sublease to Pediatric Specialties of Queens at 59-17 Junction Blvd., Queens, NY

Board of Directors Meeting

September 26, 2019

Theodore Long, MD, MHS

Vice President, Ambulatory Care

NYC HEALTH+ HOSPITALS

Pediatric Specialties of Queens

- Provides pediatric care
- Seamless referral of patients needing acute or specialty care to Elmhurst Hospital
- MetroPlus participating network of providers
- Medicaid is accepted and a substantial number of the patients are enrolled in Medicaid
- A substantial percentage of the patients are children of mothers receiving obstetric and women's services at Gotham Women's Health Center
- Works collaboratively with Gotham Women's Health Center to provide a continuum of care

Sublease Overview

- Sublease is half of space rented by Gotham Women's Health Center
- Sublease began January 2000
- Pays half of total rent plus half of all other occupancy expenses such as electricity
- Has been a good subtenant that timely pays rent and contributes to operation of office

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a five year revocable license agreement with Verizon Wireless (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of the "C Building" at NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the "Facility") at an annual occupancy fee of $50,000 per year or $167 per square foot to be escalated by 2% per year for a five year total of $260,202.

WHEREAS, the Licensee currently operates a cellular communications network that provides coverage to ninety-eight percent of the United States; and

WHEREAS, the Licensee desires to install and operate equipment at the Facility that will enhance the performance of their cellular communications network; and

WHEREAS, the operation of the Licensee's equipment will not compromise Facility operations and the equipment complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with Verizon Wireless to operate a cellular communications system in approximately 300 square feet of space on the roof of the "C Building" at NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center at an annual occupancy fee of $50,000 per year or $167 per square foot to be escalated by 2% per year for a five year total of $260,202.

EXECUTIVE SUMMARY

LICENSE AGREEMENT
VERIZON WIRELESS

COLER REHABILITATION AND NURSING CARE CENTER

NYC Health + Hospitals seeks Board of Director's authorization to execute a five year revocable license agreement with Verizon Wireless ("Verizon") to operate a cellular communications system on the campus of the NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center ("Coler").

Verizon operates a cellular communications network that provides coverage to ninety-eight percent of the United States. Verizon will be given the use and occupancy of approximately 300 square feet of space on the roof of the "C Building." The system installed and operated by Verizon will include four equipment cabinets, eighteen antennas and associated cabling, eighteen RRHs, an equipment platform, and a generator. Verizon will pay an annual occupancy fee of $50,000 or $167 per square foot with annual increases of 2% throughout the duration of the agreement for a five year total of $260,202. Verizon will be responsible for the cost of maintaining its equipment. Verizon's equipment will not compromise Facility operations and it complies with applicable federal statutes governing the emission of radio frequency signals for cellular communications system.

The Licensee will obtain and purchase its own electrical power from the public utility and will be required to indemnify and hold harmless NYC Health + Hospitals and the City of New York from any and all claims arising out of its use of the licensed space, and shall provide appropriate insurance naming NYC Health + Hospitals and the City of New York as additional insureds.

The term of this agreement shall not exceed five years without further authorization by the Board of Directors and shall be revocable by either party upon six months prior notice.

Existing Commercial Antenna Sites

Site	Licensee	Area (SF)	Annual Fee	Monthly Fee	Per SF Rate
Coler	T-Mobile	200	$67,488	$5,624	$337
Lincoln	Sprint	300	$96,492	$8,041	$322
Harlem	Con Edison	50	$33,204	$2,767	$664
Neponsit	T-Mobile	750	see note below	see note below	$267

Note: T-Mobile will pay a $50,000 occupancy fee. The license agreement for this site covers a three month period. The equipment is mounted on a trailer and located on a 750 square foot parcel of land.

NYC HEALTH + HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Verizon

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Approved	NA	NA

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

RESOLUTION

Amending the resolution adopted in September 29, 2017 by the Board of Directors of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to authorizing an extension of existing agreements with Arcadis U.S., Inc. ("Arcadis") and with Parsons Brinckerhoff, Inc. ("Parsons") for a term of five years for an amount not to exceed $1,277,702.94 for both of such contractors drawing on funds left unused from the prior contract with such amendment authorizing an increase in the not-to-exceed amount by an additional $450,000 without further extending the term for a total amount of $1,727,702.94.

WHEREAS, NYC Health + Hospitals/Bellevue NYC Health + Hospitals/Coler, NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Coney Island were all damaged by Hurricane Sandy; and

WHEREAS, in February 2013 NYC Health + Hospitals issued a Request for Proposals (the "RFP") to secure the services of architects and engineers to help to plan the necessary repair, restoration and hazard mitigation work; and

WHEREAS, Arcadis and Parsons were awarded contracts pursuant to the RFP which expired September 30, 2015; and

WHEREAS, on March 26, 2015, the NYC Health + Hospitals' Board of Directors approved a contract with Parsons and Arcadis for an amount not to exceed $5 Million and for a term of one year expiring September 30, 2016; and

WHEREAS, in July 28, 2016, the Board of Directors approved a twelve (12) month extension for the Arcadis and Parsons' contracts, for an amount not-to-exceed $2,366,826.50 of for both such contracts drawing on funds left unused from the prior contract, of the approved $5 Million; and

WHEREAS, on September 28, 2017 the Board of Directors authorized a five (5) year extension of the contracts, for an amount not to exceed $1,277,702.94, the funds remaining under the prior contract; and

WHEREAS, the work remained to be done to develop the over-all strategy and priority to further the repair, restoration and hazard mitigation work at the damaged NYC Health + Hospitals' facilities and to present the same to the Federal Emergency Management Agency ("FEMA"); and

WHEREAS, most of the work the Corporation has performed to date to respond to Hurricane Sandy has been emergency repair work designed merely to repair the damage caused by the Storm and to enable the impacted facilities to resume providing services however it is also necessary to guard against the impact of future storms by hardening them where possible; and

WHEREAS, FEMA will provide additional funding to harden the damaged facilities from future storms if NYC Health + Hospitals properly proposes the hazard mitigation projects; and

WHEREAS, Arcadis and Parson has started work to prepare a preliminary plan for such hardening and NYC Health + Hospitals wishes to allow them to continue such work with the additional spending authority requested; and

WHEREAS, the Senior Vice President for Facilities Development and Capital Projects shall be responsible for the administration of these contracts.

NOW THEREFORE, be it

RESOLVED that the resolution adopted in September 26, 2017 by the Board of Directors of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to authorizing an extension of existing agreements with Arcadis U.S., Inc. ("Arcadis") and with Parsons Brinckerhoff, Inc. ("Parsons") for a term of five years months for an amount not to exceed $1,277,702.94 for both of such contractors drawing on funds left unused from the prior contract be amended to authorize an increase in the not-to-exceed amount by an additional $450,000 without further extending the term for a total amount of $1,727,702.94.

EXECUTIVE SUMMARY

CONTRACT EXTENSIONS WITH ARCADIS U.S., INC. AND PARSONS BRINCKERHOFF, INC.

Most of the work the Corporation has performed to date to respond to Hurricane Sandy has been emergency repair work designed merely to repair the damage caused by the Storm and to enable the impacted facilities to resume providing services. The Corporation has performed only limited work so far to minimize the risk of damage from future storms. Good stewardship of these public assets, however, requires that the Corporation alter its facilities, where practicable, to guard against the impact of future storms. Further, FEMA will provide additional funding to harden damaged facilities from future storms if the Corporation properly proposes the hazard mitigation projects. The Corporation hired Parsons Brinkerhoff and ARCADIS (the "A & E Firms") to conduct a review of the Corporation's damaged facilities to identify alterations that might be performed at reasonable cost and that would substantially protect such facilities from the damage of future storms. The A & E Firms were also to design the alterations they proposed. Finally, the two firms were to assist HHC with claims for reimbursement for the cost of storm related repairs from FEMA and from Community Development Block Grants.

To date, the A & E firms have completed the work described below including having completed substantial parts of its review of the Corporation's facilities to determine where mitigation projects should be performed. Now that such review is substantially complete, the Corporation has the benefit of a list of projects in need of design and can budget for the design work remaining for the A & E Firms to complete also as indicated in the attached. To complete the design of such projects, the Corporation seeks to increase the funding for the work of the A & E Firms from $1,277,702.94 for a total spend of $1,727,702.94 – an increase of $450,000.

It is anticipated that a majority of the cost of these A&E services will be reimbursed by FEMA.

Both Parsons Brinkerhoff and Arcadis were granted a non-MWBE waiver in 2013. To date, Parsons Brinkerhoff has sub contracted 7% of their awarded work for a value of $419,689 and Arcadis has sub contracted 5% of their awarded work for a value of $509,085. If granted this increase in their contract, Arcadis has committed to award 5%-10% of the increased value to MWBE firms and Parsons Brinkerhoff has committed to 5%-7% of the increased value to MWBE firms.

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Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Arcadis

Date: September 19, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	**EEO**	**MWBE**
Approved	Approved	Waived – see below

Arcadis was granted an MWBE waiver of all goals in 2013. To date Arcadis has subcontracted 5% of their awarded work for a value of $509,085. If granted this increase to the contract, Arcadis has committed to award 5%-10% of the increased value to MWBE firms.

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

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Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs KT

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Parsons Brinckerhoff

Date: September 5, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Approved	Pending	See below

Parsons Brinkerhoff was granted an MWBE waiver in 2013. To date Parsons Brinkerhoff has sub contracted 7% of the awarded work for a value of $419,689. If granted this increase in the contract, Arcadis has committed to award 5%-10% of the increased value to MWBE firms.

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

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ARCADIS & Parson's Brinkerhoff (WSP)

Request of Additional Funding for Hurricane Sandy "A & E" Design Consulting Firms :

Board of Directors Meeting September 26, 2019

Christine Flaherty , Sr Vice President – Capital/Facilities Construction
Frederick Covino , Vice President – Corp Budget

Background & Current State

- H+H total FEMA Hurricane Sandy portfolio $1.72B is dedicated to our major facilities (Bellevue, Coney, Coler & Metropolitan) for repairs, reconstruction and mitigation efforts.

- Facility Breakdown is as follows:

	FEMA Funding Approvals
Bellevue	$499,189,533
Metropolitan	$120,021,717
Coler	$180,750,493
Coney Island	$922,743,641
Totals :	$1,722,705,384

Background & Current State

- H+H procured two Architectural and Engineering Contracts which board approved in 2013 via public Request for Proposals (RFP) competitive selection process. **The two firms were procured for sole purpose of facilitating *"Designs"* for Sandy reconstruction & mitigation of FEMA projects at aforementioned H+H facilities.**

- Total Budget Allocation for the two contracts was **$16M**
  - **Parson's Brinkerhoff (WSP)**
  - **ARCADIS – US**

- To date, we have designed and completed thirteen FEMA mitigation projects relating to design work from WSP and ARCADIS.
  There are 5 remaining mitigation projects (Bellevue) that are in various states of completion and require additional design services.

Request

- Through our designers we have improved our projects:
  (i.e. Bellevue flood wall, elevating security and smarter improvements to elevators). As we complete the remaining projects there are modifications which require additional design services.

- In order to be timely and cost effective, we believe the remaining “Design” services be continued through the current engineering firms.

- **We are requesting an increase of $450,000.00 to be added to the existing 2017 board approved resolution. (approximately 3% of original $16M contract)**

NYC HEALTH+ HOSPITALS

APPENDIX 1

FEMA projects designed and completed so far:

Facility	FEMAReconstrction/Mitigation Project	Project Status	A&E Design Firm onboard	Additional Design Services require - Yes/NO
Bellevue	A.1-Replace/Mitigate/Elevate Sandy Damaged Emergency Backup Generator and Fuel Oil Pumps	98% complete	Parson's BrinckerHoff	NO
Bellevue	A.3.1- H Building Elevator pits Protections-Flood Slats	76% complete	ARCADIS	NO
Bellevue	**A.3.2 - Existing Elevation Mitigation Projects (32 Elevators @ Bellevue)**	**21% complete**	**Parson's BrinckerHoff**	**YES**
Bellevue	A.4-Domestic Water Mitigation Project	95% complete	Parson's BrinckerHoff	NO
Bellevue	A.5-Medical Gas Mitigation Project	98% complete	Parson's BrinckerHoff	NO
Bellevue	A.6-Basement Steam Tunnel Rehabilitation/reinforcement	98% complete	Parson's BrinckerHoff	NO
Bellevue	A.7-Basement Piping Reinsulating	**100% complete**	Parson's BrinckerHoff	NO
Bellevue	A.8.1-Abulatory Care building - Basement Protection, Flood Slats	**100% complete**	ARCADIS	NO
Bellevue	A.8.2-Basement and Fire Alarm Restoration	**100% complete**	Parson's BrinckerHoff	NO
Bellevue	A.9-Basment Loading Dock resurfacing including drainage	**100% complete**	Parson's BrinckerHoff	NO
Bellevue	A.10 - Replacement of Parking lot lifts, and site construction	**100% complete**	Parson's BrinckerHoff	NO
Bellevue	**Major Work - Electrical Relocation (Switchgear elevation)**	**1.5% complete**	**Parson's BrinckerHoff**	**YES**
Bellevue	**Major Work - HVAC Relocation**	**3% complete**	**Parson's BrinckerHoff**	**YES**
Bellevue	**Major Work - Flood Wall Project Predesigns & Surveys**	**0%**	**ARCADIS**	**YES**
Bellevue	**Major Work - Security Mitigation (Basement Data Center Relocation)**	**0%**	**Parson's BrinckerHoff**	**YES**
Coler	B.2-Lighting replacement in basement	**100% complete**	Parson's BrinckerHoff	NO
Coler	B.3-Temp Electrical Panel Replacement	**100% complete**	Parson's BrinckerHoff	NO
Coler	B.5-Fire pump relocation	98% complete	Parson's BrinckerHoff	NO

NYC HEALTH+ HOSPITALS

Current Spending & Available Funding Status of ARCADIS & Parson's Brinkerhoff "A &E" Design Consulting Contracts:

FEMA Engineering Contract			Executed March 2013							
Parsons Brinkerhoff & ARCADIS										
					Current Anticipated Needs:					
Total Contract Value				$16,000,000	WSP	Bellevue Vert Trans		Security		$10,650
								Asbestos		$3,620
Spend to Date	ARCADIS			($9,900,614)				ACM Survey		$19,620
Spend to Date	Parsons Brinkerhoff			($6,014,597)		Bellevue Switch Gear		Offices		$69,500
								IT Closets		$66,000
								CA Services		OPEN
Net Available Funds				$84,789		Bellevue AHU		CA Services		OPEN
						Bellevue Security / IT Mitigation				$200,000
Decommission Funds		Coler Generator		$18,000						
		Bellevue Generator		$5,000	ARCADIS	Bellevu - Alexandria / City Agency presentations				$100,000
		Metropolitan Settlement		$22,000						
Current Available Fund including decommission				$129,789					Needs:	$469,390
								Available funds		($129,789)
								Net Needs:		$339,601
							Board request $450,000			
Bellevue Wall		ARCADIS								
	Incumbered			$315,000						
						Calculation				
						Board request of 3% of original contract				$480,000
						Board request of 2.5% of original contract				$400,000
						Board request of 2% of original contact				$320,000

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute contract documents as necessary to increase funding for and extend the existing contract with SunGard Availability Services (SunGard) for an alternate data center for disaster recovery, business continuity and associated professional services for a total of $10,100,000 (which includes $217,172 contingency) for a three-year term.

WHEREAS, the System currently has a contract with SunGard to provide an active alternate data center for disaster recovery and business continuity that expires October 31, 2019; and

WHEREAS, SunGard hosts mission critical servers and computer systems and customized solutions for NYC Health + Hospitals under the contract; and

WHEREAS, an active redundant data center mitigates the impact of outages allowing the hospitals to continue to function with minimal disruption; and

WHEREAS, the extension of the existing contract is required to allow sufficient time to conduct a competitive solicitation and contract award process, plan, prepare and design a transition and then migrate to a new data center with the selected vendor (if other than SunGard) prior to the expiration of such extension; and

WHEREAS, the Senior Vice President/Chief Information Officer will be responsible for the supervision, management and reporting of the proposed contract.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to execute contract documents as necessary to increase funding for and extend the existing contract with SunGard Availability Services (SunGard) for an alternate data center for disaster recovery, business continuity and associated professional services for a total of $10,100,000 (which includes $217,172 contingency) for a three-year term.

EXECUTIVE SUMMARY

BACKGROUND: The accompanying Resolution requests approval to both extend and increase the contract with SunGard Availability Services (SunGard) for total not to exceed amount of $10,100,000 (which includes $217,172 contingency) for a three-year term for SunGard to continue to provide an active redundant data center for disaster recovery and business continuity. The extension is required to allow sufficient time to conduct a competition, plan, prepare and design a transition and then migrate to a new data center with the selected vendor, should the incumbent vendor SunGard not be selected.

NYC Health + Hospitals has a current contract with SunGard to provide a Tier 4 Backup Data Center for the Corporate Data Center located in Jacobi Hospital. Under the contract, SunGard provides space, power and environmental, including cabinet space, caged cabinets, power, cabling, and professional services in an alternate active Data Center. SunGard also provides disaster recovery services, managed IT services and information availability consulting services. SunGard also assists the NYC Health + Hospitals with conducting annual disaster recovery mainframe planning and testing.

Data center tier standards measure the quality and reliability of a data center's server hosting ability. Tier 4 data centers are considered the most robust and are less prone to failures. SunGard has provided customized solutions for the NYC Health + Hospitals for the last four years without any service interruption.

NEED: NYC H+H can be severely impacted by application, hardware or data center outages that may be caused by any number of events, such as electrical outages. An active redundant data center allows for continuous availability of clinical applications, including Epic, and business applications during outages/failures. Extending the contract with SunGard mitigates the impact of outages allowing the hospitals to continue to function with minimal disruption.

PROPOSAL: NYC Health + Hospitals would enter into a three year agreement with SunGard Availability Services for data center hosting at a cost of $274,523 a month and not to exceed of $10,100,000 with a $217,172 contingency to cover any future growth or expansion of this environment. The monthly amount is approximately a 50% savings over the existing $548,365.70 monthly amount.

FINANCING: The System intends to pay for the cost of the proposed contract of the System's operating funds

PROCUREMENT: **The original contract was procured through the Greater NY Hospital Association (GNYHA) third party contract. The extension is pursuant to the OP 100-5**

MWBE STATUS: This is a sole source procurement as SunGard Availability Services is the only vendor that can provide these services being the current incumbent.

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Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Sungard

Date: September 19, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Approved	Approved	Full waiver

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

NYC HEALTH+ HOSPITALS

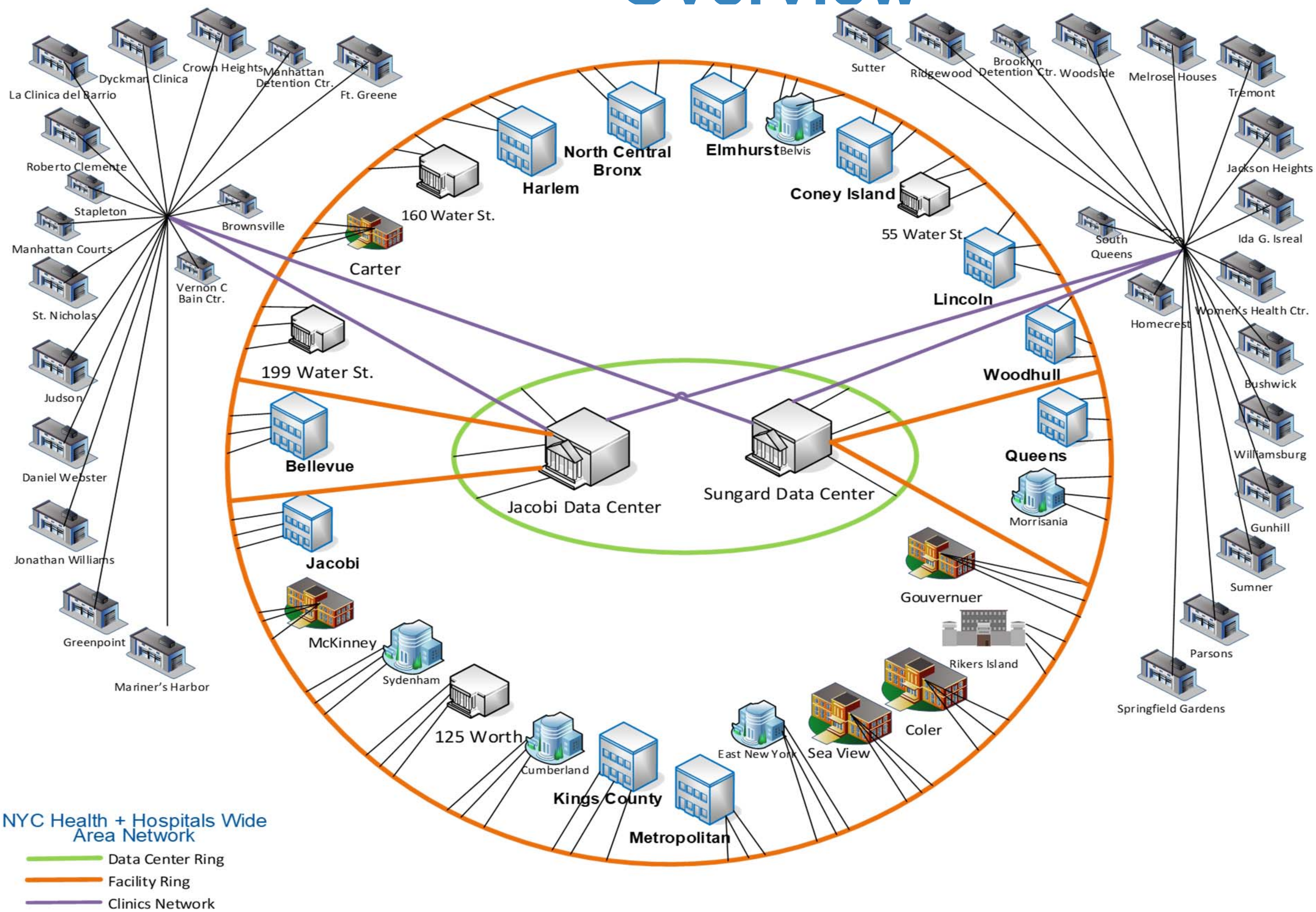
SunGard Availability Services – Alternate Data Center

Board of Directors Meeting
September 26, 2019

Kevin Lynch
Senior Vice President
Chief Information Officer

Jeffrey Lutz
Assistant Vice President Infrastructure

Data Center and Connectivity Overview



Updated 09/21/2018

Background Summary

Current SunGard contract, provides hosting of mission critical servers and computer systems in an active redundant data center. Previously procured via GNYHA third party contract, expires October 31, 2019. NYC Health + Hospitals has been in contract with SunGard since 2009.

- Applications/services provided include Epic, PeopleSoft, Email, Phone, Internet
- Hosting provided for all NYC Health + Hospital locations and affiliates including MetroPlus, Correctional Health, OneCity Health

Physical and Virtual Server Inventories:

Jacobi

Physical		**628**
x86 Servers (OSI)	**196**	
x86 VM Hosts	**388**	
Unix and Midrange	**44**	
Virtual		**2,768**
x86 based VM (OSI)	**2,500**	
Midrange LPAR or OSI	**268**	
Storage		
Raw Capacity	**10,934**	
Allocated Capacity	**6,582**	

Sungard

Physical		**496**
x86 Servers (OSI)	**51**	
x86 VM Hosts	**400**	
Unix and Midrange	**45**	
Virtual		**1,959**
x86 based VM (OSI)	**1,717**	
Midrange LPAR or OSI	**242**	
Storage		
Raw Capacity	**10,806**	
Allocated Capacity	**6,268**	

Solicitation

- Original procurement in 2009 was done using a GNYHA third party contract following an open solicitation
- SunGard is a sole source and the current incumbent for this service and is the only one that can provide this service without having to relocate the entire data center to another facility.
- Currently working with Gartner on Data Center review and strategy of both SunGard and Jacobi data centers.
- Plan to return to CRC for request to start solicitation process and will share results of Gartner study and future strategy at that time.
- Leveraged OGS contract, Gartner study and review of our current plans for the data center in negotiating extension with SunGard.

SunGard Availability Services

- Company Overview
  - Employs over 3,000 professionals across 12 countries including North America, United Kingdom, Canada, Ireland, France, India, Belgium, Luxembourg and Poland
  - Provides more than 5 million square feet of hardened, secure operations space
  - Has 18 mobile facilities staged in strategic locations
  - Manages 90 hardened IT facilities connected by a redundant, global dedicated network backbone
  - Is an aggressive adopter of green technology, researching and adopting best-of-breed components for our infrastructure and systems
- Services Include
  - Infrastructure and Resilience Consulting
  - Managed Cloud and Hybrid IT
  - Cloud and Physical Infrastructure Recovery
  - Managed Services and Colocation
- Customers
  - In the same facility:
    - Local Healthcare: Mount Sinai Health System, NYU Langone, New York Presbyterian, Health Care Association of New York State, Inc (HANYS)
- NYC Health + Hospitals History / Relationship
  - Colocation in Carlstadt, NJ since 2009
  - Data Center experienced no outage during superstorm Sandy
  - Provided alternative site hosting NYC H+H and MetroPlus

Future State

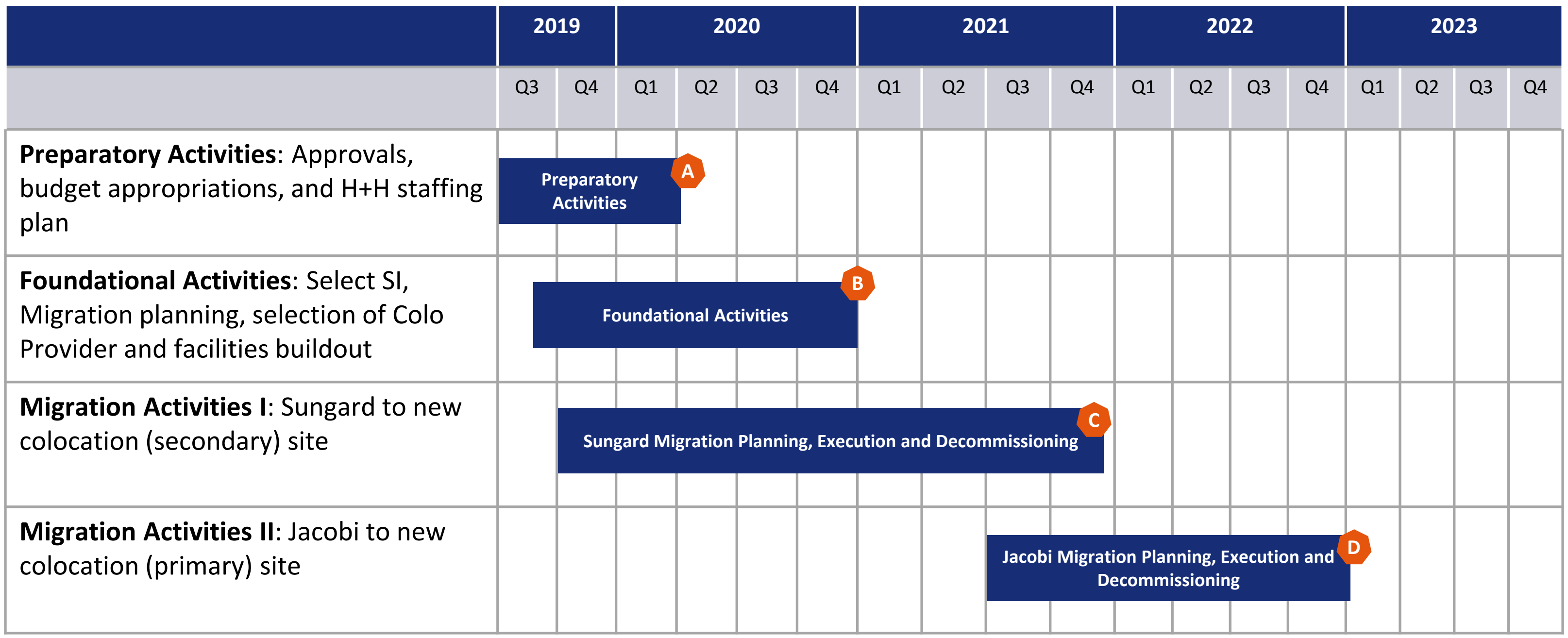
- Spending authority in the amount of $10.1 million, made up of:
  - $274,523 monthly payment ($3,294,276 annually)
    - Current payments $548,365.70 monthly ($6,580,388.40)
  - $217,172 contingency for any future growth or expansion

- Extension of the contract term for three-years to allow sufficient time to conduct a solicitation, plan, prepare and design a transition and then migrate to a new data center with the selected vendor
  - Currently working with Gartner on Data Center Strategy to be shared in future session.

- Decrease of current contract spending by approximately 50% while still providing the same services to NYC Health + Hospitals today.

Proposed Three Year Plan

NYC H+H Information Technology Team and Gartner team has developed a 3-year roadmap outlining the various tasks and timelines to implement the data center strategy



Board Request

- We are seeking approval to enter into contract with SunGard for Data Center Hosting:
  - Three Year Contract (expires: October 31, 2022)
  - Immediate implementation upon contract approval
  - Extension of current agreement, with 50% reduction in costs, but no change in service
  - Total contract value: $ 10.1 million ($217,172 contingency)

Questions?

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the "System") to enter into a contract with Dimension Data to provide Cisco SmartNet maintenance to support the inventory of Cisco hardware and software licenses deployed across the System for a total of $48,906,495.64, for the period of October 1, 2019 through June 30, 2022; and

Authorizing the System to borrow $48,906,495.64 from Key Government Finance, Inc. ("Lender") over a period matching the Dimension Data agreement term with interest at approximately 4.2% with the final rate to be fixed prior to funding based on changes in market rates and to execute a loan agreement, note, security agreement and such other customary documents as are necessary to complete the financing transaction.

WHEREAS, the System currently has a contract with Dimension Data for Cisco SmartNet maintenance which expires on September 30, 2019; and

WHEREAS, SmartNet maintenance supports the Cisco equipment, including networking (routers and switches), firewalls (e-mail protection), Voice Over IP, facility wireless networks, the Contact Center and video collaboration installed across the enterprise; and

WHEREAS, all System applications, including Epic, rely on such networking components to operate, provide interoperability and communication to prevent unavailability and slow-downs; and

WHEREAS, the contract includes mandated Service Level Agreements, including immediate service response times, 24x7 dedicated support and escalations, and replacement of critical equipment within 4 hours to ensure continuity of services and avoid disruptions or gaps in service; and

WHEREAS, a solicitation was issued to all Cisco re-sellers listed on the New York State Office of General Services contract and Dimension Data offered the lowest total cost; and

WHEREAS, the System proposes to finance the contract by a loan from Lender of $48,906,495.64, which will be co-terminus with the Dimension Data agreement and which will be serviced out of its operating revenues; and

WHEREAS, the Senior Vice President/Chief Information Officer will be responsible for the supervision, management and reporting of the proposed contract.

NOW THEREFOR, IT IS RESOLVED that New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Dimension Data to provide Cisco SmartNet maintenance to support the inventory of Cisco hardware and software licenses deployed across the System for a total of $48,906,495.64, for the period of October 1, 2019 through June 30, 2022 and it further

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to borrow $48,906,495.64 from Key Government Finance, Inc. over a period matching the Dimension Data agreement term with interest at approximately 4.2% with the rate to be fixed prior to funding based on changes in market rates and to execute a loan agreement, note, security agreement and such other customary documents as are necessary to complete the financing transaction.

EXECUTIVE SUMMARY

BACKGROUND: The accompanying Resolution requests approval to enter into a contract with Dimension Data in the amount of $48,906,495.64 for the period October 1, 2019 through June 30, 2022, to provide Cisco SmartNet maintenance to support the Cisco hardware and software, including networking (routers and switches), firewalls (e-mail protection), Voice Over IP, facility wireless networks, the Contact Center and video collaboration installed across the enterprise.

NEED: Without a SmartNet agreement in place, NYC H+H would not have access to immediate repair/replacement of critical network equipment, software patches to fix issues, and upgrades and enhancements needed to allow for newer devices to connect to the network. In the event of a hardware failure, a replacement part would have to be procured which can take 60-90 days to manufacture once the order is received, potentially keeping a critical area down while waiting for this replacement.

In case of a network failure, interoperability and communication from system to system within the enterprise, and/or system to end-user/clinician may slow or become unavailable. All clinical and business applications, including Epic, would not operate unless these networking components are functioning and in place.

The proposed agreement includes mandated Service Level Agreements, including immediate service response times, 24x7 dedicated support and escalations, and replacement of critical equipment within 4 hours to ensure continuity of services and avoid disruptions or gaps in service.

PROPOSAL: The previous agreement with Dimension Data had a total contract value of $39.4M over three years. The increase in cost between the previous agreement and the proposed contract is due to multiple factors: the proposed agreement includes new functionality, a three year upgrade for our wireless network and the ability to migrate call center express licenses to call center enterprise. Over the last 12 months the System made an $80M capital investment in Cisco network equipment as part of the Network Refresh project, funded by City capital, which replaced equipment that was no longer supported; and a $10M capital investment for the Call Center funded through the New York State CRFP capital grant, for call center licenses and hardware.

FINANCING: System proposes to finance the contract with a loan from Lender of $48,906,495.64 with interest at approximately 4.2% with the rate to be fixed prior to funding based on changes in market rates which loan will be co-terminus with which the Dimension Data agreement and which will be serviced out of its operating revenues; and

PROCUREMENT: A solicitation was issued to all Cisco re-sellers listed on the New York State Office of General Services contract, Dimension Data was selected as it was the vendor that offered the lowest total cost for the services.

MWBE STATUS: NYC Health + Hospitals will be seeking an MWBE waiver for Dimension Data as part of the SmartNet contract. Dimension Data is a reseller of the Cisco maintenance support product and does not perform/supply the actual support logistics. Cisco does not offer this support service directly to the consumer and only offers it through qualified resellers. We spoke with both Cisco and with Dimension Data and they understand the priority that NYC Health + Hospitals places on MWBE utilization. Both Cisco and Dimension Data are exploring options to leverage in future contracts that would allow them to leverage these qualified companies in their support model.

NYC
HEALTH+
HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Dimension Data

Date: September 19, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	EEO	MWBE
Approved	Approved	Full waiver

Dimension Data will be seeking an MWBE waiver as part of the SmartNet contract. Dimension Data is a reseller of the Cisco maintenance support product and does not perform/supply the actual support logistics. Cisco does not offer this support service directly to the consumer and only offers it through qualified resellers. Executive leadership spoke with both Cisco and Dimension Data and each understands the priority that NYC Health + Hospitals places on MWBE utilization. Both Cisco and Dimension Data are exploring options to leverage MWBE firms in future contracts that would allow them to leverage these qualified companies in their support model.

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

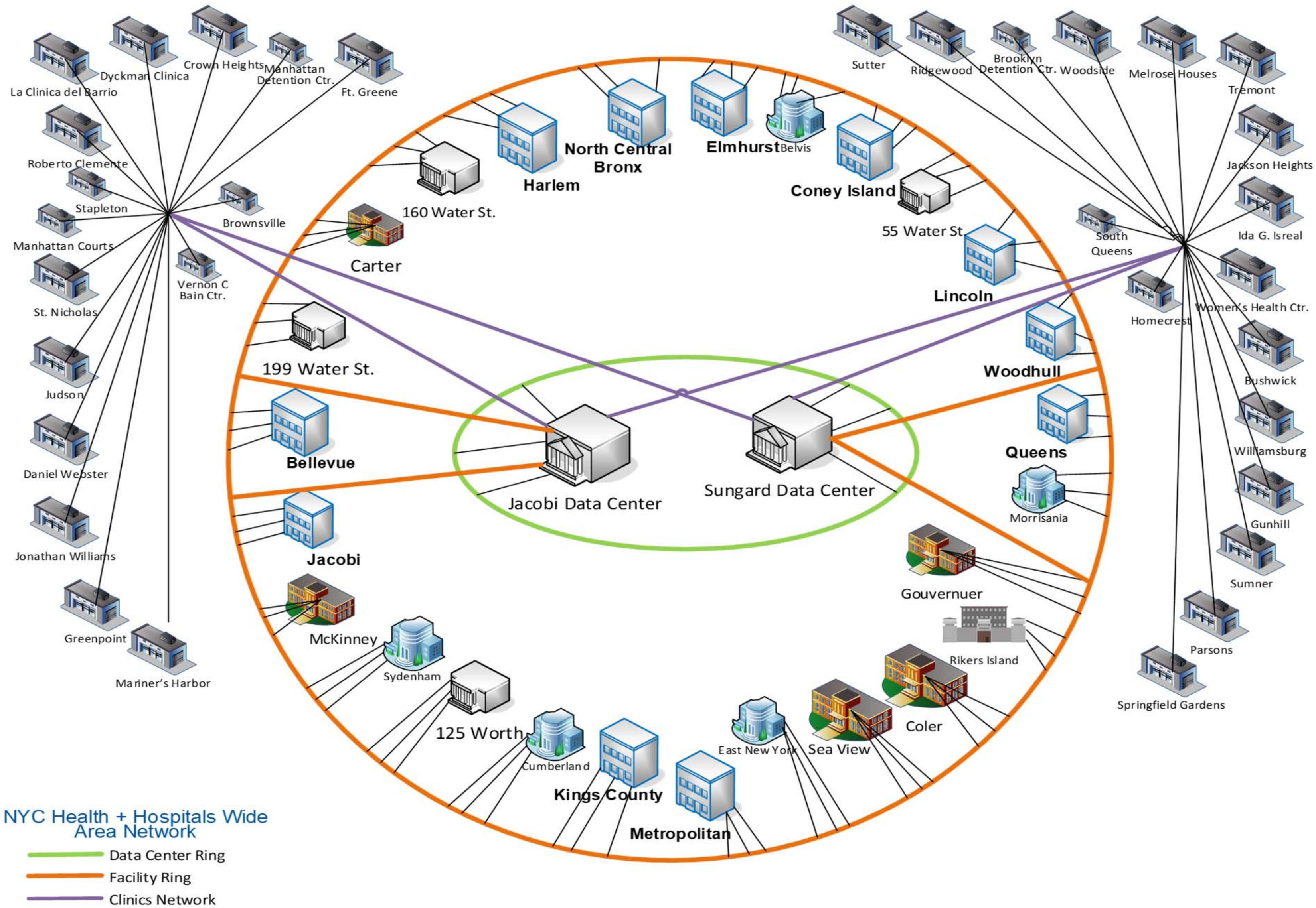
Dimension Data / Cisco SmartNet Maintenance Agreement

Board of Directors Meeting
September 26, 2019

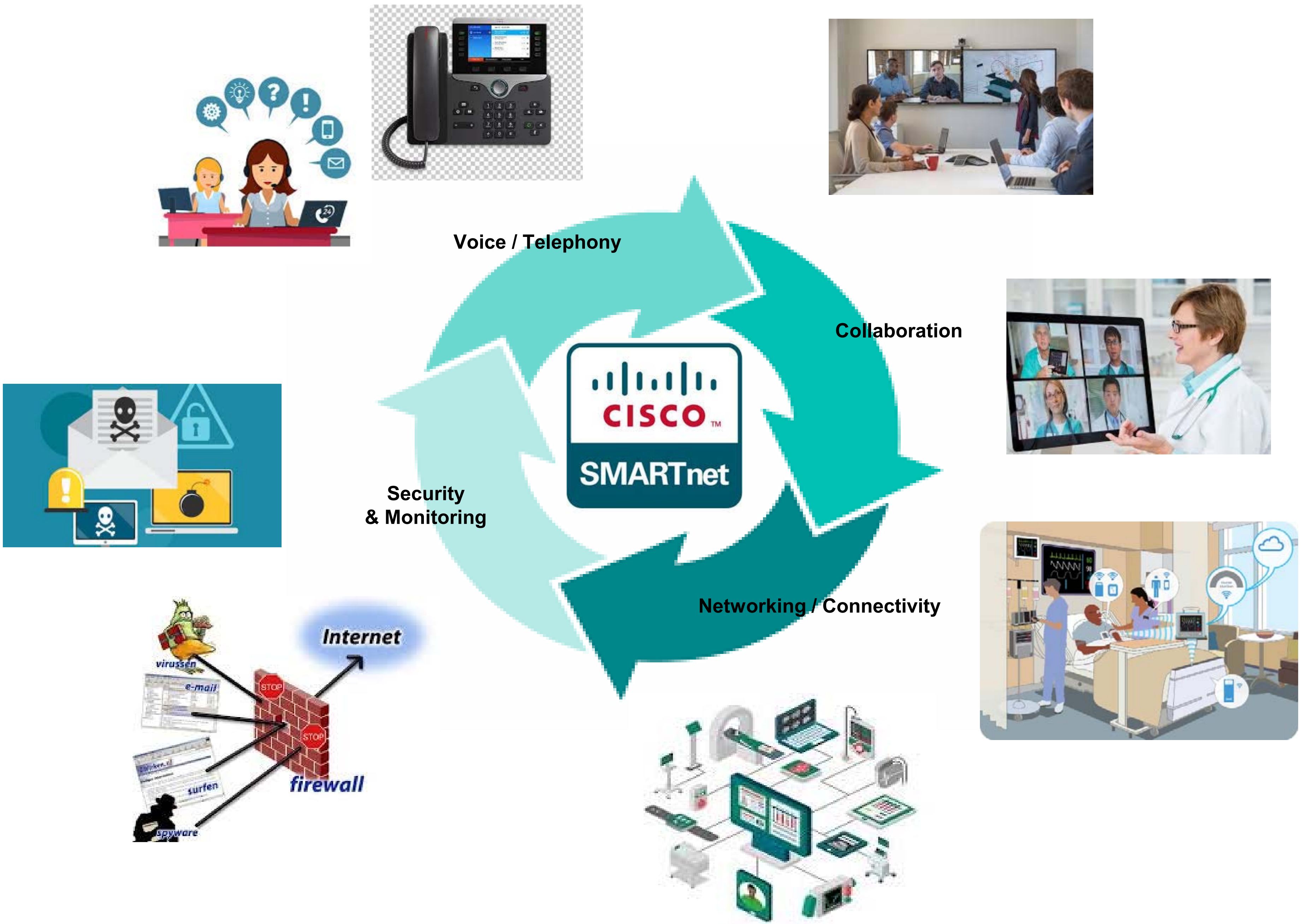
Kevin Lynch
Senior Vice President
Chief Information Officer

Jeffrey Lutz
Assistant Vice President Infrastructure

Wide Area Network Overview



Updated 09/21/2018


Voice / Telephony
Collaboration
Networking / Connectivity
Security
& Monitoring
CISCO
SMARTnet
Internet
virussen
e-mail
surfen
spyware
STOP
firewall

NYC HEALTH+ HOSPITALS

Background / Current State

- Who Is Cisco?
  - Worldwide technology leader that has been making the Internet work since 1984
  - $51.7 billion company with over 74,000 employees across the world
  - Three pillars of the Cisco experience: Connect Everything, Innovate Everywhere, Benefit Everyone

- H+H selection of Cisco as the standard network platform for the enterprise
  - In 2009, NYC Health + Hospitals began to establish Cisco as the standard for networking
  - Wanted a company that could provide needed connectivity and grow and evolve as healthcare changes
  - In fall of 2015, this commitment was reaffirmed as $160 million multi year network refresh / standardization project was initiated to be supported through capital funding.
  - Committed to Cisco not only as a vendor for networking and connectivity, but for voice as well.
  - In Winter of 2018, Cisco selected as the vendor for Contact Center project as part of the Delivery System Reform Incentive Payment (DSRIP) program

- Cisco SmartNet maintenance supports all Cisco hardware and software:
  - Mandated Service Level Agreements including immediate service escalation, 24 x 7 dedicated support contact for escalations and management, and equipment replacement (ex. critical = 24x7x365 4 hour response)
  - Future Proofing – protects capital investment provides hardware and software, bug fixes and updates ensures H+H has most current version

- Consequences Without SmartNet:
  - Costly break/fix on as needed basis
  - Delays in service response times results in unavailability/disruptions in service
  - Degrades investment, operating version w/o updates – not compatible with replacement parts, not compatible with new end user devices, potential security threats will remain unaddressed

- SmartNet maintenance cannot be purchased directly from Cisco, it has to be procured through “resellers” even though the support is provided directly from Cisco.

Overview of Contract

- NYC Health + Hospitals typically enters into a three year agreement for this maintenance that is paid on an annual basis. The contract total of the current three-year Dimension Data SmartNet agreement is $39M and expires on September 30, 2019.

- **TERM :** The prior SmartNet contract expired on June 30, 2019. Due to the short time frame between vendor selection, the June CRC Meeting and the July Board of Directors meeting, the CRC's direction was to secure a 3-month extension to the existing contract to avoid an interruption of services and return to the Board in September to consider a 33 month contract with Dimension Data at a cost of $48,906,495.64.
  - Entered into a 3-month extension through September 30, 2019 for $3.4M

- The increase over the prior agreement is due to two main factors:
  - **Net New Additional Maintenance and Functionality:** covers capital purchases funded through both City capital Network Refresh and CRFP Digital Health and Contract Center, including:
    - Maintenance of security software licenses to monitor traffic between networking and endpoints
    - New subscription services for security tokens (Duo) to be used for e-prescription, VPN access and administrative access required to meet regulatory and compliance requirements
    - Wireless End User License subscription to provide additional security and functionality to meet the increased needs and complexity of the devices accessing our wireless network including bio-med devices, mobile devices (ex. iPhones and iPads) and will also provide NYC H+H the ability to better separate patient and visitor devices
    - Upgrade current contact center licenses to the more advanced Contract Center Enterprise licenses

  - **New Networking Equipment** – covers capital purchases of Cisco equipment funded through City capital and CRFP Digital Health and Contact Center, including:
    - Deployment of new equipment, including e-mail security appliance, Data Center firewalls, Contact Center hardware and software, and the deployment of wireless networks in Bellevue, Metropolitan, McKinney, Sea View and various Gotham clinics
    - New equipment deployed that replaced outdated and unsupported equipment, thus no previous cost on SmartNet for these items
    - Replacement of different vendors equipment at Jacobi and North Central Bronx to meet the enterprise network standards

NYC HEALTH+ HOSPITALS

Overview of Procurement

- The solicitation was issued May 28, 2019 to 58 Cisco Direct Value Added Resellers currently listed on the OGS contract. The bid responses were as follows:
  - Dimension Data: $52,335,355.68*
  - Presidio: $53,005,959.69
  - Dyntek: “no bid”
  - Zones: “no bid”

  *(includes $3.4M for a 3-month extension)

- Who is Dimension Data
  - Dimension Data is an $8 billion company with over 28,000 employees across 47 countries
    - A subsidiary of Nippon Telegraph and Telephone Corporation (NTT Ltd.) with over $11 billion in sales , 40,000 employees across 70+ countries
    - A leading partner for many leading technology, hardware and cybersecurity vendors
  - Cisco partner for 28+ years, currently a Tier 1 provider
    - Certification is maintained through the following criteria
      - Certification of engineers and sales staff
      - Customer satisfaction scores
      - Revenue of Cisco services and product
  - Partnership with NYC H+H for over 10 years
    - Previous contract was with and financed through Dimension Data
    - Provides additional services including resources to perform inventory and certification of Cisco hardware
    - Previously provided support for annual Information Technology Security assessments
    - Provided resources for Security, Networking and other Infrastructure related areas
  - MWBE Status
    - NYC Health + Hospitals will be seeking an MWBE waiver for Dimension Data as part of the SmartNet contract. Dimension Data is a reseller of the Cisco maintenance support product and does not perform/supply the actual support logistics. Cisco does not offer this support service directly to the consumer and only offers it through qualified resellers. We spoke with both Cisco and with Dimension Data and they understand the priority that NYC Health + Hospitals places on MWBE utilization. Both Cisco and Dimension Data are exploring options to leverage in future contracts that would allow them to leverage these qualified companies in their support model.

Annual v. Pre-Payment Options

Cost Savings Benefits of 33-Month Pre-Payment

- Gartner Research confirmed that the majority of companies with large installed inventories of Cisco equipment typically enter into extended SmartNet maintenance agreements like this one in order to benefit from both the steep discounts and to lock in the three-year price
  - Gartner is a leading and well respected research and advisory company of $4 billion in revenue and 15,000 employees world wide
  - NYC Health + Hospitals has been working with Gartner for 10+ years to consult with Information Technology research, initiatives and contracts / procurements
- H+H received a discount of 50% below list price – an annual contract receives a lower discount
- No annual increases – an annual contract would be subject to price increases
- Total Cost of the 33 month contract plus the financing fee is less than the cost of purchasing the maintenance on an annual basis
- Financing through Key Government Finance Inc. (Key Bank) allows H+H to spread out the payments rather than a lump sum

Year	One Year Pricing	Three Year Pricing
Year 1	$29,186,853	$17,445,118
Year 2	$23,142,643	$17,445,118
Year 3	$23,142,643	$17,445,118
Total	$75,472,139	$52,335,356
Financing	**$0**	**$ 3,000,000 ***
Total Cost	**$75,472,139**	**$55,335,356 ****

*estimated interest expense based on monthly payments at 4.2%;

**includes $3.4M paid for extension

- Compared the proposed contract with the current DoITT City-wide enterprise SmartNet contract which allows City agencies to purchase maintenance on an annual basis. The enterprise contract is a 5-year agreement financed through Cisco Capital, the finance fees are rolled into the total contract price. As a result the City received a discount of 30%.

Approval Request

- NYC Health + Hospitals seeks to enter into contract with Dimension Data to provide SmartNet Services enterprise wide
  - Maintenance for all networking equipment, Voice over IP equipment and related Software
  - Includes:
    - Mandated Service Level Agreements including immediate service escalation, 24 x 7 dedicated support contact for escalations and management, and equipment replacement (critical = 24x7x365 4 hour response)
    - Ability to convert licenses for Cisco Call Center Express to Call Center Enterprise
    - Inventory including asset tagging service included
    - Ability to cover any legacy equipment or un-inventoried equipment same as inventoried equipment

- We are seeking approval to enter into contract with Dimension Data for Cisco SmartNet Maintenance and the related financing with Key Government Finance, Inc.:
  - 33 Month Contract and Financing (expires: June 30, 2022)
  - Immediate implementation upon contract approval and financing to close on September 30, 2019
  - Provides maintenance on all Cisco equipment used to support the network, security, Voice Over IP, collaboration, and Contact Center equipment deployed throughout the enterprise
  - Agreed Service Level Agreements and Support escalations and contacts, and License conversions
  - Contract value: $48,906,495.64
  - Total cost of financing (including estimated interest expense): $51,908,566

Costs Breakdown

SmartNet Agreement Breakdown	2016 Agreement	2019 Agreement	2019 Agreement (3 month)	2019 Agreement (33 month)
Hardware / Software Maintenance (3yr total)	$37,000,000	$41,810,307	$3,426,790	$38,383,517
Contact Center Flex Licensing		$1,248,799		$1,248,799
StealthWatch Maintenance		$721,875		$721,875
Service Full Coverage & Software Lifecycle Management		$1,030,181		$1,030,181
Wireless Distributed Network Architecture		$6,174,194		$6,174,194
Duo-Security Licensing and Maintenance		$1,350,000		$1,350,000
Total (without Interest)	$37,000,000	$52,335,356	$3,426,790	$48,908,566
Interest	$2,466,169	$3,000,000	$0	$3,000,000
Total	$39,466,169	$55,335,356	$3,426,790	$51,908,566
Average Annual Payment	$13,155,390	$18,445,119		$17,302,855

Questions?

RESOLUTION

Adopting the attached Mission Statement, Performance Measures and additional information to be submitted on behalf of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") for Fiscal Year 2019 to Office of the State Comptroller's Authorities Budget Office (the "ABO") as required by the Public Authorities Reform Act of 2009 (the "PARA").

WHEREAS, the Public Authorities Accountability Act was amended by the PARA to add additional reporting and oversight features; and

WHEREAS, the PARA requires local public authorities such as NYC Health + Hospitals to adopt each year a mission statement and performance measures to assist NYC Health + Hospitals in determining how well it is carrying out its mission; and

WHEREAS, the ABO requires reporting of NYC Health + Hospitals' mission and performance measures, as well as responses to certain questions on a form provided by that office and requires that the NYC Health + Hospitals Board of Directors read and understand the mission statement and the responses provided to the ABO; and

WHEREAS, NYC Health + Hospitals will post on its website the Mission Statement as hereby adopted; and

WHEREAS, the attached Mission Statement, Performance Measures and additional information supplied on the required ABO form will, once read, understood and adopted, comply with the requirements of the PARA as stated above and reflect the mission of NYC Health + Hospitals and the performance measures being used to measure its achievement of its mission;

NOW, THEREFORE, be it

RESOLVED that the attached Mission Statement, Performance Measures and additional information supplied on the required Office of the State Comptroller's Authorities Budget Office form are hereby adopted as required by the Public Authorities Reform Act of 2009.

AUTHORIZATION TO MAKE ANNUAL FILING
PURSUANT TO THE PUBLIC AUTHORITIES REFORM ACT

Executive Summary

NYC Health + Hospitals is required by the Public Authorities Reform Act of 2009 (the "PARA") to adopt and to report to the New York State Office of the State Comptroller's Authority Budget Office (the "ABO") each year a mission statement and performance measures to assist NYC Health + Hospitals to assess its success in carrying out its mission. The ABO also requires completion of a specific form as part of the annual reporting. Attached is the Mission Statement, Performance Measures and the responses to complete the ABO form, all of which require the Board's adoption.

NYC Health + Hospitals has made annual filings in compliance with the PARA since its adoption. There have been minor variations in the Mission Statement over these years but all have been refined versions of the purposes of NYC Health + Hospitals as expressed in its enabling act and in its By-Laws. The Mission Statement on the ABO form is the version that will be posted on the NYC Health + Hospitals' website.

AUTHORITY MISSION STATEMENT AND PERFORMANCE MEASUREMENTS

To extend equally to all New Yorkers, regardless of their ability to pay, comprehensive health services of the highest quality in an atmosphere of humane care, dignity and respect; To promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the City of New York; To join with other health workers and with communities in a partnership which will enable each of our institutions to promote and protect health in its fullest sense -- the total physical, mental and social well-being of the people.

ADDITIONAL QUESTIONS:

1. **Have the board members acknowledged that they have read and understood the mission of the public authority?**

   Yes.

2. **Who has the power to appoint the management of the public authority?**

   Pursuant to the legislation that created NYC Health + Hospitals, the President is chosen by the members of the Board of Directors from persons other than themselves and serves at the pleasure of the Board. (Unconsolidated Law, section 7394)

3. **If the Board appoints management, do you have a policy you follow when appointing the management of the public authority?**

   The Governance Committee to the Board of Directors has, among its responsibilities, the duty to receive, evaluate and report to the Board of Directors with respect to the submissions of appointments of corporate officers.

4. **Briefly describe the role of the Board and the role of management in the implementation of the mission.**
   In addition to standing and special committees which have defined subject matter responsibilities and which meet monthly and or quarterly, the Board of Directors meets monthly to fulfill its responsibility as the governing body of NYC Health + Hospitals and its respective facilities as required by law and regulation by the various regulatory and oversight entities that oversee NYC Health + Hospitals. Corporate by-laws and established policies outline the Board's participation in the oversight of the functions designated to management in order to ensure that NYC Health + Hospitals can achieve its mission in a legally compliant and fiscally responsible manner.

5. **Has the Board acknowledged that they have read and understood the responses to each of these questions?**

   Yes.

NYC HEALTH+ HOSPITALS

System Dashboard Glossary – May 2019
Reporting Period: Q3 FY2019 (Jan-Mar 2019)

Increase Primary Care		
1	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only, N/A due to Epic data definition issue
Access to Care		
2	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
Financial Sustainability		
3	Patient Care Revenue/Expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
4	# insurance applications submitted/month	Top priority initiative and measure of efforts to convert self-pay to insured
5	% of M+ medical spend at H+H	Global measure of M+ efforts to steer patient volume to H+H, removes pharmacy and non medical spend
6	Total AR days/month (excluding in-house)	Unity/Soarian. Total accounts receivable days, excluding days where patient remains admitted
Information Technology		
7	Epic implementation milestones	Reflects updated deployment schedule: Enterprise validation and build + four acute care + one ambulatory facility live; testing and training at two other acute care and two ambulatory facilities on track.
8	ERP on track	Reflects key milestones in finance/supply chain go live, human capital management upgrade, and payroll project design
Quality and Outcomes		
9	Sepsis 3-hour bundle	NYSDOH Quarterly Facility Sepsis Report-aggregated to reflect a system score; one quarter lag vs other measures
10	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge.
11	HgbA1c control < 8	Population health measure for diabetes control
12	% Left Without Being Seen in EDs	Measure of ED efficiency and safety
Care Experience		
13	Inpatient care - overall rating (Top Box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
14	Ambulatory care (medical practice) - Recommend Provider Office (Top Box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
15	Post-acute care - likelihood to recommend (mean)	Press Ganey Survey. Likelihood to recommend (mean)
Culture of Safety		
16	Acute Care – Overall Safety Grade	Measure of patient safety, quality of care, and staff psychological safety
17	Post-Acute Care – Overall Safety Grade	Measure of patient safety, quality of care, and staff psychological safety
18	Ambulatory (D & TC) – Overall Safety Grade	Measure of patient safety, quality of care, and staff psychological safety

System Dashboard – May 2019
Reporting Period: *Q3 FY2019 (Jan-Mar 2019)*

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD
Increase Primary Care				FY 2019				
1	Unique primary care patients seen in last 12 months	VP AMB	Annually	418,000	N/A	N/A	414,503	425,000
Access to Care								
2	Number of e-consults completed/quarter	CPHO	Quarterly	18,000	21,907	+21.7%	15,341	8,073
Financial Sustainability								
3	Patient Care Revenue/Expenses	CFO + SVP MC	Quarterly	60%	60.8% est.	+0.8%	60.4%	57.0%
4	# insurance applications submitted/quarter	CFO + SVP MC	Quarterly	23,710	20,666	-13%	21,483	19,676
5	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	40%	-5%	39.5	37.4%
6	Total AR days per month (excluding in-house)	CFO	Quarterly	45	Not yet available	0	54.6	47.0
Information Technology								
7	Epic implementation milestones	CIO	Quarterly	100%	100%	-	100	-
8	ERP milestones	CIO	Quarterly	100%	80%	-20%	70	-
Quality and Outcomes								
9	Sepsis 3-hour bundle	CMO + CQO	Quarterly	63.5%	70.9%	+7.4%	69.7%	68.0%
10	Follow-up appointment kept within 30 days after behavioral health discharge	CMO + CQO	Quarterly	66%	58.7%	-7.3%	57.4%	60.9%
11	HgbA1c control < 8	CPHO + VP AMB	Quarterly	66.6%	63.7%	-2.9%	64.1	63.8%
12	% Left Without Being Seen in the ED	CMO + CQO	Quarterly	4%	6.66%	-2.6%	7.5	8.51%
Care Experience								
13	Inpatient care - overall rating (Top Box)	CQO	Quarterly	65.4%	59.0%	-6.4%	62.0%	59.0%
14	Ambulatory care (medical practice) Recommend Provider Office (Top Box)	CQO + VP AMB	Quarterly	83.6%	82.1%	-1.5%	81.3%	82.1%
15	Post-acute care - likelihood to recommend (mean) [2016]	CQO + SVP PAC	Semi-Annually	86.3%	87.1%	+0.8%	87.1%	85.3%
Culture of Safety								
16	Acute Care – Overall Safety Grade	CNO + CQO	Annually	76%	-	-14%	-	-
17	Post-Acute Care – Overall Safety Grade	CNO + CQO + SVP PAC	Annually	74%	-	-2%	-	-
18	Ambulatory (D&TC) – Overall Safety Grade	CNO + CQO + VP AMB	Annually	50%	-	-11%	-	-

RESOLUTION

Designating Hyacinth Peart to serve on the HHC ACO Inc. (the "ACO") Board of Directors in accordance with the laws of the State of New York, until her successor is duly elected and qualified, or until her earlier death, resignation or removal.

WHEREAS, in a June 2012 Resolution the Board of the New York City Health and Hospitals Corporation (the "System") acting through its Executive Committee authorized the creation of the ACO as a wholly-owned subsidiary public benefit corporation; and

WHEREAS, the ACO's by-laws designate the System as the sole member of the ACO; and

WHEREAS, the ACO's by-laws further state that the directors of the ACO shall be elected by the Member; and

WHEREAS, the Center for Medicare and Medicaid Services regulations governing the operations and governance of the ACO require that the ACO Board of Directors include a Medicare Beneficiary to represent the interests of the ACO's Medicare Beneficiaries in the Medicare Shared Savings Program ("MSSP"); and

WHEREAS, Jeromane Berger-Gaskin, who served on the ACO Board of Directors as the Medicare Beneficiary Director beginning August 29, 2012, resigned her position on April 19, 2019; and

WHEREAS, at its September 5, 2019 meeting, the ACO Board of Directors voted to recommend that the Member designate Hyacinth Peart, a Medicare Beneficiary, to serve as the Medicare Beneficiary Director on the ACO's Board of Directors; and

WHEREAS, the System's Board of Directors has reviewed Ms. Peart's qualifications and wishes to designate her to serve on the ACO Board of Directors.

NOW, THEREFORE, BE IT

RESOLVED, that New York City Health and Hospitals Corporation hereby designates Hyacinth Peart to serve on the HHC ACO Inc. Board of Directors in accordance with the laws of the State of New York until her successor is duly elected and qualified or until her earlier death, resignation or removal.

Hyacinth Pert Bio

I was born in Jamaica, West Indies. I have two sisters and four brothers. I am a divorced mother of three children. My son is a pastor, and my two daughters both work for New York City Health + Hospitals.

I immigrated to the United States in May 1981. I was sponsored by my mother, who was employed by Keith Johnson, the Jamaican Ambassador to the United States. Watching my mother work, I was truly inspired by the unconditional love, respect, and caring between her and the twin girls she cared for. I immediately knew right then and there what I wanted to do - help and care for people.

While obtaining my degree in Early Childhood Education, I worked a full-time job and a weekend job as a nanny. I was the first in my family to become a citizen of the United States of America. I was the first in my family to graduate from college. When I retired from working in child care in 2014, I went back to school to become a certified nurse's aide. It was a pleasure for me to care for patients at Bellevue utilizing my CNA certification.

I'm 65 years old, retired and receive Medicare. But I continue to care for others through volunteering at Bellevue Hospital as a Patient & Family Advisory Council member since 2018.

Hyacinth Peart

RESOLUTION

Amending the January 28, 2016 resolution of the Board of Directors of **New York City Health and Hospitals Corporation (NYC Health + Hospitals"**) that had authorized the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to sign a three-year contract, with two one-year options to renew, with **Milton Samuels Advertising Agency, Inc. ("MSA")** for advertising services at a cost not to exceed \$3.5 Million per year or \$17.5 Million total to increase the not to exceed limitation on the annual cost of the contract for the first renewal contract year which will expire on February 13, 2020 by \$1Million to bring the total allowed contract cost for such year to \$4.5 Million and the total for the term of the contract to \$18.5 Million.

WHEREAS, MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York and;

WHEREAS, the MetroPlus Certificate of Incorporation reserves to NYC Health + Hospitals the power to approve MetroPlus contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000; and

WHEREAS, in 2015, MSA was selected through an RFP process, to provide advertising and marketing services to MetroPlus; and

WHEREAS, on January 28, 2016 the Board of Directors of NYC Health + Hospital authorized MetroPlus to enter into a five-year advertising contract with MSA at an annual cost not to exceed \$3.5 Million for a total contract cost not to exceed \$17.5 Million; and

WHEREAS, MetroPlus had unanticipated media spend to promote Mayor DeBlasio's Guaranteed Healthcare Initiative, support new period of enrollment, and housing initiatives; and

WHEREAS, MetroPlus would use the additional funds for television advertising to individuals seeking affordable health insurance; and

WHEREAS, MSA serves as MetroPlus' central media buying and creative agency that helps brand and create product recognition in its markets; and

WHEREAS, the MetroPlus Executive Committee approved the proposed increase to the contract with MSA at its August 7, 2019 meeting.

NOW THEREFORE, be it

RESOLVED, the January 28, 2016 resolution of the Board of Directors of **New York City Health and Hospitals Corporation** that had authorized the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to sign a three-year contract, with two one-year options to renew, with **Milton Samuels Advertising Agency, Inc. ("MSA")** for advertising services at a cost not to exceed \$3.5 Million per year or \$17.5 Million total be and the same hereby is amended to increase the not to exceed limitation on the annual cost of the contract for the contract year which will expire on February 13, 2020 by \$1 Million to bring the total allowed contract cost for such year to \$4.5 Million and the total for the term of the contract to \$18.5 Million.

NYC HEALTH+ HOSPITALS

Keith Tallbe
Senior Counsel, Office of Legal Affairs
160 Water Street, 13th Floor
New York, NY 10038
Keith.Tallbe@nychhc.org
646-458-2034

To: Colicia Hercules
Chief of Staff, Office of the Chair

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Milton Samuels Advertising Agency, Inc.

Date: September 20, 2019

The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

Vendor Responsibility	**EEO**	**MWBE**
Pending	Pending	20%

The above status is consistent and appropriate with the applicable laws, regulations, and operating procedures to allow the Board of Directors to approve this contract.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION AUTHORIZING METROPLUS TO CONTRACT WITH MILTON SAMUELS ADVERTISING TO INCREASE THE CURRENT YEAR SPEND BY $1.6 MILLION

BACKGROUND: MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York. The Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the power to approve MetroPlus contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of $3,000,000.

In 2015, Milton Samuels Advertising Agency, Inc. ("MSA") was selected through an RFP process, to provide advertising and marketing services to MetroPlus and on January 28, 2016 the Board of Directors of NYC Health + Hospital authorized MetroPlus to enter into a five-year advertising contract with MSA at an annual cost not to exceed $3.5 Million for a total contract cost not to exceed $17.5M. MSA serves as MetroPlus' central media buying and creative agency that helps brand and create product recognition in its markets.

NEED: MetroPlus has incurred additional advertising costs through MSA to promote Mayor DeBlasio's Guaranteed Care initiative and further expenditures are expected. Furthermore, there are new opportunities for New Yorkers to receive low price, quality health insurance. MetroPlus' suite of NYSOH plans offers fresh opportunities for lower income New Yorkers to receive truly affordable, quality health insurance. Additional advertising and marketing expenditures are needed to inform New Yorkers about these new opportunities.

Industry data shows MetroPlus is significantly and routinely outspent by competitors in advertising and marketing, most especially in terms of television spending.

PROPOSAL: MetroPlus seeks authority to increase the annual limit on its spending on the MSA contract for the fourth year of the contract term which will end on February 13, 2020 by $1 Million which will bring the not-to-exceed amount for the year to $4.5. Million. This will increase the total not-to-exceed limit on the contract from $17.5M to $18.5 Million

New York City Health + Hospitals
Board of Directors Meeting
September 26, 2019

MetroPlus Increase in 2019 Advertising Budget

MetroPlus Health Plan

Current State

- January 2016 Board Approval for a three-year contract with two one-year options to renew with Milton Samuels Advertising Agency – NTE of $3.5m per year.
- First one-year renewal option in effect with expiration date of February 13, 2020

Unanticipated Media Budget Items

Current 2019 media budget is $3.5M.*

Approximately $1M unbudgeted spend included:

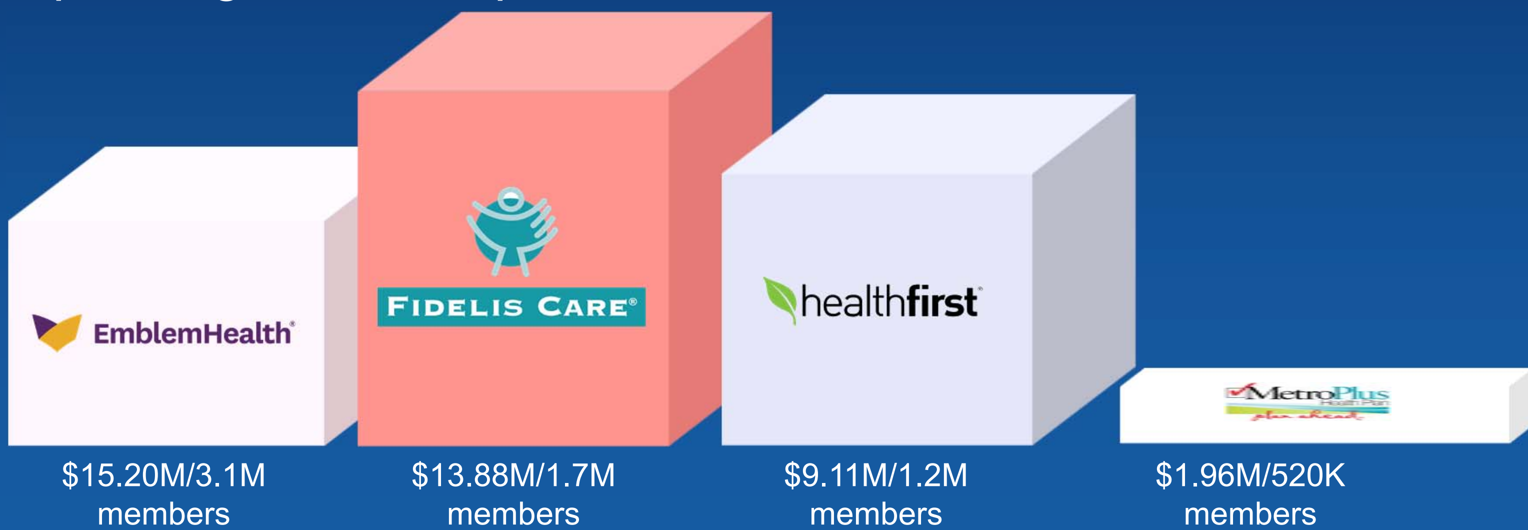
- Guaranteed Care advertising campaign (co-branded w/ H+H).
- MetroPlus website redesign (design and production).
- New Gold enrollment period.
- Woodhull housing project.

Media budget has remained flat since 2015, yet lines of business, service areas and expectations have increased.

*Does not include HMN contract: $662,200.

Media Spend in NYC by Main Competitors

- According to Kantar Media and Nielson Media Analytics, MetroPlus is outspent substantially by Emblem, Healthfirst and Fidelis.
- Based on MetroPlus-reported figures, we believe competitive spending is underreported.



Budget Increase and Impact

- In order to compete more effectively, MetroPlus is asking to increase its media spending by $1M for Q4 2019.
- The dollars will be directed to New York State of Health Marketplace products for Open Enrollment Period 2019-2020.
- Additional funds will be used for purchasing air time on TV.
- $1M increase is for the first renewal option only, to support additional need for the current contract year and does not apply to the second renewal option if enacted.
- Current media budget will deliver 300M impressions. With the added $1M we will see a 28% increase, bringing total impressions to 384M for the year.

Television Investment and Enrollment

- In 2013, for the first time, we spent $1M on television to support open enrollment in the new Marketplace. During that timeframe, there was a year-to-year increase in overall website traffic by 107%. Hits to home page increased by 22%.
  - ✓ MetroPlus captured the largest market share of marketplace plans that year in NYC.
- During that same time period, there was a 15% increase in enrollment applications.
- During a $1.5M television flight in November 2015 to January 2016, enrollment applications increased by 53%.
  - ✓ MetroPlus captured largest market share of EP that year in NYC.
- A MetroPlus Gold television flight in October / November 2018 yielded a 316% increase in MetroPlus Gold membership from the previous year.
- A MetroPlus Gold television flight to support the one-time open enrollment period in April 2019 yielded a 261% increase in MetroPlus Gold membership from October / November 2017.

Why Television?

- Provides opportunity to reach the largest audience and make the biggest impact.
- Media vehicle where we are most outspent by competitors.
- *Can be tracked by adding unique url / phone number as well as additional tracking method.*

What will $1M Deliver?

The increased funding will deliver:

- 950 additional 30-second TV spots.
- MetroPlus commercials would run on stations such as: WNBC, WABC, FOX5, WOR, PIX11, UNIVISION, TELEMUNDO, NY1, NY1 NOTICIAS, BET, ESPN, OWN, HISTORY, and TLC.