

CALL TO ORDER - 3:00 PM

1. Adoption of Minutes: SEPTEMBER 26, 2019

Chair's Report

President's Report

Legislative Update

>> Action Items<<

2. Authorizing the amendment of Article VI, Section 9 of the By-Laws of the New York City Health and Hospitals Corporation (the "System") to remove the requirement that the chairperson of the Community Relations Committee also serve as an ex officio member of the Quality Assurance/Performance Improvement Committee. (Governance Committee – 10/31/2019) **(EEO: NA / Vendex: NA)**

3. Adopting, in the name of the name of the Board of Directors of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") an Implementation Strategy Plan (an "ISP") for each of its acute care hospitals and the long-term acute care part of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC") as a supplement to the Community Health Needs Assessment (the "CHNA") was approved by the Board of Directors in June 2019.
(EEO: NA / Vendex: NA)

4. Amending the resolution adopted in December 2016 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") that authorized requirements contracts with seven architectural and engineering ("AE") consulting firms to provide AE design services; six mechanical, engineering, and plumbing ("MEP") consulting firms to provide MEP design services; and five Local Law 11 inspection consulting firms to provide Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities – all of such contractors being listed in Schedule A attached hereto -- with such amendment increasing the \$23 Million not-to-exceed limit by \$5 Million to bring the total-not-to exceed limit to \$28 Million and extending the term of the contracts through June 30, 2020; and

Further amending the list of consultants to be those listed in Schedule A attached.

(Capital Committee – 10/10/2019) **Vendex & EEO: Approved for all vendors.**

5. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Fratello Construction Corporation (the "Contractor") for an amount not to exceed \$8,982,904 for pre-construction, demolition, asbestos abatement, and construction services necessary for the heating, ventilation and air conditioning ("HVAC") relocation project (the "Project") at NYC Health + Hospitals / Bellevue ("Bellevue").
(Capital Committee – 10/10/2019) **Vendex: Approved / EEO: Approved**

6. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to initiate the renovation of the 10th Floor (the "Project") of the Main Building at NYC Health + Hospitals/Jacobi ("Jacobi") including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, asbestos abatement, and construction management services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.
(Capital Committee – 10/10/2019) **Vendex: Approved / EEO: Approved**

7. Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Volmar Construction, Inc. ("Volmar"), to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis with such amendment increasing the \$6 Million not to exceed cost by \$6 Million to bring the total not to exceed limit to \$12 Million.
(Capital Committee – 10/10/2019) **Vendex & EEO: Approved**

Mr. Pagán

Mr. Pagán

Dr. Katz

Mr. Siegler

Mr. Pagán

Dr. Katz

Mr. Peña-Mora

Mr. Peña-Mora

Mr. Peña-Mora

Mr. Peña-Mora

<p>8. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with New York College of Health Professions (“NY College”) for its use of approximately 3,471 square feet the 7th floor North of the Main Building on the campus of NYC Health + Hospitals/Bellevue (“Bellevue”) at an annual occupancy fee payable to the System of \$206,350.95 calculated at \$59.45/ft. which will be escalated by 2.5% annually resulting in a total occupancy fee payable to the System over the term of \$1,084,648.36. (Capital Committee – 10/10/2019) Vendex: Pending / EEO: NA</p>	<p>Mr. Peña-Mora</p>
<p>9. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three year renewal agreement with two one-year options to renew with Managed Care Revenue Consulting Group LLC (“MCRC”) to provide claims review and collection services on managed care contracts not to exceed \$23 million dollars to be payable contingent on the amounts recovered for the System. (Finance Committee: 10/10/2019) Vendex and EEO: Approved</p>	<p>Ms. Wang</p>
<p>10. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America (the “Vendors”) to provide collection services with respect to self-pay accounts with the System for terms of three years with two one-year options to renew at a total cost not to exceed \$6 million dollars to be payable contingent on the amounts recovered by the System. (Finance Committee: 10/10/2019) Arstrat LLC. Vendex: Pending / EEO: Approved Vendex and EEO: Approved for RTR Financial Services Inc., Nationwide Credit and Collections, Inc. and USCB America</p>	<p>Ms. Wang</p>
<p>11. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign an agreement with RxStrategies (“Vendor”) for 340B third party administration services for contracted pharmacies except Walgreens and CVS for a term of three years with two one-year options to renew with the total cost not to exceed \$16,075,500 with all payments to be withheld from funds collected by the Vendor. (Finance Committee: 10/10/2019) Vendex and EEO: Approved</p>	<p>Ms. Wang</p>
<p>12. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign three year agreements with Managed Resources, JZanus, and Revint (the “Vendors”) for medical necessity denials management and other revenue initiatives management with two one-year options to renew exercisable solely by the System at a total cost over the potential five-year term not to exceed \$11,400,000 with all payments contingent on the amounts the vendors recover. Vendex – Approved JZanus – Pending: Managed Resources and Revint - EEO: JZanus & Managed Resources – Approved – Pending: Revint</p>	<p>Ms. Wang</p>
<p style="text-align: center;"><u>Committees and Subsidiaries Report</u></p> <p>➤ Governance ➤ Capital ➤ Finance ➤ Audit</p>	<p>Mr. Pagán Mr. Peña-Mora Ms. Wang Ms. Arteaga Landaverde</p>
<p><u>Executive Session Facility Governing Body Report</u> ➤ NYC Health + Hospitals Coney Island ➤ NYC Health + Hospitals Sea View</p>	<p>Mr. Pagán</p>
<p>Semi-Annual Governing Body Report (Written Submission Only) ➤ NYC Health + Hospitals Coler Skilled Nursing Facility ➤ NYC Health + Hospitals Henry J. Carter Specialty Hospital ➤ NYC Health + Hospitals Henry J. Carter Skilled Nursing Facility</p>	<p>Mr. Pagán</p>
<p>2018 Performance Improvement Plan and Evaluation (Written Submission Only) ➤ NYC Health + Hospitals Renaissance Diagnostic & Treatment Center- Gotham</p>	
<p>>>Old Business<< >>New Business<<</p>	
<p>Adjournment</p>	

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 26th day of September, 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 Pagán
Dr. Mitchell Katz
Dr. Oxiris Barbot
Mr. Scott French
Ms. Deborah Brown
Ms. Barbara A. Lowe
Dr. Hillary Kunins
Ms. Helen Arteaga Landaverde
Ms. Sally Piñero-Hernandez
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra

Mr. Pagán called the meeting to order at 3:05 p.m. Mr. José Pagán, Chair of the Board, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Scott French was in attendance representing Steven Banks and Deborah Brown was in attendance representing First Deputy Mayor Dean Fuleihan, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on July 25, 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 July 25, 2019, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Pagán notified the Board that on August 1, he and Ms. Piñero-Hernandez attended the NYC Care launch in the Bronx. He said he was proud to be part of the amazing health care access initiative to provide quality and affordable health care to New Yorkers who cannot afford or are not eligible for health insurance. It was impressive to see firsthand the H+H mission in action.

Mr. Pagán also notified the Board that on September 9, he and Ms. Hernandez-Piñero conducted a site visit to Kings County where they saw firsthand the impressive operations of the ED, maternal child health, ambulatory care and perioperative services. He sent congratulations to Kings on its recent Cancer Center accreditation, remarked on the commendable commitment of leadership and staff and thanked Mr. Sheldon McLeod.

Mr. Pagán also thanked Mr. Nolan for participating in a September 11 memorial event at Jacobi, and invited him to provide feedback.

Mr. Nolan reported that each year Jacobi Medical Center has a remembrance for all the persons who lost their lives on September 11 in New York, Washington DC and Pennsylvania. He said that there is a special memorial garden built about 15 years-ago on the Jacobi campus in dedication to those who lost their lives.

Mr. Pagán then referred the Board to Article VI - Section 1(C) of the by-laws that provides "Appointment. The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees." In light of the death of Josephine Bolus, a longtime member of the Board of Directors who served on all standing committees of the Board, Mr. Pagán noted, a series of replacements are necessary to maintain the required quorum on such committees. Mr. Pagán therefore, proposed a motion to appoint the following Board members to the indicated standing Committees:

Sally Hernandez-Piñero	-	Capital
Feniosky Peña-Mora	-	Audit and EDI
Dr. Mitchell Katz	-	Governance
Anita Kawatra	-	CRC
Gordon Campbell	-	Executive

Dr. Vincent Calamia	-	Executive
Dean Fuleihan	-	Executive

Then on motion made and duly seconded, the Board unanimously adopted such appointments to the standing committees.

Vendex Approvals

Mr. Pagán noted that since we began the process of approving contracts prior to vendex approvals, there are 14 new items on today's agenda requiring Vendex of which nine have Vendex approval. There are six items from previous board meetings pending Vendex approval, which are in your Board materials.

President's Report

Dr. Katz stated that due to the numerous action items on the agenda, he would limit his remarks and refer the Board to his report, which is attached and incorporated by reference to these minutes. He also stated that if people at the end would like to talk about any of the items in the report he would be happy to do so.

Legislative Report

Mr. Siegler also noted that the legislative report is included in the President's Report and he is also open to address any question the members have at the end of the meeting.

Action Item 2:

Scott French formally recused himself as this item pertains to the Human Resources Administration and left the room for the remainder of the discussion and action on this item.

Mr. Pagán read the resolution:

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.

This item was presented at the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President of Facilities Development, presented. The materials presented are attached and incorporated herein by reference.

During the presentation, Ms. Flaherty informed the Board that there has been a long-standing agreement with the Human Resources Administration, to provide Medicaid program enrollment and navigation services for New Yorkers who are seeking public health insurance. These programs have been present at Kings, Lincoln, Metropolitan, North Central Bronx, and Morrisania since 1991. Due to the value of these services to our patients, Ms. Flaherty asked permission to enter into a five-year renewal license agreement, which would provide the System with over \$741,000 in income, with a 2% increase annually.

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

Scott French re-entered the Boardroom.

Action Item 3:

Mr. Pagán 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 resubmitted to the - Capital Committee - 07/11/2019 and 09/12/2019

Maureen McClusky, Senior Vice President for Post-Acute Care and Dr. Charles Barron, Deputy Chief Medical Officer for Behavioral Health, presented. The presentation materials are attached and incorporated herein by reference.

Ms. McClusky informed the Board that the resolution was being resubmitted because the resolution had been tabled at the July Board meeting with a request for more information regarding the clinical program offered by Camelot. She then provided a high-level overview informing the Board that Camelot was formed in 1971 as a non-profit article 32 mental health facility. Camelot currently operates a 35 bed-residential male substance abuse program on the Sea View Campus. This program is funded by the New York State Office for Alcohol and Substance Abuse (OASAS). Ms. McClusky also informed the Board that there is seamless collaboration with the Gotham Vanderbilt site on Staten Island. The building to be leased is currently vacant and the System will be receiving rent at \$12.50 a square foot or \$250,000 per year, with an increase of 2.5% per year, with a total rent over the term of \$10,975,676.

Dr. Barron informed the Board that he confirmed with the Chief Executive Officer of Camelot and was assured that the current men's program, which is identical to the proposed program, does offer medication assistance therapy if the client so chooses. He said that the Camelot program is also in compliance with OASAS requirement to offer either methadone or buprenorphine treatment. Dr. Barron also confirmed with OASAS that it will be monitoring the program using a new data collection technique to assure compliance.

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

Action Item 4:

Mr. Pagán read the 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. This item was presented to the Capital Committee on 09/12/2019

Dr. Dave Chokshi, Vice President for Population Health, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions regarding the range of services NYLAG will be providing, Dr. Chokshi invited Randey Retkin, a representative of NYLAG, to speak and she explained that NYLAG offers full representation to clients, including advice, referrals and court appearances.

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

Action Item 5:

Mr. Pagán read the 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.
This item was presented to the Capital Committee - 09/12/2019

Michael Rawlings, Chief Operating Officer at Bellevue presented. The presentation materials are attached and incorporated herein by reference.

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

Action Item 6:

Mr. Pagán read the 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. This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Flaherty explained that 50% enrollment by children of Elmhurst staff is a requirement within one-year of the contract. She further explained a multi-tier tuition structure based on staff income to attract more staff participation. She also said that priority would be given to staff within the allotted slots and salary tiers.

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

Action Item 7:

Ms. Pagán read the 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 \$6,000,000 not to exceed contract limit for Mac & Sons by \$6,000,000 to bring the total not to exceed limit to \$12,000,000.

This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

Dr. Katz highlighted that this extension is to a contractor who is a registered MWBE.

In response to a request for clarification regarding the NYC Comptroller's rule regarding increasing contract dollars without a new procurement, Ms. Flaherty responded that because the scope of the work did not change it was her belief that the change is allowable. She said she would seek the informal opinion of the Comptroller on the point and report back to the Chair of the Committee prior to the matter being presented to the full Board at the end of the month.

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

Action Item 8:

Mr. Pagán read the 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.

This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Flaherty assured the Board that Carrier Corporation had agreed to meet the 30% MWBE sub-contracting requirement.

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

Action Item 9:

Mr. Pagán read the 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. This item was presented to Capital Committee - 09/12/2019

Dr. Theodore Long, Vice President for Ambulatory Care, presented. The presentation materials are attached and incorporated herein by reference.

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

Action Item 10:

Mr. Pagán read the 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. This item was presented to the Capital Committee - 09/12/2019

Dr. Theodore Long, Vice President for Ambulatory Care, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Dr. Long assured the Board that there is clear signage that differentiates the Pediatric services from Health and Hospitals services. He further explained that there is a seamless referral process from the clinic where patient receives maternal care and the Pediatric services after birth. Of note is that the Practitioner was trained at Elmhurst, refers patients for specialty care to Elmhurst, accepts MetroPlus and a substantial number of his patients are Medicaid recipients.

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

Action Item 11:

Mr. Pagán read the 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.

This item was presented to the Capital Committee - 09/12/2019

Alfonso Pistone Associate Executive Director, Coler Rehabilitation and Nursing Care Center, and Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to a question, Ms. Flaherty clarified that the resolution had been previously tabled at the July Board meeting, so that Verizon could clarify what, if any, relationship this agreement was to have with another agreement being negotiated. Verizon had clarified its position that the resolution was unrelated to other potential contracts under discussion. She also confirmed that Verizon would comply with all regulatory requirements.

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

Action Item 12:

Mr. Pagán read the 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.

This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Flaherty explained that there is currently a list of projects projected to be funded by these agreements extension. She further explained that these projects include a new flood resistant facility in Coney Island, a flood-wall design at Metropolitan, and mitigation at Coler to anticipate sea level rise and climate change. There are no changes in the funding level from FEMA, and it is expected that with the amendment, Health and Hospitals will be able to complete all the allocated work as listed. It was also clarified that both vendors had committed to sub-contract 5-10% of the increased amount to MWBE.

Follow up - the members of the Board requested an overview of the status of all FEMA projects be calendared in the near future.

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

Action Item 13:

Mr. Pagán read the 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. This item was presented to the Information Technology Committee on 09/12/2019

Kevin Lynch, Chief Information Officer, Jeff Lutz, Assistant Vice President for Infrastructure, and Barbara Lederman, Assistant Vice President of Information Technology, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions regarding SunGard's financial status and its bankruptcy filing, Mr. Lutz notified the Board that SunGard did file for bankruptcy for about three weeks and emerged in sound financial standing. During that period, there were no changes in services and SunGard has maintained its customer base. The contract is based on monthly payments with a clear termination clause. The extension provides Health and Hospitals the opportunity to explore other data hosting options and the System is currently engaged with Gartner, a consulting firm, to explore viable options.

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

Action Item 14:

Mr. Pagán read the 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.
This item was presented to a Joint Information Technology and Finance Committees - 09/12/2019

Kevin Lynch, Chief Information Officer, Jeff Lutz, Assistant Vice President for Infrastructure, and Barbara Lederman, Assistant Vice President of Information Technology, Linda DeHart, Senior Assistant Vice President, Finance, and Paulene Lok, Debt Financing, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Mr. Lutz explained that Dimension Data is requesting an MWBE waiver because they are only a reseller for Cisco and is basically a pass through entity. Mr. Lutz further explained that there were no Tier I MWBE bidders that responded to the RFP. It was suggested that the System

should take a stronger position with the vendor regarding MWBE requirements and should stress how important this requirement is to doing business with Health and Hospitals.

Ms. DeHart notified the Board that, because, the agreement requires an advance payment, financing was required. She explained that such financing was available from Key Bank with a final interest rate of 4.21 percent. She further explained that because this is a service agreement, a bond could not be used for financing.

Following discussion and upon motion made and duly seconded, with one abstention the Board approved the resolution.

Action Item 15:

Mr. Pagán Chair of the Board read the 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").

Matthew Siegler, Senior Vice President, Managed Care/Patient Growth, presented. The presentation materials are attached and incorporated herein by reference.

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

Action Item 16:

Mr. Pagán read the 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.

This item was presented to the HHC ACO - September 5, 2019

Mr. Pagán notified the Board that for the next action item only, the Board would be acting on behalf of the System in its capacity as the sole member of its subsidiary, HHC ACO, Inc. In

its capacity as the sole member of HHC ACO, Inc., it was necessary to consider the appointment of Hyacinth Peart to serve on the HHC ACO board as the Medicare beneficiary as mandated by the subsidiary's by-laws.

Dr. Dave Chokshi, Chief Executive Officer of the Accountable Care Organization, presented the resolution. The presentation materials are attached and incorporated herein by reference..

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

Action Item 17:

Mr. Pagán read the 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 \$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.
This item was presented to the MetroPlus Executive Committee: August 7, 2019)

Talya Schwartz, Chief Executive Officer and Kathryn Soman. MetroPlus' Director of Communications presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Schwartz explained that MetroPlus is also engaged in advertising in other social media environments; however, the current resolution concerns a proposal for an additional \$1 Million for television advertising for the first year of the renewal option in the contract with Milton Samuel Advertising that had been approved on January 28 2016. The Board asked for further clarification on the targeted audience demographic and advertising in other languages.

Ms. Schwartz noted that the resolution originally presented

to the Board mistakenly referred to the requested increase in funding as \$1.6 Million whereas the actual increase requested is only \$1 Million. Therefore, she requested that the resolution be revised to reflect that correction so that it would read in its entirety as follows:

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 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.

Follow up: The Board requested that a comprehensive marketing strategy be provided for review.

Following discussion and upon motion made and duly seconded, the Board unanimously approved the resolution with a request for \$1m increase as presented.

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.

EXECUTIVE SESSION

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/Woodhull Hospital.

The Board received and approved a semi-annual governing body report from NYC Health + Hospitals/Lincoln Hospital and NYC Health + Hospitals/Gouverneur Skilled Nursing Facility.

The Board also received and approved the 2018 performance improvement plan and evaluation written submission from NYC Health + Hospitals/Cumberland Health Center - Gotham Health.

The Board also considered the Governance Committee's recommendation to appoint Deborah Brown as Senior Vice President for of External and Regulatory Affairs. Ms. Brown recused herself and left the room for this discussion. The Board unanimously approved the recommendation.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:44 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Governance Committee - July 25, 2019

As reported by: José Pagán

Committee Members - José Pagán; Sally Hernandez-Piñero as delegated vote for Helen Arteaga Landaverde

Staff - Mitchell Katz; Andrea Cohen; Eric Wei; Colicia Hercules; Sharon McPherson

The meeting was called to order at 2:08 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on April 18, 2019. The motion was seconded and the minutes were unanimously approved.

Dr. Eric Wei then presented a resolution to Amending the Bylaws of the New York City Health and Hospitals.

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 motion was seconded and unanimously approved by the Committee for consideration by the full Board.

There being no further business, the meeting adjourned at 2:11 p.m.

Equity, Diversity and Inclusion Committee - September 10, 2019

As Reported by: José Pagán

Committee Members Present: José Pagán; Eric Wei, representing Dr. Katz in a voting capacity; Robert Nolan

A meeting of the Equity, Diversity and Inclusion (EDI) Committee of the NYC Health + Hospitals' Board of Directors was held on September 10, 2019. Board Chair José Pagán presided on behalf of Helen Arteaga Landaverde, EDI Committee Chair. Dr. Eric Wei represented CEO/President

Dr. Mitchell Katz in a voting capacity. The meeting was called to order at 3:32 p.m. A motion to approve the minutes of the May 14, 2019 meeting was duly made and unanimously approved.

M/WBE REPORT OUT

Keith Tallbe, Senior Counsel of the Office of Legal Affairs for Supply Chain Services, stated that he serves as the M/WBE lead for the System. At the last meeting, Mr. Tallbe expressed that they were conducting a search for a full-time staff line to support the M/WBE activities for the organization, and is happy to report that a candidate has been selected. It is anticipated that the candidate will be on board in a month.

Mr. Tallbe noted that the new hire will present more consistent reporting to the EDI Committee. He stated that the new person will be responsible for formalizing a process in Peoplesoft to determine the actual dollars spent with our M/WBE Tier 1 and Tier 2 vendors – who are our prime M/WBE subcontractors. The new hire will utilize the current compliance tools and process in place to provide the appropriate high-level data required for reporting.

This new person will also assist with procurements, end to end: from identifying the need through our spend reports to recognizing where there are opportunities, and meeting with business leaders to help develop procurements to increase M/WBE utilization. This person will play the role of matchmaker between the vendor and M/WBEs businesses. Another function of the new hire will be engaging with similarly situated health care organizations and help identify other M/WBE vendors that these hospitals are using. Mr. Tallbe stated that all these functions will provide significant improvement for our System.

Mr. Pagán asked Mr. Tallbe to provide an explanation of the System's obligation on M/WBE spend goals to members of the Board, since M/WBE is one of the Board's top priorities. Mr. Tallbe stated he would develop educational materials that can be shared with members of the Board.

OFFICE OF DIVERSITY REPORT OUT

Matilde Roman, Chief Diversity and Inclusion Officer, provided an overview of the strategy to integrate diversity and inclusion best practices into the organization's activities in the following five key areas: (1) enhancing organization and workforce capabilities by developing system-wide trainings, resources, and tools; (2) optimizing language and auxiliary service delivery through the expansion of service options, creation of centralized systems, and building staff knowledge; (3) integrating standard work and processes by developing uniform policies, guidelines, and evaluation tools to help measure perception for employee engagement and patient experience; (4) improving the reliability and accuracy of data by strengthening tools to measure vendor performance, and integrating value sets like sexual orientation and gender identity (SOGI) data; and (5) strengthening community engagement and outreach efforts. Ms. Roman referenced the LGBTQ engagement initiative and upcoming health literacy workshops to

build awareness and competency for key patient-facing staff and health care professionals.

Ms. Roman also highlighted a few key milestones accomplished that included securing baseline funding starting in the new fiscal year for equity training and the LGBTQ engagement initiative to support ongoing efforts to build staff capabilities, supplement community outreach efforts, and connect people to services at NYC Health + Hospitals. Ms. Roman noted that for the fourth year in a row, NYC Health + Hospitals' facilities received the LGBTQ Health Care Leader designation by the Human Rights Campaign, which demonstrates the organization's continued commitment to ensuring that policies and practices are affirming to members of the LGBTQ community. Ms. Roman also stated that NYC Health + Hospitals continues the expansion of Pride Health Centers – the latest being at Bellevue and Gouverneur – as well as building the number of providers that undergo the certificate program in Advanced Training in LGBTQ Affirming Care.

Ms. Roman noted that implementation of the new telephonic interpretation vendors is underway. The Office of Diversity and Inclusion has been working with facilities to integrate the two additional vendors, and anticipates completion of this phase of implementation by the end of October. During the past few months, the Office of Diversity and Inclusion has also worked to augment communication services to better serve people who are deaf or hard of hearing. This includes expanding available methods of sign language, optimizing systems to support video remote interpreting services, adding a new Communication Access Real-Time Translation (CART) vendor, and assistive listening devices for facility purchase. Lastly, Ms. Roman mentioned the development and distribution of standardized language access resources, such as posters that notify the public of the availability of free language services, language ID desktop displays and 'I Speak' cards to support the delivery of language assistance services at facilities.

AFFILIATE WORKFORCE ANALYSIS

Ms. Roman reported the demographic data for affiliate staff employed at NYC Health + Hospitals that was requested during the May 2019 committee meeting. Ms. Roman stated that the data is reflective of professional service staff, which includes physician providers, other health related professionals, and non-physician contract service providers.

Ms. Roman noted that for all four affiliate organizations, there were 7,756 staff identified during a 12-month employment period (from May 1, 2018 to April 30, 2019) and that the data reveals that over fifty percent (50%) of affiliate staff identify as a member of a minority group, with the largest group being Asian (26%), followed by Black/African American (19%), and Hispanic and Latino (10%). Moreover, fifty-five percent (55%) of affiliate staff are women.

Mr. Pagán thanked Ms. Roman for the report and asked if there were any old or new business. Hearing none, he thanked the EDI Committee, NYC Health + Hospitals staff, and Board members for their time, and adjourned the meeting at 3:54 p.m.

Community Relations Committee - September 10, 2019

As reported by: José Pagán

Members Present: Robert Nolan, Eric Wei, M.D., representing Dr. Katz in a voting capacity.

The meeting of the Community Relations Committee (CRC) was called to order at 5:35 p.m.

Mr. José Pagán noted that a quorum had been established. He requested a motion for the adoption of the minutes of May 14, 2019 meeting. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON REMARKS:

Mr. Pagán opened the meeting by expressing grief and sorrow with the passing of Mrs. Josephine Bolus, longtime Community Relations Committee Chair and colleague. Mr. Pagán reflected on her many leadership and personal contributions to NYC Health + Hospitals patients and communities. He added that Mrs. Bolus made the Community Relations Committee so real and influential, including the launch of the Marjorie Matthews Annual Advocacy and Volunteer Recognition Awards event 15 years ago.

Mr. Pagán stated that as the City Council-designated Brooklyn representative, "Mrs. Bolus was a committed, passionate and very vocal NYC Health + Hospitals Board member for more than two decades. A proud Registered Nurse, she served Health + Hospitals for twenty-eight (28) years. Josephine Bolus will be very deeply missed."

Mr. Pagán asked for a moment of silence in her memory.

Mr. Robert Nolan, offered reflections and words of condolences regarding the passing of Mrs. Bolus and announced the passing of George Rodriguez, NYC Health + Hospitals/Lincoln CAB Chair and community activist and advocate.

Mr. Pagán reported that the Board 2019 Annual Public Meetings were held from April 2nd through June 18th and noted that there were important system announcements and borough facility recognitions by Dr. Katz along with vital testimony from a range of community and labor representatives, including from CAB chairs and members, Auxiliaries, staff and patients. He added that most visible were expressions of concern by nurses and members of NYSNA regarding nursing staff shortages and problems at most facilities.

Mr. Pagán reported that the most recent Marjorie Matthews awards recognition event was held as a "double-header", immediately following the Council of CABs Educational Conference, in the Corporate Conference Center at Health + Hospitals/Jacobi in the Bronx. He added that upwards of three hundred CAB members, Auxilians, and staff participated and noted that the now traditional barbecue, DJ music, and MetroPlus-contributed ice cream were reportedly thoroughly enjoyed by those in attendance. Mr. Pagán noted special awards for CAB service and leadership were presented to CABs Council Chairperson and Chair of Metropolitan CAB J. Edward Shaw and to Gladys Dixon, Chair of the Coler CAB, and special longevity of service awards were presented to Lulu King of the Harlem Auxiliary and to Dr. Mary Ann Chiasson of the Children of Bellevue Auxiliary. Dr. Katz presented a tribute to all volunteers."

Mr. Pagán reported that on August 1st was the launch of NYC Care in the Bronx and is scheduled to be implemented throughout the remainder of the City by end of 2020. Mr. Pagán noted that NYC Care provides coverage for all uninsured New Yorkers, including undocumented immigrants providing them with an assigned, community-based primary care practitioner and access to comprehensive online scheduling capacity, as well as continuation of care. Mr. Pagán added that since the launch, there has been great success with enrollment, which has included partnerships with community-based organizations that employ certified application counselors.

Mr. Pagán reported that NYC Health + Hospitals will also work to ensure that NYC Care members have 24/7 pharmacy access, through extended pharmacy hours at all our hospitals and health center-based pharmacies in the Bronx and through a new arrangement with a 24 hour retail pharmacy in the Bronx for emergency prescriptions overnight.

Mr. Pagán reported that NYC Health + Hospitals is collaborating with the NYC Fire Department (FDNY) and the Regional Emergency Management Council (REMAC) to explore a new federal demonstration program from the Center for Medicare and Medicaid Services (CMS). The Emergency Triage, Treat, and Transport (ET3) model provides greater flexibility so that the City of New York could avoid 189,000 ambulance transports to emergency rooms per year. That is over 500 each day, as our 11 acute care facilities have some of the busiest emergency departments in the city.

Mr. Pagán reported that NYC Health + Hospitals/Elmhurst in June opened a new Medical Primary Care Center designed to support the health system's focus on expanding primary and preventive care to keep communities healthy and out of the hospital. The new outpatient center will bring together a diverse team of clinical experts to offer a wide range of internal medicine, women's health, mental health and adolescent health services in one space. With funding from the State, NYC Health + Hospitals invested approximately \$1 million to cover the cost of the renovations and new equipment.

Mr. Pagán reported that NYC Health + Hospitals' full-service community health center on Staten Island, the NYC Health + Hospitals/ Gotham Health Vanderbilt, now nearing the one year mark, will now offer Saturday and additional evening hours to expand access to primary and preventive health services to the community.

Mr. Pagán reported that NYC Health + Hospitals' announced earlier this summer that all 11 public hospitals would host free opioid overdose and naloxone training and dispensing events by the end of 2019. Mr. Pagán noted that as part of HealingNYC initiative, this program will train community members and non-clinical hospital staff to recognize an opioid overdose and properly and safely administer naloxone medication. Naloxone kits will be distributed free to all participants to empower friends, family and other community members to serve as first responders during a potential overdose.

Mr. Pagán also reported that in July a comprehensive, primary care-centered diabetes management program was launched that included 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 system. Mr. Pagán noted that this program supports patients with uncontrolled diabetes, and help them adhere to their medications, monitor their vision, peer counseling, and empower them to take charge of their health with the help of a clinical pharmacist, teleretinal screening, and phone peer mentors, with a "Coach in Your Pocket" Smartphone App.

Mr. Pagán concluded the Chairpersons' remarks by congratulating NYC Health + Hospitals/North Central Bronx who in early summer opened a renovated and expanded midwifery unit.

PRESIDENT REMARKS:

Dr. Wei began the President's remarks by congratulating new CAB chairs and others who assumed leadership positions on the CAB's Council. He added that the Administration looks forward to a continued strong collaboration and working relationship to make NYC Health + Hospitals an even better place for our staff and patients. Dr. Wei continued and gave the following updates:

Epic

Dr. Wei reported that Health + Hospitals went live in July at Lincoln, Jacobi, North Central Bronx and Metropolitan and their associated Gotham Health Clinics, which brings the count to 10 out of 11 acute hospitals and their associated community clinics now using our modern, integrated electronic health record system (H20). Dr. Wei added that under the leadership of Kevin Lynch, CIO, and Kim Mendez, CHIO, NYC Health + Hospitals compressed the implementation timeline.

NYC Care

Dr. Wei reported that there had been two thousand plus enrollments in the first two weeks alone. Dr. Wei added that there was enrollments by patients from every zip code in the Bronx and that 100% of new patients have been offered Primary Care appointment within 2 weeks. He added that hundreds of medications were filled during expanded hours at our pharmacies.

Public Meetings

Dr. Wei reported that NYC Health + Hospitals Board of Directors completed the 2019 public meetings in each borough. Dr. Wei thanked members of the CABs for attending and raising their concerns to the NYC Health + Hospitals Board and leadership.

Dr. Wei reported that the NYC Health + Hospitals administration took all the issues very seriously and the response are now posted on the website.

Public Charge

Dr. Wei reported that the Trump administration announced public charge rule in August with plans to take effect on October 15, 2019 Dr. Wei noted that immigrant patients not impacted by the proposed rule are patients who are pregnant and on Medicaid and patients using emergency Medicaid.

Dr. Wei informed members of the Committee, CAB Chairs and invited guests that accessing NYC Health + Hospitals NYC Care or Health + Hospitals Options would not cause someone to be identified as a "public charge." Dr. Wei noted that NYC Health + Hospitals is offering free confidential legal help through our partners, LegalHealth. Dr. Wei reminded all that NYC Health + Hospitals mission remains intact - we welcome everyone, no matter what their immigration status or income and that our commitment to this mission remains steadfast.

Dr. Wei concluded the President's remarks by adding NYC Health + Hospitals is monitoring events in Washington D.C. closely.

NYC Health + Hospitals/Jacobi

Mr. Pagán introduced Ms. Sylvia Lask, Chairperson of NYC Health + Hospitals/ Jacobi and invited her to present the CAB's annual report.

Ms. Lask began her presentation by announcing that this was another meaningful and productive year for the Jacobi CAB. Ms. Lask thanked Christopher Mastromano, CEO for his leadership and guidance.

Ms. Lask reported that last year's annual 9/11 Memorial 2018 event was well attended by CAB members, community members, elected officials, district leaders and staff. She added that the event was held at the 9/11 Jacobi Memorial Garden which was established and designed to pay

homage to the Bronx victims of 9/11. This memorial garden is always accessible to the public. She announced that tomorrow the Jacobi CAB would be commemorating the 18th anniversary of 9/11.

Ms. Lask reported that in lieu of a Legislative Forum this year, the Jacobi CAB decided to have a round-table to allow a more private and direct conversation between senior staff, CAB members, and the elected officials regarding Jacobi's needs. Ms. Lask noted that Assemblywoman Fernandez and Councilman Gjonaj provided significant information in the discussion on legislative and fiscal issues that affect healthcare, and vowed to support Jacobi and public hospitals.

Ms. Lask reported that the Jacobi CAB sponsored an annual Mental Health Conference in recognition of May being National Mental Health Awareness month. She noted that this year's presentation on "Mental Health Legislation & Advocacy" was by Glenn Liebman, CEO of the Mental Health Association in NYS (MHANYS) focused on the recent Mental Health Education Bill and its successful impact. In addition, Ellen Pendeger, CEO MHANYS Ulster County presented on "Day to Day Operations of a Mental Health Center." Ms. Lask noted that these comprehensive presentations were followed by a discussion with CAB members on mental health concerns, issues and advocacy efforts in the community.

Ms. Lask noted that Mr. Mastromano provides a comprehensive update along with executive and clinical leadership at Jacobi CAB meetings. She added that the CAB members learn about health issues facing the community, and the hospital's initiatives, services and unique programs to address these and other concerns.

Ms. Lask reported that the CAB is kept informed of relevant information as it occurs throughout the year. She added that the CAB also receives current information through its Emergency Department and Mental Health sub-committees, and participated in the annual Social Work Disaster Response Conference.

Ms. Lask stated that, "Jacobi is committed to being one of the safest hospitals in the nation. She added that Jacobi's executive leadership sets a high standard for ongoing improvement hospital-wide, service excellence and patient satisfaction."

Ms. Lask concluded her presentation by stating, "Our CAB is proud of Jacobi's long history of medical accomplishments and innovations, unique services and programs, and staff members who are dedicated, knowledgeable and compassionate."

Mr. Pagán thanked Ms. Lask for her report and moved the agenda.

NYC Health + Hospitals/North Central Bronx (NCB)

Mr. Pagán introduced Ms. Esme Sattaur-Low, Chairperson of the NYC Health + Hospitals/North Central Bronx CAB, and invited her to present her report.

Ms. Sattaur-Low began her presentation by thanking members of the Committee for the opportunity to present the NCB CAB annual report.

Ms. Sattaur-Low reported that the NCB CAB receives periodic updates from Administration throughout the year on all services and outreach efforts, and that the CAB continues to promote those services and outreach events.

Ms. Sattaur-Low reported that NCB had opened a renovated and expanded OB Midwifery Unit in February 2019. She added that patients and staff are enjoying the new space, which has improved access and patient experience.

Ms. Sattaur-Low reported that NCB started a mentoring program for middle school, and high school aged students to expose them to internships in the health care field.

Ms. Sattaur-Low reported that the community's most significant health issues include obesity, diabetes and hypertension. She added that clinicians address these health issues and provide ongoing education and screening during community outreach.

Ms. Sattaur-Low reported that the community is concerned about the demand for services for geriatric patients and families with psychiatric disorders. She noted that a special and unique Geri-Psych Unit at NCB is addressing the need. She also added that the care of patients with substance abuse disorders is also a key issue. She noted that North Central Bronx is working with the Bronx District Attorney's Opioid Task Force to help address this issue by assessing and developing strategies with the Pharmacy and Ambulatory Departments.

Ms. Sattaur-Low reported that during the Month of August, the CAB participated in NCB's annual Back to School Health Fair. She added that it was a very successfully event with over 400 people in attendance with representation of both City and local community organizations. She noted that NCB CAB promoted NYC Care, which helps all those unable to obtain health insurance to get access to health care with little to no cost.

Ms. Sattaur-Low announced upcoming special events that included the Annual 911 Memorial Event sponsored by the NCB CAB, in collaboration with the Jacobi CAB. She added that the event is a solemn and moving ceremony to honor the victims of September 11.

Ms. Sattaur-Low concluded her presentation by informing Committee members, CAB Chairs and invited guests that North Central Bronx is a hospital that has provided quality healthcare to generations of families. It is a hospital that members of the community trust, having received compassionate care from experienced providers. She added that the NCB CAB is proud of the hospital and the community and will continue to work to make both stronger.

Mr. Pagán thanked Ms. Sattaur-Low for her presentation.

Hearing no old business or new business, Mr. Pagán adjourned the meeting at 6:00 p.m.

Joint Information Technology and Finance Committees

As reported by: José Pagán

Committee Members Present: José Pagán (Chair), Dr. Mitchell Katz, Scott French representing Steven Banks in a voting capacity, Barbara Lowe, Freda Wang

José Pagán called the meeting to order at 10:05 AM. The minutes of the June 13, 2019 meeting were adopted.

Kevin Lynch thanked the Committee and presented his CIO Report. He started with the Health Information Prioritization Committee top projects. These include H₂O (Epic) + Cerner Lab enterprise implementation; Evolve/ERP, also known as Enterprise Resource Planning, which covers Finance, Supply Chain, HR, Payroll, eTime Collection, and Nurse Scheduling; Correctional Health Services EMR project; and the Post-Acute Care EMR (electronic medical record) project.

Mr. Lynch spoke to a series of slides with diagrams called NYC Health + Hospitals Acute Facilities; Acute Facilities + Post-Acute Care + Correctional Health Services + Gotham Health Facilities; NYC H+H Current Electronic Medical Record + Revenue Cycle Landscape (Summer 2018); NYC H+H Electronic Medical Record + Revenue Cycle Landscape Post July 27, 2019; and NYC H+H EMR future state.

Mr. Lynch showed H₂O + Cerner Lab Enterprise Implementation Update and its list of statistics; an ERP Update for Clairvia and Nurse Scheduling; Enterprise Radiology Integration Initiative Time Line; Post-Acute Care EMR Update; Correctional Health Services; and a 2019 Calendar end Milestones.

Dr. Mitchell Katz said he was impressed by just how much data comes through on the system when he works at his clinic at Gouverneur. It was more than he anticipated.

Scott French said he has MyChart on the NYC Health + Hospitals system and it is extremely helpful. You can look up your charts without having to go through your doctor. It is very helpful way to communicate.

The completed Mr. Lynch report.

ACTION ITEM #1: SUNGARD

Mr. Lynch read the 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.

Jeffrey Lutz, Assistant Vice President, Infrastructure, and Barbara Lederman, Assistant Vice President, Business Operations, presented.

Mr. Lynch spoke to the slide Data Center and Connectivity Overview. He talked about how the Jacobi Data Center and the SunGard Data Center in New Jersey are linked to all facilities' networks (including Epic and ERP). One is considered primary and one is backup.

Mr. Lutz provided a background summary and spoke about SunGard Availability Services as a company.

Mr. Lynch said in his previous positions they used SunGard also.

Mr. Lutz read the Request: for spending authority in the amount of \$10.1 million, made up of: \$274,523 monthly payment (\$3,294,276 annually; there was a math error on the original slide in the presentation); current payments \$548,365.70 monthly (\$6,580,388.40); and \$217,172 contingency for any future growth or expansion. He said extension of the contract term for three-years is to allow sufficient time to conduct a solicitation, plan, prepare and design a transition and then migrate to a new data center with a selected vendor. He pointed out that there was a decrease of current contract spending by approximately 50%, while still providing the same services to NYC Health + Hospitals today.

Mr. Lutz explained Gartner is a research and support partner. They help us with contracts and procurement.

Mr. French said Gartner is used by multiple agencies around the City.

Mr. Pagán asked why the costs dropped so much.

Mr. Lutz said we have been in a ten-year contract. Over this time, the Cloud technology and new entrants into the market have really driven down pricing. There will be additional savings later and as the result of negotiations. We worked with a realty group, who conducted a survey of ten different locations and cost range. We were able to go to SunGard with comparison rates. They wanted to keep us as a partner.

Mr. Lutz showed the Proposed Three-Year Plan. He said NYC H+H Information Technology Team and Gartner team has developed a three-year roadmap outlining the various tasks and timelines to implement the data center strategy. We also want to minimize costs.

Mr. French said there are things outside your control regarding timelines because it is possible the City would not be prepared to move as quickly. This buys you time.

The motion was seconded and unanimously approved for consideration by the full Board.

ACTION ITEM #2: CISCO

Mr. Lynch read the 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 (this was corrected from the version presented; \$0.64 is now added), for the period of October 1, 2019 through June 30, 2022; and
Authorizing the System to borrow \$48,906,495.64 (this was corrected from the version presented; it has now been changed from \$0.65 to \$0.64) 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.

Mr. Lynch said this is the Joint IT-Finance portion of the meeting. He introduced Linda DeHart and Paulene Lok from Finance. He then spoke to the Wide Area Network Overview.

Mr. Lutz showed a diagram with Dimension/Cisco's SmartNet system supporting and connecting our voice/telephony, collaboration, network/connectivity, and security and monitoring.

Mr. Lutz provided a background/current state of Dimension/Cisco. He stated Dimension/Cisco are the de facto leaders in many industries. He said we selected Cisco as the standard network platform for the enterprise. We purchase their services through a third party - Dimension Data - since Cisco do not sell directly to vendors.

Dr. Katz asked why that is the case.

Mr. Lutz said this is common in IT. He said Dimension Data has resources and can add value to the services offered by Cisco.

Mr. Lutz provided an Overview of the 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 \$39 million and expires on September 30, 2019.

Mr. Lutz informed the Committee that the prior Dimension 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 three-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 (this slide was corrected for the amount of \$0.64). He added that we entered into a three-month extension through September 30, 2019 for \$3.4 million.

Mr. Lutz stated that this contract is around \$15 million higher than the previous contract. That increase includes \$4 million for hardware (this is part of a broader capital City-funded project to replace older equipment and adding wireless at sites); and \$10 million in software and other applications to support the system.

Mr. Lutz said Dimension is a Cisco partner and Tier 1 provider. This is based on sales and customer satisfaction. We have used them for 10 years in a wide range of services.

Mr. Lutz spoke to Annual vs. Pre-Payment Options and the Cost Savings Benefits of 33-Month Pre-Payment. He then gave the Approval Request.

Ms. Wang asked if it would be possible to self-finance in the future.

Ms. Dehart said if we had more lead time we might have had alternatives since this is an odd situation. The 4.2% rate is higher than we usually pay. But this is not typical. We negotiated down the rate by 25 basis points. In consultation with our financial advisor, we feel this type of lending from this lender it was a competitive rate.

Dr. Katz said if we had offered \$52 million, would they have accepted it?

Ms. Dehart said Key Bank has a longtime relationship with Cisco and the resellers. There is no collateral and not many lenders would be able to do that. We would have needed more lead time.

Ms. Lok said we are not saying we could have definitely gotten a better deal. We just could have explored.

Mr. Pagán noted that there is an MWBE (minority and women business enterprise) waiver and asked if H+H considered other MWBE vendors being willing to work on this.

Ms. Lederman said that, in RFPs (request for proposals) there are more of the qualitative evaluations we do of vendors. It is not part of the bid, because we are buying a commodity. It is like an off-the-shelf box. We are looking at the best price. It is included in the requirement to meet the 30%. But that has been waived here.

Dr. Katz said that is not for Cisco, but for the vendors. We need these businesses to develop and grow and that will come from the competition.

Ms. Wang stated that since this is a large institution it would be great to see the diversity within the organization.

Mr. Lutz said we are starting to have those conversations and they see that is our focus.

The motion was seconded and unanimously approved for consideration by the full Board.

There being no further business, the meeting was adjourned at 11:20 AM.

Capital Committee - September 12, 2019

As Reported: José Pagán

Committee Members Present: José Pagán, Freda Wang, and Mitchell Katz,
MD

The meeting was called to order by José Pagán, Chairman of the Board, at 11:21 A.M.

On motion, the Committee voted to adopt the minutes of the July 11, 2019, Capital Committee meeting.

VICE PRESIDENT'S REPORT

Christine Flaherty, Senior Vice President, stated that since her arrival, she had been getting to know the Health + Hospitals system and had been working with leadership teams and noted to date she has visited 19 facilities; including all eleven (11) acute care facilities, three (3) Skilled Nursing Facilities and five (5) community health centers.

Ms. Flaherty stated that she discovered in most cases, that the system is often in dire need of capital reinvestment - on some visits, she visibly observed what she noted as decades of disinvestment in infrastructure. She plans on reviewing all capital needs with both Finance, the New York City Office of Management and Budget (OMB) and our facility leadership to ensure the highest priority projects are at the top of the list and the team is concurrently developing a system-wide RFP to ensure design professionals can review and help delineate the best prioritization of capital needs on a site specific level.

Additionally, Ms. Flaherty has been working closely with Jeremy Berman, Deputy Counsel, Legal Affairs, reviewing leases, licenses agreements and properties, both within and outside main facility sites throughout the system as opportunities to leverage our assets to house our most vulnerable patient population were in consideration. She also stated that in working closely with Dr. Dave Chokshi and Population Health, it was clear that unlocking some of the system's under-utilized real estate assets for housing was an area that the team will focus on.

Ms. Flaherty previously reported that her department had launched the Facilities Council, with hospital designated operations executives, and had formed a working sub-committee evaluating trade workforce requirements across the system. Before the end of the calendar year, she will be looking to launch a design and construction sub-committee to focus on process improvement and the establishment of a governance model in collaboration with the facilities to support improvements to our design and construction process.

Ms. Flaherty also noted her continued work with Supply Chain and Legal Affairs and had developed a plan to address ongoing contracts that require renewals and was having bi-weekly working meetings with Supply Chain to ensure coordination and prioritization.

At this point, she turned the meeting over to the Chairman of the Board to address the numerous Action Items on the Agenda.

ACTION ITEMS

Frederick Covino, Vice President, Finance, read the resolution into the record.

- **Amending 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.

Mr. Covino provided background on the program, explaining that NYC HRA administered the Medicaid program for residents who were age 65 and older and for people of any age who were seeking public health insurance based on a disability. The Medical Assistance Program (MAP) Offices assist New Yorkers who wanted to apply for public health programs, primarily Medicaid, and the 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.

Mr. Covino noted that there were approximately 10,000 visits per month to the sites, and an estimated 1,400 applications completed on a monthly basis.

Mr. Covino explained that the rental rates were based on facility's Institutional Cost Report (ICR) rates, were submitted annually, in accordance with Medicaid regulations. He also noted that ICR rates were calculated separately for each facility and take into account the cost of operations, which included the depreciation of capital assets.

As a result, rates vary across the system based on historic capital expenditures.

Mr. Covino referred to the Power Point presentation, which showed ICR rate ranges, and annual occupancy fees for the sites being discussed.

Mr. Covino stated that he had been previously asked to compare the ICR rates to Fair Market Value rates, and review of that information had shown that in all cases the ICR exceeded the FMV rates.

Freda Wang asked if the Medicaid reimbursement was based on the ICR. Mr. Covino said yes, that is how the contract was built historically. Ms. Wang asked if that meant that reimbursements were equal to what H+H was charged. Mr. Covino said yes, the concept is that the HRA is reimbursed for the rent and H+H is paid that same amount.

Ms. Wang asked for clarification on whether HRA had always been charged for the space. Mr. Covino said no, originally the occupancy fee had been waived but when it was discovered that the City was charged rent in other spaces so they should have been in this case as well. H+H was sacrificing that income unnecessarily. The rent is reimbursable from the Federal government.

In summation, Mr. Covino advised that HRA had operated MAP offices within the System since 1991, and the MAP offices provided a valuable service to the System and its patients. Since 2014, H+H had been reimbursed for the program's space based on the System's Institutional Cost Reports and the associated rental costs with the program were reimbursable under Medicaid. The five-year renewal of the license agreement would provide over \$741,000 annual income, which would increase by two percent each year.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Maureen McClusky, Senior Vice President, Post-Acute Care Operations, 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.**

Ms. McClusky was joined by Dr. Rebecca Linn-Walton, Assistant Vice President, Behavioral Health.

Ms. McClusky stated that the subject resolution was presented to the Capital Committee and Board of Directors in July, but at the request of the Board of Directors, it was being re-submitted with additional information regarding treatment modalities.

Ms. McClusky introduced Dr. Linn-Walton and explained that she had been working closely with Charles Barron, MD to obtain the information requested by the Board of Directors.

Dr. Linn-Walton noted that Camelot did provide Medication Assisted Treatment (MAT) and Camelot had assured H+H that they would be providing evidence based medicine and treatment to their patients, and H+H was speaking regularly with the Chief Medical Officer and would be working with OASAS to conduct an evaluation and assessment of their programs for dosage of MAT and providing medication.

Dr. Linn-Walton added that doctors at the NYC Health + Hospitals/Gotham Health, Vanderbilt clinic at 155 Vanderbilt Avenue on Staten Island would also provide support as needed. H+H was also working to strengthen the use of medications for alcohol abuse as well, so that could be incorporated in treatment.

Dr. Katz asked if H+H had spoken to the Department of Public Health regarding this information. Ms. Linn-Walton said yes.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Dr. Dave Chokshi, Vice President, Population Health, read the resolution into the record, noting that the dollar amounts needed to be revised.

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three year contract with New York Legal Assistance Group ("NYLAG") with two one-year options to renew exercisable only by the System to provide free legal services to the System's patients at the System's acute care hospitals and such other locations as are agreed upon at an annual cost of \$921,000 and increasing during the term to reach an annual cost of \$1,060,111 in the fifth year for a total not-to-exceed cost over the five year period of \$5,113,646; provided, however, the cost of the contract may increase if any other funding source determines to fund additional NYLAG staff or related functions.**

Dr. Chokshi was joined by Jeremy Berman, Deputy Council, Legal Affairs.

Dr. Chokshi stated that LegalHealth, a division of NYLAG, was a nonprofit legal services provider founded in 1991 that partners with hundreds of health and human services agencies across NYC to combat social and economic injustice, a particularly relevant service at present with the immigrant population being threatened.

Dr. Chokshi stated that Health + Hospitals operated one of the country's oldest and largest medical-legal partnerships with NYLAG's LegalHealth division, wherein H+H provided physical space to NYLAG attorneys to serve patients at various sites on matters related to immigration, housing, income maximization, family law, and more. The relationship began at Elmhurst in 2002 and was later expanded to all acute-care facilities, as well as select post-acute and larger Gotham facilities and that there were 4,375 patient cases handled by NYLAG attorneys in 2018, including but not limited to; health, housing, family law, employment, and by far the most related to immigration.

Dr. Chokshi stated that the proposed resolution was for a license agreement for occupancy space with Legal services included. There would be a NYLAG lawyer on site at each one of the acute-care H+H facilities, as well as some long-term care and Gotham sites. He noted that the relationship would be monitored centrally, which allowed for monitoring of integration with other social determinants, and the ability to reallocate attorneys based on volume at particular sites.

Dr. Katz stated that something he is most proud of at Health + Hospitals is the fact that there are lawyers on site to assist patients with the various issues they encounter or are dealing with. It supports the case for why public hospitals are so important, and this relationship highlights that.

Mr. Pagán agreed with Dr. Katz, and commended those fostering this relationship.

Mr. Berman explained that there were discrepancies in the dollar amounts listed on the agenda and within the resolution. He explained that there was approximately \$160,000 missing from the totals. Mr. Berman advised the committee that the resolution would be amended if moved forward for full Board of Directors review and approval.

Ms. Wang said she agreed with Mr. Pagán and Dr. Katz with regards to the relevance and benefits of the program.

Ms. Wang asked how the funding from the Robin Hood foundation was solicited. Dr. Chokshi stated that the funding went directly to NYLAG but supports the program as it operates within Health + Hospitals.

Ms. Wang stated there was a note in the resolution that there could be potential increases to the rates, and asked for an explanation. Mr. Berman explained that additional funding from the Mayor's Office of Immigrant Affairs, for the program, provided the opportunity to

augment the program and services. So the desire was to allow this resolution to be established and any future changes would tie back to this original, main agreement. That would include the possibility of providing services to the community at large, and not just patients.

Ms. Wang noted that the relationship provides a benefit to the system (by increased Medicaid participation) but also to the community at large. Dr. Katz agreed that there was great value to the system and the community.

There being no further questions or comments.

AMENDED 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.

On motion by the Chairman of the Board, the Committee approved the above amended resolution for the full Board's consideration.

Michael Rawlings, Chief Executive Officer, NYC Health + Hospitals / Bellevue, read the resolution into the record on behalf of William Hicks, Executive Director, NYC Health + Hospitals / Bellevue.

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.

Mr. Rawlings explained that the Day Care was a not-for-profit established in 1971, occupying 3,031 square feet in the facility's C&D Building at Bellevue since 2001. He noted that Bellevue provided electricity, water, heating/AC, and garbage collection and noted that 51% of the Childcare spots are reserved for Bellevue Staff, and currently Bellevue staff occupied 60% of the spots available.

Mr. Rawlings noted that the occupancy fee of \$34,00 per square foot, for 3,031 square feet of space amounted to a total of \$103,054 yearly, which the facility requested be waived due to the benefits occurring to Bellevue staff (receiving discounts totaling \$248,208 yearly) and to the surrounding community.

Dr. Katz asked if the agreement was structured so that Bellevue staff always received priority to the available spaces. Mr. Rawlings said yes, in fact, there are spaces available and they are being offered to Bellevue staff first.

Mr. Rawlings provided a breakdown of the program, noting that the Day Care Center is licensed for 41 childcare spots; 8 Infants, 12 Children Ages 1-3, 21 Children Ages 3-5, and the Day Care currently had eight (8) free Pre-K spots for the ages of 3-5. The Day Care operates from 7:00 am to 7:00 pm, Monday - Friday, Bellevue staff receive a 10% discount, meaning they pay \$1,875 monthly, whereas non-Bellevue staff pay \$1,975 monthly. Most of Bellevue staff are eligible for a further discount through a program offered by NYC Administration of Children's Services (ACS).

Mr. Rawlings also noted that the program was currently operating with 8 infants, 24 Bellevue/Affiliate employees' children (60% of the Day Care childcare spots) and 16 non-Bellevue employees' children enrolled. There were four (4) spots (in the 3-5-year range) that were open for the fall 2019 and Bellevue staff would have preference. There were currently 15 Bellevue employees on a waiting list for enrollment in 2020.

Mr. Rawlings also noted that the relationship with the Day Care was excellent, and staff saw it as an incentive for working at the facility.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Christine Flaherty, Senior Vice President, Capital and Design, read the resolution into the record.

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 \$6,000,000 not to exceed contract limit for Mac & Sons by \$6,000,000 to bring the total not to exceed limit to \$12,000,000.

Ms. Flaherty noted that the subject contract was a Job Order Contract (JOC) contract, meaning the bid was based on a pre-priced catalog of items and services, for which vendors bid on a multiplier. Having these, types of contracts in place allow for expeditious work. The Mac & Sons contract was one of two current electrical JOCs in place, the other being for Jemco Electrical. Each firm was issued work for ongoing projects; Mac & Sons (a W /WBE) for EPIC make ready work, and Jemco for the Point Care Click make ready work. Public bids for the two electrical contracts were opened in April, 2018.

Ms. Flaherty noted that the reason for the large influx of electrical work is related to EPIC make-ready work and additional IT needs identified. The acute-care centers are very large and some require a large volume of make-ready work. She also noted that Mac & Sons is performing very good work and the facilities are pleased and have desire for them to come back and complete additional work.

Ms. Flaherty noted that work in the pipeline had been estimated at \$2,072,000 which when added to the current commitment would bring contract spend to \$7,694,617 which was why the contract was being presented for increase in funds. The desired increase approval was for an additional \$6,000,000 to account for the work in the pipeline and to avoid returning to the Committee and Board should work exceed the estimated \$7,694,617, or should additional work be identified.

Ms. Flaherty noted that any awards within the contract would be for projects for which funding was already identified and approved.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Christine Flaherty, Senior Vice President, Capital and Design, read the resolution into the record.

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.

Ms. Flaherty stated there were currently 100 chillers and 10 HVAC units operating throughout the system. The units were previously being maintained under a contract with Johnson Controls, Inc. (JCI), however JCI declined to extend their agreement and therefore the new contract (publicly bid) was awarded to Carrier. The JCI agreement expired 6/30/2019 and Carrier had been providing service in the interim, at rates negotiated for their proposed contract with H+H.

Dr. Katz asked why JCI declined to extend their agreement. Mahendranath Indar, Senior Director, Office of Facilities Development, stated that JCI desired a year-long extension, believing that a six month extension was not of value to them as an organization, and added that they also had higher rates that they would not negotiate.

Ms. Flaherty stated that the evaluation criteria for the new contract was 35% agreement to the scope of work/proposal, 35% cost, 20% experience of the firm, and 10% MWBE. The application to issue RFP was approved by the CRC on 11/27/18; the RFP was issued 1/11/19 and published to City Record. Nine vendors attended the pre-bidders conference, three proposals were received and 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.

Dr. Katz asked if JCI met MWBE requirements. Ms. Flaherty said no.

Ms. Flaherty noted that references for Carrier had been provided for similar services provided at various institutions.

There being no further questions or comments.

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

Theodore Long, MD, Vice President, Ambulatory Care, read the resolution into the record.

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.

Dr. Long explained that this resolution was for an extension of a lease for the Women's Health Center. Fair market value was analyzed and rental rates found comparable.

Dr. Katz asked if the similar resolutions were showing the prior and the new term. Dr. Long said no, the first one is for an extension of the lease itself and the following resolution is to sublease a portion of the subject space for a portion of the rent.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Theodore Long, MD, Vice President, Ambulatory Care, read the resolution into the record.

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 2,560 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Subtenant's pediatric program 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 less than half of all of the Corporation's occupancy costs at the premises.

Dr. Long explained that the sublease functions as a continuum of care. The Women's Health Clinic provides obstetric care, and the Pediatric Specialties clinic provides pediatric care. Dr. Long visited the site and said the pediatric practice was bustling and complimented the H+H women's services available at the clinic.

Dr. Katz asked if Pediatric Specialties was a private or non-profit organization. Mr. Berman said it was private but the provider functioned much like H+H, participating in MetroPlus and accepting Medicaid, and maintains very close relations with Elmhurst Hospital and the clinic.

Dr. Katz asked that the team review the advantages and possible disadvantages of having the private office connected to the H+H clinic. He said he understood the benefit to the community but would like to understand the benefit to Health + Hospitals, or propose discussion as to whether the system would benefit from Pediatric Specialties becoming part of the H+H system. He stated he did not want that discussion to prevent the resolution from moving forward, but requested that it be initiated.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Alfonso Pistone, Associate Executive Director, NYC Health + Hospitals / Coler Rehabilitation and Nursing Care Center, read the resolution into the record on behalf of Robert Hughes, Executive Director, NYC Health + Hospitals / Coler Rehabilitation and Nursing Care Center.

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.

Dr. Katz asked if this rate was comparable to other antenna agreements throughout the system. Ms. Flaherty said yes, there was a chart include in the package that showed similar rates for agreements at Lincoln and Harlem. Dion Wilson, Legal Affairs, noted that the square footage number shown in the chart was in fact shown as 50 instead of 100 square feet, which would bring that per square foot rate in line with the other sites.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Christine Flaherty, Senior Vice President, Capital and Design, read the resolution into the record.

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.

Ms. Flaherty provided background on the Federal Emergency Management Agency (FEMA) projects associated with the subject contracts. She advised that the total FEMA portfolio for H+H was \$1.72 billion, dedicated for repairs, reconstruction and mitigation projects at Bellevue (\$499,189,533), Coler (\$180,750,493), Coney Island (\$922,743,641), and Metropolitan (\$120,021,717).

Ms. Flaherty noted that Health + Hospitals procured two Architectural and Engineering contracts after Hurricane Sandy, which the Board of Directors approved in 2013 via a public Request for Proposals (RFP) competitive selection process. The two contracts were procured for the sole purpose of facilitating "designs" for reconstruction and mitigation of Sandy related FEMA projects at the aforementioned facilities.

Ms. Flaherty also stated that the total budget allocated for the two contracts (Arcadis-US, and Parsons Brinckerhoff/WSP) was \$16 million. To date thirteen mitigation projects had been designed and completed. There were five remaining projects at Bellevue that were in various stages of completion and would require additional design services. To date their services had improved projects; flood wall, elevating security, and smarter elevator improvements. As final projects are

completed, there will be a need for additional services, and in order to be timely and cost effective, it was determined to be best to continue with the current engineering firms.

Ms. Flaherty noted that the present request was for \$450,000 to be added to the existing 2017 Board of Directors approved resolution (approximately 3% of the original \$16M contract).

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Israel Rocha, Vice President, One City Health, read the resolution into the record.

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.

Mr. Rocha stated that the relationship with NYC Health + Hospitals/Elmhurst and Bright Horizons dated back to 2009, at which time an RFP was issued for a childcare center at the facility to benefit employees. Bright Horizons was the selected vendor to manage on-site daycare at Elmhurst. They currently occupy approximately 2,616 square feet of space, for which Elmhurst provides utility and maintenance services. The occupancy fees has historically been waived in recognition of the benefits received by the hospital and its staff. In October of 2017, Elmhurst administration reviewed the tuition structure with daycare management, the result of which was an additional 15% reduction for employees, totaling a 30% discount over community rates. A decision was made to attract more employees.

Mr. Rocha also stated that the tuition reduction did increase the number of employees utilizing the site, but still fell short of expectations so the facility continued discussions with the daycare to revisit the tuition structure. The new tuition structure features additional tiers and discounts that are based on employee household income. 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.

Mr. Rocha noted that the occupancy fee had been waived given the benefit of having childcare services available, on site, to staff, and outlined the fair market value rates that could be charged were the fee not waived and noted that a rate of \$49 per square foot.

Dr. Katz noted that the organization was a for-profit organization, which means we should discuss this in a different way than the Bellevue daycare that was previously discussed and asked if we did not waive the annual occupancy fee to Bright Horizons what would the annual amount be? Mr. Rocha said the annual occupancy fee being waived was approximately \$127,400 per year.

Dr. Katz asked, what were the benefits for waiving the annual occupancy fee? Mr. Rocha said Elmhurst was receiving on-site childcare, a guaranteed minimum of 50% spots, at a discounted rate, for employees, additional spots for the employees, if available.

Dr. Katz asked if all open slots are given to staff as priority. Mr. Rocha said yes. Dr. Katz said, unless the employees do not need them, and the community does want them. There should be no spots left empty. Mr. Rocha agreed.

Mr. Pagán said the services were obviously popular and in demand and asked for any evidence of this or details of the service. Mr. Rocha responded it was considered one of the top centers in Queens. The staffing compliment was one (1) Director, 1 Administrative Assistant/Associate Teacher, two (2) pre-school teachers, 2 toddler teachers, 2 infant teachers, and 2 float teachers, totaling 10 staff and teachers for the site. Bright Horizons was rated highly in competitive nursing school lists; measuring nutrition, literacy, among other things.

Ms. Wang asked for clarification on spaces available for employees. Mr. Rocha explained that the prior agreement did not have rates that were low enough for staff to utilize the program, so employee utilization was low, and that was the reason for renegotiating the rates with Bright Horizons. Mr. Rocha explained that with the new tuition structure in place he hoped that eventually 100% of the spaces would be utilized by Elmhurst employees. There was no maximum number that they could utilize. Ms. Wang said she could see how these new rates would help employees, and looked forward to seeing if the restructuring would revitalize the program.

Ms. Flaherty added that when Bright Horizons first entered into an agreement with Elmhurst, in 2009, they paid for site improvements made to construct the daycare. That was a factor in the original decision to waive the occupancy fee, but now that a decade has passed, it was time to revisit the contract and the benefits to H+H.

Mr. Berman noted that at the request of the Capital Committee Chair, Feniosky Peña-Mora, firm language, stating that if the 50% employee level was not reached then the agreement would be terminated be included in the contract.

Mr. Rocha added that labor groups participated in the rate discussion so that they were part of the conversation about which rates they could afford to pay.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

There being no further business, the meeting was adjourned at 12:27 P.M.

SUBSIDIARY REPORTS

MetroPlus Health Plan, Inc. Board of Directors Executive
Committee Meeting - August 7, 2019
As reported by Ms. Sally Hernandez-Piñero

CHAIRPERSON'S REMARKS

Ms. Hernandez-Piñero opened the meeting and advised the Committee that the meeting was being held to review a proposed resolution to be submitted to New York City Health and Hospitals Corporation ("NYC Health + Hospitals") in late September. Ms. Hernandez-Piñero asked Ms. Kathryn Soman, MetroPlus' Director of Communications, to read the resolution.

ACTION ITEMS

The resolution was introduced by Ms. Kathryn Soman, Director of Communication.

Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. to increase the spending authority for the contract with Milton Samuels Advertising Agency, Inc. ("MSA"), dated February 14th, 2016, and to allocate additional funds for advertising for the fulfillment of the contract, for an amount not to exceed \$5,100,000 for the term which expires on February 13, 2020.

Ms. Soman presented the Committee with a powerpoint presentation to detail the rationale for the additional funding for the contract with MSA. Ms. Soman stated that, according to Kantar Media and Nielson Media Analytics, MetroPlus is outspent substantially by other health plans most dramatically in the television category.

Ms. Soman reported that the Communications budget took a few unanticipated hits in the last year including the Public Option advertising campaign, MetroPlus website redesign, New Gold enrollment period and the Woodhull Housing project. Ms. Soman stated that the additional money requested should be used to purchase airtime on television and be directed to NYSOH Marketplace's open enrollment period. Television will provide an opportunity to reach the largest audience and make the biggest impact. MetroPlus commercials would run on stations such as WNBC, WABC, FOX5, Univision, Telemundo and others.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the NYC Health + Hospitals Board consideration.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 11:34 A.M.

HHC ACO INC. BOARD OF DIRECTORS - September 5, 2019 As reported by: Dr. Mitchell Katz
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The Board of Directors of HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on September 5, 2019 to accept the results of a financial audit conducted by an independent auditor (KPMG) for fiscal years ended June 30, 2017 and June 30, 2016, respectively, and recommend a Medicare Beneficiary Director be elected into the Board. Chairman of the ACO Board Mitchell Katz, MD designated ACO Chief Executive Officer Dave Chokshi, MD to preside over the meeting.

The meeting of the Board of Directors of HHC ACO Inc. (the "Board") was called to order by ACO Chief Executive Officer Dave Chokshi, MD at 3:03 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the April 15, 2019 Board meeting without correction or modification.

Among other matters, the Board discussed the following:

- ACO Chief Executive Officer Dave Chokshi, MD introduced Adam Aponte, MD as the interim Chief Medical Officer of the ACO.
- NYC Health + Hospitals' Office of the Comptroller and KPMG went over results of the ACO's financial audit for the fiscal years ended June 30, 2017 and June 30, 2016, respectively. There were no significant misstatements identified in the ACO's financial statements.
- ACO Chief Executive Officer Dave Chokshi, MD reminded the Board that ACO has been participating in the MSSP Enhanced Track since July 1, 2019, and therefore taking on downside risk.
- The Board suggested to meet on a quarterly basis to more closely monitor the ACO's financial performance now that the ACO is taking on downside risk.

The Board approved the following resolutions:

- Acceptance by the Board of Directors of HHC ACO Inc. (the "ACO") of the report prepared by KPMG LLC, the ACO's independent auditors, regarding the audited financial statements of the ACO for the fiscal years ended June 30, 2017 and June 30, 2016, respectively.
- Recommending that the ACO's sole Member, the New York City Health and Hospitals Corporation (the "Member") elect Hyacinth Peart to serve as Medicare Beneficiary Director of HHC ACO Inc. (the "ACO"), until her resignation or removal in accordance with the ACO's By-Laws.

There being no further business, Dave Chokshi, MD adjourned the meeting at approximately 3:45 PM.

CITY/STATE/FEDERAL UPDATE

City

On Wednesday, September 18, Matilde Roman, Chief Diversity and Inclusion Officer, and Dr. Machelles Allen, Senior Vice President and Chief Medical Officer of NYC Health + Hospitals testified before the City Council's Committee on Hospitals on Health + Hospitals regarding the delivery of culturally competent and equitable health care services to its 1 million patients. Important Health + Hospitals initiatives that were highlighted included our language access program, LGBTQ affirming services, access to care for people with disabilities, resources and trainings for employees, improving maternal and infant health, implicit bias training, among others. On Tuesday, September 3, Chris Keeley, Senior Director for Legal Affairs and Labor Relations, answered questions on behalf of Health + Hospitals at the City Council's Committee on Immigration hearing on the final public charge rule. The rule was published on August 14 and is scheduled to take effect on October 15 if litigation does not delay or prevent it from taking effect. Mr. Keeley shared with Committee members that I had sent a message to all Health + Hospitals employees about the impact of the rule, including an emphasis that the final rule is narrower than the proposed rule. He noted that staff, including financial counselors, social workers, and other front line staff are being trained so that they may appropriately answer patients' questions and refer concerned patients to LegalHealth on-site at our facilities or through their legal services hotline.

State

On September 17, the State Department of Health released a notice of intent to the Centers for Medicare and Medicaid Service (CMS) for a 4-year Delivery System Reform Incentive Payment (DSRIP) program 1115 waiver extension/renewal. The current DSRIP waiver expires on March 31, 2020 and the program's primary goal is to restructure the delivery system by reducing avoidable hospital use by 25%. The State is requesting an additional \$8 Billion in federal funding over the next four years. OneCity Health is the largest Performing Provider System in the DSRIP program. Accordingly, OneCity Health and Health + Hospitals will submit comments to the draft application, which are due November 4, 2019, and continued financial support for the goals of DSRIP is a key priority for Health + Hospitals. As the State and CMS negotiate the broader waiver renewal, OneCity Health and Health + Hospitals are continuing to work to achieve the goals of the current waiver and hope to have the opportunity to earn funds not already allocated in the first five performance years of the waiver.

On August 9, 2019, Dr. Charles Barron and Rebecca-Linn Walton from the Office of Behavioral Health participated in the State Senate's Task Force on Opioids, Addiction and Overdose Prevention to discuss the programs that we have implemented system-wide to address substance use and opioid use disorders.

Federal

On September 20, the US House of Representatives passed a continuing resolution to fund the government and delay Federal Medicaid Disproportionate Share Hospital (DSH) payment cuts from October 1 to November 21. The resolution, which received the bipartisan support of more than 300 members of Congress, is expected to be passed by the Senate and signed by the President this week. Negotiations with Senate Republicans continue over a more permanent delay or repeal of the cuts. Such a longer-term delay would likely be part of a larger scale budget deal, which could be enacted later this year or early next year. Given the strong bipartisan support for preventing the cuts in the House and the successful delay of the cuts in 2018, Health + Hospitals is confident that the cuts will not take effect this year or next.

NYC CARE UPDATE

In New York City, healthcare is a fundamental right, not a privilege. And NYC Health + Hospitals is playing a vital part in making that right a reality. On August 1, we launched NYC Care, a key component of Mayor Blasio's commitment to guarantee health care for all New Yorkers, by offering quality and affordable health care for hundreds of thousands of New Yorkers who are not eligible for insurance or who cannot afford it. With the launch of NYC Care in the Bronx, eligible New Yorkers in that borough were able to begin their enrollment process by calling 646-NYC-CARE and receiving a personalized NYC Care membership card in the mail. We marked the launch with a "Day of Action" with dozens of staff, partners from community-based organizations and volunteers distributing education materials about the program at subway hubs and busy street corners all across the borough.

NYC Care gives New Yorkers in that borough access to a dedicated primary care provider, preventive care and routine screenings, access to specialty care services, customer services support 24/7, and access to affordable medications day or night. The customized membership card details the specific discounted costs for primary care, specialty visits, and prescription drugs for each member based on household size and income. All services are provided by NYC Health + Hospitals and all information about patient care and treatment is kept private and confidential in accordance with the law.

Two weeks after the launch, we were able to announce that membership in NYC Care had reached 2,000 New Yorkers from every zip code of the

Bronx. In addition, 100 percent of patients enrolled in NYC Care were offered a first appointment within two weeks with a primary care provider who coordinates all treatment and services needed, and there were nearly 600 low-cost prescriptions filled during the new extended pharmacy hours. To prepare for the program roll-out, the seven NYC Health + Hospitals patient care facilities in the Bronx added new staff and evening and weekend hours to accommodate members. There are now more than 70 primary care providers in the Bronx seeing members. The program is on track to meet the Bronx enrollment goal of 10,000 patients in the first six months.

HEALTH SYSTEM NEWS

NYC Health + Hospitals Presents Excellence Awards to 12 Employees for Dedication to Patients with Substance Use Disorder

In recognition of National Recovery Month, I had the pleasure to help honor 12 employees for their dedication and commitment to our patients with substance use disorders. We presented the awards for excellence to doctors, nurses, social workers and addiction counselors who were nominated by their peers, supervisors, and leadership for their excellence in delivering addiction treatment services, their long-time service to our public health care system and their tireless work to help New Yorkers overcome their addiction. The 12 honorees are just a few of the many doctors, nurses, social workers, addiction counselors and support staff that help treat the 90,000 patients who rely on our services for substance abuse treatment and support. The 2019 Substance Use Treatment Excellence Awards honorees are:

- Mary Aikuele, RN, Nurse at NYC Health + Hospitals/Woodhull (31 years of service)
- Jantra Coll, Administrator at NYC Health + Hospitals/Jacobi (3 years of service)
- Sal Florio, Substance Use Disorder, Director at NYC Health + Hospitals/Coney Island (13 years of service)
- Donna Crummell, Associate Director, Office of Behavioral Health at NYC Health + Hospitals (9 years of service)
- Sylvia A. Ford-Williams, Senior Addiction Counselor at NYC Health + Hospitals/Gotham Health, Cumberland (17 years of service)
- Netty Hamilton Rivera, Senior Addiction Counselor at NYC Health + Hospitals/Queens (32 years of service)
- Meghan Hedges, Social Worker at NYC Health + Hospitals/Bellevue (12 years of service)
- Ilir Isufi, Peer Counselor at NYC Health + Hospitals/Harlem (1.5 years of service)
- Sandra Knight-Lewis, Senior Addiction Counselor at NYC Health + Hospitals/Metropolitan (32 years of service)
- Angela Torres, Senior Addiction Counselor at NYC Health + Hospitals/Lincoln (24 years of service)

- Gloria Tovar, RN, Nurse at NYC Health + Hospitals/Elmhurst (31 years of service)
- Susan Whitley, MD, Physician at NYC Health + Hospitals/Kings County (9 years of service)

Hypertension Initiative Helps Nearly 4,000 Patients Get Blood Pressure Under Control

Between January 2018 and June 2019, NYC Health + Hospitals increased the number of patients with high blood pressure under control by 3,971 more patients. During this timeframe, patients ages 18 to 75 being treated for hypertension who got their blood pressure under control improved from 72.6 percent to 76.4 percent. It is estimated that this will result in over 100 additional prevented deaths, strokes, and heart attacks. Today more than 73,000 patients receiving care for high blood pressure within NYC Health + Hospitals have their blood pressure under control. Nationally, 54 percent of people with high blood pressure have their condition under control, according to the CDC. Taking care of chronic diseases, such as hypertension, saves lives and limbs, and keeps hearts and minds healthy. We are grateful to our excellent nurses for supporting patients in managing their blood pressure.

NYC Health + Hospitals WTC Environmental Health Center Reaches Approximately 11000 Patients-as of July 2019

To mark the anniversary of 9/11, NYC Health + Hospitals WTC Environmental Health Center announced the center now serves about 10,944 patients -- an increase from 9,700 members in July 2018. The NYC Health + Hospitals WTC Environmental Health Center program provides services at no out-of-pocket costs to residents, students, workers, or passersby eligible for care under the Zadroga 9/11 Health and Compensation Act. In the last year, the WTC Environmental Health Center expanded capacity by hiring 16 additional providers at the clinics and modernizing the electronic health records system at the three sites. A wide range of NYC Health + Hospitals clinical providers, such as physicians, therapists, psychiatrists, and social workers who specialize in many of the common health conditions related to 9/11, serve the WTC Environmental Health Center members. It has been 18 years since the terror attacks, and New Yorkers continue to feel the effects of that horrific day. Our hope is that those whose health was affected by 9/11 seek the care they deserve through the WTC Environmental Health Center and continue to monitor their health.

NYC Health + Hospitals Launches Correctional Health Services Point of Reentry and Transition Practices

NYC Health + Hospitals launched Point of Reentry and Transition (PORT) practices, an initiative of Correctional Health Services (CHS) with

the Office of Ambulatory Care, NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. The PORT practices increase access to and improve continuity of care for patients recently released from custody in City jails. NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County are the sites of the new primary care practices, providing critical linkages to community primary care. PORT practices are staffed by CHS primary care providers who usually work in the jails, shoulder-to-shoulder with primary care providers who work in the two community hospitals. These practices are supported by CHS Community Health Workers who work inside the two hospitals, serving as bridges to help ensure successful and sustained access to community health care. General assistance with reentry and transition can also be obtained through the CHS PORTline at (646) 614-1000. The PORT practices represent an unprecedented collaboration between the high quality primary care resources in our community based and jail based facilities. This is a unique partnership that I believe will yield a tremendous benefit to our patients and can serve as a model to other municipalities.

NYC Health + Hospitals Launches a Support Program for Individuals with Mental Health Needs

NYC Health + Hospitals' Office of Behavioral Health, in partnership with OneCity Health, announced the launch of Pathway Home, an innovative care transition program created by Coordinated Behavioral Care (CBC), to help individuals with mental health needs transition from short-term health services to ongoing community-based care. The Pathway Home program will serve patients 18 and older transitioning from psychiatric inpatient units who have had four or more mental health inpatient visits in the past 12 months. Pathway Home teams will actively participate in aftercare planning and perform a transition needs assessment, accompany patients home and arranging for any immediate needs, such as food and filling prescriptions, accompanying them to primary care visits, and meeting with them regularly for six to nine months post-discharge. In addition to reducing avoidable readmissions, Pathway Home aims to strengthen community-based care and improve connections to outpatient services post-discharge, shortening length of stay and increasing participation in treatment.

23 NYC Health + Hospitals Facilities Designated "Leader in LGBTQ Health Care Equality" for the Fourth Year

Twenty-three NYC Health + Hospitals patient care locations across all five boroughs have received the designation "Leader in LGBTQ Healthcare Equality" from the Human Rights Campaign Foundation for 2019. This is the fourth consecutive year NYC Health + Hospitals has received this designation for the health system's commitment to health care equity and leadership in meeting the health care needs of LGBTQ New Yorkers. The new NYC Health + Hospitals/Gotham Health, Vanderbilt health center on Staten Island received the designation for the first

time, raising the number of patient care locations recognized to 23. The health system is at the forefront of ensuring equitable access to high quality care for LGBTQ patients, offers a variety of services through its four Pride Health Centers, and offers gender-affirming surgery. Our commitment is to ensure all New Yorkers have access to inclusive, culturally responsive, high-quality health care. We are proud to receive this recognition and continue to break down barriers to health care that LGBTQ communities still face.

U.S. News Recognizes 7 NYC Health + Hospitals Facilities as "High Performing"

U.S. News & World Report issued its annual report of high performing hospitals, recognizing seven NYC Health + Hospitals facilities in various specialties. The recognition was published as part of the national magazine's "Best Hospital" issue for 2019-20. The annual rankings are designed to assist patients and their doctors in making informed decisions about where to receive care. For the 2019-20 rankings and ratings, *U.S. News* evaluated more than 4,500 medical centers nationwide in 25 specialties, procedures and conditions. In the 16 specialty areas, 165 hospitals were ranked in at least one specialty. In rankings by state and metro area, *U.S. News* recognized hospitals as high performing across multiple areas of care. We are honored to have our hospitals recognized by *U.S. News & World Report* because it is a testament to our doctors, nurses, and entire staff who strive every day to make their patients the healthiest they can be. The recognition went to these hospitals:

- NYC Health + Hospitals/Bellevue, for heart failure
- NYC Health + Hospitals/Coney Island, for heart failure
- NYC Health + Hospitals/Elmhurst, for chronic obstructive pulmonary disease, heart failure, and orthopedics
- NYC Health + Hospitals/Harlem, for heart failure
- NYC Health + Hospitals/Jacobi, for heart failure
- NYC Health + Hospitals/Kings County, for heart failure
- NYC Health + Hospitals/Lincoln, for heart failure

MetroPlus Health Plan Announces New Partnerships with City Government Agencies

MetroPlus Health Plan announced new partnerships with the Fire Department of the City of New York (FDNY), NYC Housing Authority (NYCHA) and the New York City Taxi and Limousine Commission (TLC) to provide New Yorkers who interact with these three critical agencies information about the City's public option health plan and encourage them to enroll in affordable health insurance. The three large City government agencies interact with more than 700,000 New Yorkers annually. The collaboration between MetroPlus, the health insurance plan of NYC Health + Hospitals, and these City agencies supports the

City's commitment to guarantee health care for all New Yorkers and Executive Order 40 signed by Mayor Bill de Blasio in January requiring city agencies to help enroll people in health insurance anywhere New Yorkers are directly served. These are great collaborations that help us increase access to affordable, quality health insurance to many more New Yorkers. These three new collaborations will help us reach more than 170,000 taxi drivers, 400,000 New Yorkers who live in public housing and the tens of thousands of New Yorkers who interact with the FDNY every year.

NYC Health + Hospitals/Elmhurst Begins Construction of New Ambulatory Surgery Center

NYC Health + Hospitals/Elmhurst hosted a groundbreaking ceremony for construction of its new ambulatory surgery center. The \$5.5 Million capital expansion project, which is being funded by the New York City Council, will feature 5,000 square feet of additional space, and includes a new operating room, four procedure rooms, 18 pre-and post-procedure beds, and comfortable waiting areas. Healthcare providers from a wide range of surgical specialties, including urology, gastroenterology, general surgery, pulmonology, ophthalmology, and gynecology, will practice in the new center, allowing NYC Health + Hospitals/Elmhurst to increase the volume of its same-day surgeries by around 45 percent, with a projected revenue of \$6.8 million. Construction will be completed by the spring of 2021.

NYC Health + Hospitals/Bellevue Announces Outcomes of Primary Care Pilot as Part of Transformation Strategy

As part of our transformation strategy to improve and expand primary care, NYC Health + Hospitals/Bellevue announced outcomes of a primary care pilot that significantly reduced patient wait-times for appointments in its Adult Primary Care Clinic and improved continuity of care, ensuring that a patient is likely to see the same primary care physician (PCP) at each visit. The average time a new patient has to wait for an appointment is now 14 days, down from 52 days, and the wait-time for a revisit is now less than week. At the same time, the continuity rate between patients and their PCPs improved from 69.9 percent to 87.1 percent. NYC Health + Hospitals/Bellevue's Adult Primary Care Clinic provides care to approximately 30,000 patients.

The hospital team was able to accomplish such improvements by working directly with our Call Center operation, developing scripts that emphasized continuity between patients and PCPs, and transitioning to EPIC, an electronic medical record system, which allows patients to request appointments through its MyChart patient portal. Other NYC Health + Hospital ambulatory care practices have begun to adopt this new system. It is also worth noting that these changes create the infrastructure needed to support the additional patients who will seek care through the public health system as NYC Care launches.

**NYC Health + Hospitals/Bellevue Designated with Provisional Status as
a Level II Pediatric Trauma Center**

NYC Health + Hospitals/Bellevue announced that the New York State Department of Health has formally designated the hospital with provisional status as a Level II Pediatric Trauma Center. With the new designation, the hospital's pediatric emergency room has begun treating trauma patients under age 15, ensuring that New Yorkers of all ages get the most advanced and timely trauma care possible. Prior to this provisional status, pediatric trauma patients were transferred to a nearby hospital for care. NYC Health + Hospitals/Bellevue is the only Level I Adult Trauma Center and Level II Pediatric Trauma Center south of 68th Street. Level II Pediatric Trauma Center designation is significant because, once stabilized, pediatric trauma patients no longer need to be transferred to another hospital. Pediatric trauma patients are now able to receive specialized treatment and take advantage of our expertise and exceptional services.

**NYC Health + Hospitals/Coney Island Upgrades Critical OB/GYN Equipment
with Funding from NYC Council**

NYC Health + Hospitals/Coney Island leadership, New York City Council Brooklyn Delegation Co-Chair Mark Treyger and New York City Council Hospitals Committee Chair Carlina Rivera unveiled plans to improve access to care, experience and comfort for patients with new, upgraded ultrasound technology purchased with \$400,000 capital funds secured by Council Member Treyger. The Council allocation will fund three new ultrasound machines, a portable ultrasound machine for labor and delivery, and urodynamics testing equipment for urogynecology. The upgrades made possible through the City Council support build on the public health system's focus to increase access to high-quality care for all New Yorkers. This equipment will enhance our obstetrics and gynecology services, and marks a significant investment in women's health. We are grateful to the Council for their support and commitment to the New Yorkers we serve.

**City & State New York Names NYC Health + Hospitals/Woodhull's CEO
Gregory Calliste as One of "2019 Brooklyn Power 100"**

Gregory Calliste, CEO of NYC Health + Hospitals/Woodhull, has been named one of Brooklyn's "Power 100" by *City & State New York* for his work in improving patient care and overall experience, community engagement, and securing funds for a Comprehensive Psychiatric Emergency Program and Emergency Department expansions. Mr. Calliste has also fostered community partnerships that provide local residents wraparound services through their engagement with health care providers and case managers. *City & State New York's* "Power 100" lists recognize the most powerful people in the City, including elected officials, business owners, and advocates. This is a well-deserved recognition for Gregory Calliste. Under his leadership, NYC Health +

Hospitals/Woodhull continues to be a vital part of the North Brooklyn community, ensuring that patients live the healthiest lives they can.

Sanjeev S. Shah, M.D. Appointed Chief Medical Officer of MetroPlus Health Plan

The Board of MetroPlus Health Plan announced the appointment of Sanjiv S. Shah, M.D. as the health plan's new Chief Medical Officer (CMO). As the health plan owned by NYC Health + Hospitals with more than half a million members in the five boroughs, MetroPlus is a vital part of New York City's initiative to guarantee health care to all New Yorkers. Dr. Shah assumed his new position on August 12. Dr. Shah has more than 20 years of experience as a physician leader, managed care executive, and infectious disease specialist. He joins MetroPlus from the Mount Sinai Health System where he served as Medical Director. He also served as Chief Medical Officer at Fidelis Care and Deputy Chief Medical Officer and Associate Medical Director of HIV Services at MetroPlus.

Maureen McClusky Appointment Acting CEO of NYC Health + Hospitals/Coney Island

As I reported earlier this month, I have asked Maureen McClusky, our Senior Vice President of Post-Acute Care, to serve as Acting CEO of NYC Health + Hospitals/Coney Island following the departure of our esteemed colleague Bill Brown. Maureen will continue her current responsibilities, which she so capably leads, while also heading the search committee to identify a new hospital CEO. I am grateful to Maureen for accepting these additional duties and feel confident that we will be able to attract great talent to continue the transformation and rebuilding of the new hospital campus.

#

RESOLUTION

Authorizing the amendment of Article VI, Section 9 of the By-Laws of the New York City Health and Hospitals Corporation (the “System”) to remove the requirement that the chairperson of the Community Relations Committee also serve as an *ex officio* member of the Quality Assurance/Performance Improvement Committee.

WHEREAS, the System’s By-Laws establish a Quality Assurance/Performance Improvement Committee as a standing committee; and

WHEREAS, the System’s By-Laws also establish a Community Relations Committee as a standing committee; and

WHEREAS, Article VI, Section 9 of the System’s By-Laws contains the following requirement: “The chair of the Community Relations Committee shall be an *ex officio* member of the Quality Assurance/Performance Improvement Committee and shall be responsible for reporting to the Community Relations Committee and the Council of Community Advisory Boards concerning the deliberations of the Quality Assurance Committee;” and

WHEREAS, there are many ways that the Community Relations Committee and the Council of Community Advisory Boards are kept informed regarding facility trends; and

WHEREAS, it is unnecessarily duplicative of other information sharing and coordination efforts to require that the chairperson of the Community Relations Committee also serve on the Quality Assurance/Performance Improvement Committee.

NOW THEREFORE, BE IT:

RESOLVED, that Article VI, Section 9 of the By-Laws of the New York City Health and Hospitals Corporation be and the same hereby is amended to remove the requirement that the chairperson of the Community Relations Committee also serve as an *ex officio* member of the Quality Assurance/Performance Improvement Committee.



BY-LAWS

AS AMENDED THROUGH JULY 25, 2019

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ARTICLE I

PREAMBLE

The New York City Health and Hospitals Corporation is a public benefit corporation created by the New York City Health and Hospitals Corporation Act (L. 1969, C. 1016, eff. May 26, 1969).

In order to provide for the orderly implementation of this legislation, the Corporation's Board of Directors, therein provided, adopt the following By-Laws:

ARTICLE II

STATEMENT OF PURPOSES

The purposes of the Corporation include:

(A) provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;

(B) extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of human care and respect;

(C) promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the State of New York and of the City of New York;

(D) 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.

ARTICLE III

OFFICES

Section 1. Principal office. The principal office of the Corporation shall be located in the City of New York, State of New York.

Section 2. Other Offices. The Corporation may also have offices at such other places both within and without the State of New York as the Board may, from time to time, determine or the business of the Corporation may require.

ARTICLE IV

BOARD OF DIRECTORS

Section 1. General Powers. The business and affairs of the Corporation shall be managed by the Board. The Board shall fulfill its responsibilities in a manner consistent with relevant law and regulations, including the conditions of participation under the Medicare program, and shall serve as the Governing Body of each of the facilities operated by the Corporation. Such facilities include but are not limited to, *Bellevue Hospital Center, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Jacobi Medical Center, North Central Bronx Hospital, Kings County Hospital Center, Lincoln Medical And Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center, Woodhull Medical and Mental Health Center, Coler Specialty Hospital and Nursing Facility, Henry J. Carter Specialty Hospital and Nursing Facility, Dr. Susan Smith McKinney Nursing and Rehabilitation Center, Gouverneur Healthcare Services, Sea View Hospital Rehabilitation Center and Home.*

Section 2. Number of Directors. The Board shall consist of sixteen (16) directors.

Section 3. Qualifications of Directors. The Administrator of the Health Services Administration, the Commissioner of Health and Mental Hygiene, the Director of Community Mental Health Services, the Administrator of the Human Resources Administration and the Deputy Mayor/City Administrator, or their successors, shall be directors *ex officio*. Ten (10) additional directors shall be appointed by the Mayor, five (5) of whom shall be designated by the City Council. The President of the Corporation shall be the sixteenth director. Directors shall perform their Board responsibilities in person only and only directors *ex officio* may perform such responsibilities by agent.

Section 4. Meetings.

(A) Annual Public Meeting. The Board shall hold an annual public meeting at such date, place and hour as shall be designated in the notice to the public of the annual public meeting. Such meeting serves as the annual meeting of the Board mandated by the enabling statute. Such notice shall be given, not later than thirty (30) days before the meeting, in such manner as the Board may, by resolution, determine.

(B) Regular Meetings. Regular meetings of the Board shall be held on a monthly basis with a minimum of ten (10) such meetings per year. At least once each year, the Board shall convene as the Governing Body of each of the facilities listed in Section 1, above. In addition, the Board shall receive a written report from each of the facilities listed in Section 1, above at least once a year.

(C) Special Meetings. Special meetings of the Board shall be held whenever called by the Chair of the Board, the President or by four (4) directors. Any and all business may be transacted at a special meeting which may be transacted at a regular meeting of the Board.

(D) Time and Place of Meeting. The Board may hold its meetings at such time or times and such place or places within or without the State of New York as the Board may, from time to time, by resolution determine or as shall be designated in the respective notices or waivers of notice thereof.

(E) Notice of Meetings. Notices of regular meetings of the Board or of any adjourned meeting need not be given.

Notices of special meetings of the Board, or of any meeting of any committee of the Board, except the Executive Committee, which shall meet when deemed necessary, shall be mailed by the Secretary to each director or member of such committee, addressed to him or her at his or her residence or usual place of business, at least three (3) days before the day on which such meeting is to be held, or shall be sent by telegraph, cable or other form of recorded communications or be delivered personally or by telephone not

later than the day before the date on which such meeting is to be held. Such notice shall include the time and place of such meeting. Notice of any such meeting need not be given to any director or member of the committee, however, if waived by the director in writing or by telegraph, cable or other form of recorded communications, whether before or after such meeting shall be held, or if he or she shall be present at such meeting and shall not protest the lack of notice to him or her prior thereto or at its commencement.

(F) Quorum and Manner of Acting. A majority of the whole number of directors shall be present in person at any meeting of the Board in order to constitute a quorum for the transaction of business at such meeting, and the vote of a majority of those directors present at any such meeting at which a quorum is present shall be necessary for the passage of any resolution or act of the Board, except as otherwise expressly required by these By-Laws. In the absence of a quorum for any such meeting, a majority of the directors present thereat may adjourn such meeting, from time to time, until a quorum shall be present.

(G) Robert's Rules of Order shall prevail at all meetings of the Board except as otherwise herein provided.

(H) Order of Business. The order of business of each meeting of the Board shall be as follows:

1. Acceptance of the minutes of the last Regular meeting and all Special meetings;
2. Chair's Report;
3. President's Report;
4. Old and New Business;
5. Committee Reports;
6. Facility Governing Body / Executive Session
7. Adjournment.

However, it shall be within the discretion of the person acting as chair of the meeting to deviate from the order of business herein provided.

(I) Organization. At each meeting of the Board, one of the following shall act as Chair of the meeting and preside thereat, in the following order of precedence: (a) the Chair of the Board; (b) the Vice-Chair of the Board; (C) the President; (d) any director chosen by a majority of the directors present thereat. The Secretary or, in his or her absence, any person whom the Chair shall appoint shall act as Secretary of such meeting and shall keep the minutes thereof.

(J) Minutes of Meetings. Minutes of all meetings of the Board and its committees, including a record of attendance, must be kept. Upon approval, such minutes shall be signed by the Secretary and permanently filed and maintained in the principal office of the Corporation and at each of the Corporation's facilities.

Section 5. Resignation. Any director, other than a director holding office ex officio, may resign at any time by giving written notice of resignation, including an effective date therefor, to the Mayor or to the Chair of the Board. Any such resignation shall take effect at the time specified therein. If no effective date is specified therein, the resignation shall take effect thirty (30) days from the date of receipt of such notification by the Chair of the Board or by the Mayor.

Section 6. Vacancies and Removal. Whenever the number of directors appointed by the Mayor shall for any reason be less than ten (10), the vacancy may be filled by the Mayor, provided that if the office so vacated was held by a director designated by the City Council, the successor appointed by the Mayor shall be so designated. A director appointed to fill a vacancy shall be appointed for the unexpired portion of the term of his or her predecessor in office. Any of these directors may be removed by the Mayor for cause after a hearing.

ARTICLE V

OFFICERS OF THE BOARD

Section 1. Titles. The officers of the Board of Directors shall be a Chair of the Board and a Vice-Chair of the Board. The Chair of the Board shall be the Administrator of Health Services of the City of New York. The Vice-Chair shall be chosen by the Board from among themselves and shall be elected annually.

Section 2. Duties and Functions.

(A) Chair of the Board. The Chair of the Board shall:

(1) preside, if present, at meetings of the Board; (2) be an ex officio member of all committees except the Audit Committee; (3) appoint committees with the approval of the Board; and (4) perform such duties as from time to time may be assigned by the Board.

(B) Vice-Chair of the Board. The Vice-Chair of the Board shall, if present and if the Chair of the Board shall be absent or shall be unable to act, preside at all meetings of the Board. The Vice-Chair of the Board shall perform such duties as from time to time may be assigned by the Board.

(C) Other Presiding Officers. In the event that both the Chair and the Vice-Chair of the Board may be absent, or in any other way may be unable to serve, then the President shall serve as Presiding Officer. If he or she is absent or is otherwise unable to serve, the Board shall, by majority vote of those present, pick a member to be Presiding Officer at that meeting.

ARTICLE VI
COMMITTEES

Section 1. General Provisions.

(A) Standing and Special Committees. Committees of the Board shall be standing or special. A standing committee is one whose functions are determined by a continuous need. The function and duration of a special committee shall be determined by its specific assignment, as stated in a resolution of the Board creating it.

(B) Composition. Each of the standing committees, except the Audit Committee, shall be composed of the Chair of the Board, the President, and at least three (3) Board members appointed in the manner hereinafter specified.

(C) Appointment. The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees.

(D) Committee Chair. The Chair of each committee, both standing and special, shall be designated by a majority vote of the Board.

(E) Meetings. Each standing committee shall meet as deemed necessary.

(F) Quorum. A quorum, which shall be at least one-half of all of the members of a committee, standing or special, shall be required for a committee to transact any business unless otherwise stated in these By-Laws.

(G) Committee Action. All actions of a committee, standing or special, shall be taken by a majority vote of the members in attendance at a committee meeting.

(H) Reports. Each committee shall report to the Board, at its regular meetings, on all business transacted by it since the last regular Board meeting.

(I) Special Committees. The Board may, by resolution passed by a majority of the whole number of directors, designate special committees, each committee to consist of three (3) or more directors, one of whom shall be the Chair of the Board, and each such committee shall have the duties and the functions as shall be provided in such resolution.

Section 2. Standing Committees. The following committees shall be designated as standing committees:

- Executive Committee
- Medical and Professional Affairs Committee
- Audit Committee
- Finance Committee
- Capital Committee
- Community Relations Committee
- Quality Assurance/Performance Improvement Committee
- Strategic Planning Committee
- Equity, Diversity and Inclusion Committee
- Information Technology Committee
- Governance

Section 3. Executive Committee

(A) Designation and Membership. The Executive Committee shall be composed of the Chair of the Board, who shall be the Chair of the Executive Committee, the President, and other members appointed by the Chair of the Board with the approval of the Board.

(B) Functions and Powers. The Executive Committee, subject to any limitations prescribed by the Board, shall possess and may exercise during the intervals between meetings of the Board, the powers of the Board in the management of the business and affairs of the Corporation except for: (1) the power to amend or to repeal these By-Laws or to adopt new By-Laws; and (2) the power to fill vacancies in any committee of the

Board. At each meeting of the Board the Executive Committee shall make a report of all action taken by it since its last report to the Board.

(C) Meetings and Quorum. The Executive Committee shall meet as often as may be deemed necessary and expedient at such times and places as shall be determined by the Executive Committee. Five (5) members of the Executive Committee shall constitute a quorum. The Chair of the Board shall preside at meetings of the Executive Committee and, in his or her absence, the President shall preside thereat. All members of the Board of Directors shall be duly notified prior to all Executive Committee meetings.

Section 4. Medical and Professional Affairs Committee. The duties and responsibilities of the Medical and Professional Affairs Committee shall include the following:

(A) review issues dealing with the quality and composition of professional services provided in the Corporation's facilities, including nursing services, pharmacy, dietary services, laboratories and social services, and recommend policies and actions to the Board concerning these services;

(B) review and recommend to the Board contractual arrangements for professional services with particular emphasis on monitoring and providing policy direction to corporate staff with respect to the services provided to the Corporation pursuant to its affiliation contracts with voluntary hospitals, medical schools and professional corporations;

(C) review education and training issues for clinical personnel in the Corporation's institutions;

(D) formulate and recommend to the Board plans for delivery of comprehensive health care to the community;

(E) promulgate policies rules and regulations with respect to medical and to other research conducted at the Corporation's facilities; and

(F) review strategic issues related to information management and technology and the management of clinical care.

Section 5. Audit Committee. The Audit Committee shall consist of members designated by the Board, other than those serving ex officio, except that the Chair of the Board may be a member if he or she is not compensated by the City of New York. The duties and responsibilities of the Audit Committee shall be to:

- (A) approve the selection, retention or termination of independent auditors;
- (B) review the proposed scope of the audit and related fees;
- (C) inquire about and be aware of all work (audit, tax systems) that the independent auditor performs;
- (D) review the annual financial statements and the results of the audit with management, the internal auditors and the independent auditors;
- (E) review the memorandum, if any, prepared by the independent auditors setting forth any questionable or possibly illegal activities and take appropriate action;
- (F) be available to meet with the independent auditors to resolve problems that arise in connection with the audit if and when this becomes necessary.

Section 6. Finance Committee. The duties and responsibilities of the Finance Committee shall include the following:

- (A) supervise the preparation and recommend to the Board for submission to the City of New York the annual consolidated revenue and expense budget of the Corporation;
- (B) recommend to the Board policies and actions with respect to collection of revenues;
- (C) ensure that the funds of the Corporation are properly deposited and accounted for and recommend policies for such deposits to the Board;
- (D) account for Corporation property, both real and personal; and
- (E) monitor performance against budgets.

Section 7. Capital Committee. The duties and responsibilities of the Capital Committee shall include the following:

(A) recommend to the Board of Directors policies and objectives in the area of capital development for the guidance of Corporation officers, facility Executive Directors, and key staff members;

(B) supervise the preparation and recommend to the Board for submission to the City of New York the annual capital budget of the Corporation;

(C) formulate policies and recommendations for the long-range development of facilities to include supervising the preparation of major programs and master plans, as well as the inter-agency coordination of such planning with the appropriate City and State agencies;

(D) establish standards, policies and procedures for the selection and approval of architectural and engineering contracts;

(E) review and approve any transfers or surrender of Corporation facilities or lands and the acquisition and/or leasing of additional property and facilities for Corporation purposes.

Section 8. Community Relations Committee. The duties and responsibilities of the Community Relations Committee shall include the following:

(A) review and recommend to the President plans for the formation of community advisory boards;

(B) formulate and recommend to the Board the policies of the Corporation concerning its relationship with the community;

(C) provide clarification and interpretation of established policies on community relationships;

(D) evaluate the efforts of the Corporation, and its facilities to establish, maintain and improve effective participation by the community.

(E) discuss advocacy for the Corporation on relevant legislative and political developments on a local, state and national level that effect the health care delivery environment and specifically the Corporation.

Section 9. Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee shall act on behalf of the Board for purposes of discharging the governing body's obligations in overseeing the quality assurance process for HHC facilities. The Board shall, at least annually, assess the performance of the Quality Assurance/Performance Improvement Committee in fulfilling the governing body's quality assurance responsibilities. Any member of the Board may attend meetings of the Quality Assurance/Performance Improvement Committee and may refer any quality assurance issue for deliberation or for action by the Quality Assurance/Performance Improvement Committee or by the full Board. Board members may also discuss quality assurance/performance improvement issues or problems concerning HHC facilities at any meeting of the Board.

The duties and responsibilities of the Quality Assurance/Performance Improvement Committee shall include the following:

(A) assuring that each facility is fulfilling mandates in the areas of quality assurance, credentialing of physicians and dentists, overall operations and responsiveness to Federal, State and other regulatory surveillance and enforcement activities. With respect to quality assurance, this shall include oversight of and participation in such functions of the quality assurance/performance improvement committee of the facilities such as: reviewing services in order to improve the quality of medical and dental

care of patients and to prevent medical and dental malpractice; overseeing and coordinating malpractice prevention programs; and insuring that information gathered pursuant to the programs is utilized to review and to revise policies and procedures;

(B) assuring that there is a systematic and effective mechanism for communication among members of the Board of Directors in their role as members of the governing body, and the administration and medical staff of each HHC facility. This communication should facilitate direct participation by the governing body in quality assurance activities and other issues of importance as set forth above;

(C) monitoring the progress at Corporation facilities towards meeting appropriate HHC goals and objectives related to its health care programs;

(D) reviewing quality assurance activities of each of the Corporation's facilities on at least a quarterly basis.

(E) 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 spreading performance improvement best practices. The following sets forth areas of focus related to performance improvement:

1. Present system performance improvement prioritized projects and present quarterly performance improvement projects from a prioritized pick list.
2. Share facility-specific performance improvement priorities and encourage discussion of performance improvement priorities and projects presented at facility-specific quality assurance/performance improvement committees.
3. Identify new areas of opportunity for performance improvement and promote and discuss ideas and change strategies that can lead to improvements.
4. Spread performance improvement best practices by supporting the sharing and dissemination of best practices related to performance improvement activities across facilities and services.

~~The chair of the Community Relations Committee shall be an ex officio member of the Quality Assurance/Performance Improvement Committee and shall be responsible for reporting to the Community Relations Committee and the Council of Community Advisory Boards concerning the deliberations of the Quality Assurance Committee.~~

Section 10. Strategic Planning Committee. The duties and responsibilities of the Strategic Planning Committee shall include the following:

- (A) to share and monitor metrics established for measuring goals and initiatives;
- (B) to develop and monitor long term and strategic plans for the Corporation that are consistent with its mission and that reflect the needs of the population and health care industry needs;
- (C) to recommend strategic directions to ensure the ability of the Corporation to carry out its mission;
- (D) to evaluate Corporation policies and programs as these relate to long-term goals and objectives;
- (E) to review and evaluate all system-wide initiatives and plans to ensure consistency with the Corporation's strategic plan, mission and demographic and health care industry trends.
- (F) to report on relevant legislative and political developments on a local, state and national level that effect the health care delivery environment and specifically the Corporation

Section 11. Equity, Diversity and Inclusion Committee. The duties and responsibilities of the Equity, Diversity and Inclusion Committee shall be the oversight of the integration of best practices related to diversity and inclusion into all of the organization's activities to foster workplace diversity, promote vendor diversity, support workplace inclusion and to promote equity in access initiatives.

Section 12. Information Technology Committee. The duties and responsibilities of the Information Technology Committee shall include the following:

- (A) review, appraise and monitor the Corporation's IT strategy and significant IT related projects and investments;
- (B) ensure that the Corporation's IT programs effectively support the Corporation's clinical and business objectives and strategies;
- (C) review the financial, tactical and strategic benefits of proposed major IT related projects and technology architecture alternatives;
- (D) review the progress of significant IT related projects and technology architecture decisions;
- (E) review and recommend to the Board contractual commitments for significant IT related projects that will be submitted to the Board for consideration; and
- (F) monitor the quality and effectiveness of the Corporation's IT security and IT disaster recovery capabilities.

Section 13. Governance Committee. The duties and responsibilities of the Governance Committee shall including the following:

- (A) keep the Corporation's Board of Directors informed of current best governance requirements and current trends;
- (B) update corporate governance principles;
- (C) advise appointing authorities on skills/requirements of Board members.
- (D) evaluate the performance of the President;
- (E) review appointments of corporate officers.

Section 14. Committee Attendance. If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

ARTICLE VII
OFFICERS OF THE CORPORATION

Section 1. Titles. The officers of the Corporation shall be the President (and Chief Executive Officer), one or more Executive Vice Presidents, one or more Senior Vice Presidents, one or more Vice Presidents, a General Counsel and a Secretary.

Section 2. Appointment. The President (and Chief Executive Officer) shall be chosen by the Board from persons other than themselves and shall serve at the pleasure of the Board. The President shall appoint all other officers of the Corporation, subject to the approval of the Board. All such other officers are subject to removal by the President.

Section 3. Resignation. Any officer may resign at any time by giving written notice of resignation, which may include an effective date therefor, to the President or the Secretary to the Corporation. Such resignation shall take effect when accepted by the President.

Section 4. Duties and Functions.

(A) President. Shall have general charge of the business and affairs of the Corporation and shall have the direction of all other officers, agents and employees. He or she shall, if present and in the absence of the Chair of the Board and the Vice-Chair of the Board, preside at all meetings of the Board. The President may assign such duties to the other officers of the Corporation as he or she deems appropriate.

(B) Executive Vice President. The President may appoint an Executive Vice President. At the request of the President or if the President shall be unable to act because of absence or disability, the Executive Vice President shall perform all the duties of the President and, when so acting, shall have all the powers of and be subject to all the restrictions placed on the President. This individual shall have such powers and duties as shall be prescribed by the President subject to approval by the Board.

(C) Senior Vice Presidents; Vice Presidents. Each Senior Vice President or Vice President shall have such powers and duties as shall be prescribed by the President subject to approval by the Board. One senior officer so designated shall have charge and custody of and be responsible for all funds and securities of the Corporation.

(D) General Counsel. The General Counsel shall be the principal legal officer for the Corporation. The General Counsel shall advise the Board of Directors, President, Vice Presidents and Executive Directors of all Corporation facilities on all legal matters affecting policy and operations, including contractual agreements, labor law, municipal and State law affecting capital and expense budget administration, personnel administration, medical and hospital law, Federal, State and City legislative matters, as well as perform such other duties as the Board may, from time to time, assign.

(E) Secretary. The Secretary shall keep the records of all meetings of the Board and the Executive Committee. He or she shall affix the seal of the Corporation to all deeds, contracts, bonds or other instruments requiring the corporate seal when the same shall have been signed on behalf of the Corporation by a duly authorized officer. The Secretary shall be the custodian of all contracts, deeds, documents and all other indicia of title to properties owned by the corporation and of its other Corporate records (except accounting records).

ARTICLE VIII

EXECUTIVE DIRECTORS

Section 1. Appointment & Term. There shall be an Executive Director for each facility who shall be appointed by the President and shall serve at the pleasure of the President.

Section 2. Vacancies. Whenever there shall be a vacancy in the position of Executive Director in any facility administered by the Corporation due to resignation, death, incapacity, termination or any other reason, the President shall select an Acting Executive Director to perform the duties of the Executive Director until such times as an Executive Director shall be appointed by the President. When neither an Executive Director nor an Acting Executive Director has been appointed, the Chief Operating Officer of the respective facility shall have such powers and responsibilities as held by the Executive Director until such time as an Executive Director appointment decision is made by the President.

Section 3. Duties and Functions. The Executive Director shall:

(A) be responsible at all times for directing, coordinating and supervising the administration of the appropriate facility and for carrying out the policies of the Board and the President, and the rules and regulations of the medical board;

(B) provide liaison between the Board, the medical staff of the appropriate facility, the departments of the facility, and the community;

(C) organize the administrative functions of the facility, delegate duties and establish formal means of accountability on the part of subordinates;

(D) make or send reports to the Board, the President and the medical staff on the overall activities of the appropriate facility, including medical care, the budget, and the plan for the achievement of specific objectives and the periodic review and evaluation of this plan;

(E) designate an individual to act for him or her in his or her absence.

ARTICLE IX
MEDICAL BOARDS

Section 1. Medical Staff By-Laws. The medical staff at each facility shall develop bylaws, rules and regulations which set forth its organization and governance. Proposed bylaws, rules and regulations shall be recommended by the organized medical staff to the President. Such bylaws, rules and regulations of the medical staff shall be approved by the President, on behalf of the Board. Such bylaws, rules and regulations shall be concerned with but not limited to the following areas:

- (A) appointments, reappointments and other changes in staff status;
- (B) granting of clinical privileges;
- (C) disciplinary actions;
- (D) all matters relating to professional competency;
- (E) such specific matters as may be referred by the Board to the medical staff, or

required by applicable Federal and State law.

Section 2. Method of Appointment. Appointments to the medical staff of each facility shall be made biennially -- or as often as otherwise required by law or by the Joint Commission on Accreditation of Healthcare Organizations -- by the President upon recommendation by the appropriate committee of the organized medical staff.

Section 3. Medical Staff Evaluation. The medical staff shall conduct an on-going review and evaluation of the quality of professional care rendered in the facility and shall report such activities and their results to the Board.

ARTICLE X

PERSONNEL REVIEW BOARD

The Board shall create a Personnel Review Board to consist of three (3) members and shall designate one (1) member thereof. The Personnel Review Board shall have such powers and duties as are provided by law in the Corporation's enabling legislation.

ARTICLE XI

COMMUNITY ADVISORY BOARDS

The President shall establish a Community Advisory Board for each facility administered by the Corporation. The Community Advisory Board shall consider and advise the Corporation with respect to the plans and programs of the Corporation. The members of each Community Advisory Board shall be representative of the community served by its facility. Each Community Advisory Board shall develop bylaws, which shall become effective upon approval by the President.

ARTICLE XII

AUXILIARY AND VOLUNTEER ORGANIZATION

The President shall authorize such Auxiliary organizations as deemed necessary to accomplish the objectives of the Corporation, and its facilities. The purposes and functions of such bodies shall be clearly delineated. Their bylaws, rules and regulations, and changes thereto, shall be subject to approval by the President before becoming effective. The President may define the terms and conditions under which individuals who are not members of the official volunteer Auxiliaries may serve the facilities and/or the Corporation.

ARTICLE XIII

SUBSIDIARY CORPORATIONS

Pursuant to McKinney's Unconsolidated Laws, Section 7385.20, the Corporation has the power to organize wholly-owned subsidiary public benefit corporations to exercise and perform any part of its functions or activities. The Chair of the Board shall appoint members to the Board of Directors of any such subsidiary with the approval of a majority of the Board. The powers and duties of any subsidiary corporation shall be subject to the constraints set forth in the foregoing provision of the Corporation's Enabling Legislation.

The Corporation's Board of Directors shall exercise those powers reserved to the Corporation in the Certificate of Incorporation of any subsidiary corporation.

ARTICLE XIV
CONTRACTS, CHECKS, DRAFTS,
BANK ACCOUNTS, ETC.

Section 1. Execution of Document. The Board shall designate the officers, employees and agents of the Corporation who shall have the power to execute and deliver deeds, contracts, mortgages, bonds, debentures, checks, drafts and other orders for the payment of money and other documents for and in the name of the Corporation and may authorize such officers, employees and agents to delegate such power (including authority to redelegate) by written instrument to other officers, employees or agents of the Corporation.

Section 2. Deposits. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation or otherwise in such banks or trust companies organized in New York or national banks doing business in New York City as the Board shall determine.

ARTICLE XV
BOOKS AND RECORDS

The books and records of the Corporation may be kept at such places within the State of New York as the Board may from time to time determine.

ARTICLE XVI

SEAL

The Board shall provide a corporate seal, which shall be in the form of a circle and shall bear the full name of the Corporation and the words and figures "Corporate Seal 1969 New York."

ARTICLE XVII

FISCAL YEAR

The fiscal year of the Corporation shall end on the last day of June in each year.

ARTICLE XVIII

AUDITS

The Board shall engage an independent certified or registered public accountant to make an annual audit of the Corporation and its constituent facilities.

ARTICLE XIX
CONFLICTS OF INTEREST

Chapter 68 of the Charter of the City of New York defines a “code of ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all corporate employees and directors. Chapter 68 embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Corporation has promulgated its own “Code of Ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all members of the Corporation community advisory boards and its auxiliaries, and other personnel who are not covered by Chapter 68. Similar to Chapter 68, the Corporation’s Code of Ethics embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Board of Directors is committed to recognizing the Corporation’s responsibility to organizational ethics and expects, therefore, every employee and Board member to support and adhere to the principles and policies set forth in Chapter 68 and all members of the community advisory boards and auxiliaries, affiliate staff and other personnel who are not covered by Chapter 68 to support and adhere to the principles and policies set forth in the Corporation’s Code of Ethics.

ARTICLE XX

AMENDMENTS

These bylaws may be altered or repealed by the vote of a majority of the whole number of directors by their vote given at a regular meeting or at any special meeting, providing that at least fourteen (14) days' notice of such contemplated action has been given to all directors.

* * * * *

RESOLUTION

Adopting, in the name of the name of the Board of Directors of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) an Implementation Strategy Plan (an “ISP”) for each of its acute care hospitals and the long-term acute care part of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center (“HJC”) as a supplement to the Community Health Needs Assessment (the “CHNA”) was approved by the Board of Directors in June 2019.

WHEREAS, NYC Health + Hospitals operates eleven acute care hospitals and the long-term acute care hospital portion of HJC; and

WHEREAS, NYC Health + Hospitals is recognized as tax exempt status under Section 501(c)(3) of the Internal Revenue Code (the “IRC”); and

WHEREAS, the 2010 Patient Protection and Affordable Care Act (the “Affordable Care Act”), added to IRC §501(r)(3) a requirement that tax exempt hospitals conduct a CHNA every three years; and

WHEREAS, IRC §501(r)(3) requires that hospitals engage community stakeholders to identify and prioritize their communities’ health needs; and

WHEREAS, on June 20, 2019 the Board of Directors approved the CHNA conducted for the eleven acute care hospitals and the long-term acute care hospital portion of HJC; and

WHEREAS, IRC regulations further require that hospital organizations prepare an Implementation Strategy Plan (an “ISP”) that lists and describes the hospital’s programs intended to meet the priority health needs identified in the CHNA; and

WHEREAS, IRC regulations require the ISP to be adopted and made publicly available within five months and 15 days of the end of the taxable year in which the CNHA is conducted; and

WHEREAS, NYC Health + Hospitals’ Medical & Professional Affairs division collaborated with OneCity Health in preparing an ISP, a copy of which is attached; and

WHEREAS, under the Affordable Care Act, a hospital organization’s governing body or an authorized committee must adopt the ISP and any subsequent material changes; and

WHEREAS, the CHNA ISP will be made widely available to the public through NYC Health + Hospitals’ website and at NYC Health + Hospitals’ eleven acute care hospitals and at HJC before November 15; and

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation’s Board of Directors hereby adopts the New York City Health and Hospitals Corporation Community Health Needs Assessment Implementation Strategy Plan for its eleven acute care hospitals and the long term acute care part of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center as a supplement to the Community Health Needs Assessment approved by the Board of Directors in June 2019.

EXECUTIVE SUMMARY
ADOPTION OF
2019 NYC HEALTH + HOSPITALS
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY

OVERVIEW:

Through an amendment to the Internal Revenue Code (the “IRC”) the Patient Protection and Affordable Care Act (the “Affordable Care Act”) imposed on all tax exempt hospital organizations the obligation to conduct a Community Health Needs Assessment (a “CHNA”) not less often than every three years with respect to all acute care hospitals they operate. New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) has prepared a CHNA every three years since 2010 and its Board has duly adopted the same, including the 2019 NYC Health + Hospitals Needs Assessment which was approved by the Board in June 2019. Regulations further specify that the hospital organization prepare an Implementation Strategy (an “ISP”) that lists and describes each hospital’s programs and initiatives intended to meet the priority health needs identified in the CHNA.

PROPOSAL:

NYC Health + Hospitals’ Medical and Professional Affairs unit has collaborated with its OneCity Health unit to prepare the current CHNA ISP. To prepare the proposed CHNA ISP, the team brought multiple stakeholders together, including community partners and City agencies, to present ideas based on best practices and daily experiences, discuss these ideas and determine a way to address the health needs through cross-disciplinary coordination and collaboration. The team will continue to make extensive efforts to engage the various communities through the hospitals’ Community Advisory Boards and in other ways. A copy of the full CHNA ISP titled, 2019 NYC Health + Hospitals Community Health Needs Assessment Implementation Strategy has been distributed to every member of the NYC Health + Hospitals’ Board of Directors and upon its adoption by the Board of Directors, the CHNA ISP will be posted on the NYC Health + Hospitals’ public website as required by IRC Section 501(r).

2019 Community Health Needs Assessment Implementation Strategy Plan

NYC Health + Hospitals Board of Directors Meeting

October 31, 2019

Israel Rocha, CEO, OneCity Health

Dr. Machel Allen, Senior Vice President, Chief Medical Officer – H+H

Matthew Siegler, Senior Vice President, Managed Care/Patient Growth- H+H

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New Business – Action Item i

Resolution to adopt 2019 Community Health Needs Assessment Implementation Strategy Plan

RESOLVED, that the New York City Health and Hospitals Corporation Board of Directors hereby adopts the New York City Health and Hospitals Corporation' Community Health Needs Assessment Implementation Strategy Plan for NYC Health + Hospitals' eleven acute care hospitals and for the long-term acute care portion of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center.

Community Health Needs Assessment (CHNA) background

- Opportunity to understand prioritized community health needs and co-create solutions through an implementation strategy
- To be adopted by the NYC Health + Hospitals Board
- IRS requirement for non-profit provider systems
- 2016 CHNA was approved and made publicly available on the NYC Health + Hospitals website

FY19 CHNA

- Define the community served
- Assess the community's priority health needs from community input
- Identify assets to address priority needs
- Evaluate impact of actions taken in prior CHNA
- Adopted by the Board of Directors June 30

FY20 – FY22 Implementation Strategy

- Actions the system will take to address identified needs
- Anticipated impact of these strategies
- Programs, partnerships and resources the system will commit
- Made publicly available by November 15

NYC Health + Hospitals conducted a comprehensive and inclusive CHNA process, facilitated by OneCity Health

Qualitative analysis

+60 Expert interviews

- OneCity Health PPS governance members
- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- MetroPlus

16 Community forums at each NYC Health + Hospitals facility

12 NYC Health + Hospitals facility responses

Quantitative analysis

+450 Surveys

- OneCity Health demographic projections and utilization analyses
- IP3 data analytics platform
- DOHMH and NYSDOH data sources

Stakeholder interviews

- Arthur Ashe Institute for Urban Health
- Brightpoint Health
- Fox Rothschild
- Healthfirst
- HealthPeople
- The Jewish Board
- Make the Road New York
- MetroPlus
- NADAP
- New York Immigration Coalition
- NYLAG
- OneCity Health
- Planned Parenthood
- Riseboro Community Partnership
- Services for the UnderServed (SUS)
- SUNY Downstate Medical Center

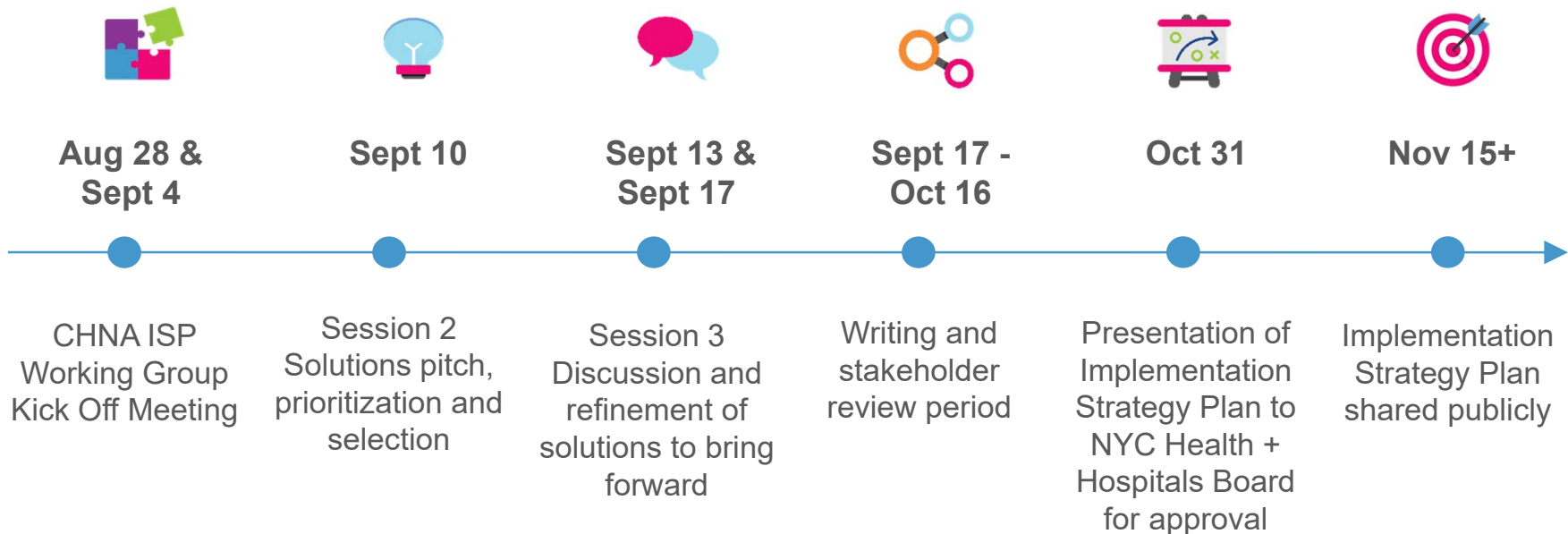
2019 CHNA findings: Priority health needs

Reducing the burden of life cycle-driven illness and health equity challenges	Rethinking health care systems	An infrastructure for scaling
<ul style="list-style-type: none"> ▪ Pregnancy and birth outcomes ▪ Airways disease (asthma, COPD) ▪ Behavioral health (mental health, substance use disorder) ▪ Diet-related diseases (diabetes, hypertension) ▪ Aging and frailty ▪ Populations with health equity challenges 	<ul style="list-style-type: none"> ▪ Ease of access and navigation ▪ Patient-provider relationships ▪ Health care cost and transparency 	<ul style="list-style-type: none"> ▪ State of the workforce ▪ Information sharing ▪ Financial sustainability ▪ System complexity and scale

On June 20, 2019 the 2019 CHNA was approved by the NYC Health + Hospitals Board of Directors



Implementation Strategy Plan process



Implementation Strategy Plan Summary

Reducing the burden of life cycle-driven illnesses and health equity challenges: Goals and tactics

Reduce the burden of life cycle-driven illnesses and address health equity challenges

- Manage the health of patients throughout their life cycle by engaging them in services to improve health outcomes across life stages
- Partner with the community to offer programs and services that reduce health equity challenges

Looking forward

- Wellness University
- Expansion of telehealth and monitoring devices
- EMOM

Rethinking health care systems: Goals and tactics

Improve ease of access to and navigation through the health system

Design services around the end user, the patient – this includes services that are easy and convenient to access, structurally competent and delivered with cultural humility

Optimize patient-provider relationship

Improve patient continuity of care with primary care providers

Increase transparency of health care costs for patients and providers

Enable shared decision making between patients and providers guided by clinical need rather than financial constraints

Looking forward

- Augment patient call center
- Patient engagement and activation program
- Ease of clinical and community referrals

An infrastructure for scaling: Goals and tactics

Build and optimize workforce capacity	Improve communication and information sharing across patients and providers	Provide services in a way that are financially sustainable	Optimize the integration of assets across the system
<ul style="list-style-type: none"> ▪ Increase recruitment and retention of a talented workforce ▪ Ensure the workforce can work to their highest level of experience, skills and licensure ▪ Support providers in managing their emotional health 	<ul style="list-style-type: none"> ▪ Ensure more effective communication between providers and with patients through technology-enabled platforms 	<ul style="list-style-type: none"> ▪ Enhance revenue opportunities and reduce administrative expenses ▪ Prepare the system for a value-based payment environment ▪ Boost health care and insurance coverage for all New Yorkers 	<ul style="list-style-type: none"> ▪ Promote coordination and integration of clinical, financial and social services to deliver a seamless and streamlined patient experience

Looking forward

- Improve info sharing and communication across provider network
- Expand career residency programs

Resource commitment

- NYC Health + Hospitals will commit financial and in-kind resources during FY 2019-2021 to implement transformative initiatives and programs
- Resources will include clinical and nonclinical services as well as partnerships through OneCity Health and NYC Health + Hospitals' Accountable Care Organization (ACO) and staff time devoted to advance collective work, charitable contributions, and employee volunteerism
- Through OneCity Health and DSRIP, the system will continue to prototype and evaluate new, innovative solutions to address community health needs

Evaluation

- Continuous monitoring and evaluation of programs to be developed to ensure priority health needs are addressed
- OneCity Health invested in IP3 Assess, a data analytics platform to supporting ongoing evaluation of health needs and areas for opportunity

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COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN **2019**



ABOUT THE IMPLEMENTATION STRATEGY PLAN

This Implementation Strategy Plan for NYC Health + Hospitals has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt an Implementation Strategy Plan to meet the community health needs identified in the CHNA. This Implementation Strategy Plan is intended to satisfy each of the applicable requirements set forth in proposed regulations.

The following hospitals, organized by county, serve the communities addressed in this Implementation Strategy Plan:

Bronx

- NYC Health + Hospitals/Jacobi
- NYC Health + Hospitals/Lincoln
- NYC Health + Hospitals/North Central Bronx

Brooklyn

- NYC Health + Hospitals/Coney Island
- NYC Health + Hospitals/Kings County
- NYC Health + Hospitals/Woodhull

Manhattan

- NYC Health + Hospitals/Bellevue
- NYC Health + Hospitals/Harlem
- NYC Health + Hospitals/Henry J. Carter Long-Term Acute Care
- NYC Health + Hospitals/Metropolitan

Queens

- NYC Health + Hospitals/Elmhurst
- NYC Health + Hospitals/Queens

A digital copy of the Community Health Needs Assessment is available: <https://www.nychealthandhospitals.org/publications-reports/2019-community-health-needs-assessment>

A digital copy of this Implementation Strategy Plan is publicly available: <https://www.nychealthandhospitals.org/publications-reports/isp>

Community input is encouraged. Please address CHNA ISP feedback to chna@nychhc.org

For additional information on available services visit <http://www.nychealthandhospitals.org>

For information on insurance coverage visit: <http://www.nychealthandhospitals.org/insurance>

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About NYC Health + Hospitals

As the largest public health care system in the U.S., NYC Health + Hospitals' mission is to deliver high-quality health care services to all New Yorkers with compassion, dignity and respect, without exception. The system is an anchor institution for the ever-changing communities it serves, providing hospital and trauma care, neighborhood health centers, skilled nursing facilities and community care, including care coordination and home care. NYC Health + Hospitals serves as a preeminent teaching facility and as a designated treatment center for the U.S. President.





Over
1.1 million
New
Yorkers
served
annually

11
hospitals

5
level I trauma centers

1
level II trauma center

1
level II pediatric
trauma center

+70
community centers

1
long-term acute
care hospital

5
skilled nursing
facilities

+40K
employees

correctional
health services

OneCity Health

OneCity Health is the largest Performing Provider System (PPS) in New York State, formed under the auspices of the Delivery System Reform Incentive Payment (DSRIP) program, comprising hundreds of health care providers, community-based organizations and health systems.

+750k Medicaid lives

+200 partners

MetroPlus

The NYC Health + Hospitals health plan, MetroPlus, provides low to no-cost health insurance to eligible New Yorkers across the five boroughs. Earning 5 out of 5 stars, MetroPlus is a top health plan in New York State.

+500k lives

HHC ACO

The HHC Accountable Care Organization (ACO) is a collaborative venture including physician affiliate organizations, NYC Health + Hospitals acute care, outpatient and skilled nursing facilities, as well as teaching administration, quality assurance and supervisory services.

+10k Medicare lives

8 partners

INTRODUCTION

As the largest public health care system in the United States and an anchor institution in communities throughout New York City, NYC Health + Hospitals delivers high-quality health services with compassion, dignity and respect to all, without exception. Many of the people served by NYC Health + Hospitals experience an outsized chronic and behavioral disease burden, as reflected in previous community health needs assessments (CHNAs). These health outcomes are partly driven by long standing structural inequities such as entrenched racism and sexism, neighborhood income, access to quality, affordable housing, access to healthy, affordable food, safe places for physical activity and social support.⁶

As a leading health care provider and employer, NYC Health + Hospitals directly responds to these issues through investments in services to unite and elevate communities. As a result of strategic investments through the system's transformation plan and New York State's Delivery System Reform Incentive Payment (DSRIP) program, health trajectories of the communities served by NYC Health + Hospitals have improved. These investments have strengthened primary and preventive care, boosted health coverage for New Yorkers, modernized health care delivery system-wide and enabled crucial innovative partnerships with community-based providers and organizations. However, challenges persist.

NYC Health + Hospitals, the largest public health care system in the United States, serves over 1 million people annually and offers comprehensive, accessible and affordable health care to all, without exception. The system's 11 acute care hospitals and long term acute care hospital provide top-ranked trauma care, offer dozens of inpatient specialties and mental health services and keep communities healthy through a robust network of primary and specialty care for children and adults. NYC Health + Hospitals facilities have earned numerous special designations for quality and culturally responsive care and have received top ranks by U.S. News and World Report.

In 2019, NYC Health + Hospitals completed a [CHNA](#) to identify, better understand and prioritize the health needs of the communities served. The CHNA process was conducted by OneCity Health, the NYC Health + Hospitals Performing Provider System (PPS), which utilized a multi-stakeholder approach to identify system-wide health needs, as well as the unique needs of the diverse neighborhoods served. Findings from the CHNA were driven by a combination of quantitative and qualitative data from over 450 community surveys, 16 inclusive community forums held at NYC Health + Hospitals facilities and more than 60 expert interviews with system leadership and community stakeholders.

Two priority health needs were identified in the 2019 CHNA:

1. Reducing the burden of life cycle-driven illness and health equity challenges
2. Redesigning health care for communities:
 - a) Rethinking health care systems
 - b) An infrastructure for scaling. The CHNA was approved and adopted by the NYC Health + Hospitals Board of Directors in June 2019.

This Implementation Strategy Plan (ISP) describes the transformative initiatives and programs NYC Health + Hospitals and its community partners have or will implement to address the priority health needs identified in the 2019 CHNA. Continuous evaluation and monitoring of these initiatives and programs and NYC Health + Hospitals' overall strategic focus will be developed to ensure they are improving health equity in communities served. In addition, this report can be used as a starting point for individuals to understand the breadth of resources available to the community.

IMPLEMENTATION STRATEGY

The ISP outlines a plan for NYC Health + Hospitals and its facilities to address the priority health needs identified in the 2019 CHNA. The ISP inventories transformative initiatives and programs at NYC Health + Hospitals directly addressing these areas.* Both ongoing and future efforts are organized in Appendix: Glossary of NYC Health + Hospitals Transformative Initiatives and Programs. The report also outlines solutions the system will consider moving forward based on the outputs of the working group sessions.

APPROACH

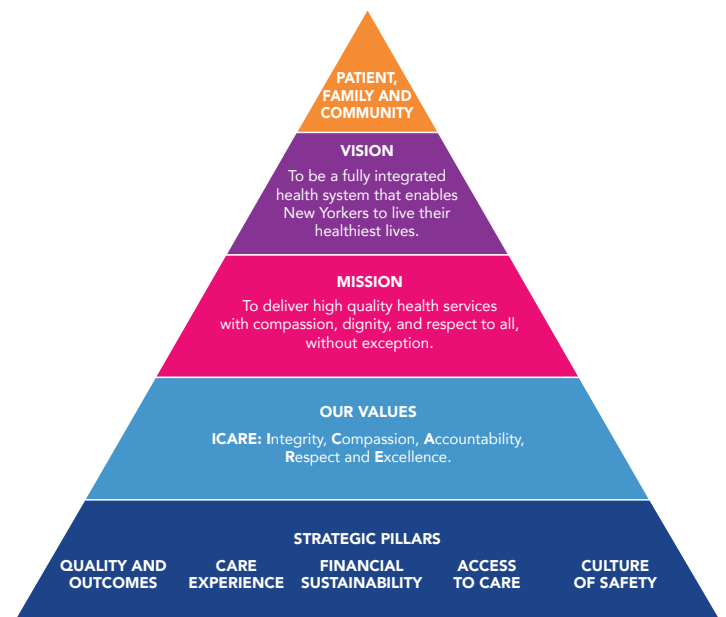
To address the priority health needs identified in the 2019 CHNA, OneCity Health brought together interdisciplinary stakeholders including NYC Health + Hospitals’ system leadership and front-line facility staff, city agencies and PPS partners. The ISP was developed through the following approach:

1. NYC Health + Hospitals catalogued transformative initiatives and programs underway system-wide and at each hospital that address the priority health needs of the communities served.
2. OneCity Health facilitated multi-stakeholder planning through three working groups with over 50 participants representing NYC Health + Hospitals, PPS partner organizations and city agencies. Working group members designed and pitched solutions to address the priority health needs based on their daily experiences serving the community. Members then prioritized solutions that will be reviewed by NYC Health + Hospitals executive leadership through the system’s clinical and business strategic planning processes.* NYC Health + Hospitals and OneCity Health will continue to engage a growing network of over 200 community-based partners to implement solutions identified in the working groups through collective impact.
3. Looking forward, NYC Health + Hospitals will continue to invest in programs, services and partnerships that address the health needs of the community. To ensure that services and programs are designed through the lens of the patient, NYC Health + Hospitals will continue to engage community members, including through its existing Community Advisory Boards (CABs) and Patient and Family Advisory Councils (PFACs).

STRATEGIC PILLARS

The NYC Health + Hospitals Strategic Framework Figure demonstrates how the system’s vision, mission, values and strategic pillars aim to support the patient, family and community (Figure 1). The goals and tactics in this report are guided by the strategic pillars, which consist of: quality and outcomes, care experience, financial sustainability, access to care and culture of safety. The pillars are the foundation of the system’s vision to be a fully integrated health system, which requires effective organization of its community assets and partners including MetroPlus, its health plan, OneCity Health, its Performing Provider System and the HHC ACO, its Accountable Care Organization, to improve the overall health of the communities served in a financially sustainable manner.

Figure 1: NYC Health + Hospitals Strategic Framework



*See Appendix: Proposed Solutions for Consideration.

ADDRESSING PRIORITY HEALTH NEEDS

REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

The environmental conditions into which someone is born, plays, lives, works and ages present social and economic risk factors that impact health and life expectancy. These factors combined with the evolution of one's health throughout their life cycle can lead to poor health outcomes including airways diseases, heart disease and diabetes. To ensure every New Yorker has the same opportunity to live a healthy life, life cycle-driven illness must be addressed and social risk factors reduced.

Goal: Reduce the burden of life cycle-driven illness and address health equity challenges

Tactic: Manage the health of patients throughout their life cycle by engaging them in services to improve health outcomes across life stages

NYC Health + Hospitals is poised to build long-term relationships with the community and its patients that can improve an individual's health outcomes throughout the life cycle. The system and its 70+ neighborhood health center, hospital and skilled nursing facility locations can help community members to build a strong foundation for life at birth and infancy, establish healthy behaviors at adolescence and achieve quality of life through adulthood. By designing structurally competent health care services embedded with the values of ICARE and delivered with cultural humility, patients are better able to engage in their health on an ongoing rather than episodic basis. Further, providing medical staff with implicit bias training ensures that all patients receive the same level of care. This approach significantly reduces the burden of life cycle-driven illness.

To do this, NYC Health + Hospitals is developing comprehensive programs, coordinated through primary care, including integration with specialty care for higher risk patients. For example, patients with behavioral health needs (e.g. mental health and substance use disorders) will be able to receive whole person care at a single site to eliminate the stigma traditionally associated with behavioral health needs and their treatments. YouthHealth and Pride Health centers offer tailored health and social services for adolescents and patients who identify as LGBTQ to meet their unique health needs. Further, patients living with or at-risk of developing diet-related illness or airways diseases can receive a full range of services through their primary care provider, who is able to escalate specialty care needs upward through the interdisciplinary care team.

SPOTLIGHT



DSRIP Home-Based Environmental Asthma Program

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges: Airways diseases (asthma, COPD)

Since 2017, NYC Health + Hospitals, with the support of OneCity Health, has provided an integrated home-based asthma program to pediatric patients with uncontrolled asthma. Starting in 2019, services expanded to adult patients with asthma and COPD. The program aims to reduce avoidable hospital visits and improve patient care by connecting patients to primary and specialty care, social services and home remediation. In this model, community health workers partner with patients and providers to provide a home and environmental asthma assessment, disease-management education and referrals to social services. Success is measured by a reduction in hospital utilization, medication adherence and connection to primary and specialty care.

SPOTLIGHT



Comprehensive Maternal Care and Pregnancy Prevention Program

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges: Pregnancy and birth outcomes

NYC Health + Hospitals, in partnership with the Mayor's Office, is implementing a comprehensive maternal care program with the focus of identifying and responding to pregnancy-related morbidity and mortality for women of color. In the Maternal Medical Home, Maternal Care Coordinators and social workers enhance care by assisting patients who are at higher risk of developing health problems during their pregnancy. They help patients to navigate their appointments and receive supportive services. #SafemomsNYC is a simulation-based program that trains doctors, nurses and others on the maternal-child team to respond to the highest risk emergency situations in the Labor and Birthing suites. The Interval Pregnancy Optimization program helps to improve maternal health by training providers to ask patients specifically about pregnancy intention. In this way, the health of the woman may be optimized before she becomes pregnant. Further, the Mother-Baby Coordinated Visit program aims to increase adherence to the postpartum visit by having the patient scheduled with the baby's visit.

Further, NYC Health + Hospitals is adopting implicit bias and anti-racism training and is focusing on a culture that emphasizes safe and respectful care. Success will be measured by a reduction in maternal morbidity and mortality outcome disparities and improved prenatal and postpartum care.

Populations facing unique health equity challenges⁹

- Adolescent and young adult
- Survivors of domestic violence
- Individuals with food insecurity
- Homeless or individuals with housing instability
- Immigrant
- Incarcerated or previously incarcerated
- LGBTQ
- Pregnant women of color

Tactic: Partner with the community to offer programs and services that reduce health equity challenges

High-quality clinical care is critical to improving health outcomes, but this alone cannot close the health equity gaps often faced by communities served by NYC Health + Hospitals. Partnerships that enable connections between health care and other systems (e.g. criminal justice, foster care, public housing, shelter, food etc.) are essential to address poor health outcomes. These services are made available to patients through the colocation and optimization of referrals.

To identify patients who could benefit from these services, NYC Health + Hospitals offers benefit screening and enrollment for health insurance, food and social services, as well as support for housing services, legal assistance and income tax filing. In partnership with real estate developers, the system has repurposed unused space to offer over 1,300 units of supportive and affordable housing. In addition, NYC Health + Hospitals provides clinical care at one-stop NYC Family Justice Centers, which offers comprehensive care for survivors of domestic violence. Through DSRIP funding, OneCity Health is investing in partnerships and programs to address health equity challenges including food and housing insecurity and health literacy.

SPOTLIGHT



Woodhull Residence | Comunilife

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges:
Populations facing unique health equity challenges

NYC Health + Hospitals, in partnership with Comunilife, a not-for-profit community-based organization specializing in supportive housing development, launched the Woodhull Residence in 2019. The brand new 89 unit supportive and affordable housing residence was converted from a parking lot located on the NYC Health + Hospitals/Woodhull campus, providing 54 studio apartments for formerly homeless adults living with special needs and 35 studio apartments for low-income community residents. The program aims to combat the outsized chronic and behavioral disease burden among individuals living with housing instability. Success will be measured through health outcomes and patient satisfaction.

SPOTLIGHT



Correctional Health Services

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges:
Populations facing unique health equity challenges

NYC Health + Hospitals/Correctional Health Services (CHS) operates one of the nation's largest local correctional health care systems and provides patients with medical and mental health care, substance use treatment, dental care and social work services. Since joining the NYC Health + Hospitals system in 2016, CHS has expanded access to care through telehealth services, decentralized care services to local detention centers and enhanced community reentry support services.

REDESIGNING HEALTH CARE FOR COMMUNITIES: RETHINKING HEALTH CARE SYSTEMS

By redesigning the health care system around communities and patients, providers can more easily treat patients holistically, rather than diseases alone. An empowered patient experience is one where the patient and provider can build a long-term relationship and jointly establish clear goals, resulting in a more meaningful, approachable and personalized health care encounter.

Goal: Improve ease of access to and navigation through the health system

Tactic: Design services around the end user, the patient – this includes services that are easy and convenient to access, structurally competent and delivered with cultural humility

By increasing focus on patient and provider needs, health care systems can improve their effectiveness in improving health outcomes. Recognizing the importance of designing services around the patient, NYC Health + Hospitals has and continues to expand high-quality preventive and primary health care to more convenient locations, including plans for three comprehensive health centers to be opened by the end of 2020. In addition, 70 health center locations offer after-hours options and new ExpressCare centers offer patients walk-in and after-hours access to urgent care.

The individuals served by NYC Health + Hospitals come from the different cultures that comprise New York City. The system continues to be an industry leader in providing structurally competent health care delivered with cultural humility – including providing language appropriate services in patients' preferred modality. To prevent the chilling effect of Public Charge, NYC Health + Hospitals continues to assure immigrant communities that the system remains steadfast in its mission to deliver health care to all New Yorkers without exception, and regardless of income, immigration or insurance status.

SPOTLIGHT

Expanding access to community-based care and the Caring Neighborhoods Initiative



Priority health need addressed: Rethinking health care systems: Ease of access and navigation

Through initial support from the Mayor's Caring Neighborhoods Initiative, NYC Health + Hospitals has expanded access to primary and specialty care in underserved communities at eight new or renovated sites across New York City. NYC Health + Hospitals plans to open three new full-service ambulatory care sites by the end of 2021, which will offer comprehensive, one-stop ambulatory care and wellness support services. This expansion will allow the system to serve over 50,000 more New Yorkers. Success will be measured by patient satisfaction and number of patients served.

SPOTLIGHT

ExpressCare



Priority health need addressed: Rethinking health care systems: Ease of access and navigation

ExpressCare provides the community with a new and convenient way to access health care through urgent care walk-in centers. Through ExpressCare, patients are promptly seen by a provider, connected to primary care and other services and enrolled in insurance when applicable. The clinical model, designed in partnership with OneCity Health, supports the goal of the DSRIP program to reduce avoidable hospital usage, including unnecessary emergency room visits, by 25 percent by 2020. Success is measured through several metrics including wait times in ExpressCare and linkages to primary care. ExpressCare centers are open at NYC Health + Hospitals/ Lincoln and Elmhurst with plans to expand centers to many NYC Health + Hospitals sites within the next three years.

SPOTLIGHT

NYC Care



Priority health need addressed: Rethinking health care systems: Ease of access and navigation

NYC Care ensures that all New Yorkers have access to care through low and no-cost services offered by NYC Health + Hospitals. Individuals who cannot afford or are ineligible for insurance can enroll in NYC Care regardless of immigration status or ability to pay. NYC Care provides patients and families with a dedicated primary care provider, connection to a 24/7 customer service line and access to affordable medication. The program launched in August 2019 in the Bronx with plans to expand to all boroughs.

In the first two months alone, over 5,000 patients were enrolled. Success is measured by the number of patients enrolled in and seeking care through the program.

Goal: Optimize the patient-provider relationship

Tactic: Improve patient continuity of care with primary care providers

When patients and providers are able to develop long-term relationships and achieve continuity of care, patients experience higher quality of care and achieve better health outcomes. Historically patients have entered NYC Health + Hospitals through the emergency department, but investments in primary care providers, stronger linkages to primary care for patients and enrolling patients in insurance and NYC Care¹⁰ means that patients can more easily access primary care services and build relationships with their interdisciplinary care team.

NYC Health + Hospitals is making scheduling easier for patients and is implementing a patient-centered scheduling system, which focuses on patient continuity with their interdisciplinary care team and promotes “open access” scheduling options for same-day appointments. This model accounts for the unpredictable and busy schedules of individuals served by NYC Health + Hospitals. Through Epic and eConsult¹¹, the system is enhancing communication and optimizing access between primary care providers and specialists and their patients.

Goal: Increase transparency of health care costs for patients and providers

Tactic: Enable shared decision making between patients and providers guided by clinical need and value-based care options rather than financial constraints

Through the system-wide implementation of Epic H2O, NYC Health + Hospitals providers will have access to decision support tools so they can help patients make decisions informed by clinical effectiveness and costs. In parallel, through Epic MyChart, patients are able to understand how much a procedure or medication costs and can access easy-to-read medical bills.

All patients, including those with health care through NYC Care, can connect to a 24/7 customer service line to understand how and where to access their dedicated interdisciplinary care team as well as the cost of care. Access to this level of service is unprecedented among historically uninsured communities.

SPOTLIGHT



ICARE and person-centered care

Priority health need addressed: Rethinking health care systems: Patient-provider relationships

ICARE is a system-wide employee value system that aims to integrate Integrity, Compassion, Accountability, Respect and Excellence into service delivery, rounding and leadership development. Through ICARE trainings, this initiative is increasing staff awareness and engagement in the mission and vision of NYC Health + Hospitals, with the ultimate goal of enhancing the patient experience. New person-centered care initiatives aim to involve patients, the interdisciplinary care team and other stakeholders in actively co-designing solutions specific to local and individual needs. Success is measured by the percentage of staff trained in ICARE.

SPOTLIGHT



Epic

Priority health need addressed: Information sharing

Epic H2O serves as a unifying platform for communication and collaboration across NYC Health + Hospitals 70+ locations and partner sites enabling coordinated care as a single integrated system. Further, Epic H2O improves patient care through clinicians’ timely access to patients’ complete health records. Simultaneously, Epic MyChart enables patients access to their health records allowing them to actively participate in health care decision-making with their interdisciplinary care team. Success will be measured by patient satisfaction and quality of care.

REDESIGNING HEALTH CARE FOR COMMUNITIES: INFRASTRUCTURE FOR SCALING

NYC Health + Hospitals must take advantage of its scale and reach while tailoring services to the diverse needs of the communities served. Systems should be designed around the individual patient journey and information must flow seamlessly between a patient and their interdisciplinary care team, especially when transitioning between care settings. Systems must engage their workforce, encourage information sharing and test sustainable financial models. If systems operate as a system in name-only, clinical staff have to spend more time navigating separate entities rather than focusing on patient care and patients have to navigate fragmented services.

Goal: Build and optimize workforce capacity

Tactic: Increase recruitment and retention of a talented workforce

With the goal of increasing the preventive and primary care-focused workforce, NYC Health + Hospitals launched two clinical recruitment campaigns to identify, recruit and retain clinicians: Docs4NYC and Nurse4NYC.

NYC Health + Hospitals offers a range of professional development opportunities to staff including leadership development and research opportunities to ensure continual career development. NYC Health + Hospitals also launched Health Care Administration Scholars and Clinical Leadership Fellowship programs to develop the next generation of clinical leaders in the areas of quality, population health and health care administration. Through the New York State Care Restructuring Enhancement Pilot program, hospital clinical and administrative staff are being trained to serve patients in community-based settings.

Tactic: Ensure the workforce can work to their highest level of experience, skills and licensure

NYC Health + Hospitals is maximizing the roles within the interdisciplinary care team to ensure doctors, nurse practitioners, nurses and support staff can practice at the top of their licenses to maximize time spent in direct patient care, population health management and system-wide quality improvement efforts. The system has also expanded the use of lay health care workers – including peers and community health workers – to support patient navigation and act as extensions of the interdisciplinary care team by offering communication and health coaching support in communities. These new care team members help to build trust, promote information sharing, and optimize time at each clinical visit.

Tactic: Support providers in managing their emotional health

Through the Arts in Medicine and Helping Healers Heal programs, NYC Health + Hospitals is responding to “compassion fatigue” and “physician burnout”, common in health care providers and jobs with high emotional stress. These programs help clinicians continue to connect with patients and offer high-quality, compassionate care.

SPOTLIGHT



Clinical recruitment campaigns including Docs4NYC and Nurse4NYC

Priority health need addressed: An infrastructure for scaling: State of the workforce

To expand access to care, NYC Health + Hospitals launched two targeted recruitment campaigns for doctors and nurses: Docs4NYC and Nurse4NYC. The Nurse4NYC campaign focuses on four high need specialty areas where nurses are needed the most: Emergency Room/Trauma; Ambulatory Care; Home Care; and Correctional Health Services/Behavioral Health. These campaigns will be supported by social media advertising on Google, LinkedIn, Facebook and Instagram. Since 2018, through Docs4NYC, Nurse4NYC and other recruitment efforts, 37 primary care physicians, 426 registered nurses, 229 nursing support staff and revenue staff were hired. Success will be measured by numbers of patients served.

Goal: Improve communication and information sharing across patients and providers

Tactic: Ensure more effective communication between providers and with patients through technology-enabled platforms

With the system-wide implementation of Epic H2O, patients and providers will have transparency into the full picture of a patient's health and participate jointly in making health care decisions. Through Epic MyChart, patients can review their medical history, book appointments, request prescription refills and communicate with their interdisciplinary care team. NYC Health + Hospitals also offers health care maintenance and appointment reminders via their preferred language and modality. With eConsult, primary care providers can connect with specialists and advise patients more expediently. Community providers can also participate in Epic H2O, which fosters patient access and care coordination beyond the four walls of the hospital.

Goal: Provide services in a way that are financially sustainable

Tactic: Enhance revenue opportunities and reduce administrative expenses

NYC Health + Hospitals is in the midst of implementing its five-year financial plan that will result in significant revenue-generating and cost-saving initiatives that bolster the system's current financial position while expanding health care services. To date, NYC Health + Hospitals has closed two-thirds of its \$1.8 billion projected budget gap.

Tactic: Prepare the system for a value-based payment environment

Investments in transformation efforts and the DSRIP program to improve access and quality and promote community-based care are preparing the system for the shift to a value-based payment environment. This means increased and easier access to high-quality holistic care designed to improve health outcomes at a lower cost, and with a better patient experience.

Tactic: Boost health care and insurance coverage to all New Yorkers

New York City and NYC Health + Hospitals are guaranteeing health care for all New Yorkers through NYC Care and efforts to expand enrollment in MetroPlus. More New Yorkers have access to primary care providers, integrated clinical services, coordinated care, prescription drugs and 24/7 customer service than ever before. This is possible through expanded access to financial counselors and to GetCoveredNYC and MetroPlus health plan enrollers based in facilities and in the community.

SPOTLIGHT

HHC ACO

Priority health needs addressed: An infrastructure for scaling: Financial sustainability

NYC Health + Hospitals' Accountable Care Organization (ACO) – a group of doctors and other providers who coordinate care for patients under the Medicare Shared Savings Program (MSSP) – is the only MSSP ACO based in New York State to earn shared savings for six consecutive years and one of only 18 ACOs around the country to have earned that distinction. The ACO's performance demonstrates NYC Health + Hospitals' ability to provide quality patient care at a lower cost. The ACO performed highest in the Preventive Health area which includes screening for patients with depression, helping patients quit smoking and proper use of aspirin for patients with heart disease. Success is measured by earned shared savings.



SPOTLIGHT

OneCity Health

Priority health needs addressed: An infrastructure for scaling: Financial sustainability

OneCity Health, the largest PPS in New York State, is prototyping innovative solutions through new collaborations across hospital, community and managed care organization partners that meet the goals of DSRIP and will be sustained through new value-based payment arrangements. Investments aim to provide streamlined, person-centered care, to address upstream social risk factors for poor health, and to reduce avoidable hospital utilization, by redesigning care models supported by robust data analytics capabilities.

Through OneCity Health's \$5M DSRIP Innovation Fund, the largest statewide, partners prototyped new food and wellness delivery models, CBO-led peer outreach, health education programs and developed the "Ask Me, AsthMe!" asthma health literacy app. OneCity Health has achieved significant reductions in avoidable hospital use and financial savings, and is awaiting final performance results. Success is measured by DSRIP performance, earned value-based payment incentives and avoidable utilization rates.



Goal: Optimize the integration of assets across the system

Tactic: Promote coordination and integration of clinical, financial and social services to deliver a seamless and streamlined patient experience

As the largest public health system in the United States, NYC Health + Hospitals operates a robust network of acute-care hospitals, a long-term care hospital, neighborhood-based primary care centers, nursing homes and post-acute centers, a home care agency and a health plan, MetroPlus. To support this network, the system is dedicated to building an infrastructure that optimizes efficiency, reliability and integration with the ultimate goal of increasing access to primary care as well as tailored delivery of high-quality, clinical services. This includes enhancing data sharing, standardized high-quality clinical services and seamless communication across the network. Further, OneCity Health has provided capacity building and other supportive services to prepare its PPS partner network for successful partnerships with NYC Health + Hospitals and health plans, including MetroPlus.

LOOKING FORWARD

BUILDING HEALTHY COMMUNITIES

The priority health needs identified in the 2019 CHNA are structural and complex. Addressing them requires continued collaboration between NYC Health + Hospitals, city agencies, community partners and, crucially, patients. To ensure continued alignment with community members, NYC Health + Hospitals will co-design initiatives and programs with CABs and PFACs. The following strategic elements inform the transformative initiatives and programs NYC Health + Hospitals will implement to strengthen the health system for all New Yorkers.

- Tailor clinical services for populations facing health equity challenges to reduce health disparities
- Repurpose unused space for preventive care services to address life cycle-driven illness and health equity challenges
- Implement new care models to expand patient access to convenient and appropriate health care including expanding virtual care and enhancing care coordination within the NYC Health + Hospitals unified call center
- Leverage real-time data and analytics, digital health tools and Epic H2O to engage patients, families and interdisciplinary care teams in a streamlined health care experience
- Connect patients, interdisciplinary care teams and social service providers through health information exchange networks to foster patient access to community resources and promote shared decision making, which can support community health promotion, quality and evaluation efforts. These data could support community-wide health promotion, quality improvement and evaluation efforts
- Increase awareness of tools to identify needed clinical services and increase understanding around health care costs and billing for both patients and providers
- Test high-value care models at NYC Health + Hospitals and scale sustainable solutions

RESOURCE COMMITMENT

NYC Health + Hospitals will commit both financial and in-kind resources during FY 2019–2021 to implement transformative initiatives and programs. Resources include clinical and nonclinical services, partnerships and innovative solutions prototyping through OneCity Health and NYC Health + Hospitals, including its Accountable Care Organization (ACO) and staff time devoted to advance collective work, charitable contributions and employee volunteerism.

EVALUATION

NYC Health + Hospitals will continue to disseminate findings from the CHNA to system staff and community members alike. Additionally, NYC Health + Hospitals will promote and raise awareness of transformative initiatives and programs identified in this report. Evaluation plans will be established or continued. Further OneCity Health has invested in the Institute for People, Place and Possibility (IP3) Assess, a data analytics platform that helps to identify health needs and areas of opportunity to inform place-based investments. NYC Health + Hospitals will use the platform to support continuous evaluation and monitoring of NYC Health + Hospitals and community-level impact in making progress towards the system's overall strategic focus and in closing health equity gaps.

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8. Practicing cultural humility goes beyond being respectful and responsive to health beliefs and practices and cultural and linguistic needs of individuals – it requires acknowledgement and celebration of an individual’s identity and agency over their own experience. See also www.rwjf.org/en/blog/2018/06/practicing-cultural-humility-to-transform-healthcare.html
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10. NYC Care ensures that all New Yorkers have access to care through no- and low-cost services offered by NYC Health + Hospitals. Individuals who cannot afford or are ineligible for insurance can enroll in NYC Care regardless of immigration status or ability to pay. NYC Care provides patients and families with a dedicated primary care provider, connection to a 24/7 customer service line and access to affordable medication.
11. eConsult can allow primary care providers to give their patients access to the advice of specialty care providers before the patient visits a specialty clinic, enabling primary care providers and their patients to immediately focus on a plan of action.

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APPENDIX: GLOSSARY OF NYC HEALTH + HOSPITALS TRANSFORMATIVE INITIATIVES AND PROGRAMS

As of October 2019, the following initiatives and programs throughout NYC Health + Hospitals most clearly address the priority health needs identified in the 2019 CHNA. Please note this list is not exhaustive.

For a current list of services, visit [NYC Health + Hospitals' website](#) and connect with [NYC Health + Hospitals](#) and [OneCity Health](#) on social media.

REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

Pregnancy and birth outcomes	
Initiative	Description
Comprehensive family planning services	Programming and services focused on family planning including, but not limited to: family planning counseling, long acting reversible contraception (LARC) expansion, termination of pregnancy up to 24 weeks gestational age and medication abortion.
Comprehensive maternal health programming	Programming and services focused on maternal health including, but not limited to: Baby-friendly designation, Centering Pregnancy, Centering Parenting, Maternal Depression Screening, onsite reproductive psychiatry, social work and collaborative care.
Maternal homeless support program	Partnership between NYC Health + Hospitals/Kings County and NYC Department of Homeless Services (DHS) that links patients to health care services, community based organizations and transportation.
Maternal Medical Home	This program provides care management and screening for depression, clinical conditions, trauma, social determinants of health and psychosocial conditions to individuals predisposed to or at high risk for poor or adverse pregnancy outcomes. Patients are also linked to community-based care programs and NYC Health + Hospitals.
QINCA program	This program provides education for physicians on LARC insertions and services through community providers.
RELIAS	RELIAS is a web-based, self-paced learning program with modules focused on: fetal heart rate interpretation, shoulder dystocia, obstetric hemorrhage and other obstetric emergencies.
Simulation training	Sometimes referred to as IMSAL, this training focuses on obstetric emergencies including: hypertensive disorders in pregnancy, maternal hemorrhage, shoulder dystocia and cardiac arrest.
Stork's Next	Stork's Nest is a combined partnership with NYC H+H/Kings County, Zeta Phi Beta Sorority and March of Dimes. Stork's Nest aims to increase the number of women receiving early and regular prenatal care to prevent cases of low birth-weight, premature births and infant deaths.

Airways diseases (Asthma, COPD)	
Initiative	Description
"Ask Me, AsthMe!" Program	Asthma smartphone application is designed for children and families with low health literacy to increase their understanding of pediatric asthma and disease self-management.
Asthma-Free Bronx	This city hall initiative, run by the NYC Department of Health & Mental Hygiene, NYC Health + Hospitals and the NYC Department of Education, provides a suite of personalized interventions aimed at reducing Emergency Department visits and inpatient admissions of asthmatic pediatric patients in the South Bronx. Community health workers also provide asthma education, including self-management education, environmental assessments and pest-remediation services.

Airways diseases (Asthma, COPD), continued

Initiative	Description
DSRIP Home-Based Environmental Asthma Program	This program assigns a community health worker to help support patients with frequent or severe asthma attacks. Community health workers conduct home assessments and provide services that include self-management education and pest-remediation services. This program was launched in 2017 for children and is expanding to include adult patient populations.
Remote medication management	The Remote Medication Management program ensures asthmatic patients are in compliance with medications prescribed by physicians.
Smoking cessation	Smoking Cessation is a six-week program designed to help individuals quit smoking. The program includes group counseling and education, telephone counseling and Nicotine-Replacement Therapy (NRP) in the adult medicine and behavioral health settings.

Behavioral health (mental health, substance use disorder)

Initiative	Description
Assertive Community Treatment (ACT)	The ACT Team program functions as a “clinic without walls,” treating individuals in their homes and community. Children and adolescents receive services through developmental evaluation clinics, family support programs, adolescent treatment programs, school-based programs and outpatient clinics.
Behavioral health critical time interventions	OneCity Health invested in Coordinated Behavioral Care’s Pathway Home program, which provides multidisciplinary care transition services such as accompanying patients home, arranging for immediate needs such as food and filling prescriptions, ensuring transport is arranged for health care visits and providing ongoing communication and support
CAB community forum on opioids	Community Advisory Boards (CABs) continue to hold open community forums on the impact of opioids in the community, including hosting opioid overdose prevention trainings (Naloxone) for community members.
Comprehensive Psychiatric Emergency Program (CPEP)	CPEP is an inpatient service that facilitates adults and children with mental health disorders receiving emergency observation, evaluation and care in a supportive environment. This program has expanded to include telehealth services at select facilities and a crisis-outreach mobile intervention, which, together extend the program into the community.
ED Addiction Leads and Inpatient Consult for Addiction Treatment and Care in Hospitals (CATCH)	The ED Addiction Leads program engages peer counselors to provide support to patients with substance use disorder in the emergency department. This program launched in 2019 and is currently expanding to include social workers. The Consult for Addiction Treatment and Care in Hospitals (CATCH) Program consults patients with substance use disorder and initiates Medication-Assisted Therapy (MAT) for interested patients. These consults include linkages to treatment post-discharge.
Integrated care centers and collaborative care model	Integrated care clinics co-located primary care, behavioral health and care for substance use disorder in one location as a single-care team. In addition to allowing for coordination of care, these clinics administer a universal behavioral health screening tool and perform patient outreach to engage patients.

Behavioral health (mental health, substance use disorder), continued

Initiative	Description
Medication Assisted Therapy expansion	Services for patients with substance use disorder have now expanded to all five boroughs. These services include Medication Assisted Therapy (MAT), the distribution of Narcan kits and screening for substance use disorder.
Partial Hospitalization (PHP)	PHP is a short-term alternative to an Inpatient Psychiatric Unit stay. A step-down program, it provides an intensive, structured treatment environment 5 days a week, 5 hours a day, for mentally-ill and mentally-ill/chemically dependent adults who are experiencing severe psychiatric symptoms, thereby decreasing the length of an inpatient unit admission.
School program for BH adolescent inpatients	Public School 35 is a hospital-based public school providing educational and behavioral services for children with mental health disorders between the ages of 5-19.
3-2-1 IMPACT!	3-2-1 IMPACT! integrates a specially trained child development professional, called a "Healthy Steps Specialist," within the primary care team. This specialist partners with families during well-child visits, coordinates screening efforts and problem-solves with parents for common and complex child-rearing and other challenges.

Diet-related diseases (diabetes, hypertension)

Initiative	Description
BlueStar app	Through the BlueStar Diabetes Management app, patients receive individualized coaching, reminders, education and support to help manage their Type 2 diabetes.
Diabetes cooking classes	Diabetes cooking classes are held at select NYC Health + Hospitals locations to provide culturally competent cooking classes tailored to patients with Type 2 diabetes.
Diabetes prevention program	An evidence-based lifestyle change model based on the National Diabetes Prevention Program led by the CDC that helps prevent or delay adults from Type 2 Diabetes. This program is for patients who are either at-risk of diabetes or diagnosed with pre-diabetes. Programming includes coaching patients through healthy eating, physical activity and stress management.
Digital peer mentoring program	This pilot program with InquisitHealth pairs patients with diabetes with a peer mentor. Peer mentors offer guidance and support to patients on how to live with and manage their diabetes.
Food and nutrition resources	A hospital-community partnership where patients are connected to a variety of on-site and community-based food and nutrition services. Food-insecure patients are enrolled in eligible food benefits, assisted with access to fresh produce or medically tailored meals and electronically referred to food pantries and group meals.
Plant-Based Lifestyle Medicine Program	This pilot program began at Bellevue in 2018 with the goal to help patients access a healthy lifestyle that includes a whole-foods, plant-based diet to improve, and in some cases reverse, diet-related chronic illness.
Primary care-centered diabetes management initiative	Programming including: clinical pharmacists, teleretinal screening, digital peer mentoring and digital coaching.

Diet-related diseases (diabetes, hypertension), continued

Initiative	Description
Shape Up NYC classes	Led by the New York City Department of Parks & Recreation, Shape Up NYC is a free, drop-in fitness program offering classes such as aerobics, yoga, Pilates and Zumba. Class registration is not required; individuals can show up at any location across all five boroughs.
30-day care transitions	OneCity Health is investing in community partners to support seamless transition for patients after a hospital admission by assisting with access to healthy food, filling prescriptions and providing transportation to and from primary care visits.
Treat-to-Target (T2T) Program	The hypertension T2T Program uses chronic disease nurses to support patients with hypertension control their blood pressure. This program is recognized by The American Heart Association and the American Medical Association.

Aging and frailty

Initiative	Description
Acute Care for the Elderly (ACE) Unit	An interdisciplinary care team that supports older adults in maintaining their independence and preventing physical and mental decline during treatment for acute illness, with the goal of quickly returning them to their normal living situation and routines.
Community Services, Inc.	A partnership between NYC Health + Hospitals/Queens and CBO Sunnyside Community Services, Inc. that addresses caregiver support for patients suffering from Alzheimer's Disease and Dementia.
COMPACT Model	The COMPACT model includes intense council for elderly patient populations.
Geriatrics practice	Provides care to adults over the age of 65 by working with a specialized team to understand the unique needs of patients. These practices coordinate throughout the spectrum of care through a single provider, who helps manage screenings, assessments and social services.
NICHE certification	NICHE (Nurses Improving Care for Healthsystem Elders) is the leading nurse-driven program designed to help hospitals and health care organizations improve care for older adults through the provision of sensitive and exemplary care.
Palliative care	Palliative Care provides inpatient and outpatient services to help relieve pain and discomfort in patients with chronic or advanced illnesses.
Senior community engagement efforts	Ongoing efforts throughout several NYC Health + Hospitals facilities that include activities such as Harlem's Annual Senior Health Festival, where community partners engage with attendees and provide outreach to local senior centers.

Homeless or individuals with housing instability

Initiative	Description
Housing assistance	Assistance includes, but is not limited to: referrals to Homebase housing, Breaking Ground partnerships, Roomfinders and outreach.
Hospital-housing developer partnerships	Selected NYC Health + Hospitals facilities convert clinical space for on-site housing through community programs and initiatives with partners including CAMBA and Comunilife.

Homeless or individuals with housing instability, continued

Initiative	Description
Respite and transitional housing	Investments in transitional supportive housing with respite providers to provide three different respite programs: patients with medical needs, mental health needs and intellectual and development disabilities who cannot be discharged to a home

Incarcerated or previously incarcerated

Initiative	Description
Care or connections to care	Incarcerated or previously incarcerated patients are connected to the Hepatitis C Navigator Program, Virology Clinics and Health Home services.
Point of reentry/transition clinic for Correctional Health	Includes the Port Clinic, which was recently established to provide Primary Care services to previously incarcerated patients from Riker's Island and other New York City detention centers.

Immigrants

Initiative	Description
Interpreter services, any modality	Interpreter services might include language lines, remote interpretation devices, rovers for American Sign Language (ASL), live interpreters, etc.
NYLAG clinics	New York Legal Assistance Group (NYLAG) clinics are available to patients to help address health-harming legal needs.
Program for Survivors of Torture	This program offers medical, mental health and social/legal services to immigrants surviving torture and persecution overseas.

LGBTQ

Initiative	Description
Leader in LGBTQ Healthcare Equality Certification	The Leader in LGBTQ Healthcare Equality Certification is awarded to hospitals who exemplify LGBTQ-inclusive policies of delivering equitable care to LGBTQ communities, creating an inclusive and supportive environment for employees and demonstrating public support for the community.
The Pride Health Center	A community center that offers services for women's health, men's health, gender transition, hormone therapy, HIV and STD prevention, screening and treatment services, adolescent care, social work and behavioral health services and general primary care.

Adolescents and young adults

Initiative	Description
KIDs Ride	A program that introduces youth to cycling as a safe and effective means of transportation and as recreation, encouraging them to incorporate regular physical activity into their lives.

Adolescents and young adults, continued

Initiative	Description
100 Schools Project	A city-wide health-system and community partnership launched to meet the needs of students with emotional, behavioral and addiction challenges in middle and high schools and city colleges. This program trains school staff to identify early signs of mental illness and substance misuse and to promote wellness and prevention.
Union Settlement Youth Opportunity Hub	Youth Opportunity Hubs knit together community-based providers to provide coordinated services in new or updated physical spaces for young people in target neighborhoods. The Hubs provide attractive social spaces and link neighborhood service providers to provide one-stop, comprehensive support for at-risk children, teens and young adults in order to prevent them from becoming involved in the criminal justice system.
YouthHealth centers	Centers that offer primary care, Plan B, STI testing, birth control, PrEP and comprehensive physical examinations in a compassionate, confidential and safe environment.

Survivors of domestic violence

Initiative	Description
Family Justice Centers	The New York City Family Justice Center (FJC) provide free, confidential assistance for survivors of domestic and gender-based violence. NYC Health + Hospitals provides on-site mental health services, including direct care, mental health support, skill-building opportunities and mentoring to Family Justice Center staff.
SAFE program	State-designated Hospital Programs that provide specialized care to sexual assault patients and/or victims of torture.

Individuals with food insecurity

Initiative	Description
Access to food and nutrition resources, including farmers markets, food coordinators, local food partnerships and medically-tailored meals	Programs established across NYC Health + Hospitals that help combat food insecurity by providing patients with increased access to food through farmers markets and local food partnerships. Food coordinators assist patients with enrolling in food benefits and connecting patients to additional community resources.
East Harlem Community Alliance	NYC Health + Hospitals/Metropolitan is a leader in this consortium of over 185 nonprofits, businesses, religious organizations and government agencies working together to enhance the vitality and well-being of the East Harlem community.

Other

Initiative	Description
Expansion of health care, health insurance, food coordinators and benefits enrollment	Initiative to support patients in insurance, NYC Care and other benefits enrollment. Includes support through food coordinators and tax filing counselors.
The Global Health Institute	The Global Health Institute at NYC Health + Hospitals/Elmhurst supports and advances groundbreaking research, grows existing relationships with community and global partners, hosts educational events for the community and helps to improve clinical and patient experiences.

Other, continued

Initiative	Description
Tax preparation services	As part of NYC Free Tax Prep led by the NYC Department of Consumer Affairs, NYC Health + Hospitals offers free tax preparation services at many of its sites for New Yorkers earning \$66,000 or less last tax year.
Violence prevention programs (e.g. Guns Down Life Up (GDLU) the Solution, Kings Against Gun Violence (KAVI))	<p>GDLU prevents violence by offering after school and summer hospital-based youth development programs, underpinned by mentoring and scholastic support. The purpose of the hospital-based youth development program is to involve at-risk young people in positive activities before they become involved with violence.</p> <p>A non-profit organization started by an Emergency Medicine physician that provides a holistic approach to violence intervention to communities of color in Central Brooklyn. In hospitals, KAVI connects with youth who are both perpetrators and victims of violence to help them cope with trauma, deescalate violence and serve as active leaders in their community.</p>

REDESIGNING HEALTH CARE FOR COMMUNITIES: RETHINKING HEALTH CARE SYSTEMS

Ease of access and navigation

Initiative	Description
Expansion of primary care access in underserved and high-need neighborhoods	Expanding on Mayor de Blasio's Caring Neighborhoods Initiative, "One New York: Health Care for Our Neighborhoods", there are eight new or renovated health centers across New York City in Bedford Stuyvesant, Brownsville, Bushwick, Crown Heights, East Tremont, Jackson Heights, Lower East Side and North Shore Staten Island. Three additional comprehensive health centers in Bushwick, Jackson Heights and Tremont will open in 2020.
Expansion of telehealth and digital coaching and monitoring	NYC Health + Hospitals is offering a variety of digital health platforms to promote access, health engagement and chronic disease self-management. These platforms include: a multi-modal appointment reminder system; a diabetes self-management app; a telephone based peer mentorship app; and an asthma self-management app.
ExpressCare	ExpressCare provides the community with a new and convenient way to access health care through urgent care walk-in centers. Through ExpressCare, patients are promptly seen by a provider, connected to primary care and other services and enrolled in insurance when applicable.
Imaging Centers of Excellence	NYC Health + Hospitals is upgrading its medical imaging technology to provide patients with modernized, state-of-the-art technology that will produce faster and better image quality and lead to quicker diagnoses and treatment.
NYC Care	NYC Care ensures that all New Yorkers have access to care through no- and low-cost services offered by NYC Health + Hospitals. Individuals who cannot afford or are ineligible for insurance can enroll in NYC Care regardless of immigration status or ability to pay. NYC Care provides patients and families with a dedicated primary care provider, connection to a 24/7 customer service line and access to affordable medication.
Retail pharmacy	Through pharmacy expansion, all patients will have 24/7 access to comprehensive retail pharmacy services, including specialty pharmacy and central filling services, at all NYC Health + Hospitals.
Single call center to book appointments and to answer questions	Through a new 24/7 customer service center that can be reached through 844-NYC-4NYC, patients can make appointments and gain assistance navigating services.

Optimizing patient-provider relationships

Initiative	Description
Arts in Medicine	The Arts in Medicine program aims to reduce stress, support emotional health and help address "compassion fatigue," historically known as "physician burnout in staff."
eConsult	eConsult can allow primary care providers to give their patients access to the advice of specialty care providers before the patient visits a specialty clinic, enabling primary care providers and their patients to immediately focus on a plan of action.
Helping Healers Heal	Helping Healers Heal is a peer-led employee wellness program that offers emotional first aid to health care providers suffering from workplace stress or anxiety and may be at risk of depression caused by the demanding circumstances health care providers experience, also known as "second victims."
ICARE	The ICARE values promote NYC Health + Hospitals' mission and vision and guide all staff in offering the highest quality, safest and most patient-centered care.
Patient-centered scheduling and open access	NYC Health + Hospitals is implementing patient-centered scheduling in conjunction with the system's call center to ensure patient-provider continuity. In addition, open access scheduling allows for more walk-in slots for patients with their interdisciplinary care team.

Health care cost and transparency

Initiative	Description
Epic H2O MyChart consolidated billing and pre-payment options	With H2O MyChart, patients can view consolidated billing information, make payments and set up payment plans. In addition, patients can see expected costs for drug and treatment costs.
NYC Health + Hospitals' 'Find Your Insurance' tool	NYC Health + Hospitals has made it easier for New Yorkers to understand whether their health insurance is accepted at NYC Health + Hospitals locations. The tool is accessible in many languages at NYC Health + Hospitals' website .

REDESIGNING HEALTH CARE FOR COMMUNITIES: AN INFRASTRUCTURE FOR SCALING

State of the workforce

Initiative	Description
CityDoctors Scholarship	CityDoctors scholarship awardees commit to practicing primary care medicine for at least two years at one of NYC Health + Hospitals' acute care facilities. This partnership was launched in 2012 to help address the shortage of primary care physicians and to increase educational and career opportunities for local graduates.
Clinical Leadership Fellowship	This one-year fellowship is designed for post-residency graduates interested in administrative roles within the nation's largest public hospital system. Fellows are placed in one of NYC Health + Hospitals' Central Office locations to acquire hands-on, practical work experience including participation in leadership meetings and developing and leading a substantial quality improvement or population health-oriented project.
Clinician recruitment programs and campaigns	Includes DOCS4NYC and Nurses4NYC; Mental Health Service Corps, CityDoctors Scholarship, Healthcare Administration Scholars, Clinical Leadership Fellows

State of the workforce, continued

Initiative	Description
DOCS4NYC	DOCS4NYC is a physician recruitment campaign focusing on filling 75 new and open primary care physician positions across the system. The campaign is supported by a new website, docs4nyc.org, and social media advertising on Google, LinkedIn, Facebook and Instagram.
Healthcare Administration Scholars	This two-year leadership training and management program is shaping the next generation of leaders. The program requires scholars to develop quality improvement projects across the health system.
Nursing Career Ladder	NYC Health + Hospitals is offering full tuition to qualified registered nurses to earn a bachelor's degree in nursing.
Nurse Residency Program	This residency program provides newly-hired, first-time nurses with on-the-job training focused on topics including ethics, decision making, clinical leadership and the incorporation of evidence-based research into practice. The program also provides new nurses with support and mentorship proven to enhance nurse satisfaction, performance and retention.
Nurse4NYC	Nurse4NYC is a nurse recruiting campaign focusing on four high-need specialty areas including: emergency room/trauma, ambulatory care, home care, correctional health services and behavioral health. The campaign is supported by a new website, nurses4nyc.org, and social media advertising on Google, LinkedIn, Facebook and Instagram.
Professional development programs for clinical and non-clinical staff	NYC Health + Hospitals and OneCity Health are offering new training and development programs including: Care Restructuring Enhancement Pilot workforce development efforts, Leadership Academy, Revenue Cycle Institute, Quality Academy and educational partnerships offering scholarships and continuing education credits.

Information sharing

Initiative	Description
EpicCare Link	As NYC Health + Hospitals transfers to Epic, NYC Health + Hospitals is transferring to EpicCare Link as the primary referrals platform for community providers. This web-based platform allows providers to review their patients' charts and test and lab results, receive notifications on their care and communicate with NYC Health + Hospitals' providers. NYC Health + Hospitals offered providers a train program as a part of the transition.
Epic Community Connect	OneCity Health is offering PPS partners a sophisticated instance of Epic (OneConnect) that includes a unified patient record across NYC Health + Hospitals and the OneCity Health PPS network.
Epic H2O and MyChart	Epic H2O unifies medical records from over 70 locations to support clinicians in delivering high-quality, efficient care and allowing patients easy access to their records through a secure patient portal called MyChart. The new electronic record also enables the system to better coordinate high-value care for patients.
Epic Healthy Planet	Epic Healthy Planet is a population health platform designed to identify, engage and treat high-risk and high-cost patient populations in a coordinated manner across the NYC Health + Hospitals and OneCity Health PPS networks.
Patient appointment reminders	Patient appointment reminders and other health communications are sent through an automated system based on the patient's preferred communication modality, including text, email or phone.

Financial sustainability	
Initiative	Description
MetroPlus and GetCoveredNYC Enrollment Expansion	With the assistance of MetroPlus Health plan and GetCoveredNYC enrollers, NYC Health + Hospitals is enrolling more New Yorkers in insurance across NYC Health + Hospitals facilities.
NYC Health + Hospitals' Financial Transformation Plan through revenue and expense improvement opportunities	NYC Health + Hospitals adopted a seven-point plan to close the \$1.8B structural financial gap. The plan includes efforts to improve billing, contracting, coding and documentation; investing in patient and revenue increases; increasing health plan enrollments and reducing administrating expenses.
Value-based payment contracting	NYC Health + Hospitals and OneCity Health are designing its transformative initiatives and programs to achieve system-wide transformation to perform in value-based purchasing environments, encouraging service innovation, care model redesign and clinical quality improvements.
HHC ACO	NYC Health + Hospitals' Accountable Care Organization (ACO) – a group of doctors and other providers who coordinate care for patients under the Medicare Shared Savings Program (MSSP) – is the only MSSP ACO based in New York State to earn shared savings for six consecutive years and one of only 18 ACOs around the country to have earned that distinction. The ACO's performance demonstrates NYC Health + Hospitals' ability to provide quality patient care at a lower cost. The ACO performed highest in the Preventive Health area which includes screening for patients with depression, helping patients quit smoking and proper use of aspirin for patients with heart disease. Success is measured by earned shared savings.
OneCity Health	<p>OneCity Health, the largest PPS in New York State, is prototyping innovative solutions through new collaborations across hospital, community and managed care organization partners that meet the goals of DSRIP and will be sustained through new value-based payment arrangements. Investments aim to provide streamlined, person-centered care, to address upstream social risk factors for poor health, and to reduce avoidable hospital utilization, by redesigning care models supported by robust data analytics capabilities.</p> <p>Through OneCity Health's \$5M DSRIP Innovation Fund, the largest statewide, partners prototyped new food and wellness delivery models, CBO-led peer outreach, health education programs and developed the "Ask Me, AsthMe!" asthma health literacy app. OneCity Health has achieved significant reductions in avoidable hospital use and financial savings, and is awaiting final performance results. Success is measured by DSRIP performance, earned value-based payment incentives and avoidable utilization rates.</p>

System complexity and scale	
Initiative	Description
OneCity Health CBO capacity building	OneCity Health has invested in capacity building to help community-based organization partners develop infrastructure to contract their services to hospitals and health plans based on value. As a culmination of this work, OneCity Health provided funding to community-based organizations through its Hospital-Community Partnerships initiative.
OneCity Health primary care capacity building	OneCity Health, in partnership with Primary Care Development Corporation (PCDC), offered community provider practices expert coaching with the aim of improving chronic disease prevention and management, behavioral health integration and care coordination. The aim of this work is to prepare NYC Health + Hospitals and community practices for evidence-based chronic disease management recognition to provide sustainable mechanisms for high-value care.

APPENDIX: NYC HEALTH + HOSPITALS TRANSFORMATIVE INITIATIVES AND PROGRAMS BY BOROUGH

As of October 2019, the following initiatives and programs throughout NYC Health + Hospitals and organized by borough most clearly address the priority health needs identified in the 2019 CHNA. Please note this list is not exhaustive. For a description of each initiative and program, refer to Appendix: Glossary of NYC Health + Hospitals Transformative Initiatives and Programs.

For a current list of services, visit [NYC Health + Hospitals' website](#) and connect with [NYC Health + Hospitals](#) and [OneCity Health](#) on social media.

REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Pregnancy and birth outcomes				
Comprehensive family planning services			Bellevue	
Comprehensive maternal health programming		System-wide		
Maternal Homeless support program		Kings County		
Maternal Medical Home		Kings County		
QINCA program		Kings County		
RELIAS			Bellevue	
Simulation training		System-wide		
Stork's Next		Kings County		
Airways Diseases (Asthma, COPD)				
"Ask Me, AsthMe!" Program		Kings County		
Asthma-Free Bronx	Lincoln			
DSRIP Home-Based Environmental Asthma Program	Jacobi Lincoln NCB	Kings County Woodhull	Bellevue Harlem Metropolitan	Elmhurst Queens
Remote medication management				Elmhurst
Smoking cessation	Jacobi Lincoln NCB	Woodhull	Harlem	Elmhurst Queens
Behavioral health (mental health, substance use disorder)				
Assertive Community Treatment (ACT)	Jacobi NCB	Coney Island Woodhull	Bellevue Metropolitan	Elmhurst Queens
Behavioral health critical time interventions	Lincoln	Coney Island	Harlem Metropolitan	
CAB community forum on opioids			Metropolitan	
Comprehensive Psychiatry Emergency Program (CPEP)	Jacobi Lincoln	Kings County Woodhull	Bellevue Harlem	Elmhurst Queens
ED Addiction Leads		System-wide		
Healthy Steps		Coney Island		
Inpatient Consult for Addiction Treatment and Care in Hospitals (CATCH)	Lincoln	Coney Island Woodhull	Bellevue Metropolitan	Elmhurst
Integrated care centers and collaborative care model		System-wide		

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Behavioral health (mental health, substance use disorder), continued				
Medication Assisted Therapy expansion		System-wide		
Partial hospitalization (PHP)	NCB	Kings County	Bellevue	Elmhurst Queens
School Program for BH Adolescent Inpatients			Metropolitan	
3-2-1 IMPACT!			Bellevue	Queens
Diet-related diseases (diabetes, hypertension)				
BlueStar app			Metropolitan	
Diabetes cooking classes		Kings County	Metropolitan	
Diabetes Prevention Program		System-wide		
Digital Peer Mentoring Program		Kings County		
Food and nutrition resources		System-wide		
Plant-Based Lifestyle Medicine Program		Bellevue		
Primary Care-Centered diabetes management initiative		System-wide		
Shape Up NYC classes	Jacobi Lincoln	Kings County	Harlem Metropolitan	Elmhurst
30-day care transitions		System-wide		
Treat-to-Target (T2T) Program		System-wide		
Aging and frailty				
Acute Care for the Elderly (ACE) Unit		Woodhull		
Community Services, Inc.		Queens		
COMPACT Model		Woodhull		
Geriatrics Practice		Woodhull	Bellevue Harlem Henry J. Carter Metropolitan	
NICHE certification		System-wide		
Palliative care	Jacobi Lincoln			Elmhurst Queens
Senior community engagement efforts			Metropolitan	
Homeless or individuals with housing instability				
Housing assistance	NCB	Kings County Woodhull	Bellevue Harlem Metropolitan	Elmhurst
Hospital-housing developer partnerships		Kings County Woodhull	Bellevue Harlem	
Respite and transitional housing	Jacobi Lincoln	Kings County Woodhull	Bellevue	Elmhurst Queens

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Incarcerated or previously incarcerated				
Care or connections to care	NCB			
Point of reentry/transition clinic for Correctional Health		Kings County	Bellevue	
Immigrants				
Interpreter services, any modality		System-wide		
NYLAG Clinics		System-wide		
Program for Survivors of Torture			Bellevue	Elmhurst
LGBTQ				
Leader in LGBTQ Healthcare Equality		System-wide		
The Pride Health Center		Woodhull	Bellevue Harlem Metropolitan	
Adolescents and young adults				
100 Schools Project		System-wide		
KIDs Ride Program		Woodhull		
Union Settlement Youth Opportunity Hub			Metropolitan	
YouthHealth centers		System-wide		
Survivors of domestic violence				
Family Justice Centers		System-wide		
SAFE program		System-wide		
Individuals with food insecurity				
Access to food and nutrition resources, including farmers markets, food coordinators, local food partnerships and medically-tailored meals		System-wide		
East Harlem Community Alliance			Metropolitan	
Other				
Expand health care, insurance and benefits enrollment		System-wide		
The Global Health Institute				Elmhurst
Tax preparation services		Kings County		Elmhurst
Violence prevention programs (e.g. Guns Down Life Up (GDLU) the Solution; Kings Against Gun Violence (KAVI))	Lincoln	Coney Island		

RETHINKING HEALTH CARE SYSTEMS

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Ease of access and navigation				
Expansion of primary care access in underserved and high-need neighborhoods		System-wide		
Expansion of telehealth and digital coaching and monitoring expansion		System-wide		
ExpressCare	Lincoln			Elmhurst
Imaging Centers of Excellence		System-wide		
NYC Care	Jacobi Lincoln	Coney Island Kings County Woodhull		
Retail Pharmacy		System-wide		
Single call center to book appointments and to answer questions		System-wide		
Optimizing patient-provider relationships				
Arts in Medicine		System-wide		
eConsult		System-wide		
Helping Healers Heal		System-wide		
ICARE		System-wide		
Patient-centered scheduling and open access		System-wide		
Health care cost and transparency				
Epic H2O MyChart consolidated billing and pre-payment options		System-wide		
NYC Health + Hospitals' 'Find Your Insurance' tool		System-wide		

AN INFRASTRUCTURE FOR SCALING




Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
State of the workforce				
CityDoctors Scholarship		System-wide		
Clinical Leadership Fellowship		System-wide		
Clinician recruitment programs and campaigns		System-wide		
DOCS4NYC		System-wide		
Healthcare Administration Scholars		System-wide		
Nursing Career Ladder		System-wide		

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
State of the workforce, continued				
Nurse Residency Program		System-wide		
Nurse4NYC		System-wide		
Professional development programs for clinicians and staff		System-wide		
Information sharing				
Epic Care Link		System-wide		
Epic Community Connect (OneConnect)		System-wide		
Epic H2O and MyChart		System-wide		
Epic Healthy Planet		System-wide		
Patient appointment reminders		System-wide		
Financial sustainability				
MetroPlus and GetCoveredNYC Enrollment Expansion		System-wide		
Revenue and expense improvement opportunities		System-wide		
NYC Health + Hospitals' Financial Transformation Plan through revenue and expense improvement opportunities		System-wide		
HHC ACO		System-wide		
OneCity Health		System-wide		
System complexity and scale				
OneCity Health CBO capacity building		System-wide		
OneCity Health primary care capacity building		System-wide		


APPENDIX: PROPOSED SOLUTIONS FOR CONSIDERATION

Below is a complete list of proposed solutions collaboratively designed during Implementation Strategy Plan working group meetings to address the needs identified in the 2019 CHNA.



Solutions voted on by Implementation Strategy Plan working group members as highest priority are indicated below.

Priority Need: Reducing the burden of life cycle-driven illness and health equity challenges	
Health and wellness of all populations 	Wellness University: The Wellness University would be an innovative, patient-centered model integrating physician care plans, wellness and health promotion activities. Community health workers would partner with patients and their physicians at a single, community-based site to support populations in accessing a healthy life cycle and achieving optimal health outcomes. Recognizing the limitations of a 20 minute visit with primary care providers, community health workers and patients, working together in the Wellness University would have sufficient opportunities in a respectful, shame-free venue to master the elements of their care plans and be empowered to take charge of their health.
Pregnancy and birth outcomes 	E-Mom program for pregnant women with housing insecurity: The E-Mom program would allow pregnant individuals with housing insecurity easy access to coordinated care visits with multi-disciplinary collaboration with the following focus areas: healthy babies; safe, stable housing; nurturing relationships and economic sustainability.
Airways diseases 	Expansion of telehealth and health monitoring devices: Digital health innovations integrated with inhalers can give providers access to real-time, actionable patient data to better support management of treatment plans for patients with airways diseases.
Behavioral health	Expanded co-location and integration of primary care, behavioral health and substance use disorder services: Patients suffering from substance use disorders must be able to seamlessly access coordinated, integrated care in one location, across NYC Health + Hospitals. Regulations with respect to data sharing around patients receiving treatment for substance use disorders remains a significant barrier to high-quality delivery of care.
Diet-related diseases	New models for onsite food markets: Food markets (e.g. food pharmacies) provide supplemental foods to patients based on clinical and social need through a prescription from their interdisciplinary care team. Expansion would continue positive success measures experienced thus far.
	SEA Change: The Screening, Education and Access (SEA) Change program would utilize volunteer community advocates in places where people normally congregate such as places of worship, employment, residence, refuse and recreation to screen, educate and promote access to health care in communities where individuals face high rates of diet-related diseases such as hypertension, diabetes and cardiovascular disease.
Aging and frailty	Coordinated referral process for aging populations: A coordinated network of services tailored to aging populations is critical in addressing their holistic needs. Coordinating the referral process would support in providing this essential care.
Populations with health equity challenges	Health Advocacy Partners program: The DOHMH Harlem Health Advocacy Partners (HHAP) program partners residents living in New York City Housing Authority (NYCHA) developments with community health workers, organizers and health advocates to support them to access needed services, enable healthy behavior change, disease management and build a community. The program has demonstrated HbA1C reductions in individuals with diabetes, improved blood pressure control in persons with hypertension and fewer hospital or emergency department episodes for persons with asthma. Expansion would further address the needs of populations with these health equity challenges.
Other	Data integration across child welfare and health care systems: Enhanced integration between NYC Health + Hospitals Electronic Health Records system and the State Welfare Case Management system would allow health care providers and child protective service workers to promote bidirectional information sharing and coordinated care.

Priority health need: Rethinking health care systems

Ease of access and navigation	Ease of clinical and community referrals: Enabling closed loop referrals between clinical providers and community partners through Epic would enhance care coordination through two-way communication.
	Improve interpreter services: Expand access to interpreter services using varied communication modalities (e.g. video chat) and through the use of high-quality medical interpreters.
	Augment patient call center: A patient access care center would augment existing patient call center functions and support the patient and interdisciplinary care team around communication and information sharing, cost transparency, clinical needs and prescription refills through Epic H2O.
Patient-provider relationships 	Facilitation of discharge: Modifications to the discharge planning and process, especially for patients who require equipment, home care services or placement in post-acute care facilities would improve the patient experience and health outcomes. Many patients don't have coverage for these services and thus remain in the acute care setting, representing suboptimal care for the patients and an enormous cost to the health system. This expansion would promote patient understanding of their health action plan and ease access to coordinated follow-up care.
Health care cost and transparency	Patient engagement and activation programs: This type of program would aim to encourage patients, possibly through incentives, to regularly engage with their interdisciplinary care team and in other health promotion and wellness services.
	Training on billing: This training would expand provider and staff education around billing and health care costs in support of patient-centered care.

Priority health need: An infrastructure for scaling

State of the workforce 	Career development program: A comprehensive workforce development program would create clear career ladders through increased training opportunities towards obtainment of certificates, degrees and licenses, tuition reimbursement, mentorship programs and establishment of joint practice/teaching positions with local/public colleges/universities (e.g. CUNY).
Information sharing 	Improve info sharing and communication across across provider entities and care teams: Through Epic, collaboration and information sharing across interdisciplinary care teams, the OneCity Health PPS partner network and city agencies would continue to promote coordinated, longitudinal relationships.

RESOLUTION

Amending the resolution adopted in December 2016 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") that authorized requirements contracts with seven architectural and engineering ("AE") consulting firms to provide AE design services; six mechanical, engineering, and plumbing ("MEP") consulting firms to provide MEP design services; and five Local Law 11 inspection consulting firms to provide Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities – all of such contractors being listed in Schedule A attached hereto -- with such amendment increasing the \$23 Million not-to-exceed limit by \$5 Million to bring the total-not-to exceed limit to \$28 Million and extending the term of the contracts through June 30, 2020; and

Further amending the list of consultants to be those listed in Schedule A attached.

WHEREAS, the System requires, from time to time, AE/MEP design services and Local Law 11 inspection and filing services and AE design services in connection with Local Law 11 compliance; and

WHEREAS, the System has determined that its need for such services can best be met by utilizing outside firms, on an as-needed basis;

WHEREAS, on December 14, 2016 the Board of Directors approved the requirements contractors, all of which were procured through a RFP process, for a combined not-to-exceed limit of \$15M; and

WHEREAS, on March 28, 2019, the Board of Directors approved an increase to the originally approved \$15M not-to-exceed limit by \$8M raising the not-to-exceed to \$23M; and

WHEREAS, it has contributed to the System's ability to promptly meet construction, planning and maintenance needs in ways not anticipated when the December 2016 resolution was adopted which has caused the not-to-exceed limitation on such contracts to be approach earlier than expected; and

WHEREAS, of the seven A&E firms originally procured, NYC Health + Hospitals has exercised its renewal options as to only five because the other two generally declined to respond to work orders; and

WHEREAS, the System Contract Review Committee approved extending the term of the contracts from their current expiration in February 2020 through June 2020 to allow for continuity of service while a solicitation of new contracts is being performed.

NOW THEREFORE, IT IS HEREBY RESOLVED that, the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation in December 2016 that authorized requirements contracts with seven Architectural and Engineering ("AE") consulting firms to provide AE design services; six mechanical, engineering, and plumbing ("MEP") consulting firms to provide MEP design services; and five Local Law Inspection consulting firms, to provide Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various – all of such contractors being listed in Schedule A attached hereto -- be and the same hereby is amended to increase the \$23 Million not-to-exceed limit by \$5 Million to bring the total-not-to exceed limit to \$28 Million and extending the term of the contracts through June 2020; and

IT IS FURTHER RESOLVED that the list of consultants be those listed in Schedule A attached.

SCHEDULE A

RESOLUTION AMENDING DECEMBER 2016 RESOLUTION AUTHORIZING CONTRACTS WITH ARCHITECTURAL AND ENGINEERING FIRMS

Five Architectural and Design Firms

Francis Cauffman, Inc.
Gertler & Wente Architects
Lothrop Associates, LLP
MJCL Architect, PLLC
Perkins Eastman Architects, DPC

Six Mechanical, Electrical and Plumbing Design Firms

Goldman Copeland Associates, PC
Greenman- Pedersen, Inc.
Jacob Feinberg Katz & Michaeli Consulting Group, LLC
Kallen & Lemelson, Consulting Engineers, LLP
LiRo Engineering, Inc.
R. G. Vanderweil Engineers, LLP

Five A&E firms specialized in Local Law 11 Services


Hoffman Architects, Inc.
Raman and Oudjian Engineers and Architects, PC
Ronnette Riley Architect
Superstructures Engineering + Architecture, PLLC
Thornton Tomasetti, Inc.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION INCREASING PRIOR NOT-TO-EXCEED CAP ON ARCHITECT/ENGINEER POOL OF REQUIREMENTS CONTRACTS

- OVERVIEW:** For many years, NYC Health + Hospitals has used requirements contracts to meet many of its needs for professional construction services. Historically, the resolutions that have approved such contracting has included a not-to-exceed limit. In December 2016, the Board approved a set of contracts with designers and consultants to serve on a requirements basis, *i.e.*, as needed, with a single not-to-exceed limit on the expenditure for the entire pool. These contractors were intended to, and have in fact, operated in three distinct spheres: professional architects and engineers ("A&E") design services; Mechanical, Engineering, and Plumbing ("MEP") consulting; and Local Law 11 (façade) assessment and repair specifications. These contracts have worked well and have been heavily drawn upon throughout the organization enabling the organization to respond quickly to a wide range of requests and needs. In fact, they have been so useful that currently \$21,770,218 has been expended leaving only \$1,229,782 remaining through the expiration of the contracts at the end of the year. These contracts have been used for many projects not envisioned in 2016 such as feasibility studies for the office move to 50 Water. These additional uses have pushed the expenditures close to the total allowed.
- NEED:** Additional uses of the subject requirements contracts are anticipated some of which are not known. Each use of these requirements contracts is made only with explicitly identified funding. Some of such funding comes from operating funds and some comes from City Capital.
- PROGRAM:** NYC Health + Hospitals will perform another RFP to secure a continuing pool of requirements contractors in these fields. No service related aspect of the current contracts will change. The only proposed changes are to increase the funding cap from \$23 Million to \$28 Million and extend the term through June 30, 2020. Work Orders against these contracts are issued subject to funding availability.
- MWBE:** Jacob Feinberg Katz & Michaeli Consulting Group, LLC, - WBE
Ronnette Riley Architect – WBE
Raman and Oudjian Engineers and Architects, PC – MBE
The following vendors are committed to meeting 30% MWBE subcontracting goals: Francis Cauffman, Inc., Gertler & Wentz Architects, Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Hoffman Architects, Inc., Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, R. G. Vanderweil Engineers, LLP, Superstructures Engineering + Architecture, PLLC, Thornton Tomasetti, Inc.

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: Francis Cauffman

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 1% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Gertler Wente

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 11% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Goldman Copeland

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 6% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Greenman-Pedersen

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 2% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Hoffman Architects

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: JFK&M

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

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.

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: Kallen & Lemelson

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 11% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: LiRo Engineers

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 15% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Lothrop Associates

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 26% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: MJCL Architects

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 15% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Perkins Eastman

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Raman & Oundjian

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

MBE

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.

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: RG Vanderwiel

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Ronnette Riley

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

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.

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: Superstructures

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 8% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Thornton Tomasetti

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

Architectural and Engineering (A&E), Mechanical, Electrical, and Plumbing (MEP), Local Law 11 (LL11) Contracts

Board of Directors Meeting
October 31, 2019

Christine Flaherty, Senior Vice President, Office of
Facilities Development



Background / Current State

- AE/MEP/LL11 Consultant contracts were procured via a Request For Proposals (RFP) process in October 2016
- Proposals were reviewed by an evaluation committee in December 2016
- Final Award in February 2017
 - Six MEP firms
 - Five A&E firms
 - Five LL11 Firms
- \$23,000,000 NTE for the pool of contracts
- Term of Contract: One base year with two one year options to renew



MEP Firms

- Kallen & Lemelson Consulting Engineers, LLP
- Greenman-Pederson, Inc.
- Jacob Feinberg Katz and Michaeli Consulting Group, LLC
- Goldman Copeland Associates, P.C.
- Liro Engineers
- R.G. Vanderweil Engineers, PC



➤ A&E Firms

- Francis Cauffman
- Gertler Wentz
- Lothrop Associates, LLP
- Perkins Eastman Architects, PC
- MJCL Architects, LLP



LL11 Firms

- Hoffman Architects
- Ronnette Riley
- Superstructures Engineering + Architecture, PLLC
- Raman and Oundjian Eng. & Inspection Services, PC
- Thornton Tomasetti, Inc.



Current Commitments

CONTRACT TYPE	YEAR 1	YEAR 2	YEAR 3	TOTAL COMMITTED
MEP	\$1,752,642.00	\$1,814,243.00	\$2,002,973.50	\$5,569,758.50
AE	\$4,044,904.00	\$3,279,100.00	\$2,592,317.00	\$9,916,321.00
LL11	\$2,176,240.00	\$1,404,372.00	\$2,703,526.10	\$6,284,138.10
TOTAL COMMITTED	\$7,973,786.00	\$6,497,715.00	\$7,298,816.60	\$21,770,217.60
TOTAL PAID				\$10,587,255.61
TOTAL MWBE				\$1,314,642.69 (13%)*

➤ \$1,229,782 value left in pool

*All base contracts established a M/WBE goal of 30% participation. All consultants committed to meet that goal for future work. H+H neglected to collect utilization data during prior years but all consultants are now reporting into the B2Gnow tracking system managed by Supply Chain. Percentage above is based on paid to date numbers.



Future Commitment

➤ Current projects requiring AE/MEP/LL11 services

Project	Status
Primary Care Expansion	In negotiation for bridging documents.
Express Care	Designs in process of award across 8 additional locations.
Pharmacy USP 797 + USP 800 Compliance	Scope of work and sites being finalized.
Pending Ongoing Capital design	Electrical Regulatory Upgrades at Elmhurst and Metropolitan (CMS), Rehabilitation of steam tunnel at Kings County, Labor & Delivery at Elmhurst, Mental Health Building Window Replacement at Metropolitan, Cancer Center Renovation at Metropolitan, Ambulatory Care Expansion at Elmhurst

- Current contract expires February 2020.
- Requesting extension through June 30, 2020.
- Received approval from CRC to issue RFP for new AE/MEP contract
- Façade Restoration RFPs to be issued this calendar year.⁷



Board of Directors Approval Request

- Seeking the approval of the Capital Committee to increase the value of the NTE amount of the current pool value for AE/MEP/LL11 contracts from \$23,000,000 to \$28,000,000 and to extend the term of the contracts through June 30, 2020.



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Fratello Construction Corporation (the "Contractor") for an amount not to exceed \$8,982,904 for pre-construction, demolition, asbestos abatement, and construction services necessary for the heating, ventilation and air conditioning ("HVAC") relocation project (the "Project") at NYC Health + Hospitals / Bellevue ("Bellevue").

WHEREAS, during Super storm Sandy Bellevue suffered extensive flood damage to the electrical and mechanical systems in its basement; and

WHEREAS, the Federal Emergency Management Agency ("FEMA") granted the City of New York and NYC Health + Hospitals \$1.723 billion to repair the damages caused by Sandy across the NYC Health + Hospitals system; and

WHEREAS, the FEMA grant is divided into four parts: Bellevue, NYC Health + Hospitals/Coney Island Hospital, NYC Health + Hospitals/Metropolitan Hospital and NYC Health + Hospitals/Coler Hospital; and

WHEREAS, the cost of the Bellevue portion of the work totals \$498.69 Million; and

WHEREAS, NYC Health + Hospitals issued public invitation to bid, reviewed the bids and determined that the Contractor was the lowest responsible bidder for the Project; and

WHEREAS, the total base bid amount is \$7,969,000 and the balance of \$1,013,904 is earmarked for construction contingency; and

WHEREAS, the anticipated start date for the Project is December 1, 2019 with projected completion by April 20, 2021.

NOW THEREFORE be it

RESOLVED, that the New York City Health and Hospitals Corporation be and the same hereby is authorized to execute a contract with Fratello Construction Corporation for an amount not to exceed \$8,982,904 for pre-construction, demolition, asbestos abatement, and construction, for the heating, ventilation and air conditioning relocation project at NYC Health + Hospitals / Bellevue.

EXECUTIVE SUMMARY

HVAC RELOCATION AT NYC HEALTH + HOSPITALS/BELLEVUE

- OVERVIEW:** NYC Health + Hospitals seeks approval to enter into contract with Fratello Construction Corporation for an amount not to exceed \$8,982,904, including a contingency allowance of \$1,013,904, for the relocation of heating, ventilation, and air conditioning units and related equipment ("HVAC") at NYC Health + Hospitals/Bellevue, ("Bellevue") from the Bellevue basement to the roofs of the F-Link and Emergency Department.
- NEED:** Bellevue is located adjacent the East River and is partially located in both the Federal Emergency Management Agency ("FEMA") 100-year flood plain and 500-year flood plain per FEMA Preliminary Flood Insurance Study data. The ground surface elevations range from approximately +12 feet to +18 feet NAVD88 due to the topography of the site, with the first floor of the interconnected buildings being below +14 feet North American Vertical Datum of 1988 (NAVD88).
- Super storm Sandy flooded Bellevue from both East River storm surge as well as storm water runoff along the downward slope from First Avenue along 26th and 28th Streets. The most extensive damage occurred in Bellevue's 200,000 square foot basement, which was flooded at depths varying from 3 feet to 8 feet. Several sub-basements and cellars were completely inundated, damaging critical building infrastructure and rendering critical systems inoperable.
- SCOPE:** The equipment relocation project will include, but not be limited to, the replacement of the following components:
- Northwest Mechanical Room: contains 4 air handling units ("AHUs") with a combined capacity of approximately 75,000 CFM. Because 2 AHU's serve only spaces within the cellar, these units shall not be relocated but the other 2 units that serve the Ground and Mezzanine Floors shall be relocated.
- Southwest Mechanical Room: contains 2 AHUs with a combined capacity of approximately 66,000 CFM. However, because 1 AHU serves only spaces within the cellar, this unit shall not be relocated and only 1 unit that serves the ground floor shall be relocated.
- COSTS:** \$8,982,904 (base bid of \$7,969,000 + \$1,013,904 in contingency allowance)
- FINANCING:** FEMA 428 grant funds issued through NYC Office of Management and Budget.
- SCHEDULE:** The combined project is scheduled for completion by April 2021.
- MWBE:** 30% subcontracting utilization plan.

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: Fratello Construction Corp.

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

33% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 33% utilization on all work orders going forward.

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.

Fratello Construction Corporation/NYC H+H Bellevue Relocation of Air Handling Units (AHUs)

**Board of Directors Meeting
October 31, 2019**

**Christine Flaherty, Senior Vice President, Office of
Facilities Development**



FEMA Program

- H+H awarded a FEMA 428 Grant totaling \$1.723B
- Bellevue was awarded a total of \$498.69M from the \$1.723B
- FEMA 428 Grant via approved CP New York City H+H Capital for \$15,913,878



Relocation of Air Handling Units

- Relocation of AHUs from ground floor mechanical room to roof
 - (2) AHUs in Northwest Mechanical Room
 - (1) AHU in Southwest Mechanical Room
- New location will elevate AHUs and minimize risk of being affected during weather events



Construction Contract

- Sourced via public bid
- Fratello Construction was the lowest responsible bidder
- MWBE 33 % subcontractor utilization plan presented

Subcontractor	Certification	Utilization Plan %
Anvil Iron Works	MBE	9%
Triangle GC, Inc.	WBE	1%
Tameer Inc.	MBE	23%

- Contract amount is \$7,969,000.00
- Contract Contingency is \$1,013,904.00
- Projected completion in April 2020.



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to enter into contract with Fratello Construction Corporation for an amount not to exceed \$8,982,904, including a contingency allowance of \$1,013,904.



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to initiate the renovation of the 10th Floor (the "Project") of the Main Building at NYC Health + Hospitals/Jacobi ("Jacobi") including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, asbestos abatement, and construction management services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.

WHEREAS, among the goals of the DSRIP program is the greater integration of behavioral health, including substance abuse programs, and primary care programs; and

WHEREAS, Jacobi intends to integrate its primary care, outpatient mental health, and outpatient substance abuse services in about 19,880 sq. ft. of vacant space on the 10th floor of the Main Building; and

WHEREAS, the integration of the described services will require substantial renovation of the targeted 10th floor space; and

WHEREAS, integration will require relocating existing outpatient behavioral health services now located on the 4th and 5th floors of Building 4 leaving Building 4 to be occupied by future office personnel; and

WHEREAS, among the services to be located in the renovated space are a dual diagnosis with substance abuse and primary care integration for mental health patients and inclusive of the overall mental health treatment for these patients; and

WHEREAS, NYC Health + Hospitals issued public invitation to bid, reviewed the bids and determined that Vanguard Construction was the lowest responsible bidder for the construction portion of the Project with a total base bid amount is \$5,646,362; and

WHEREAS, the remainder of the cost of the Project, after accounting for the cost of the Vanguard contract, will not exceed \$3,884,138 including a \$100,334 project contingency, for demotion, asbestos abatement, IT and design services and for furniture which shall be procured based in accordance with New York State mandated construction procurement rules with awards made to the low bidders; and

WHEREAS, NY State Capital Restructuring Financing Program will fund the Project; and

WHEREAS, the projected construction start date is January 20, 2020 and the completion date for the Project is December 31, 2020 including all Department of Health approvals.

NOW THEREFORE be it


RESOLVED, that the New York City Health and Hospitals Corporation be and is hereby authorized to initiate the renovation of the 10th Floor of the Main Building at NYC Health + Hospitals/Jacobi including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, construction, asbestos abatement, services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.

EXECUTIVE SUMMARY

RENOVATION OF THE MAIN BUILDING 10TH FLOOR AT NYC HEALTH + HOSPITALS / JACOBI

OVERVIEW:	<p>DSRIP encourages the integration of primary care with behavioral health services including substance abuse programs. Currently, the Jacobi primary care clinic is located on the 4th and 5th floors in Building 4. To further DSRIP goals, NYC Health + Hospitals wishes to integrate these outpatient programs on the currently vacant 10th Floor in the Jacobi Main Building.</p> <p>NYC Health + Hospitals seeks approval for a capital project for an amount not to exceed \$9,530,500 for pre-construction, design, construction, asbestos abatement, and construction management services necessary for the renovation of the 10th Floor at Jacobi to enable it to house the Jacobi primary care, outpatient behavioral health and outpatient substance abuse programs.</p>
SCOPE:	<p>Project consists of renovation of 19,880 square feet of space on the 10th floor of vacant space in the main hospital building to relocate existing outpatient behavioral health services to collocate with primary care services. Vanguard Construction will perform the construction part of the Project for an amount not to exceed \$5,746,696. Vanguard was the low bidder following a NYC Health + Hospitals solicitation. The Project will also include demolition, asbestos abatement, soft costs for design and permitting and costs to outfit the space with furniture and IT equipment. These other costs are expected not to exceed \$3,884,138. NYC Health + Hospitals will procure these services and things in accordance with New York State rules for the procurement of construction services using low bid awards. The budget of \$3,884,134 includes a project contingency of \$100,334.</p>
PROJECT COST:	\$9,530,500
FUNDING:	New York State Capital Restructuring Financing Program grant funds.
SCHEDULE:	The Project is scheduled to start in January 20, 2020 with a completion date of December 31, 2020.
MWBE:	30% subcontracting utilization plan.

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: Vanguard Construction

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

35.8% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 35.8% utilization on all work orders going forward.

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.

Vanguard Construction/NYC H+H Jacobi Outpatient Behavioral Health Integration with Primary Care – 10th Floor Building 1

**Board of Directors Meeting
October 31, 2019**

**Christine Flaherty, Senior Vice President, Office
of Facilities Development**



Outpatient Behavioral Health-Primary Care Integration

- Integrate Primary Care into Behavioral Health Setting
- Renovation of 19,880 sq. ft. on 10th floor of Building 1
- Consolidate existing services located on 4th and 5th floor of Building 4
- Funded through New York State CRFP grant
- Space needs to be occupied by 2021*

*In the result of delays in the construction schedule, which could jeopardize funding, a grant extension could be requested from the State.



Project Budget

Jacobi DSRIP 10 th Floor	
Early Demolition / Abatement	\$362,750
Construction (Vanguard)	\$5,646,362
Design, Testing, Filing	\$819,000
Construction Management	\$420,000
IT, Equipment, FF&E	\$1,919,078
Project Contingency (6%)	\$362,910
TOTAL	\$9,530,500



Construction Contract

- Procured via public bid
- Vanguard Construction Inc. was the lowest responsible bidder
- MWBE 35.8% subcontractor utilization plan presented

Subcontractor	Certification	Utilization Plan %
Lite Speed Electric	MWBE	19.1%
Tristate Air Conditioning	MWBE	16.7%

- Funding Source: New York State Capital Restructuring Financing Program (“CRFP”)
- The total project amount is \$9,530,500
 - Construction Contract amount is \$5,646,362
 - Construction Contract Contingency is \$100,334
- There are no penalties or liquidated damages drafted into this contract. Prior work with Vanguard has been completed on time and progress will be monitored by H+H.



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to initiate a to initiate the renovation of the 10th Floor (the “Project”) of the Main Building at NYC Health + Hospitals/Jacobi (“Jacobi”) including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, asbestos abatement, and construction management services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.



RESOLUTION

Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Volmar Construction, Inc. ("Volmar"), to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis with such amendment increasing the \$6 Million not to exceed cost by \$6 Million to bring the total not to exceed limit to \$12 Million.

WHEREAS, to address the System's need stand by HVAC services from time to time, the System's Board of Directors authorized HVAC JOCs contracts in July 2018 including one with Volmar for a two year term of which roughly one year remains; and

WHEREAS, in July 2018, the Board of Directors authorized the execution of two JOCs contracts; one with Volmar Construction, Inc., and one with AWL Industries; and

WHEREAS, Volmar 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, of the \$6 Million authorized for Volmar, almost \$2.5 Million has already been spent leaving only about \$3.5 Million while work valued at \$5 Million is being requested at NYC Health + Hospitals/Kings; and

WHEREAS, adding \$6 Million to the Volmar contract will ensure that, after the currently identified work is completed, approximately \$4.5 Million will remain in the contract for unanticipated projects; and

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

NOW THEREFORE, 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 with Volmar Construction, Inc. to provide heating, ventilation and air conditioning services on an as-needed basis be and the same is hereby amended to increase the \$6 Million not to exceed cost by \$6 Million to bring the total not to exceed limit to \$12 Million.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION INCREASING NOT-TO-EXCEED CAP VOLMAR CONSTRUCTION INC. HVAC SERVICES

- OVERVIEW:** 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 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 needs. They have been so useful that currently the Volmar contract has committed \$2,421,637.39 leaving only \$3,578,363.61 dollars remaining through the contract's expiration at the end of the next fiscal year. Volmar has already been requested to perform work valued at \$5 Million at NYC Health + Hospitals/Kings over the next three months that would exceed the current value of the contract. These contracts have been used for many projects not envisioned in 2018 and 2019 such as the cooling work required in the IT IDF's and MDFs for EPIC go-live.
- FUNDING:** The JOC contracts are used only when explicitly identified funding is available 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 Volmar 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 Million to \$12 Million, subject to funding availability.
- MWBE:** 30% subcontracting utilization plan.

AMENDED - RESOLUTION

Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Volmar Construction, Inc. ("Volmar"), to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis with such amendment increasing the \$6 Million not to exceed cost by \$2,340,000 Million to bring the total not to exceed limit to \$8,340,000 Million.

WHEREAS, to address the System's need stand by HVAC services from time to time, the System's Board of Directors authorized HVAC JOCs contracts in July 2018 including one with Volmar for a two year term of which roughly one year remains; and

WHEREAS, in July 2018, the Board of Directors authorized the execution of two JOCs contracts; one with Volmar Construction, Inc., and one with AWL Industries; and

WHEREAS, Volmar 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, of the \$6 Million authorized for Volmar, almost \$3.9 Million has already been committed leaving only about \$1.1 Million while work valued at \$3.6 Million is being requested at NYC Health + Hospitals/Kings for EPIC; and

WHEREAS, adding \$2.34 Million to the Volmar contract will ensure that, after the currently identified work is completed, approximately \$875,000 will remain in the contract for unanticipated projects; and

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


NOW THEREFORE, 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 with Volmar Construction, Inc. to provide heating, ventilation and air conditioning services on an as-needed basis be and the same is hereby amended to increase the \$6 Million not to exceed cost by \$2,340,000 Million to bring the total not to exceed limit to \$8,340,000 Million.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION INCREASING NOT-TO-EXCEED CAP VOLMAR CONSTRUCTION INC. HVAC SERVICES

- OVERVIEW:** 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 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 needs. They have been so useful that currently the Volmar contract has committed \$3,864,733.68 leaving only \$2,135,266.32 dollars remaining through the contract's expiration at the end of the next fiscal year. Volmar has already been requested to perform work valued at \$3.6 Million at NYC Health + Hospitals/Kings over the next three months that would exceed the current value of the contract. These contracts have been used for many projects not envisioned in 2018 and 2019 such as the cooling work required in the IT IDF's and MDFs for EPIC go-live.
- FUNDING:** The JOC contracts are used only when explicitly identified funding is available 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 Volmar 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 Million to \$8,340,000 Million, subject to funding availability.
- MWBE:** 30% subcontracting utilization plan.

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: Volmar

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 28% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

Heating, Ventilation, Air Conditioning (HVAC) Contracts

Board of Directors Meeting
October 31, 2019

Christine Flaherty, Senior Vice President, Office of
Facilities Development



Background / Current State

- Consultant contracts are pre-bid contracts using fixed prices with a multiplier
- Current HVAC construction services providers are
 - Volmar
 - AWL
- Volmar used for EPIC make ready work
 - EPIC is the acute and ambulatory care electronic patient record software
 - Kings County infrastructure and scope of work requires substantial upgrades to accommodate EPIC
- AWL is being utilized for HVAC construction services to ensure the system's compliance with USP 797 and USP 800 standards
 - USP 797 & 800 are standards relating to appropriate conditions for mixing medication (i.e. chemotherapy drugs, IV solutions, etc.)



Procurement

- Public bids opened on June 3, 2018 and June 4, 2018 for two contracts, each for \$6M, to provide HVAC construction services
- Volmar Construction, Inc. was the lowest responsible bidder on the June 4th bid opening
 - **Volmar multiplier 1.0510**, AWL 1.1380, PEN Enterprises 1.2600
- AWL Industries, Inc. was the lowest responsible bidder on the June 3rd bid opening
 - **AWL Industries 1.0848**, Volmar 1.1580, Pen Enterprises 1.2600
- Volmar has presented a plan to fulfill the 30% MWBE requirement and is currently finalizing the scope and negotiations



Volmar Current Commitment

WORK ORDER	FACILITY	DESCRIPTION	CAPITAL	EXPENSE	TOTAL	MWBE Dollar Spend	MWBE % Spend
1903-1001	Jacobi	EPIC HVAC Work Building 1,6,8	\$ 680,069.57		\$ 680,069.57	\$ 205,000	30%
1903-1003	Jacobi	EPIC HVAC Work Building 1,6,8 - Supplemental		\$ 239,424.15	\$ 239,424.15	\$ 52,000	22%
1903-1004	Jacobi	C-6 Dialysis Unit Water Treatment replacement work as part of the replacement of the new water treatment for dialysis unit in the C Building on the 6th Floor	\$ 1,502,143.67		\$ 1,502,143.67	\$465,000	31%
1903-1006	Kings County	EPIC – HVAC Installation at Buildings C,D,R	\$1,443,096.29		\$1,443,096.29	\$435,000.00	30%
Subtotal			\$ 3,625,309.53	\$ 239,424.15			
TOTAL					\$ 3,864,733.68	\$1,157,000.00	30%



Volmar Future Commitment

- \$3,600,000 of work to be completed at Kings County Hospital to ensure facility is ready for EPIC Go-Live
- With current spend and future commitments, anticipated contract spend will exceed the current \$6,000,000 NTE limit
- After future commitments are awarded, \$875,000 will remain for use on contract through July 2020

COMMITMENT	AMOUNT
Current Commitment	\$3,864,733.68
Future Commitment*	\$3,600,000.00
TOTAL COMMITMENT	\$7,464,733.68

*Volmar is finalizing scope and negotiations



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to increase the value of the NTE amount of the current contract with Volmar Construction, Inc. from \$6,000,000 to \$8,340,000, as amended from the Capital Committee approval.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with New York College of Health Professions ("NY College") for its use of approximately 3,471 square feet the 7th floor North of the Main Building on the campus of NYC Health + Hospitals/Bellevue ("Bellevue") at an annual occupancy fee payable to the System of \$206,350.95 calculated at \$59.45/ft. which will be escalated by 2.5% annually resulting in a total occupancy fee payable to the System over the term of \$1,084,648.36.

WHEREAS, NY College grew out of an organization founded in 1976 and based in Syosset as a center for the practice of Holistic Health Education and Research providing patients therapeutic care using the Eastern healing arts combined with Western medicine and an education institution authorized by the New York State Board of Regents of the University of the State of New York as a college degree program; and

WHEREAS, NY College has provided massage therapy and meditation services to Bellevue staff since 2015 as part of Bellevue's staff Culture of Wellness program;; and

WHEREAS, in the licensed space NY College will provide to its patients, including those referred by Bellevue, and to Bellevue staff the following services: massage therapy, meditation, yoga, acupuncture, Tai-Chi and Qi-Gong; and

WHEREAS, staff from Bellevue and other parts of the System may attend certificate programs in Holistic Nursing for Registered nurses provided by NY College at NY College's normal rates and NY College will provide training to its students within the licensed space; and

WHEREAS, the services provided by NY College will be entirely separate from those of Bellevue however they will not compete with those of Bellevue because Bellevue has no programs or services grounded in traditional Chinese medicine; and

WHEREAS, NY College will accept referrals from Bellevue regardless of the patients' ability to pay with Bellevue paying the cost: and

WHEREAS, it will be the responsibility of the Executive Director of Bellevue to administer the proposed license agreement.

NOW THEREFORE, New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with New York College of Health Professions for its use of approximately 3,471 square feet the 7th floor North of the Main Building on the campus of NYC Health + Hospitals/Bellevue at an annual occupancy fee payable to the System of \$206,350.95 calculated at \$59.45/ft which will be escalated by 2.5% annually resulting in a total occupancy fee payable to the System over the term of \$1,084,648.36.

EXECUTIVE SUMMARY

RESOLUTION AUTHORIZING A LICENSE AGREEMENT WITH NEW YORK COLLEGE OF HEALTH PROFESSIONS NYC HEALTH + HOSPITALS/BELLEVUE

OVERVIEW: NY College grew out of an organization founded in 1976 to become a center for practice of Holistic Health Education and Research providing patients therapeutic care using the Eastern healing arts combined with Western medicine. The NY College is also an education institution authorized by the New York State Board of Regents to award degrees. The NY College studies, teaches and practices therapeutic bodywork, acupuncture, herbal medicine, yoga and T'ai Chi and various methodologies of the East and the West for both preventative and curative medicine.

NEED: The treatments given and taught by NY College may be useful in pain management, post-operative nausea, anxiety, depression, hypertension and other conditions.

BUISINESS TERMS: The license shall be for five years but shall be revocable by either party for convenience. NY College shall take the licensed space as is and the System shall have no obligation to perform any alterations for it. The occupancy fee will start at \$59.45/ft. or \$201,318 for the first year of the occupancy and shall increase by 2.5% annually over the five year term resulting in a total occupancy fee over that period of \$1,084,648.36. This occupancy fee is the fair market value of the occupancy as established by the System's consultant. Bellevue will provide standard security, electricity, structural repairs, housekeeping and garbage removal.

PROGRAM: NY College will offer massage therapy, meditation, yoga, acupuncture, Tai-Chi and Qi-Gong. Additionally NY College will train its own students within the licensed space and will offer certificate programs in Holistic Nursing for NYC Health + Hospitals' Registered Nurses.

NY College's services shall be entirely separate from those provided by Bellevue. Appropriate signage shall distinguish between the NY College operations and those of Bellevue and patients of NY College will sign an acknowledgement of the independence of NY College from Bellevue.

Patient referrals from Bellevue shall be accepted by NY College regardless of ability to pay. Bellevue shall pay the cost of services provided to the uninsured. Bellevue staff and patients using the NY College services will pay at NY College's regular rates.

FAIR MARKET VALUE APPRAISAL SUMMARY

On November 21, 2018 Savitt Partners, consultants to New York City Health and Hospitals Corporation, provided the attached letter expressing the Firm's opinion of the fair market value of 1,038 sq. ft. to be licensed by Sleep Disorders Institute on the 7th Floor of the Main Building at NYC Health + Hospitals/Bellevue. In March 2019 the Board of Directors authorized a license agreement to Sleep Disorder Institute. Because the proposed license to New York College of Health Professionals will be of 3,471 sq. ft. on the same floor of the Main Building, and because the Savitt letter is so recent, it is appropriate to rely on the attached assessment of fair market value. Given that a year will have passed since the Savitt letter, the occupancy fee charged to New York College of Health Professionals will be increased by 2.5% from \$58/ft to \$59.45.

SAVITT PARTNERS

November 21, 2018

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

Re: Fair Market Value/Appraisal of space within the Bellevue Hospital Center
Regarding the 7th Floor, Unit #7N1, within the main hospital building
On behalf of NYC Health + Hospitals

Dear Dion:

Pursuant to your request, you have asked that the Fair Market Value for the referenced property be conducted. I visited the 7th Floor, Unit #7N1, in Bellevue Hospital Center on October 18, 2018. This assessment is inclusive of the value of the improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, structural repairs, etc. As the owner is designated as a not for profit (501C3) real estate taxes are not applicable, however this should also be considered when evaluating the value of the space in order to provide a comprehensive FMV for a prospective licensee. This evaluation is subject to the following:

- The unit is currently vacant, is properly zoned for the current use as a Sleep Disorder Clinic, and will be occupied as such.
- The licensor will occupy the premises which consists of approximately 1,411 SF within the referenced building.
- This evaluation is for the purpose of establishing the current FMV to lease/license the referenced property and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

There are additional variables that must also be considered in this evaluation. It is apparent that proximity to the licensee's main campus is attractive. Additionally, the ability to enter into an all inclusive transaction with no allocation for real estate taxes or other additional charges has value to the tenant/licensee. The provision of tenant services that are uncommon for non- medical facilities, i.e., 24-7 access and the provision of full time services such as HVAC and security must also be factored in this evaluation.

The referenced medical space to be licensed to an operator of a Sleep Disorder Clinic is located within the medical complex of Bellevue Hospital Center on First Avenue in the Kips Bay market area. This is a unique property within the referenced market area; however there are numerous medical facilities, hospitals and private physician practices in the immediate area providing a benchmark for market rents. The proposal offers the licensee a full-service hospital building

with amenities typically only found in hospitals and full-service medical office buildings, and not commercial properties. The complex is readily accessible by mass transit and conveniently situated off the FDR Drive for vehicular transit.

Kips Bay and specifically First Avenue has numerous medical health care providers. The market conditions have been established and are readily available for comparison. Medical and laboratory spaces in this market area range from \$50 - \$82 per SF.

Most of the opportunity for medical office space in this market is for undeveloped space; therefore the space would require build out and a major capital expenditure by the tenant. Administrative office space is more competitive and can still achieve rents in the low to mid \$40 SF range. The current intended use is an important factor in assessing the value. Even if the licensee developed the space the prospective rental value to another tenant must be considered. The value of the build out space for the Sleep Laboratory would be between \$150 - \$200 per SF.

This space will be predominantly utilized for a Sleep Disorder Clinic and associated administrative tasks. The aforementioned ability to provide the tenant and its patients with 24-7 access is crucial for the sleep disorder clinic.

CONCLUSION

Again, the ability to access the space and the provision of services without interruption is an amenity that benefits the licensee. The tenant improvement factor must be considered due to costs associated with build out. To relocate this program off-campus would entail an extensive up-front expense for the licensee.

This location and all access to the hospital campus is handicapped accessible. Again, 24-7 security is a valuable amenity provided by the licensor. All of the lavatories throughout the facility are ADA compliant. The corridors are also wheelchair accessible (over 6 feet wide). The elevators are also able to accommodate stretchers which would not be available in most commercial buildings.

Most of the exam rooms (now sleeping rooms) and the associated administrative office area is over \$100 per SF. IT/IS services are included in the licensing fee. For the purpose of this appraisal, we shall assume that all operating expenses, i.e., security housekeeping, refuse removal, utilities, service contracts, etc. are provided by the Landlord. It is unclear if there will be an additional electric service charge or it will be included in the license fee. The unit is not individually metered. Accordingly, we assess electric service, as industry standard, to be between \$3.50 - \$3.75 per SF.

The following is the rent range for the referenced facility/space:

Sleep Disorder space does not entail a major expenditure for tenant improvement to develop the space. This Sleep Disorder space has a current value of \$58 - \$65 per SF over the initial contemplated license agreement term. This rental fee takes into consideration the unique use and that access, along with building services are necessary after typical business hours.

Additionally, there are other factors that the tenant must consider; limited relocation opportunities, extensive expenses to build out new space (with minimal landlord concessions) and invasive use. These variables were factored into the appraisal as well.

In conclusion, this analysis finds that the FMV for this individual space has greater value than commercial opportunities within the same market district, i.e. independent, standalone buildings. It would be appropriate for the tenant to negotiate an escalation provision to the base rent/fee of 2.50% to 2.75% commencing in the second year of the license agreement. These would be commercially fair and reasonable terms based on the data and information assessed in this report. This appraisal also takes into consideration the comparable commercial rents within the immediate market areas specifically for medical properties, as well as for limited availability for similar sized opportunities.

In the event that I can be of any further assistance to you, please do not hesitate to call.

Thank you.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Michael Dubin", with a stylized, cursive script.

Michael E. Dubin
Partner

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: NY College of Health Professionals

Date: October 7, 2019

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

Vendor Responsibility

Pending

EEO

NA

MWBE

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.

NEW YORK COLLEGE OF HEALTH PROFESSIONS
CENTER FOR INTEGRATIVE
WELLCARE SERVICES

Board of Directors
October 31, 2019

William Hicks, Executive Director
NYC Health + Hospitals / Bellevue



CENTER FOR INTEGRATIVE WELLCARE SERVICES

- NY School for Health Professions currently provides massages and other services for Bellevue staff as part of Bellevue's Staff Culture of Wellness Program.
- Bellevue wishes to expand the program by offering services for its patients. These services offer many benefits for our patients including the potential of using integrative services instead prescription medications.
- NY College is to license space for community (public) outreach, educational programs, and for the provision of holistic and wellness programs.
- NY College will occur all cost for any renovations or updates to the space.
- The space will be identified with signage as a NY College of Health Professions Clinic with no NYC Health + Hospitals branding.



ABOUT THE NEW YORK COLLEGE OF HEALTH PROFESSIONS

- Founded in 1976
- Only private non-profit institution in Tri-State area accredited by NYS Board of Regents to award degrees in aspects of Traditional Chinese Medicine. All educational programs are approved by New York State Education Department and accredited by the Commission for Acupuncture and Oriental Medicine
- Offers accredited undergraduate and graduate degree in Massage Therapy, Advance Asian Bodywork, Acupuncture and Oriental Medicine and will offer training onsite for students.
- The College has 3 locations:
 - New York, New York
 - Syosset Long Island
 - China



INTEGRATIVE WELLCARE SERVICES

- Massage Therapy
- Meditation
- Yoga
- Nutritional Counselling
- Acupuncture
- Tai-Chi
- Qi-Gong
- Education Certificate programs in Holistic Nursing for RNs
- Science of Self Improvement
- Provide Chinese Traditional Medicine or TCM for the prevention and management of Diabetes or other chronic illness
- Pain Management
- Staff Training



PURPOSE FOR INTEGRATIVE WELLCARE

- Management of:
 - Relieving postoperative pain
 - Nausea during pregnancy
 - Nausea and vomiting resulting from chemotherapy
 - Dental pain
 - Allergic rhinitis
 - Essential Hypertension
 - Stroke
 - Acute and Chronic Gastritis
 - Anxiety
 - Panic disorders
 - Insomnia
 - Addiction
 - Depression



SERVING THE FOLLOWING POPULATIONS

- Patients and Staff Cost

Student Treatment

- Public (under 60) \$ 40
- Senior (60+) /Current student/Staff NYC /Healthcare staff /Veteran \$ 30

License practitioner Professional Treatment

- Public
First visit charge: \$150
Follow up visit: \$100
- Senior
First visit charge: \$ 130
Follow up visit: \$ 90

- NY College will bill insurance and Bellevue will pay for uninsured.



INTEGRATIVE WELLCARE SERVICES TRAINING AND CLASSES

- Training of NY College of Health Professions students will occur in the space
 - Bellevue believes that it will be valuable to have some of its staff trained under the NY College of Health Professionals' programs.
- Relationship between Bellevue and NY College:
 - Referral relationship is expected
 - Bellevue will refer out patients to NY Health College Professions Clinic
 - It is not expected that NY College will refer patients to Bellevue.



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to execute a five year revocable license agreement with New York College of Health Professions for its use of approximately 3,471 square-feet of space on the 7th floor of the main hospital building at Bellevue for an annual occupancy fee of \$206,350.95, or \$59.45/ft, to be escalated by 2.5% per year, for a total of \$1,084,648.36 over the full term.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three year renewal agreement with two one-year options to renew with Managed Care Revenue Consulting Group LLC (“MCRC”) to provide claims review and collection services on managed care contracts not to exceed \$23 million dollars to be payable contingent on the amounts recovered for the System.

WHEREAS, MCRC was first procured to handle managed care review and collection for the System more than five years ago through a Request for Proposals process; and

WHEREAS, MCRC has focused on the review and, where appropriate, collection of accounts currently reflected on in the System’s legacy accounting and billing software programs that are no longer being maintained and for which training is no longer available; and

WHEREAS, it is no longer possible to find firms that are familiar with the System’s legacy systems; and

WHEREAS, in view of the foregoing circumstances, the Contract Review Committee, approved a renewal of a contract with MCRC without competition in the best interests of the System; and

WHEREAS, MCRC Vendor will continue to review managed care claims submitted by the System to managed care payors to identify claims that were underpaid against contracted terms and will pursue reimbursement recoveries retrospectively on such claims with managed care plans; and

WHEREAS; MCRC shall adhere to all government regulations pertaining to the collection process as well as the System’s policies and procedures applicable to hospital billing; and

WHEREAS, the proposed agreement will be managed by the Senior Director of Revenue Cycle Services.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a three year agreement with two one-year options to renew with Managed Care Revenue Consulting Group LLC to provide claims review and collection services on managed care contracts not to exceed \$23 million dollars to be payable contingent on the amounts recovered for the New York City Health and Hospitals Corporation.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH MANAGED CARE REVENUE CONSULTING GROUP LLC
FOR DEBT COLLECTION SERVICES**

BACKGROUND: Approval is sought for the renewal of a contract with MCRC to provide claims review and debt collection services with respect to managed care accounts that appear to have been underpaid when analyzed against the contract requirements. MCRC is reviewing accounts receivable that are reflected only on the System's legacy billing and accounting systems. Those billing and accounting systems are so old that they are no longer maintained, expertise in the systems is increasingly rare and training in the old systems is no longer available. Thus, MCRC is a special vendor in that it is a rare vendor that retains the facility to work with the System's old billing and accounting systems. The current contract expired on November 31, 2018.

PROCUREMENT: On the basis of the facts set forth above, the Contract Review Committee approved a "best interests" extension of the current contract with MCRC.

BUDGET: The collections by MCRC for the five-year contract are estimated to be \$77 million dollars at a maximum collections potential. Using this estimate, the cost of the proposed agreement in vendor fees will not exceed \$23 million dollars over the full five-year term. The System will receive the collections generated by MCRC and will pay the vendor solely on the basis of the amounts it generates.

TERMS: The proposed contract will extend MCRC's services retroactive to November 30, 2018 and through November 30, 2023. The average commission rate under the current contract is 23%. The corresponding rate under the new contract will be approximately 19% dependent upon the System's case mix. MCRC will earn a contingency of 15% for overturning a denied claim and 22% for identifying zero dollar balance claims and converting them to revenue. The rate for zero dollar balance claims will drop to 20% after the System has earned \$30M.

DURATION: The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.

MWBE: MCRC is in the process of securing MWBE from New York State.

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

From: Keith Tallbe *KT*
Senior Counsel
Office of Legal Affairs

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

Vendor: Managed Care Revenue Consulting Group LLC

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

Vendor is an MWBE.
Certification process
underway.

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.

Managed Care Revenue Consulting Group (MCRC)

Board of Directors

October 31, 2019

Marji Karlin, Chief Revenue Officer

Megan Meagher, AVP

Alison Smith, Director

Robert Melican, Sr. Dir. Revenue Cycle



Introduction

- Health Plans systematically underpay claims for services provided for a variety of reasons:
 - Adjudication errors
 - Incorrect contract terms
 - Billing errors
 - Contract misinterpretations
- MCRC reviews \$0 balance and denied claims against our contract terms to identify underpayments then negotiates on our behalf to resolve underpayments and inappropriate technical and administrative denials.
- Claim review began October of 2017
- Net earnings to date of \$26M



Current State

- MCRC identified numerous issues, highlights include:
 - Payers loaded rates incorrectly for a time period – new rates not loaded into their payment system
 - H+H incorrectly valued service – CPEP claims not coded properly
 - Incorrectly denied for authorization – prior authorization not required as per contract terms
 - Recognition that H+H is entitled to outlier payments
 - Managed care plan agreed that H+H's contract allows for reconsideration of claims denied for untimely filing
- H+H updates the billing systems to prevent future underpayments and denials
- MCRC is negotiating with five large contracted payers where there is a high volume of claims denied for similar reasons
 - Potential settlement value of these claims worth approximately \$30M



Claims Process



Claims Process

- H+H implemented workflow in 2019 with a new set of vendors
 - Review high volume, low dollar (threshold set by facility) to work unpaid and denied claims at lower contingency rates before sending them to MCRC
- MCRC is now the last stop in claims review process for contracted payors
- H+H Revenue Cycle is building a payment variance team and settlement team to identify reasons for over and underpayments on claims
 - Utilize contract management tools in Epic
 - Will work closely with Managed Care to correct issues with payors
 - Fewer claims will require MCRC intervention



History of Procurement

- MCRC responded to the Request for Proposal in December of 2016 for “Consultants to Provide Services in Support of the Proposed Major Transformation of NYC H+H”
 - Transformation project created a pool pre-approved vendors
 - 50 firms participated
 - The firms submitted 277 proposals for 15 areas of service

- MCRC won the selection in the operational efficiency area of service category resulting in a contingency fee agreement to review claim opportunities for all managed care contracts. Three other firms submitted proposals
 - Contract effective date of March 2017
 - Not to Exceed (NTE) value of \$3 million
 - Increased contract value in 2018 to \$5 million
 - All payments are contingency based



Best Interest Renewal

- MCRC is performing well, earning \$26M in last two years
- H+H still requires these services, working closely with the Managed Care team to:
 - Finalize high volume settlements
 - Continue claim reviews
- Unable to switch vendors for legacy claims
 - Significant work remains in legacy financial systems that required extensive set-up to allow systems to exchange data
- Significant work underway - a new firm could not readily assume work begun by MCRC for older claims



MWBE Status

- MCRC is owned by three individuals, one of which is a woman, and one of which is a minority. Together they own 61% of the company.
- MWBE certification efforts:
 - Since there is no single ownership by one minority or woman, the company does not meet the criteria to be certified as an MWBE under NYC certification requirements.
 - MCRC is exploring re-organizing their corporate structure to meet the NYC MWBE certification requirements.
 - It appears that MCRC does meet the NYS MWBE certification requirements. We will be exploring that further, but the state's process is rather lengthy.



Board of Directors Approval Request

- Increase the contract term from \$5M to either a NTE of \$23 million or 5 years, whichever comes first.
 - 5 years allows for NYC H+H to become current with all payers as we move toward a quarterly reconciliation process.



CALL TO ORDER - 3:00 PM

1. Adoption of Minutes: SEPTEMBER 26, 2019

Chair's Report

President's Report

Legislative Update

>> Action Items<<

2. Authorizing the amendment of Article VI, Section 9 of the By-Laws of the New York City Health and Hospitals Corporation (the "System") to remove the requirement that the chairperson of the Community Relations Committee also serve as an ex officio member of the Quality Assurance/Performance Improvement Committee. (Governance Committee – 10/31/2019) **(EEO: NA / Vendex: NA)**

3. Adopting, in the name of the name of the Board of Directors of New York City Health and Hospitals Corporation ("NYC Health + Hospitals") an Implementation Strategy Plan (an "ISP") for each of its acute care hospitals and the long-term acute care part of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC") as a supplement to the Community Health Needs Assessment (the "CHNA") was approved by the Board of Directors in June 2019.
(EEO: NA / Vendex: NA)

4. Amending the resolution adopted in December 2016 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") that authorized requirements contracts with seven architectural and engineering ("AE") consulting firms to provide AE design services; six mechanical, engineering, and plumbing ("MEP") consulting firms to provide MEP design services; and five Local Law 11 inspection consulting firms to provide Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities – all of such contractors being listed in Schedule A attached hereto -- with such amendment increasing the \$23 Million not-to-exceed limit by \$5 Million to bring the total-not-to exceed limit to \$28 Million and extending the term of the contracts through June 30, 2020; and

Further amending the list of consultants to be those listed in Schedule A attached.

(Capital Committee – 10/10/2019) **Vendex & EEO: Approved for all vendors.**

5. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Fratello Construction Corporation (the "Contractor") for an amount not to exceed \$8,982,904 for pre-construction, demolition, asbestos abatement, and construction services necessary for the heating, ventilation and air conditioning ("HVAC") relocation project (the "Project") at NYC Health + Hospitals / Bellevue ("Bellevue").
(Capital Committee – 10/10/2019) **Vendex: Approved / EEO: Approved**

6. Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to initiate the renovation of the 10th Floor (the "Project") of the Main Building at NYC Health + Hospitals/Jacobi ("Jacobi") including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, asbestos abatement, and construction management services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.
(Capital Committee – 10/10/2019) **Vendex: Approved / EEO: Approved**

7. Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Volmar Construction, Inc. ("Volmar"), to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis with such amendment increasing the \$6 Million not to exceed cost by \$6 Million to bring the total not to exceed limit to \$12 Million.
(Capital Committee – 10/10/2019) **Vendex & EEO: Approved**

Mr. Pagán

Mr. Pagán

Dr. Katz

Mr. Siegler

Mr. Pagán

Dr. Katz

Mr. Peña-Mora

Mr. Peña-Mora

Mr. Peña-Mora

Mr. Peña-Mora

<p>8. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with New York College of Health Professions (“NY College”) for its use of approximately 3,471 square feet the 7th floor North of the Main Building on the campus of NYC Health + Hospitals/Bellevue (“Bellevue”) at an annual occupancy fee payable to the System of \$206,350.95 calculated at \$59.45/ft. which will be escalated by 2.5% annually resulting in a total occupancy fee payable to the System over the term of \$1,084,648.36. (Capital Committee – 10/10/2019) Vendex: Pending / EEO: NA</p>	<p>Mr. Peña-Mora</p>
<p>9. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three year renewal agreement with two one-year options to renew with Managed Care Revenue Consulting Group LLC (“MCRC”) to provide claims review and collection services on managed care contracts not to exceed \$23 million dollars to be payable contingent on the amounts recovered for the System. (Finance Committee: 10/10/2019) Vendex and EEO: Approved</p>	<p>Ms. Wang</p>
<p>10. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America (the “Vendors”) to provide collection services with respect to self-pay accounts with the System for terms of three years with two one-year options to renew at a total cost not to exceed \$6 million dollars to be payable contingent on the amounts recovered by the System. (Finance Committee: 10/10/2019) Arstrat LLC. Vendex: Pending / EEO: Approved Vendex and EEO: Approved for RTR Financial Services Inc., Nationwide Credit and Collections, Inc. and USCB America</p>	<p>Ms. Wang</p>
<p>11. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign an agreement with RxStrategies (“Vendor”) for 340B third party administration services for contracted pharmacies except Walgreens and CVS for a term of three years with two one-year options to renew with the total cost not to exceed \$16,075,500 with all payments to be withheld from funds collected by the Vendor. (Finance Committee: 10/10/2019) Vendex and EEO: Approved</p>	<p>Ms. Wang</p>
<p>12. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign three year agreements with Managed Resources, JZanus, and Revint (the “Vendors”) for medical necessity denials management and other revenue initiatives management with two one-year options to renew exercisable solely by the System at a total cost over the potential five-year term not to exceed \$11,400,000 with all payments contingent on the amounts the vendors recover. Vendex – Approved JZanus – Pending: Managed Resources and Revint - EEO: JZanus & Managed Resources – Approved – Pending: Revint</p>	<p>Ms. Wang</p>
<p style="text-align: center;"><u>Committees and Subsidiaries Report</u></p> <p>➤ Governance ➤ Capital ➤ Finance ➤ Audit</p>	<p>Mr. Pagán Mr. Peña-Mora Ms. Wang Ms. Arteaga Landaverde</p>
<p><u>Executive Session Facility Governing Body Report</u> ➤ NYC Health + Hospitals Coney Island ➤ NYC Health + Hospitals Sea View</p>	<p>Mr. Pagán</p>
<p>Semi-Annual Governing Body Report (Written Submission Only) ➤ NYC Health + Hospitals Coler Skilled Nursing Facility ➤ NYC Health + Hospitals Henry J. Carter Specialty Hospital ➤ NYC Health + Hospitals Henry J. Carter Skilled Nursing Facility</p>	<p>Mr. Pagán</p>
<p>2018 Performance Improvement Plan and Evaluation (Written Submission Only) ➤ NYC Health + Hospitals Renaissance Diagnostic & Treatment Center- Gotham</p> <p>>>Old Business<< >>New Business<<</p> <p>Adjournment</p>	

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 26th day of September, 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 Pagán
Dr. Mitchell Katz
Dr. Oxiris Barbot
Mr. Scott French
Ms. Deborah Brown
Ms. Barbara A. Lowe
Dr. Hillary Kunins
Ms. Helen Arteaga Landaverde
Ms. Sally Piñero-Hernandez
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra

Mr. Pagán called the meeting to order at 3:05 p.m. Mr. José Pagán, Chair of the Board, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Scott French was in attendance representing Steven Banks and Deborah Brown was in attendance representing First Deputy Mayor Dean Fuleihan, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on July 25, 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 July 25, 2019, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIRPERSON'S REPORT

Mr. Pagán notified the Board that on August 1, he and Ms. Piñero-Hernandez attended the NYC Care launch in the Bronx. He said he was proud to be part of the amazing health care access initiative to provide quality and affordable health care to New Yorkers who cannot afford or are not eligible for health insurance. It was impressive to see firsthand the H+H mission in action.

Mr. Pagán also notified the Board that on September 9, he and Ms. Hernandez-Piñero conducted a site visit to Kings County where they saw firsthand the impressive operations of the ED, maternal child health, ambulatory care and perioperative services. He sent congratulations to Kings on its recent Cancer Center accreditation, remarked on the commendable commitment of leadership and staff and thanked Mr. Sheldon McLeod.

Mr. Pagán also thanked Mr. Nolan for participating in a September 11 memorial event at Jacobi, and invited him to provide feedback.

Mr. Nolan reported that each year Jacobi Medical Center has a remembrance for all the persons who lost their lives on September 11 in New York, Washington DC and Pennsylvania. He said that there is a special memorial garden built about 15 years-ago on the Jacobi campus in dedication to those who lost their lives.

Mr. Pagán then referred the Board to Article VI - Section 1(C) of the by-laws that provides "Appointment. The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees." In light of the death of Josephine Bolus, a longtime member of the Board of Directors who served on all standing committees of the Board, Mr. Pagán noted, a series of replacements are necessary to maintain the required quorum on such committees. Mr. Pagán therefore, proposed a motion to appoint the following Board members to the indicated standing Committees:

Sally Hernandez-Piñero	-	Capital
Feniosky Peña-Mora	-	Audit and EDI
Dr. Mitchell Katz	-	Governance
Anita Kawatra	-	CRC
Gordon Campbell	-	Executive

Dr. Vincent Calamia	-	Executive
Dean Fuleihan	-	Executive

Then on motion made and duly seconded, the Board unanimously adopted such appointments to the standing committees.

Vendex Approvals

Mr. Pagán noted that since we began the process of approving contracts prior to vendex approvals, there are 14 new items on today's agenda requiring Vendex of which nine have Vendex approval. There are six items from previous board meetings pending Vendex approval, which are in your Board materials.

President's Report

Dr. Katz stated that due to the numerous action items on the agenda, he would limit his remarks and refer the Board to his report, which is attached and incorporated by reference to these minutes. He also stated that if people at the end would like to talk about any of the items in the report he would be happy to do so.

Legislative Report

Mr. Siegler also noted that the legislative report is included in the President's Report and he is also open to address any question the members have at the end of the meeting.

Action Item 2:

Scott French formally recused himself as this item pertains to the Human Resources Administration and left the room for the remainder of the discussion and action on this item.

Mr. Pagán read the resolution:

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.

This item was presented at the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President of Facilities Development, presented. The materials presented are attached and incorporated herein by reference.

During the presentation, Ms. Flaherty informed the Board that there has been a long-standing agreement with the Human Resources Administration, to provide Medicaid program enrollment and navigation services for New Yorkers who are seeking public health insurance. These programs have been present at Kings, Lincoln, Metropolitan, North Central Bronx, and Morrisania since 1991. Due to the value of these services to our patients, Ms. Flaherty asked permission to enter into a five-year renewal license agreement, which would provide the System with over \$741,000 in income, with a 2% increase annually.

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

Scott French re-entered the Boardroom.

Action Item 3:

Mr. Pagán 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 resubmitted to the - Capital Committee - 07/11/2019 and 09/12/2019

Maureen McClusky, Senior Vice President for Post-Acute Care and Dr. Charles Barron, Deputy Chief Medical Officer for Behavioral Health, presented. The presentation materials are attached and incorporated herein by reference.

Ms. McClusky informed the Board that the resolution was being resubmitted because the resolution had been tabled at the July Board meeting with a request for more information regarding the clinical program offered by Camelot. She then provided a high-level overview informing the Board that Camelot was formed in 1971 as a non-profit article 32 mental health facility. Camelot currently operates a 35 bed-residential male substance abuse program on the Sea View Campus. This program is funded by the New York State Office for Alcohol and Substance Abuse (OASAS). Ms. McClusky also informed the Board that there is seamless collaboration with the Gotham Vanderbilt site on Staten Island. The building to be leased is currently vacant and the System will be receiving rent at \$12.50 a square foot or \$250,000 per year, with an increase of 2.5% per year, with a total rent over the term of \$10,975,676.

Dr. Barron informed the Board that he confirmed with the Chief Executive Officer of Camelot and was assured that the current men's program, which is identical to the proposed program, does offer medication assistance therapy if the client so chooses. He said that the Camelot program is also in compliance with OASAS requirement to offer either methadone or buprenorphine treatment. Dr. Barron also confirmed with OASAS that it will be monitoring the program using a new data collection technique to assure compliance.

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

Action Item 4:

Mr. Pagán read the 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. This item was presented to the Capital Committee on 09/12/2019

Dr. Dave Chokshi, Vice President for Population Health, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions regarding the range of services NYLAG will be providing, Dr. Chokshi invited Randey Retkin, a representative of NYLAG, to speak and she explained that NYLAG offers full representation to clients, including advice, referrals and court appearances.

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

Action Item 5:

Mr. Pagán read the 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.
This item was presented to the Capital Committee - 09/12/2019

Michael Rawlings, Chief Operating Officer at Bellevue presented. The presentation materials are attached and incorporated herein by reference.

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

Action Item 6:

Mr. Pagán read the 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. This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Flaherty explained that 50% enrollment by children of Elmhurst staff is a requirement within one-year of the contract. She further explained a multi-tier tuition structure based on staff income to attract more staff participation. She also said that priority would be given to staff within the allotted slots and salary tiers.

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

Action Item 7:

Ms. Pagán read the 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 \$6,000,000 not to exceed contract limit for Mac & Sons by \$6,000,000 to bring the total not to exceed limit to \$12,000,000.

This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

Dr. Katz highlighted that this extension is to a contractor who is a registered MWBE.

In response to a request for clarification regarding the NYC Comptroller's rule regarding increasing contract dollars without a new procurement, Ms. Flaherty responded that because the scope of the work did not change it was her belief that the change is allowable. She said she would seek the informal opinion of the Comptroller on the point and report back to the Chair of the Committee prior to the matter being presented to the full Board at the end of the month.

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

Action Item 8:

Mr. Pagán read the 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.

This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Flaherty assured the Board that Carrier Corporation had agreed to meet the 30% MWBE sub-contracting requirement.

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

Action Item 9:

Mr. Pagán read the 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. This item was presented to Capital Committee - 09/12/2019

Dr. Theodore Long, Vice President for Ambulatory Care, presented. The presentation materials are attached and incorporated herein by reference.

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

Action Item 10:

Mr. Pagán read the 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. This item was presented to the Capital Committee - 09/12/2019

Dr. Theodore Long, Vice President for Ambulatory Care, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Dr. Long assured the Board that there is clear signage that differentiates the Pediatric services from Health and Hospitals services. He further explained that there is a seamless referral process from the clinic where patient receives maternal care and the Pediatric services after birth. Of note is that the Practitioner was trained at Elmhurst, refers patients for specialty care to Elmhurst, accepts MetroPlus and a substantial number of his patients are Medicaid recipients.

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

Action Item 11:

Mr. Pagán read the 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.

This item was presented to the Capital Committee - 09/12/2019

Alfonso Pistone Associate Executive Director, Coler Rehabilitation and Nursing Care Center, and Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to a question, Ms. Flaherty clarified that the resolution had been previously tabled at the July Board meeting, so that Verizon could clarify what, if any, relationship this agreement was to have with another agreement being negotiated. Verizon had clarified its position that the resolution was unrelated to other potential contracts under discussion. She also confirmed that Verizon would comply with all regulatory requirements.

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

Action Item 12:

Mr. Pagán read the 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.

This item was presented to the Capital Committee - 09/12/2019

Christine Flaherty, Senior Vice President, Office of Facilities Development, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Flaherty explained that there is currently a list of projects projected to be funded by these agreements extension. She further explained that these projects include a new flood resistant facility in Coney Island, a flood-wall design at Metropolitan, and mitigation at Coler to anticipate sea level rise and climate change. There are no changes in the funding level from FEMA, and it is expected that with the amendment, Health and Hospitals will be able to complete all the allocated work as listed. It was also clarified that both vendors had committed to sub-contract 5-10% of the increased amount to MWBE.

Follow up - the members of the Board requested an overview of the status of all FEMA projects be calendared in the near future.

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

Action Item 13:

Mr. Pagán read the 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. This item was presented to the Information Technology Committee on 09/12/2019

Kevin Lynch, Chief Information Officer, Jeff Lutz, Assistant Vice President for Infrastructure, and Barbara Lederman, Assistant Vice President of Information Technology, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions regarding SunGard's financial status and its bankruptcy filing, Mr. Lutz notified the Board that SunGard did file for bankruptcy for about three weeks and emerged in sound financial standing. During that period, there were no changes in services and SunGard has maintained its customer base. The contract is based on monthly payments with a clear termination clause. The extension provides Health and Hospitals the opportunity to explore other data hosting options and the System is currently engaged with Gartner, a consulting firm, to explore viable options.

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

Action Item 14:

Mr. Pagán read the 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.
This item was presented to a Joint Information Technology and Finance Committees - 09/12/2019

Kevin Lynch, Chief Information Officer, Jeff Lutz, Assistant Vice President for Infrastructure, and Barbara Lederman, Assistant Vice President of Information Technology, Linda DeHart, Senior Assistant Vice President, Finance, and Paulene Lok, Debt Financing, presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Mr. Lutz explained that Dimension Data is requesting an MWBE waiver because they are only a reseller for Cisco and is basically a pass through entity. Mr. Lutz further explained that there were no Tier I MWBE bidders that responded to the RFP. It was suggested that the System

should take a stronger position with the vendor regarding MWBE requirements and should stress how important this requirement is to doing business with Health and Hospitals.

Ms. DeHart notified the Board that, because, the agreement requires an advance payment, financing was required. She explained that such financing was available from Key Bank with a final interest rate of 4.21 percent. She further explained that because this is a service agreement, a bond could not be used for financing.

Following discussion and upon motion made and duly seconded, with one abstention the Board approved the resolution.

Action Item 15:

Mr. Pagán Chair of the Board read the 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").

Matthew Siegler, Senior Vice President, Managed Care/Patient Growth, presented. The presentation materials are attached and incorporated herein by reference.

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

Action Item 16:

Mr. Pagán read the 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.

This item was presented to the HHC ACO - September 5, 2019

Mr. Pagán notified the Board that for the next action item only, the Board would be acting on behalf of the System in its capacity as the sole member of its subsidiary, HHC ACO, Inc. In

its capacity as the sole member of HHC ACO, Inc., it was necessary to consider the appointment of Hyacinth Peart to serve on the HHC ACO board as the Medicare beneficiary as mandated by the subsidiary's by-laws.

Dr. Dave Chokshi, Chief Executive Officer of the Accountable Care Organization, presented the resolution. The presentation materials are attached and incorporated herein by reference..

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

Action Item 17:

Mr. Pagán read the 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 \$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.

This item was presented to the MetroPlus Executive Committee: August 7, 2019)

Talya Schwartz, Chief Executive Officer and Kathryn Soman. MetroPlus' Director of Communications presented. The presentation materials are attached and incorporated herein by reference.

In response to questions, Ms. Schwartz explained that MetroPlus is also engaged in advertising in other social media environments; however, the current resolution concerns a proposal for an additional \$1 Million for television advertising for the first year of the renewal option in the contract with Milton Samuel Advertising that had been approved on January 28 2016. The Board asked for further clarification on the targeted audience demographic and advertising in other languages.

Ms. Schwartz noted that the resolution originally presented

to the Board mistakenly referred to the requested increase in funding as \$1.6 Million whereas the actual increase requested is only \$1 Million. Therefore, she requested that the resolution be revised to reflect that correction so that it would read in its entirety as follows:

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 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.

Follow up: The Board requested that a comprehensive marketing strategy be provided for review.

Following discussion and upon motion made and duly seconded, the Board unanimously approved the resolution with a request for \$1m increase as presented.

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.

EXECUTIVE SESSION

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/Woodhull Hospital.

The Board received and approved a semi-annual governing body report from NYC Health + Hospitals/Lincoln Hospital and NYC Health + Hospitals/Gouverneur Skilled Nursing Facility.

The Board also received and approved the 2018 performance improvement plan and evaluation written submission from NYC Health + Hospitals/Cumberland Health Center - Gotham Health.

The Board also considered the Governance Committee's recommendation to appoint Deborah Brown as Senior Vice President for of External and Regulatory Affairs. Ms. Brown recused herself and left the room for this discussion. The Board unanimously approved the recommendation.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:44 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Governance Committee - July 25, 2019

As reported by: José Pagán

Committee Members - José Pagán; Sally Hernandez-Piñero as delegated vote for Helen Arteaga Landaverde

Staff - Mitchell Katz; Andrea Cohen; Eric Wei; Colicia Hercules; Sharon McPherson

The meeting was called to order at 2:08 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on April 18, 2019. The motion was seconded and the minutes were unanimously approved.

Dr. Eric Wei then presented a resolution to Amending the Bylaws of the New York City Health and Hospitals.

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 motion was seconded and unanimously approved by the Committee for consideration by the full Board.

There being no further business, the meeting adjourned at 2:11 p.m.

Equity, Diversity and Inclusion Committee - September 10, 2019

As Reported by: José Pagán

Committee Members Present: José Pagán; Eric Wei, representing Dr. Katz in a voting capacity; Robert Nolan

A meeting of the Equity, Diversity and Inclusion (EDI) Committee of the NYC Health + Hospitals' Board of Directors was held on September 10, 2019. Board Chair José Pagán presided on behalf of Helen Arteaga Landaverde, EDI Committee Chair. Dr. Eric Wei represented CEO/President

Dr. Mitchell Katz in a voting capacity. The meeting was called to order at 3:32 p.m. A motion to approve the minutes of the May 14, 2019 meeting was duly made and unanimously approved.

M/WBE REPORT OUT

Keith Tallbe, Senior Counsel of the Office of Legal Affairs for Supply Chain Services, stated that he serves as the M/WBE lead for the System. At the last meeting, Mr. Tallbe expressed that they were conducting a search for a full-time staff line to support the M/WBE activities for the organization, and is happy to report that a candidate has been selected. It is anticipated that the candidate will be on board in a month.

Mr. Tallbe noted that the new hire will present more consistent reporting to the EDI Committee. He stated that the new person will be responsible for formalizing a process in Peoplesoft to determine the actual dollars spent with our M/WBE Tier 1 and Tier 2 vendors – who are our prime M/WBE subcontractors. The new hire will utilize the current compliance tools and process in place to provide the appropriate high-level data required for reporting.

This new person will also assist with procurements, end to end: from identifying the need through our spend reports to recognizing where there are opportunities, and meeting with business leaders to help develop procurements to increase M/WBE utilization. This person will play the role of matchmaker between the vendor and M/WBEs businesses. Another function of the new hire will be engaging with similarly situated health care organizations and help identify other M/WBE vendors that these hospitals are using. Mr. Tallbe stated that all these functions will provide significant improvement for our System.

Mr. Pagán asked Mr. Tallbe to provide an explanation of the System's obligation on M/WBE spend goals to members of the Board, since M/WBE is one of the Board's top priorities. Mr. Tallbe stated he would develop educational materials that can be shared with members of the Board.

OFFICE OF DIVERSITY REPORT OUT

Matilde Roman, Chief Diversity and Inclusion Officer, provided an overview of the strategy to integrate diversity and inclusion best practices into the organization's activities in the following five key areas: (1) enhancing organization and workforce capabilities by developing system-wide trainings, resources, and tools; (2) optimizing language and auxiliary service delivery through the expansion of service options, creation of centralized systems, and building staff knowledge; (3) integrating standard work and processes by developing uniform policies, guidelines, and evaluation tools to help measure perception for employee engagement and patient experience; (4) improving the reliability and accuracy of data by strengthening tools to measure vendor performance, and integrating value sets like sexual orientation and gender identity (SOGI) data; and (5) strengthening community engagement and outreach efforts. Ms. Roman referenced the LGBTQ engagement initiative and upcoming health literacy workshops to

build awareness and competency for key patient-facing staff and health care professionals.

Ms. Roman also highlighted a few key milestones accomplished that included securing baseline funding starting in the new fiscal year for equity training and the LGBTQ engagement initiative to support ongoing efforts to build staff capabilities, supplement community outreach efforts, and connect people to services at NYC Health + Hospitals. Ms. Roman noted that for the fourth year in a row, NYC Health + Hospitals' facilities received the LGBTQ Health Care Leader designation by the Human Rights Campaign, which demonstrates the organization's continued commitment to ensuring that policies and practices are affirming to members of the LGBTQ community. Ms. Roman also stated that NYC Health + Hospitals continues the expansion of Pride Health Centers – the latest being at Bellevue and Gouverneur – as well as building the number of providers that undergo the certificate program in Advanced Training in LGBTQ Affirming Care.

Ms. Roman noted that implementation of the new telephonic interpretation vendors is underway. The Office of Diversity and Inclusion has been working with facilities to integrate the two additional vendors, and anticipates completion of this phase of implementation by the end of October. During the past few months, the Office of Diversity and Inclusion has also worked to augment communication services to better serve people who are deaf or hard of hearing. This includes expanding available methods of sign language, optimizing systems to support video remote interpreting services, adding a new Communication Access Real-Time Translation (CART) vendor, and assistive listening devices for facility purchase. Lastly, Ms. Roman mentioned the development and distribution of standardized language access resources, such as posters that notify the public of the availability of free language services, language ID desktop displays and 'I Speak' cards to support the delivery of language assistance services at facilities.

AFFILIATE WORKFORCE ANALYSIS

Ms. Roman reported the demographic data for affiliate staff employed at NYC Health + Hospitals that was requested during the May 2019 committee meeting. Ms. Roman stated that the data is reflective of professional service staff, which includes physician providers, other health related professionals, and non-physician contract service providers.

Ms. Roman noted that for all four affiliate organizations, there were 7,756 staff identified during a 12-month employment period (from May 1, 2018 to April 30, 2019) and that the data reveals that over fifty percent (50%) of affiliate staff identify as a member of a minority group, with the largest group being Asian (26%), followed by Black/African American (19%), and Hispanic and Latino (10%). Moreover, fifty-five percent (55%) of affiliate staff are women.

Mr. Pagán thanked Ms. Roman for the report and asked if there were any old or new business. Hearing none, he thanked the EDI Committee, NYC Health + Hospitals staff, and Board members for their time, and adjourned the meeting at 3:54 p.m.

Community Relations Committee - September 10, 2019

As reported by: José Pagán

Members Present: Robert Nolan, Eric Wei, M.D., representing Dr. Katz in a voting capacity.

The meeting of the Community Relations Committee (CRC) was called to order at 5:35 p.m.

Mr. José Pagán noted that a quorum had been established. He requested a motion for the adoption of the minutes of May 14, 2019 meeting. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON REMARKS:

Mr. Pagán opened the meeting by expressing grief and sorrow with the passing of Mrs. Josephine Bolus, longtime Community Relations Committee Chair and colleague. Mr. Pagán reflected on her many leadership and personal contributions to NYC Health + Hospitals patients and communities. He added that Mrs. Bolus made the Community Relations Committee so real and influential, including the launch of the Marjorie Matthews Annual Advocacy and Volunteer Recognition Awards event 15 years ago.

Mr. Pagán stated that as the City Council-designated Brooklyn representative, "Mrs. Bolus was a committed, passionate and very vocal NYC Health + Hospitals Board member for more than two decades. A proud Registered Nurse, she served Health + Hospitals for twenty-eight (28) years. Josephine Bolus will be very deeply missed."

Mr. Pagán asked for a moment of silence in her memory.

Mr. Robert Nolan, offered reflections and words of condolences regarding the passing of Mrs. Bolus and announced the passing of George Rodriguez, NYC Health + Hospitals/Lincoln CAB Chair and community activist and advocate.

Mr. Pagán reported that the Board 2019 Annual Public Meetings were held from April 2nd through June 18th and noted that there were important system announcements and borough facility recognitions by Dr. Katz along with vital testimony from a range of community and labor representatives, including from CAB chairs and members, Auxiliaries, staff and patients. He added that most visible were expressions of concern by nurses and members of NYSNA regarding nursing staff shortages and problems at most facilities.

Mr. Pagán reported that the most recent Marjorie Matthews awards recognition event was held as a "double-header", immediately following the Council of CABs Educational Conference, in the Corporate Conference Center at Health + Hospitals/Jacobi in the Bronx. He added that upwards of three hundred CAB members, Auxilians, and staff participated and noted that the now traditional barbecue, DJ music, and MetroPlus-contributed ice cream were reportedly thoroughly enjoyed by those in attendance. Mr. Pagán noted special awards for CAB service and leadership were presented to CABs Council Chairperson and Chair of Metropolitan CAB J. Edward Shaw and to Gladys Dixon, Chair of the Coler CAB, and special longevity of service awards were presented to Lulu King of the Harlem Auxiliary and to Dr. Mary Ann Chiasson of the Children of Bellevue Auxiliary. Dr. Katz presented a tribute to all volunteers."

Mr. Pagán reported that on August 1st was the launch of NYC Care in the Bronx and is scheduled to be implemented throughout the remainder of the City by end of 2020. Mr. Pagán noted that NYC Care provides coverage for all uninsured New Yorkers, including undocumented immigrants providing them with an assigned, community-based primary care practitioner and access to comprehensive online scheduling capacity, as well as continuation of care. Mr. Pagán added that since the launch, there has been great success with enrollment, which has included partnerships with community-based organizations that employ certified application counselors.

Mr. Pagán reported that NYC Health + Hospitals will also work to ensure that NYC Care members have 24/7 pharmacy access, through extended pharmacy hours at all our hospitals and health center-based pharmacies in the Bronx and through a new arrangement with a 24 hour retail pharmacy in the Bronx for emergency prescriptions overnight.

Mr. Pagán reported that NYC Health + Hospitals is collaborating with the NYC Fire Department (FDNY) and the Regional Emergency Management Council (REMAC) to explore a new federal demonstration program from the Center for Medicare and Medicaid Services (CMS). The Emergency Triage, Treat, and Transport (ET3) model provides greater flexibility so that the City of New York could avoid 189,000 ambulance transports to emergency rooms per year. That is over 500 each day, as our 11 acute care facilities have some of the busiest emergency departments in the city.

Mr. Pagán reported that NYC Health + Hospitals/Elmhurst in June opened a new Medical Primary Care Center designed to support the health system's focus on expanding primary and preventive care to keep communities healthy and out of the hospital. The new outpatient center will bring together a diverse team of clinical experts to offer a wide range of internal medicine, women's health, mental health and adolescent health services in one space. With funding from the State, NYC Health + Hospitals invested approximately \$1 million to cover the cost of the renovations and new equipment.

Mr. Pagán reported that NYC Health + Hospitals' full-service community health center on Staten Island, the NYC Health + Hospitals/ Gotham Health Vanderbilt, now nearing the one year mark, will now offer Saturday and additional evening hours to expand access to primary and preventive health services to the community.

Mr. Pagán reported that NYC Health + Hospitals' announced earlier this summer that all 11 public hospitals would host free opioid overdose and naloxone training and dispensing events by the end of 2019. Mr. Pagán noted that as part of HealingNYC initiative, this program will train community members and non-clinical hospital staff to recognize an opioid overdose and properly and safely administer naloxone medication. Naloxone kits will be distributed free to all participants to empower friends, family and other community members to serve as first responders during a potential overdose.

Mr. Pagán also reported that in July a comprehensive, primary care-centered diabetes management program was launched that included 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 system. Mr. Pagán noted that this program supports patients with uncontrolled diabetes, and help them adhere to their medications, monitor their vision, peer counseling, and empower them to take charge of their health with the help of a clinical pharmacist, teleretinal screening, and phone peer mentors, with a "Coach in Your Pocket" Smartphone App.

Mr. Pagán concluded the Chairpersons' remarks by congratulating NYC Health + Hospitals/North Central Bronx who in early summer opened a renovated and expanded midwifery unit.

PRESIDENT REMARKS:

Dr. Wei began the President's remarks by congratulating new CAB chairs and others who assumed leadership positions on the CAB's Council. He added that the Administration looks forward to a continued strong collaboration and working relationship to make NYC Health + Hospitals an even better place for our staff and patients. Dr. Wei continued and gave the following updates:

Epic

Dr. Wei reported that Health + Hospitals went live in July at Lincoln, Jacobi, North Central Bronx and Metropolitan and their associated Gotham Health Clinics, which brings the count to 10 out of 11 acute hospitals and their associated community clinics now using our modern, integrated electronic health record system (H20). Dr. Wei added that under the leadership of Kevin Lynch, CIO, and Kim Mendez, CHIO, NYC Health + Hospitals compressed the implementation timeline.

NYC Care

Dr. Wei reported that there had been two thousand plus enrollments in the first two weeks alone. Dr. Wei added that there was enrollments by patients from every zip code in the Bronx and that 100% of new patients have been offered Primary Care appointment within 2 weeks. He added that hundreds of medications were filled during expanded hours at our pharmacies.

Public Meetings

Dr. Wei reported that NYC Health + Hospitals Board of Directors completed the 2019 public meetings in each borough. Dr. Wei thanked members of the CABs for attending and raising their concerns to the NYC Health + Hospitals Board and leadership.

Dr. Wei reported that the NYC Health + Hospitals administration took all the issues very seriously and the response are now posted on the website.

Public Charge

Dr. Wei reported that the Trump administration announced public charge rule in August with plans to take effect on October 15, 2019 Dr. Wei noted that immigrant patients not impacted by the proposed rule are patients who are pregnant and on Medicaid and patients using emergency Medicaid.

Dr. Wei informed members of the Committee, CAB Chairs and invited guests that accessing NYC Health + Hospitals NYC Care or Health + Hospitals Options would not cause someone to be identified as a "public charge." Dr. Wei noted that NYC Health + Hospitals is offering free confidential legal help through our partners, LegalHealth. Dr. Wei reminded all that NYC Health + Hospitals mission remains intact - we welcome everyone, no matter what their immigration status or income and that our commitment to this mission remains steadfast.

Dr. Wei concluded the President's remarks by adding NYC Health + Hospitals is monitoring events in Washington D.C. closely.

NYC Health + Hospitals/Jacobi

Mr. Pagán introduced Ms. Sylvia Lask, Chairperson of NYC Health + Hospitals/ Jacobi and invited her to present the CAB's annual report.

Ms. Lask began her presentation by announcing that this was another meaningful and productive year for the Jacobi CAB. Ms. Lask thanked Christopher Mastromano, CEO for his leadership and guidance.

Ms. Lask reported that last year's annual 9/11 Memorial 2018 event was well attended by CAB members, community members, elected officials, district leaders and staff. She added that the event was held at the 9/11 Jacobi Memorial Garden which was established and designed to pay

homage to the Bronx victims of 9/11. This memorial garden is always accessible to the public. She announced that tomorrow the Jacobi CAB would be commemorating the 18th anniversary of 9/11.

Ms. Lask reported that in lieu of a Legislative Forum this year, the Jacobi CAB decided to have a round-table to allow a more private and direct conversation between senior staff, CAB members, and the elected officials regarding Jacobi's needs. Ms. Lask noted that Assemblywoman Fernandez and Councilman Gjonaj provided significant information in the discussion on legislative and fiscal issues that affect healthcare, and vowed to support Jacobi and public hospitals.

Ms. Lask reported that the Jacobi CAB sponsored an annual Mental Health Conference in recognition of May being National Mental Health Awareness month. She noted that this year's presentation on "Mental Health Legislation & Advocacy" was by Glenn Liebman, CEO of the Mental Health Association in NYS (MHANYS) focused on the recent Mental Health Education Bill and its successful impact. In addition, Ellen Pendeger, CEO MHANYS Ulster County presented on "Day to Day Operations of a Mental Health Center." Ms. Lask noted that these comprehensive presentations were followed by a discussion with CAB members on mental health concerns, issues and advocacy efforts in the community.

Ms. Lask noted that Mr. Mastromano provides a comprehensive update along with executive and clinical leadership at Jacobi CAB meetings. She added that the CAB members learn about health issues facing the community, and the hospital's initiatives, services and unique programs to address these and other concerns.

Ms. Lask reported that the CAB is kept informed of relevant information as it occurs throughout the year. She added that the CAB also receives current information through its Emergency Department and Mental Health sub-committees, and participated in the annual Social Work Disaster Response Conference.

Ms. Lask stated that, "Jacobi is committed to being one of the safest hospitals in the nation. She added that Jacobi's executive leadership sets a high standard for ongoing improvement hospital-wide, service excellence and patient satisfaction."

Ms. Lask concluded her presentation by stating, "Our CAB is proud of Jacobi's long history of medical accomplishments and innovations, unique services and programs, and staff members who are dedicated, knowledgeable and compassionate."

Mr. Pagán thanked Ms. Lask for her report and moved the agenda.

NYC Health + Hospitals/North Central Bronx (NCB)

Mr. Pagán introduced Ms. Esme Sattaur-Low, Chairperson of the NYC Health + Hospitals/North Central Bronx CAB, and invited her to present her report.

Ms. Sattaur-Low began her presentation by thanking members of the Committee for the opportunity to present the NCB CAB annual report.

Ms. Sattaur-Low reported that the NCB CAB receives periodic updates from Administration throughout the year on all services and outreach efforts, and that the CAB continues to promote those services and outreach events.

Ms. Sattaur-Low reported that NCB had opened a renovated and expanded OB Midwifery Unit in February 2019. She added that patients and staff are enjoying the new space, which has improved access and patient experience.

Ms. Sattaur-Low reported that NCB started a mentoring program for middle school, and high school aged students to expose them to internships in the health care field.

Ms. Sattaur-Low reported that the community's most significant health issues include obesity, diabetes and hypertension. She added that clinicians address these health issues and provide ongoing education and screening during community outreach.

Ms. Sattaur-Low reported that the community is concerned about the demand for services for geriatric patients and families with psychiatric disorders. She noted that a special and unique Geri-Psych Unit at NCB is addressing the need. She also added that the care of patients with substance abuse disorders is also a key issue. She noted that North Central Bronx is working with the Bronx District Attorney's Opioid Task Force to help address this issue by assessing and developing strategies with the Pharmacy and Ambulatory Departments.

Ms. Sattaur-Low reported that during the Month of August, the CAB participated in NCB's annual Back to School Health Fair. She added that it was a very successfully event with over 400 people in attendance with representation of both City and local community organizations. She noted that NCB CAB promoted NYC Care, which helps all those unable to obtain health insurance to get access to health care with little to no cost.

Ms. Sattaur-Low announced upcoming special events that included the Annual 911 Memorial Event sponsored by the NCB CAB, in collaboration with the Jacobi CAB. She added that the event is a solemn and moving ceremony to honor the victims of September 11.

Ms. Sattaur-Low concluded her presentation by informing Committee members, CAB Chairs and invited guests that North Central Bronx is a hospital that has provided quality healthcare to generations of families. It is a hospital that members of the community trust, having received compassionate care from experienced providers. She added that the NCB CAB is proud of the hospital and the community and will continue to work to make both stronger.

Mr. Pagán thanked Ms. Sattaur-Low for her presentation.

Hearing no old business or new business, Mr. Pagán adjourned the meeting at 6:00 p.m.

Joint Information Technology and Finance Committees

As reported by: José Pagán

Committee Members Present: José Pagán (Chair), Dr. Mitchell Katz, Scott French representing Steven Banks in a voting capacity, Barbara Lowe, Freda Wang

José Pagán called the meeting to order at 10:05 AM. The minutes of the June 13, 2019 meeting were adopted.

Kevin Lynch thanked the Committee and presented his CIO Report. He started with the Health Information Prioritization Committee top projects. These include H₂O (Epic) + Cerner Lab enterprise implementation; Evolve/ERP, also known as Enterprise Resource Planning, which covers Finance, Supply Chain, HR, Payroll, eTime Collection, and Nurse Scheduling; Correctional Health Services EMR project; and the Post-Acute Care EMR (electronic medical record) project.

Mr. Lynch spoke to a series of slides with diagrams called NYC Health + Hospitals Acute Facilities; Acute Facilities + Post-Acute Care + Correctional Health Services + Gotham Health Facilities; NYC H+H Current Electronic Medical Record + Revenue Cycle Landscape (Summer 2018); NYC H+H Electronic Medical Record + Revenue Cycle Landscape Post July 27, 2019; and NYC H+H EMR future state.

Mr. Lynch showed H₂O + Cerner Lab Enterprise Implementation Update and its list of statistics; an ERP Update for Clairvia and Nurse Scheduling; Enterprise Radiology Integration Initiative Time Line; Post-Acute Care EMR Update; Correctional Health Services; and a 2019 Calendar end Milestones.

Dr. Mitchell Katz said he was impressed by just how much data comes through on the system when he works at his clinic at Gouverneur. It was more than he anticipated.

Scott French said he has MyChart on the NYC Health + Hospitals system and it is extremely helpful. You can look up your charts without having to go through your doctor. It is very helpful way to communicate.

The completed Mr. Lynch report.

ACTION ITEM #1: SUNGARD

Mr. Lynch read the 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.

Jeffrey Lutz, Assistant Vice President, Infrastructure, and Barbara Lederman, Assistant Vice President, Business Operations, presented.

Mr. Lynch spoke to the slide Data Center and Connectivity Overview. He talked about how the Jacobi Data Center and the SunGard Data Center in New Jersey are linked to all facilities' networks (including Epic and ERP). One is considered primary and one is backup.

Mr. Lutz provided a background summary and spoke about SunGard Availability Services as a company.

Mr. Lynch said in his previous positions they used SunGard also.

Mr. Lutz read the Request: for spending authority in the amount of \$10.1 million, made up of: \$274,523 monthly payment (\$3,294,276 annually; there was a math error on the original slide in the presentation); current payments \$548,365.70 monthly (\$6,580,388.40); and \$217,172 contingency for any future growth or expansion. He said extension of the contract term for three-years is to allow sufficient time to conduct a solicitation, plan, prepare and design a transition and then migrate to a new data center with a selected vendor. He pointed out that there was a decrease of current contract spending by approximately 50%, while still providing the same services to NYC Health + Hospitals today.

Mr. Lutz explained Gartner is a research and support partner. They help us with contracts and procurement.

Mr. French said Gartner is used by multiple agencies around the City.

Mr. Pagán asked why the costs dropped so much.

Mr. Lutz said we have been in a ten-year contract. Over this time, the Cloud technology and new entrants into the market have really driven down pricing. There will be additional savings later and as the result of negotiations. We worked with a realty group, who conducted a survey of ten different locations and cost range. We were able to go to SunGard with comparison rates. They wanted to keep us as a partner.

Mr. Lutz showed the Proposed Three-Year Plan. He said NYC H+H Information Technology Team and Gartner team has developed a three-year roadmap outlining the various tasks and timelines to implement the data center strategy. We also want to minimize costs.

Mr. French said there are things outside your control regarding timelines because it is possible the City would not be prepared to move as quickly. This buys you time.

The motion was seconded and unanimously approved for consideration by the full Board.

ACTION ITEM #2: CISCO

Mr. Lynch read the 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 (this was corrected from the version presented; \$0.64 is now added), for the period of October 1, 2019 through June 30, 2022; and
Authorizing the System to borrow \$48,906,495.64 (this was corrected from the version presented; it has now been changed from \$0.65 to \$0.64) 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.

Mr. Lynch said this is the Joint IT-Finance portion of the meeting. He introduced Linda DeHart and Paulene Lok from Finance. He then spoke to the Wide Area Network Overview.

Mr. Lutz showed a diagram with Dimension/Cisco's SmartNet system supporting and connecting our voice/telephony, collaboration, network/connectivity, and security and monitoring.

Mr. Lutz provided a background/current state of Dimension/Cisco. He stated Dimension/Cisco are the de facto leaders in many industries. He said we selected Cisco as the standard network platform for the enterprise. We purchase their services through a third party - Dimension Data - since Cisco do not sell directly to vendors.

Dr. Katz asked why that is the case.

Mr. Lutz said this is common in IT. He said Dimension Data has resources and can add value to the services offered by Cisco.

Mr. Lutz provided an Overview of the 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 \$39 million and expires on September 30, 2019.

Mr. Lutz informed the Committee that the prior Dimension 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 three-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 (this slide was corrected for the amount of \$0.64). He added that we entered into a three-month extension through September 30, 2019 for \$3.4 million.

Mr. Lutz stated that this contract is around \$15 million higher than the previous contract. That increase includes \$4 million for hardware (this is part of a broader capital City-funded project to replace older equipment and adding wireless at sites); and \$10 million in software and other applications to support the system.

Mr. Lutz said Dimension is a Cisco partner and Tier 1 provider. This is based on sales and customer satisfaction. We have used them for 10 years in a wide range of services.

Mr. Lutz spoke to Annual vs. Pre-Payment Options and the Cost Savings Benefits of 33-Month Pre-Payment. He then gave the Approval Request.

Ms. Wang asked if it would be possible to self-finance in the future.

Ms. Dehart said if we had more lead time we might have had alternatives since this is an odd situation. The 4.2% rate is higher than we usually pay. But this is not typical. We negotiated down the rate by 25 basis points. In consultation with our financial advisor, we feel this type of lending from this lender it was a competitive rate.

Dr. Katz said if we had offered \$52 million, would they have accepted it?

Ms. Dehart said Key Bank has a longtime relationship with Cisco and the resellers. There is no collateral and not many lenders would be able to do that. We would have needed more lead time.

Ms. Lok said we are not saying we could have definitely gotten a better deal. We just could have explored.

Mr. Pagán noted that there is an MWBE (minority and women business enterprise) waiver and asked if H+H considered other MWBE vendors being willing to work on this.

Ms. Lederman said that, in RFPs (request for proposals) there are more of the qualitative evaluations we do of vendors. It is not part of the bid, because we are buying a commodity. It is like an off-the-shelf box. We are looking at the best price. It is included in the requirement to meet the 30%. But that has been waived here.

Dr. Katz said that is not for Cisco, but for the vendors. We need these businesses to develop and grow and that will come from the competition.

Ms. Wang stated that since this is a large institution it would be great to see the diversity within the organization.

Mr. Lutz said we are starting to have those conversations and they see that is our focus.

The motion was seconded and unanimously approved for consideration by the full Board.

There being no further business, the meeting was adjourned at 11:20 AM.

Capital Committee - September 12, 2019

As Reported: José Pagán

Committee Members Present: José Pagán, Freda Wang, and Mitchell Katz,
MD

The meeting was called to order by José Pagán, Chairman of the Board, at 11:21 A.M.

On motion, the Committee voted to adopt the minutes of the July 11, 2019, Capital Committee meeting.

VICE PRESIDENT'S REPORT

Christine Flaherty, Senior Vice President, stated that since her arrival, she had been getting to know the Health + Hospitals system and had been working with leadership teams and noted to date she has visited 19 facilities; including all eleven (11) acute care facilities, three (3) Skilled Nursing Facilities and five (5) community health centers.

Ms. Flaherty stated that she discovered in most cases, that the system is often in dire need of capital reinvestment - on some visits, she visibly observed what she noted as decades of disinvestment in infrastructure. She plans on reviewing all capital needs with both Finance, the New York City Office of Management and Budget (OMB) and our facility leadership to ensure the highest priority projects are at the top of the list and the team is concurrently developing a system-wide RFP to ensure design professionals can review and help delineate the best prioritization of capital needs on a site specific level.

Additionally, Ms. Flaherty has been working closely with Jeremy Berman, Deputy Counsel, Legal Affairs, reviewing leases, licenses agreements and properties, both within and outside main facility sites throughout the system as opportunities to leverage our assets to house our most vulnerable patient population were in consideration. She also stated that in working closely with Dr. Dave Chokshi and Population Health, it was clear that unlocking some of the system's under-utilized real estate assets for housing was an area that the team will focus on.

Ms. Flaherty previously reported that her department had launched the Facilities Council, with hospital designated operations executives, and had formed a working sub-committee evaluating trade workforce requirements across the system. Before the end of the calendar year, she will be looking to launch a design and construction sub-committee to focus on process improvement and the establishment of a governance model in collaboration with the facilities to support improvements to our design and construction process.

Ms. Flaherty also noted her continued work with Supply Chain and Legal Affairs and had developed a plan to address ongoing contracts that require renewals and was having bi-weekly working meetings with Supply Chain to ensure coordination and prioritization.

At this point, she turned the meeting over to the Chairman of the Board to address the numerous Action Items on the Agenda.

ACTION ITEMS

Frederick Covino, Vice President, Finance, read the resolution into the record.

- **Amending 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.

Mr. Covino provided background on the program, explaining that NYC HRA administered the Medicaid program for residents who were age 65 and older and for people of any age who were seeking public health insurance based on a disability. The Medical Assistance Program (MAP) Offices assist New Yorkers who wanted to apply for public health programs, primarily Medicaid, and the 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.

Mr. Covino noted that there were approximately 10,000 visits per month to the sites, and an estimated 1,400 applications completed on a monthly basis.

Mr. Covino explained that the rental rates were based on facility's Institutional Cost Report (ICR) rates, were submitted annually, in accordance with Medicaid regulations. He also noted that ICR rates were calculated separately for each facility and take into account the cost of operations, which included the depreciation of capital assets.

As a result, rates vary across the system based on historic capital expenditures.

Mr. Covino referred to the Power Point presentation, which showed ICR rate ranges, and annual occupancy fees for the sites being discussed.

Mr. Covino stated that he had been previously asked to compare the ICR rates to Fair Market Value rates, and review of that information had shown that in all cases the ICR exceeded the FMV rates.

Freda Wang asked if the Medicaid reimbursement was based on the ICR. Mr. Covino said yes, that is how the contract was built historically. Ms. Wang asked if that meant that reimbursements were equal to what H+H was charged. Mr. Covino said yes, the concept is that the HRA is reimbursed for the rent and H+H is paid that same amount.

Ms. Wang asked for clarification on whether HRA had always been charged for the space. Mr. Covino said no, originally the occupancy fee had been waived but when it was discovered that the City was charged rent in other spaces so they should have been in this case as well. H+H was sacrificing that income unnecessarily. The rent is reimbursable from the Federal government.

In summation, Mr. Covino advised that HRA had operated MAP offices within the System since 1991, and the MAP offices provided a valuable service to the System and its patients. Since 2014, H+H had been reimbursed for the program's space based on the System's Institutional Cost Reports and the associated rental costs with the program were reimbursable under Medicaid. The five-year renewal of the license agreement would provide over \$741,000 annual income, which would increase by two percent each year.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Maureen McClusky, Senior Vice President, Post-Acute Care Operations, 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.**

Ms. McClusky was joined by Dr. Rebecca Linn-Walton, Assistant Vice President, Behavioral Health.

Ms. McClusky stated that the subject resolution was presented to the Capital Committee and Board of Directors in July, but at the request of the Board of Directors, it was being re-submitted with additional information regarding treatment modalities.

Ms. McClusky introduced Dr. Linn-Walton and explained that she had been working closely with Charles Barron, MD to obtain the information requested by the Board of Directors.

Dr. Linn-Walton noted that Camelot did provide Medication Assisted Treatment (MAT) and Camelot had assured H+H that they would be providing evidence based medicine and treatment to their patients, and H+H was speaking regularly with the Chief Medical Officer and would be working with OASAS to conduct an evaluation and assessment of their programs for dosage of MAT and providing medication.

Dr. Linn-Walton added that doctors at the NYC Health + Hospitals/Gotham Health, Vanderbilt clinic at 155 Vanderbilt Avenue on Staten Island would also provide support as needed. H+H was also working to strengthen the use of medications for alcohol abuse as well, so that could be incorporated in treatment.

Dr. Katz asked if H+H had spoken to the Department of Public Health regarding this information. Ms. Linn-Walton said yes.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Dr. Dave Chokshi, Vice President, Population Health, read the resolution into the record, noting that the dollar amounts needed to be revised.

- **Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three year contract with New York Legal Assistance Group ("NYLAG") with two one-year options to renew exercisable only by the System to provide free legal services to the System's patients at the System's acute care hospitals and such other locations as are agreed upon at an annual cost of \$921,000 and increasing during the term to reach an annual cost of \$1,060,111 in the fifth year for a total not-to-exceed cost over the five year period of \$5,113,646; provided, however, the cost of the contract may increase if any other funding source determines to fund additional NYLAG staff or related functions.**

Dr. Chokshi was joined by Jeremy Berman, Deputy Council, Legal Affairs.

Dr. Chokshi stated that LegalHealth, a division of NYLAG, was a nonprofit legal services provider founded in 1991 that partners with hundreds of health and human services agencies across NYC to combat social and economic injustice, a particularly relevant service at present with the immigrant population being threatened.

Dr. Chokshi stated that Health + Hospitals operated one of the country's oldest and largest medical-legal partnerships with NYLAG's LegalHealth division, wherein H+H provided physical space to NYLAG attorneys to serve patients at various sites on matters related to immigration, housing, income maximization, family law, and more. The relationship began at Elmhurst in 2002 and was later expanded to all acute-care facilities, as well as select post-acute and larger Gotham facilities and that there were 4,375 patient cases handled by NYLAG attorneys in 2018, including but not limited to; health, housing, family law, employment, and by far the most related to immigration.

Dr. Chokshi stated that the proposed resolution was for a license agreement for occupancy space with Legal services included. There would be a NYLAG lawyer on site at each one of the acute-care H+H facilities, as well as some long-term care and Gotham sites. He noted that the relationship would be monitored centrally, which allowed for monitoring of integration with other social determinants, and the ability to reallocate attorneys based on volume at particular sites.

Dr. Katz stated that something he is most proud of at Health + Hospitals is the fact that there are lawyers on site to assist patients with the various issues they encounter or are dealing with. It supports the case for why public hospitals are so important, and this relationship highlights that.

Mr. Pagán agreed with Dr. Katz, and commended those fostering this relationship.

Mr. Berman explained that there were discrepancies in the dollar amounts listed on the agenda and within the resolution. He explained that there was approximately \$160,000 missing from the totals. Mr. Berman advised the committee that the resolution would be amended if moved forward for full Board of Directors review and approval.

Ms. Wang said she agreed with Mr. Pagán and Dr. Katz with regards to the relevance and benefits of the program.

Ms. Wang asked how the funding from the Robin Hood foundation was solicited. Dr. Chokshi stated that the funding went directly to NYLAG but supports the program as it operates within Health + Hospitals.

Ms. Wang stated there was a note in the resolution that there could be potential increases to the rates, and asked for an explanation. Mr. Berman explained that additional funding from the Mayor's Office of Immigrant Affairs, for the program, provided the opportunity to

augment the program and services. So the desire was to allow this resolution to be established and any future changes would tie back to this original, main agreement. That would include the possibility of providing services to the community at large, and not just patients.

Ms. Wang noted that the relationship provides a benefit to the system (by increased Medicaid participation) but also to the community at large. Dr. Katz agreed that there was great value to the system and the community.

There being no further questions or comments.

AMENDED 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.

On motion by the Chairman of the Board, the Committee approved the above amended resolution for the full Board's consideration.

Michael Rawlings, Chief Executive Officer, NYC Health + Hospitals / Bellevue, read the resolution into the record on behalf of William Hicks, Executive Director, NYC Health + Hospitals / Bellevue.

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.

Mr. Rawlings explained that the Day Care was a not-for-profit established in 1971, occupying 3,031 square feet in the facility's C&D Building at Bellevue since 2001. He noted that Bellevue provided electricity, water, heating/AC, and garbage collection and noted that 51% of the Childcare spots are reserved for Bellevue Staff, and currently Bellevue staff occupied 60% of the spots available.

Mr. Rawlings noted that the occupancy fee of \$34,00 per square foot, for 3,031 square feet of space amounted to a total of \$103,054 yearly, which the facility requested be waved due to the benefits occurring to Bellevue staff (receiving discounts totaling \$248,208 yearly) and to the surrounding community.

Dr. Katz asked if the agreement was structured so that Bellevue staff always received priority to the available spaces. Mr. Rawlings said yes, in fact, there are spaces available and they are being offered to Bellevue staff first.

Mr. Rawlings provided a breakdown of the program, noting that the Day Care Center is licensed for 41 childcare spots; 8 Infants, 12 Children Ages 1-3, 21 Children Ages 3-5, and the Day Care currently had eight (8) free Pre-K spots for the ages of 3-5. The Day Care operates from 7:00 am to 7:00 pm, Monday - Friday, Bellevue staff receive a 10% discount, meaning they pay \$1,875 monthly, whereas non-Bellevue staff pay \$1,975 monthly. Most of Bellevue staff are eligible for a further discount through a program offered by NYC Administration of Children's Services (ACS).

Mr. Rawlings also noted that the program was currently operating with 8 infants, 24 Bellevue/Affiliate employees' children (60% of the Day Care childcare spots) and 16 non-Bellevue employees' children enrolled. There were four (4) spots (in the 3-5-year range) that were open for the fall 2019 and Bellevue staff would have preference. There were currently 15 Bellevue employees on a waiting list for enrollment in 2020.

Mr. Rawlings also noted that the relationship with the Day Care was excellent, and staff saw it as an incentive for working at the facility.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Christine Flaherty, Senior Vice President, Capital and Design, read the resolution into the record.

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 \$6,000,000 not to exceed contract limit for Mac & Sons by \$6,000,000 to bring the total not to exceed limit to \$12,000,000.

Ms. Flaherty noted that the subject contract was a Job Order Contract (JOC) contract, meaning the bid was based on a pre-priced catalog of items and services, for which vendors bid on a multiplier. Having these, types of contracts in place allow for expeditious work. The Mac & Sons contract was one of two current electrical JOCs in place, the other being for Jemco Electrical. Each firm was issued work for ongoing projects; Mac & Sons (a W /WBE) for EPIC make ready work, and Jemco for the Point Care Click make ready work. Public bids for the two electrical contracts were opened in April, 2018.

Ms. Flaherty noted that the reason for the large influx of electrical work is related to EPIC make-ready work and additional IT needs identified. The acute-care centers are very large and some require a large volume of make-ready work. She also noted that Mac & Sons is performing very good work and the facilities are pleased and have desire for them to come back and complete additional work.

Ms. Flaherty noted that work in the pipeline had been estimated at \$2,072,000 which when added to the current commitment would bring contract spend to \$7,694,617 which was why the contract was being presented for increase in funds. The desired increase approval was for an additional \$6,000,000 to account for the work in the pipeline and to avoid returning to the Committee and Board should work exceed the estimated \$7,694,617, or should additional work be identified.

Ms. Flaherty noted that any awards within the contract would be for projects for which funding was already identified and approved.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Christine Flaherty, Senior Vice President, Capital and Design, read the resolution into the record.

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.

Ms. Flaherty stated there were currently 100 chillers and 10 HVAC units operating throughout the system. The units were previously being maintained under a contract with Johnson Controls, Inc. (JCI), however JCI declined to extend their agreement and therefore the new contract (publicly bid) was awarded to Carrier. The JCI agreement expired 6/30/2019 and Carrier had been providing service in the interim, at rates negotiated for their proposed contract with H+H.

Dr. Katz asked why JCI declined to extend their agreement. Mahendranath Indar, Senior Director, Office of Facilities Development, stated that JCI desired a year-long extension, believing that a six month extension was not of value to them as an organization, and added that they also had higher rates that they would not negotiate.

Ms. Flaherty stated that the evaluation criteria for the new contract was 35% agreement to the scope of work/proposal, 35% cost, 20% experience of the firm, and 10% MWBE. The application to issue RFP was approved by the CRC on 11/27/18; the RFP was issued 1/11/19 and published to City Record. Nine vendors attended the pre-bidders conference, three proposals were received and 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.

Dr. Katz asked if JCI met MWBE requirements. Ms. Flaherty said no.

Ms. Flaherty noted that references for Carrier had been provided for similar services provided at various institutions.

There being no further questions or comments.

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

Theodore Long, MD, Vice President, Ambulatory Care, read the resolution into the record.

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.

Dr. Long explained that this resolution was for an extension of a lease for the Women's Health Center. Fair market value was analyzed and rental rates found comparable.

Dr. Katz asked if the similar resolutions were showing the prior and the new term. Dr. Long said no, the first one is for an extension of the lease itself and the following resolution is to sublease a portion of the subject space for a portion of the rent.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Theodore Long, MD, Vice President, Ambulatory Care, read the resolution into the record.

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 2,560 square feet of space at 59-17 Junction Boulevard, Borough of Queens, to house the Subtenant's pediatric program 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 less than half of all of the Corporation's occupancy costs at the premises.

Dr. Long explained that the sublease functions as a continuum of care. The Women's Health Clinic provides obstetric care, and the Pediatric Specialties clinic provides pediatric care. Dr. Long visited the site and said the pediatric practice was bustling and complimented the H+H women's services available at the clinic.

Dr. Katz asked if Pediatric Specialties was a private or non-profit organization. Mr. Berman said it was private but the provider functioned much like H+H, participating in MetroPlus and accepting Medicaid, and maintains very close relations with Elmhurst Hospital and the clinic.

Dr. Katz asked that the team review the advantages and possible disadvantages of having the private office connected to the H+H clinic. He said he understood the benefit to the community but would like to understand the benefit to Health + Hospitals, or propose discussion as to whether the system would benefit from Pediatric Specialties becoming part of the H+H system. He stated he did not want that discussion to prevent the resolution from moving forward, but requested that it be initiated.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Alfonso Pistone, Associate Executive Director, NYC Health + Hospitals / Coler Rehabilitation and Nursing Care Center, read the resolution into the record on behalf of Robert Hughes, Executive Director, NYC Health + Hospitals / Coler Rehabilitation and Nursing Care Center.

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.

Dr. Katz asked if this rate was comparable to other antenna agreements throughout the system. Ms. Flaherty said yes, there was a chart include in the package that showed similar rates for agreements at Lincoln and Harlem. Dion Wilson, Legal Affairs, noted that the square footage number shown in the chart was in fact shown as 50 instead of 100 square feet, which would bring that per square foot rate in line with the other sites.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Christine Flaherty, Senior Vice President, Capital and Design, read the resolution into the record.

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.

Ms. Flaherty provided background on the Federal Emergency Management Agency (FEMA) projects associated with the subject contracts. She advised that the total FEMA portfolio for H+H was \$1.72 billion, dedicated for repairs, reconstruction and mitigation projects at Bellevue (\$499,189,533), Coler (\$180,750,493), Coney Island (\$922,743,641), and Metropolitan (\$120,021,717).

Ms. Flaherty noted that Health + Hospitals procured two Architectural and Engineering contracts after Hurricane Sandy, which the Board of Directors approved in 2013 via a public Request for Proposals (RFP) competitive selection process. The two contracts were procured for the sole purpose of facilitating "designs" for reconstruction and mitigation of Sandy related FEMA projects at the aforementioned facilities.

Ms. Flaherty also stated that the total budget allocated for the two contracts (Arcadis-US, and Parsons Brinckerhoff/WSP) was \$16 million. To date thirteen mitigation projects had been designed and completed. There were five remaining projects at Bellevue that were in various stages of completion and would require additional design services. To date their services had improved projects; flood wall, elevating security, and smarter elevator improvements. As final projects are

completed, there will be a need for additional services, and in order to be timely and cost effective, it was determined to be best to continue with the current engineering firms.

Ms. Flaherty noted that the present request was for \$450,000 to be added to the existing 2017 Board of Directors approved resolution (approximately 3% of the original \$16M contract).

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

Israel Rocha, Vice President, One City Health, read the resolution into the record.

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.

Mr. Rocha stated that the relationship with NYC Health + Hospitals/Elmhurst and Bright Horizons dated back to 2009, at which time an RFP was issued for a childcare center at the facility to benefit employees. Bright Horizons was the selected vendor to manage on-site daycare at Elmhurst. They currently occupy approximately 2,616 square feet of space, for which Elmhurst provides utility and maintenance services. The occupancy fees has historically been waived in recognition of the benefits received by the hospital and its staff. In October of 2017, Elmhurst administration reviewed the tuition structure with daycare management, the result of which was an additional 15% reduction for employees, totaling a 30% discount over community rates. A decision was made to attract more employees.

Mr. Rocha also stated that the tuition reduction did increase the number of employees utilizing the site, but still fell short of expectations so the facility continued discussions with the daycare to revisit the tuition structure. The new tuition structure features additional tiers and discounts that are based on employee household income. 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.

Mr. Rocha noted that the occupancy fee had been waived given the benefit of having childcare services available, on site, to staff, and outlined the fair market value rates that could be charged were the fee not waived and noted that a rate of \$49 per square foot.

Dr. Katz noted that the organization was a for-profit organization, which means we should discuss this in a different way than the Bellevue daycare that was previously discussed and asked if we did not waive the annual occupancy fee to Bright Horizons what would the annual amount be? Mr. Rocha said the annual occupancy fee being waived was approximately \$127,400 per year.

Dr. Katz asked, what were the benefits for waiving the annual occupancy fee? Mr. Rocha said Elmhurst was receiving on-site childcare, a guaranteed minimum of 50% spots, at a discounted rate, for employees, additional spots for the employees, if available.

Dr. Katz asked if all open slots are given to staff as priority. Mr. Rocha said yes. Dr. Katz said, unless the employees do not need them, and the community does want them. There should be no spots left empty. Mr. Rocha agreed.

Mr. Pagán said the services were obviously popular and in demand and asked for any evidence of this or details of the service. Mr. Rocha responded it was considered one of the top centers in Queens. The staffing compliment was one (1) Director, 1 Administrative Assistant/Associate Teacher, two (2) pre-school teachers, 2 toddler teachers, 2 infant teachers, and 2 float teachers, totaling 10 staff and teachers for the site. Bright Horizons was rated highly in competitive nursing school lists; measuring nutrition, literacy, among other things.

Ms. Wang asked for clarification on spaces available for employees. Mr. Rocha explained that the prior agreement did not have rates that were low enough for staff to utilize the program, so employee utilization was low, and that was the reason for renegotiating the rates with Bright Horizons. Mr. Rocha explained that with the new tuition structure in place he hoped that eventually 100% of the spaces would be utilized by Elmhurst employees. There was no maximum number that they could utilize. Ms. Wang said she could see how these new rates would help employees, and looked forward to seeing if the restructuring would revitalize the program.

Ms. Flaherty added that when Bright Horizons first entered into an agreement with Elmhurst, in 2009, they paid for site improvements made to construct the daycare. That was a factor in the original decision to waive the occupancy fee, but now that a decade has passed, it was time to revisit the contract and the benefits to H+H.

Mr. Berman noted that at the request of the Capital Committee Chair, Feniosky Peña-Mora, firm language, stating that if the 50% employee level was not reached then the agreement would be terminated be included in the contract.

Mr. Rocha added that labor groups participated in the rate discussion so that they were part of the conversation about which rates they could afford to pay.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the full Board's consideration.

There being no further business, the meeting was adjourned at 12:27 P.M.

SUBSIDIARY REPORTS

MetroPlus Health Plan, Inc. Board of Directors Executive
Committee Meeting – August 7, 2019
As reported by Ms. Sally Hernandez-Piñero

CHAIRPERSON'S REMARKS

Ms. Hernandez-Piñero opened the meeting and advised the Committee that the meeting was being held to review a proposed resolution to be submitted to New York City Health and Hospitals Corporation ("NYC Health + Hospitals") in late September. Ms. Hernandez-Piñero asked Ms. Kathryn Soman, MetroPlus' Director of Communications, to read the resolution.

ACTION ITEMS

The resolution was introduced by Ms. Kathryn Soman, Director of Communication.

Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. to increase the spending authority for the contract with Milton Samuels Advertising Agency, Inc. ("MSA"), dated February 14th, 2016, and to allocate additional funds for advertising for the fulfillment of the contract, for an amount not to exceed \$5,100,000 for the term which expires on February 13, 2020.

Ms. Soman presented the Committee with a powerpoint presentation to detail the rationale for the additional funding for the contract with MSA. Ms. Soman stated that, according to Kantar Media and Nielson Media Analytics, MetroPlus is outspent substantially by other health plans most dramatically in the television category.

Ms. Soman reported that the Communications budget took a few unanticipated hits in the last year including the Public Option advertising campaign, MetroPlus website redesign, New Gold enrollment period and the Woodhull Housing project. Ms. Soman stated that the additional money requested should be used to purchase airtime on television and be directed to NYSOH Marketplace's open enrollment period. Television will provide an opportunity to reach the largest audience and make the biggest impact. MetroPlus commercials would run on stations such as WNBC, WABC, FOX5, Univision, Telemundo and others.

There being no further questions or comments. On motion by the Chairman of the Board, the Committee approved the resolution for the NYC Health + Hospitals Board consideration.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 11:34 A.M.

HHC ACO INC. BOARD OF DIRECTORS - September 5, 2019 As reported by: Dr. Mitchell Katz
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The Board of Directors of HHC ACO Inc., NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on September 5, 2019 to accept the results of a financial audit conducted by an independent auditor (KPMG) for fiscal years ended June 30, 2017 and June 30, 2016, respectively, and recommend a Medicare Beneficiary Director be elected into the Board. Chairman of the ACO Board Mitchell Katz, MD designated ACO Chief Executive Officer Dave Chokshi, MD to preside over the meeting.

The meeting of the Board of Directors of HHC ACO Inc. (the "Board") was called to order by ACO Chief Executive Officer Dave Chokshi, MD at 3:03 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the April 15, 2019 Board meeting without correction or modification.

Among other matters, the Board discussed the following:

- ACO Chief Executive Officer Dave Chokshi, MD introduced Adam Aponte, MD as the interim Chief Medical Officer of the ACO.
- NYC Health + Hospitals' Office of the Comptroller and KPMG went over results of the ACO's financial audit for the fiscal years ended June 30, 2017 and June 30, 2016, respectively. There were no significant misstatements identified in the ACO's financial statements.
- ACO Chief Executive Officer Dave Chokshi, MD reminded the Board that ACO has been participating in the MSSP Enhanced Track since July 1, 2019, and therefore taking on downside risk.
- The Board suggested to meet on a quarterly basis to more closely monitor the ACO's financial performance now that the ACO is taking on downside risk.

The Board approved the following resolutions:

- Acceptance by the Board of Directors of HHC ACO Inc. (the "ACO") of the report prepared by KPMG LLC, the ACO's independent auditors, regarding the audited financial statements of the ACO for the fiscal years ended June 30, 2017 and June 30, 2016, respectively.
- Recommending that the ACO's sole Member, the New York City Health and Hospitals Corporation (the "Member") elect Hyacinth Peart to serve as Medicare Beneficiary Director of HHC ACO Inc. (the "ACO"), until her resignation or removal in accordance with the ACO's By-Laws.

There being no further business, Dave Chokshi, MD adjourned the meeting at approximately 3:45 PM.

CITY/STATE/FEDERAL UPDATE

City

On Wednesday, September 18, Matilde Roman, Chief Diversity and Inclusion Officer, and Dr. Machelles Allen, Senior Vice President and Chief Medical Officer of NYC Health + Hospitals testified before the City Council's Committee on Hospitals on Health + Hospitals regarding the delivery of culturally competent and equitable health care services to its 1 million patients. Important Health + Hospitals initiatives that were highlighted included our language access program, LGBTQ affirming services, access to care for people with disabilities, resources and trainings for employees, improving maternal and infant health, implicit bias training, among others. On Tuesday, September 3, Chris Keeley, Senior Director for Legal Affairs and Labor Relations, answered questions on behalf of Health + Hospitals at the City Council's Committee on Immigration hearing on the final public charge rule. The rule was published on August 14 and is scheduled to take effect on October 15 if litigation does not delay or prevent it from taking effect. Mr. Keeley shared with Committee members that I had sent a message to all Health + Hospitals employees about the impact of the rule, including an emphasis that the final rule is narrower than the proposed rule. He noted that staff, including financial counselors, social workers, and other front line staff are being trained so that they may appropriately answer patients' questions and refer concerned patients to LegalHealth on-site at our facilities or through their legal services hotline.

State

On September 17, the State Department of Health released a notice of intent to the Centers for Medicare and Medicaid Service (CMS) for a 4-year Delivery System Reform Incentive Payment (DSRIP) program 1115 waiver extension/renewal. The current DSRIP waiver expires on March 31, 2020 and the program's primary goal is to restructure the delivery system by reducing avoidable hospital use by 25%. The State is requesting an additional \$8 Billion in federal funding over the next four years. OneCity Health is the largest Performing Provider System in the DSRIP program. Accordingly, OneCity Health and Health + Hospitals will submit comments to the draft application, which are due November 4, 2019, and continued financial support for the goals of DSRIP is a key priority for Health + Hospitals. As the State and CMS negotiate the broader waiver renewal, OneCity Health and Health + Hospitals are continuing to work to achieve the goals of the current waiver and hope to have the opportunity to earn funds not already allocated in the first five performance years of the waiver.

On August 9, 2019, Dr. Charles Barron and Rebecca-Linn Walton from the Office of Behavioral Health participated in the State Senate's Task Force on Opioids, Addiction and Overdose Prevention to discuss the programs that we have implemented system-wide to address substance use and opioid use disorders.

Federal

On September 20, the US House of Representatives passed a continuing resolution to fund the government and delay Federal Medicaid Disproportionate Share Hospital (DSH) payment cuts from October 1 to November 21. The resolution, which received the bipartisan support of more than 300 members of Congress, is expected to be passed by the Senate and signed by the President this week. Negotiations with Senate Republicans continue over a more permanent delay or repeal of the cuts. Such a longer-term delay would likely be part of a larger scale budget deal, which could be enacted later this year or early next year. Given the strong bipartisan support for preventing the cuts in the House and the successful delay of the cuts in 2018, Health + Hospitals is confident that the cuts will not take effect this year or next.

NYC CARE UPDATE

In New York City, healthcare is a fundamental right, not a privilege. And NYC Health + Hospitals is playing a vital part in making that right a reality. On August 1, we launched NYC Care, a key component of Mayor Blasio's commitment to guarantee health care for all New Yorkers, by offering quality and affordable health care for hundreds of thousands of New Yorkers who are not eligible for insurance or who cannot afford it. With the launch of NYC Care in the Bronx, eligible New Yorkers in that borough were able to begin their enrollment process by calling 646-NYC-CARE and receiving a personalized NYC Care membership card in the mail. We marked the launch with a "Day of Action" with dozens of staff, partners from community-based organizations and volunteers distributing education materials about the program at subway hubs and busy street corners all across the borough.

NYC Care gives New Yorkers in that borough access to a dedicated primary care provider, preventive care and routine screenings, access to specialty care services, customer services support 24/7, and access to affordable medications day or night. The customized membership card details the specific discounted costs for primary care, specialty visits, and prescription drugs for each member based on household size and income. All services are provided by NYC Health + Hospitals and all information about patient care and treatment is kept private and confidential in accordance with the law.

Two weeks after the launch, we were able to announce that membership in NYC Care had reached 2,000 New Yorkers from every zip code of the

Bronx. In addition, 100 percent of patients enrolled in NYC Care were offered a first appointment within two weeks with a primary care provider who coordinates all treatment and services needed, and there were nearly 600 low-cost prescriptions filled during the new extended pharmacy hours. To prepare for the program roll-out, the seven NYC Health + Hospitals patient care facilities in the Bronx added new staff and evening and weekend hours to accommodate members. There are now more than 70 primary care providers in the Bronx seeing members. The program is on track to meet the Bronx enrollment goal of 10,000 patients in the first six months.

HEALTH SYSTEM NEWS

NYC Health + Hospitals Presents Excellence Awards to 12 Employees for Dedication to Patients with Substance Use Disorder

In recognition of National Recovery Month, I had the pleasure to help honor 12 employees for their dedication and commitment to our patients with substance use disorders. We presented the awards for excellence to doctors, nurses, social workers and addiction counselors who were nominated by their peers, supervisors, and leadership for their excellence in delivering addiction treatment services, their long-time service to our public health care system and their tireless work to help New Yorkers overcome their addiction. The 12 honorees are just a few of the many doctors, nurses, social workers, addiction counselors and support staff that help treat the 90,000 patients who rely on our services for substance abuse treatment and support. The 2019 Substance Use Treatment Excellence Awards honorees are:

- Mary Aikuele, RN, Nurse at NYC Health + Hospitals/Woodhull (31 years of service)
- Jantra Coll, Administrator at NYC Health + Hospitals/Jacobi (3 years of service)
- Sal Florio, Substance Use Disorder, Director at NYC Health + Hospitals/Coney Island (13 years of service)
- Donna Crummell, Associate Director, Office of Behavioral Health at NYC Health + Hospitals (9 years of service)
- Sylvia A. Ford-Williams, Senior Addiction Counselor at NYC Health + Hospitals/Gotham Health, Cumberland (17 years of service)
- Netty Hamilton Rivera, Senior Addiction Counselor at NYC Health + Hospitals/Queens (32 years of service)
- Meghan Hedges, Social Worker at NYC Health + Hospitals/Bellevue (12 years of service)
- Ilir Isufi, Peer Counselor at NYC Health + Hospitals/Harlem (1.5 years of service)
- Sandra Knight-Lewis, Senior Addiction Counselor at NYC Health + Hospitals/Metropolitan (32 years of service)
- Angela Torres, Senior Addiction Counselor at NYC Health + Hospitals/Lincoln (24 years of service)

- Gloria Tovar, RN, Nurse at NYC Health + Hospitals/Elmhurst (31 years of service)
- Susan Whitley, MD, Physician at NYC Health + Hospitals/Kings County (9 years of service)

Hypertension Initiative Helps Nearly 4,000 Patients Get Blood Pressure Under Control

Between January 2018 and June 2019, NYC Health + Hospitals increased the number of patients with high blood pressure under control by 3,971 more patients. During this timeframe, patients ages 18 to 75 being treated for hypertension who got their blood pressure under control improved from 72.6 percent to 76.4 percent. It is estimated that this will result in over 100 additional prevented deaths, strokes, and heart attacks. Today more than 73,000 patients receiving care for high blood pressure within NYC Health + Hospitals have their blood pressure under control. Nationally, 54 percent of people with high blood pressure have their condition under control, according to the CDC. Taking care of chronic diseases, such as hypertension, saves lives and limbs, and keeps hearts and minds healthy. We are grateful to our excellent nurses for supporting patients in managing their blood pressure.

NYC Health + Hospitals WTC Environmental Health Center Reaches Approximately 11000 Patients-as of July 2019

To mark the anniversary of 9/11, NYC Health + Hospitals WTC Environmental Health Center announced the center now serves about 10,944 patients -- an increase from 9,700 members in July 2018. The NYC Health + Hospitals WTC Environmental Health Center program provides services at no out-of-pocket costs to residents, students, workers, or passersby eligible for care under the Zadroga 9/11 Health and Compensation Act. In the last year, the WTC Environmental Health Center expanded capacity by hiring 16 additional providers at the clinics and modernizing the electronic health records system at the three sites. A wide range of NYC Health + Hospitals clinical providers, such as physicians, therapists, psychiatrists, and social workers who specialize in many of the common health conditions related to 9/11, serve the WTC Environmental Health Center members. It has been 18 years since the terror attacks, and New Yorkers continue to feel the effects of that horrific day. Our hope is that those whose health was affected by 9/11 seek the care they deserve through the WTC Environmental Health Center and continue to monitor their health.

NYC Health + Hospitals Launches Correctional Health Services Point of Reentry and Transition Practices

NYC Health + Hospitals launched Point of Reentry and Transition (PORT) practices, an initiative of Correctional Health Services (CHS) with

the Office of Ambulatory Care, NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County. The PORT practices increase access to and improve continuity of care for patients recently released from custody in City jails. NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/Kings County are the sites of the new primary care practices, providing critical linkages to community primary care. PORT practices are staffed by CHS primary care providers who usually work in the jails, shoulder-to-shoulder with primary care providers who work in the two community hospitals. These practices are supported by CHS Community Health Workers who work inside the two hospitals, serving as bridges to help ensure successful and sustained access to community health care. General assistance with reentry and transition can also be obtained through the CHS PORTline at (646) 614-1000. The PORT practices represent an unprecedented collaboration between the high quality primary care resources in our community based and jail based facilities. This is a unique partnership that I believe will yield a tremendous benefit to our patients and can serve as a model to other municipalities.

NYC Health + Hospitals Launches a Support Program for Individuals with Mental Health Needs

NYC Health + Hospitals' Office of Behavioral Health, in partnership with OneCity Health, announced the launch of Pathway Home, an innovative care transition program created by Coordinated Behavioral Care (CBC), to help individuals with mental health needs transition from short-term health services to ongoing community-based care. The Pathway Home program will serve patients 18 and older transitioning from psychiatric inpatient units who have had four or more mental health inpatient visits in the past 12 months. Pathway Home teams will actively participate in aftercare planning and perform a transition needs assessment, accompany patients home and arranging for any immediate needs, such as food and filling prescriptions, accompanying them to primary care visits, and meeting with them regularly for six to nine months post-discharge. In addition to reducing avoidable readmissions, Pathway Home aims to strengthen community-based care and improve connections to outpatient services post-discharge, shortening length of stay and increasing participation in treatment.

23 NYC Health + Hospitals Facilities Designated "Leader in LGBTQ Health Care Equality" for the Fourth Year

Twenty-three NYC Health + Hospitals patient care locations across all five boroughs have received the designation "Leader in LGBTQ Healthcare Equality" from the Human Rights Campaign Foundation for 2019. This is the fourth consecutive year NYC Health + Hospitals has received this designation for the health system's commitment to health care equity and leadership in meeting the health care needs of LGBTQ New Yorkers. The new NYC Health + Hospitals/Gotham Health, Vanderbilt health center on Staten Island received the designation for the first

time, raising the number of patient care locations recognized to 23. The health system is at the forefront of ensuring equitable access to high quality care for LGBTQ patients, offers a variety of services through its four Pride Health Centers, and offers gender-affirming surgery. Our commitment is to ensure all New Yorkers have access to inclusive, culturally responsive, high-quality health care. We are proud to receive this recognition and continue to break down barriers to health care that LGBTQ communities still face.

U.S. News Recognizes 7 NYC Health + Hospitals Facilities as "High Performing"

U.S. News & World Report issued its annual report of high performing hospitals, recognizing seven NYC Health + Hospitals facilities in various specialties. The recognition was published as part of the national magazine's "Best Hospital" issue for 2019-20. The annual rankings are designed to assist patients and their doctors in making informed decisions about where to receive care. For the 2019-20 rankings and ratings, *U.S. News* evaluated more than 4,500 medical centers nationwide in 25 specialties, procedures and conditions. In the 16 specialty areas, 165 hospitals were ranked in at least one specialty. In rankings by state and metro area, *U.S. News* recognized hospitals as high performing across multiple areas of care. We are honored to have our hospitals recognized by *U.S. News & World Report* because it is a testament to our doctors, nurses, and entire staff who strive every day to make their patients the healthiest they can be. The recognition went to these hospitals:

- NYC Health + Hospitals/Bellevue, for heart failure
- NYC Health + Hospitals/Coney Island, for heart failure
- NYC Health + Hospitals/Elmhurst, for chronic obstructive pulmonary disease, heart failure, and orthopedics
- NYC Health + Hospitals/Harlem, for heart failure
- NYC Health + Hospitals/Jacobi, for heart failure
- NYC Health + Hospitals/Kings County, for heart failure
- NYC Health + Hospitals/Lincoln, for heart failure

MetroPlus Health Plan Announces New Partnerships with City Government Agencies

MetroPlus Health Plan announced new partnerships with the Fire Department of the City of New York (FDNY), NYC Housing Authority (NYCHA) and the New York City Taxi and Limousine Commission (TLC) to provide New Yorkers who interact with these three critical agencies information about the City's public option health plan and encourage them to enroll in affordable health insurance. The three large City government agencies interact with more than 700,000 New Yorkers annually. The collaboration between MetroPlus, the health insurance plan of NYC Health + Hospitals, and these City agencies supports the

City's commitment to guarantee health care for all New Yorkers and Executive Order 40 signed by Mayor Bill de Blasio in January requiring city agencies to help enroll people in health insurance anywhere New Yorkers are directly served. These are great collaborations that help us increase access to affordable, quality health insurance to many more New Yorkers. These three new collaborations will help us reach more than 170,000 taxi drivers, 400,000 New Yorkers who live in public housing and the tens of thousands of New Yorkers who interact with the FDNY every year.

NYC Health + Hospitals/Elmhurst Begins Construction of New Ambulatory Surgery Center

NYC Health + Hospitals/Elmhurst hosted a groundbreaking ceremony for construction of its new ambulatory surgery center. The \$5.5 Million capital expansion project, which is being funded by the New York City Council, will feature 5,000 square feet of additional space, and includes a new operating room, four procedure rooms, 18 pre-and post-procedure beds, and comfortable waiting areas. Healthcare providers from a wide range of surgical specialties, including urology, gastroenterology, general surgery, pulmonology, ophthalmology, and gynecology, will practice in the new center, allowing NYC Health + Hospitals/Elmhurst to increase the volume of its same-day surgeries by around 45 percent, with a projected revenue of \$6.8 million. Construction will be completed by the spring of 2021.

NYC Health + Hospitals/Bellevue Announces Outcomes of Primary Care Pilot as Part of Transformation Strategy

As part of our transformation strategy to improve and expand primary care, NYC Health + Hospitals/Bellevue announced outcomes of a primary care pilot that significantly reduced patient wait-times for appointments in its Adult Primary Care Clinic and improved continuity of care, ensuring that a patient is likely to see the same primary care physician (PCP) at each visit. The average time a new patient has to wait for an appointment is now 14 days, down from 52 days, and the wait-time for a revisit is now less than week. At the same time, the continuity rate between patients and their PCPs improved from 69.9 percent to 87.1 percent. NYC Health + Hospitals/Bellevue's Adult Primary Care Clinic provides care to approximately 30,000 patients.

The hospital team was able to accomplish such improvements by working directly with our Call Center operation, developing scripts that emphasized continuity between patients and PCPs, and transitioning to EPIC, an electronic medical record system, which allows patients to request appointments through its MyChart patient portal. Other NYC Health + Hospital ambulatory care practices have begun to adopt this new system. It is also worth noting that these changes create the infrastructure needed to support the additional patients who will seek care through the public health system as NYC Care launches.

**NYC Health + Hospitals/Bellevue Designated with Provisional Status as
a Level II Pediatric Trauma Center**

NYC Health + Hospitals/Bellevue announced that the New York State Department of Health has formally designated the hospital with provisional status as a Level II Pediatric Trauma Center. With the new designation, the hospital's pediatric emergency room has begun treating trauma patients under age 15, ensuring that New Yorkers of all ages get the most advanced and timely trauma care possible. Prior to this provisional status, pediatric trauma patients were transferred to a nearby hospital for care. NYC Health + Hospitals/Bellevue is the only Level I Adult Trauma Center and Level II Pediatric Trauma Center south of 68th Street. Level II Pediatric Trauma Center designation is significant because, once stabilized, pediatric trauma patients no longer need to be transferred to another hospital. Pediatric trauma patients are now able to receive specialized treatment and take advantage of our expertise and exceptional services.

**NYC Health + Hospitals/Coney Island Upgrades Critical OB/GYN Equipment
with Funding from NYC Council**

NYC Health + Hospitals/Coney Island leadership, New York City Council Brooklyn Delegation Co-Chair Mark Treyger and New York City Council Hospitals Committee Chair Carlina Rivera unveiled plans to improve access to care, experience and comfort for patients with new, upgraded ultrasound technology purchased with \$400,000 capital funds secured by Council Member Treyger. The Council allocation will fund three new ultrasound machines, a portable ultrasound machine for labor and delivery, and urodynamics testing equipment for urogynecology. The upgrades made possible through the City Council support build on the public health system's focus to increase access to high-quality care for all New Yorkers. This equipment will enhance our obstetrics and gynecology services, and marks a significant investment in women's health. We are grateful to the Council for their support and commitment to the New Yorkers we serve.

**City & State New York Names NYC Health + Hospitals/Woodhull's CEO
Gregory Calliste as One of "2019 Brooklyn Power 100"**

Gregory Calliste, CEO of NYC Health + Hospitals/Woodhull, has been named one of Brooklyn's "Power 100" by *City & State New York* for his work in improving patient care and overall experience, community engagement, and securing funds for a Comprehensive Psychiatric Emergency Program and Emergency Department expansions. Mr. Calliste has also fostered community partnerships that provide local residents wraparound services through their engagement with health care providers and case managers. *City & State New York's* "Power 100" lists recognize the most powerful people in the City, including elected officials, business owners, and advocates. This is a well-deserved recognition for Gregory Calliste. Under his leadership, NYC Health +

Hospitals/Woodhull continues to be a vital part of the North Brooklyn community, ensuring that patients live the healthiest lives they can.

Sanjeev S. Shah, M.D. Appointed Chief Medical Officer of MetroPlus Health Plan

The Board of MetroPlus Health Plan announced the appointment of Sanjiv S. Shah, M.D. as the health plan's new Chief Medical Officer (CMO). As the health plan owned by NYC Health + Hospitals with more than half a million members in the five boroughs, MetroPlus is a vital part of New York City's initiative to guarantee health care to all New Yorkers. Dr. Shah assumed his new position on August 12. Dr. Shah has more than 20 years of experience as a physician leader, managed care executive, and infectious disease specialist. He joins MetroPlus from the Mount Sinai Health System where he served as Medical Director. He also served as Chief Medical Officer at Fidelis Care and Deputy Chief Medical Officer and Associate Medical Director of HIV Services at MetroPlus.

Maureen McClusky Appointment Acting CEO of NYC Health + Hospitals/Coney Island

As I reported earlier this month, I have asked Maureen McClusky, our Senior Vice President of Post-Acute Care, to serve as Acting CEO of NYC Health + Hospitals/Coney Island following the departure of our esteemed colleague Bill Brown. Maureen will continue her current responsibilities, which she so capably leads, while also heading the search committee to identify a new hospital CEO. I am grateful to Maureen for accepting these additional duties and feel confident that we will be able to attract great talent to continue the transformation and rebuilding of the new hospital campus.

#

RESOLUTION

Authorizing the amendment of Article VI, Section 9 of the By-Laws of the New York City Health and Hospitals Corporation (the “System”) to remove the requirement that the chairperson of the Community Relations Committee also serve as an *ex officio* member of the Quality Assurance/Performance Improvement Committee.

WHEREAS, the System’s By-Laws establish a Quality Assurance/Performance Improvement Committee as a standing committee; and

WHEREAS, the System’s By-Laws also establish a Community Relations Committee as a standing committee; and

WHEREAS, Article VI, Section 9 of the System’s By-Laws contains the following requirement: “The chair of the Community Relations Committee shall be an *ex officio* member of the Quality Assurance/Performance Improvement Committee and shall be responsible for reporting to the Community Relations Committee and the Council of Community Advisory Boards concerning the deliberations of the Quality Assurance Committee;” and

WHEREAS, there are many ways that the Community Relations Committee and the Council of Community Advisory Boards are kept informed regarding facility trends; and

WHEREAS, it is unnecessarily duplicative of other information sharing and coordination efforts to require that the chairperson of the Community Relations Committee also serve on the Quality Assurance/Performance Improvement Committee.

NOW THEREFORE, BE IT:

RESOLVED, that Article VI, Section 9 of the By-Laws of the New York City Health and Hospitals Corporation be and the same hereby is amended to remove the requirement that the chairperson of the Community Relations Committee also serve as an *ex officio* member of the Quality Assurance/Performance Improvement Committee.



BY-LAWS

AS AMENDED THROUGH JULY 25, 2019

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ARTICLE I

PREAMBLE

The New York City Health and Hospitals Corporation is a public benefit corporation created by the New York City Health and Hospitals Corporation Act (L. 1969, C. 1016, eff. May 26, 1969).

In order to provide for the orderly implementation of this legislation, the Corporation's Board of Directors, therein provided, adopt the following By-Laws:

ARTICLE II

STATEMENT OF PURPOSES

The purposes of the Corporation include:

(A) provide and deliver high quality, dignified and comprehensive care and treatment for the ill and infirm, both physical and mental, particularly to those who can least afford such services;

(B) extend equally to all we serve comprehensive health services of the highest quality, in an atmosphere of human care and respect;

(C) promote and protect, as both innovator and advocate, the health, welfare and safety of the people of the State of New York and of the City of New York;

(D) 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.

ARTICLE III

OFFICES

Section 1. Principal office. The principal office of the Corporation shall be located in the City of New York, State of New York.

Section 2. Other Offices. The Corporation may also have offices at such other places both within and without the State of New York as the Board may, from time to time, determine or the business of the Corporation may require.

ARTICLE IV

BOARD OF DIRECTORS

Section 1. General Powers. The business and affairs of the Corporation shall be managed by the Board. The Board shall fulfill its responsibilities in a manner consistent with relevant law and regulations, including the conditions of participation under the Medicare program, and shall serve as the Governing Body of each of the facilities operated by the Corporation. Such facilities include but are not limited to, *Bellevue Hospital Center, Coney Island Hospital, Elmhurst Hospital Center, Harlem Hospital Center, Jacobi Medical Center, North Central Bronx Hospital, Kings County Hospital Center, Lincoln Medical And Mental Health Center, Metropolitan Hospital Center, Queens Hospital Center, Woodhull Medical and Mental Health Center, Coler Specialty Hospital and Nursing Facility, Henry J. Carter Specialty Hospital and Nursing Facility, Dr. Susan Smith McKinney Nursing and Rehabilitation Center, Gouverneur Healthcare Services, Sea View Hospital Rehabilitation Center and Home.*

Section 2. Number of Directors. The Board shall consist of sixteen (16) directors.

Section 3. Qualifications of Directors. The Administrator of the Health Services Administration, the Commissioner of Health and Mental Hygiene, the Director of Community Mental Health Services, the Administrator of the Human Resources Administration and the Deputy Mayor/City Administrator, or their successors, shall be directors *ex officio*. Ten (10) additional directors shall be appointed by the Mayor, five (5) of whom shall be designated by the City Council. The President of the Corporation shall be the sixteenth director. Directors shall perform their Board responsibilities in person only and only directors *ex officio* may perform such responsibilities by agent.

Section 4. Meetings.

(A) Annual Public Meeting. The Board shall hold an annual public meeting at such date, place and hour as shall be designated in the notice to the public of the annual public meeting. Such meeting serves as the annual meeting of the Board mandated by the enabling statute. Such notice shall be given, not later than thirty (30) days before the meeting, in such manner as the Board may, by resolution, determine.

(B) Regular Meetings. Regular meetings of the Board shall be held on a monthly basis with a minimum of ten (10) such meetings per year. At least once each year, the Board shall convene as the Governing Body of each of the facilities listed in Section 1, above. In addition, the Board shall receive a written report from each of the facilities listed in Section 1, above at least once a year.

(C) Special Meetings. Special meetings of the Board shall be held whenever called by the Chair of the Board, the President or by four (4) directors. Any and all business may be transacted at a special meeting which may be transacted at a regular meeting of the Board.

(D) Time and Place of Meeting. The Board may hold its meetings at such time or times and such place or places within or without the State of New York as the Board may, from time to time, by resolution determine or as shall be designated in the respective notices or waivers of notice thereof.

(E) Notice of Meetings. Notices of regular meetings of the Board or of any adjourned meeting need not be given.

Notices of special meetings of the Board, or of any meeting of any committee of the Board, except the Executive Committee, which shall meet when deemed necessary, shall be mailed by the Secretary to each director or member of such committee, addressed to him or her at his or her residence or usual place of business, at least three (3) days before the day on which such meeting is to be held, or shall be sent by telegraph, cable or other form of recorded communications or be delivered personally or by telephone not

later than the day before the date on which such meeting is to be held. Such notice shall include the time and place of such meeting. Notice of any such meeting need not be given to any director or member of the committee, however, if waived by the director in writing or by telegraph, cable or other form of recorded communications, whether before or after such meeting shall be held, or if he or she shall be present at such meeting and shall not protest the lack of notice to him or her prior thereto or at its commencement.

(F) Quorum and Manner of Acting. A majority of the whole number of directors shall be present in person at any meeting of the Board in order to constitute a quorum for the transaction of business at such meeting, and the vote of a majority of those directors present at any such meeting at which a quorum is present shall be necessary for the passage of any resolution or act of the Board, except as otherwise expressly required by these By-Laws. In the absence of a quorum for any such meeting, a majority of the directors present thereat may adjourn such meeting, from time to time, until a quorum shall be present.

(G) Robert's Rules of Order shall prevail at all meetings of the Board except as otherwise herein provided.

(H) Order of Business. The order of business of each meeting of the Board shall be as follows:

1. Acceptance of the minutes of the last Regular meeting and all Special meetings;
2. Chair's Report;
3. President's Report;
4. Old and New Business;
5. Committee Reports;
6. Facility Governing Body / Executive Session
7. Adjournment.

However, it shall be within the discretion of the person acting as chair of the meeting to deviate from the order of business herein provided.

(I) Organization. At each meeting of the Board, one of the following shall act as Chair of the meeting and preside thereat, in the following order of precedence: (a) the Chair of the Board; (b) the Vice-Chair of the Board; (C) the President; (d) any director chosen by a majority of the directors present thereat. The Secretary or, in his or her absence, any person whom the Chair shall appoint shall act as Secretary of such meeting and shall keep the minutes thereof.

(J) Minutes of Meetings. Minutes of all meetings of the Board and its committees, including a record of attendance, must be kept. Upon approval, such minutes shall be signed by the Secretary and permanently filed and maintained in the principal office of the Corporation and at each of the Corporation's facilities.

Section 5. Resignation. Any director, other than a director holding office ex officio, may resign at any time by giving written notice of resignation, including an effective date therefor, to the Mayor or to the Chair of the Board. Any such resignation shall take effect at the time specified therein. If no effective date is specified therein, the resignation shall take effect thirty (30) days from the date of receipt of such notification by the Chair of the Board or by the Mayor.

Section 6. Vacancies and Removal. Whenever the number of directors appointed by the Mayor shall for any reason be less than ten (10), the vacancy may be filled by the Mayor, provided that if the office so vacated was held by a director designated by the City Council, the successor appointed by the Mayor shall be so designated. A director appointed to fill a vacancy shall be appointed for the unexpired portion of the term of his or her predecessor in office. Any of these directors may be removed by the Mayor for cause after a hearing.

ARTICLE V

OFFICERS OF THE BOARD

Section 1. Titles. The officers of the Board of Directors shall be a Chair of the Board and a Vice-Chair of the Board. The Chair of the Board shall be the Administrator of Health Services of the City of New York. The Vice-Chair shall be chosen by the Board from among themselves and shall be elected annually.

Section 2. Duties and Functions.

(A) Chair of the Board. The Chair of the Board shall:

(1) preside, if present, at meetings of the Board; (2) be an ex officio member of all committees except the Audit Committee; (3) appoint committees with the approval of the Board; and (4) perform such duties as from time to time may be assigned by the Board.

(B) Vice-Chair of the Board. The Vice-Chair of the Board shall, if present and if the Chair of the Board shall be absent or shall be unable to act, preside at all meetings of the Board. The Vice-Chair of the Board shall perform such duties as from time to time may be assigned by the Board.

(C) Other Presiding Officers. In the event that both the Chair and the Vice-Chair of the Board may be absent, or in any other way may be unable to serve, then the President shall serve as Presiding Officer. If he or she is absent or is otherwise unable to serve, the Board shall, by majority vote of those present, pick a member to be Presiding Officer at that meeting.

ARTICLE VI
COMMITTEES

Section 1. General Provisions.

(A) Standing and Special Committees. Committees of the Board shall be standing or special. A standing committee is one whose functions are determined by a continuous need. The function and duration of a special committee shall be determined by its specific assignment, as stated in a resolution of the Board creating it.

(B) Composition. Each of the standing committees, except the Audit Committee, shall be composed of the Chair of the Board, the President, and at least three (3) Board members appointed in the manner hereinafter specified.

(C) Appointment. The Chair of the Board shall annually appoint, with the approval of a majority of the Board, members of the Board to the standing committees.

(D) Committee Chair. The Chair of each committee, both standing and special, shall be designated by a majority vote of the Board.

(E) Meetings. Each standing committee shall meet as deemed necessary.

(F) Quorum. A quorum, which shall be at least one-half of all of the members of a committee, standing or special, shall be required for a committee to transact any business unless otherwise stated in these By-Laws.

(G) Committee Action. All actions of a committee, standing or special, shall be taken by a majority vote of the members in attendance at a committee meeting.

(H) Reports. Each committee shall report to the Board, at its regular meetings, on all business transacted by it since the last regular Board meeting.

(I) Special Committees. The Board may, by resolution passed by a majority of the whole number of directors, designate special committees, each committee to consist of three (3) or more directors, one of whom shall be the Chair of the Board, and each such committee shall have the duties and the functions as shall be provided in such resolution.

Section 2. Standing Committees. The following committees shall be designated as standing committees:

- Executive Committee
- Medical and Professional Affairs Committee
- Audit Committee
- Finance Committee
- Capital Committee
- Community Relations Committee
- Quality Assurance/Performance Improvement Committee
- Strategic Planning Committee
- Equity, Diversity and Inclusion Committee
- Information Technology Committee
- Governance

Section 3. Executive Committee

(A) Designation and Membership. The Executive Committee shall be composed of the Chair of the Board, who shall be the Chair of the Executive Committee, the President, and other members appointed by the Chair of the Board with the approval of the Board.

(B) Functions and Powers. The Executive Committee, subject to any limitations prescribed by the Board, shall possess and may exercise during the intervals between meetings of the Board, the powers of the Board in the management of the business and affairs of the Corporation except for: (1) the power to amend or to repeal these By-Laws or to adopt new By-Laws; and (2) the power to fill vacancies in any committee of the

Board. At each meeting of the Board the Executive Committee shall make a report of all action taken by it since its last report to the Board.

(C) Meetings and Quorum. The Executive Committee shall meet as often as may be deemed necessary and expedient at such times and places as shall be determined by the Executive Committee. Five (5) members of the Executive Committee shall constitute a quorum. The Chair of the Board shall preside at meetings of the Executive Committee and, in his or her absence, the President shall preside thereat. All members of the Board of Directors shall be duly notified prior to all Executive Committee meetings.

Section 4. Medical and Professional Affairs Committee. The duties and responsibilities of the Medical and Professional Affairs Committee shall include the following:

(A) review issues dealing with the quality and composition of professional services provided in the Corporation's facilities, including nursing services, pharmacy, dietary services, laboratories and social services, and recommend policies and actions to the Board concerning these services;

(B) review and recommend to the Board contractual arrangements for professional services with particular emphasis on monitoring and providing policy direction to corporate staff with respect to the services provided to the Corporation pursuant to its affiliation contracts with voluntary hospitals, medical schools and professional corporations;

(C) review education and training issues for clinical personnel in the Corporation's institutions;

(D) formulate and recommend to the Board plans for delivery of comprehensive health care to the community;

(E) promulgate policies rules and regulations with respect to medical and to other research conducted at the Corporation's facilities; and

(F) review strategic issues related to information management and technology and the management of clinical care.

Section 5. Audit Committee. The Audit Committee shall consist of members designated by the Board, other than those serving ex officio, except that the Chair of the Board may be a member if he or she is not compensated by the City of New York. The duties and responsibilities of the Audit Committee shall be to:

- (A) approve the selection, retention or termination of independent auditors;
- (B) review the proposed scope of the audit and related fees;
- (C) inquire about and be aware of all work (audit, tax systems) that the independent auditor performs;
- (D) review the annual financial statements and the results of the audit with management, the internal auditors and the independent auditors;
- (E) review the memorandum, if any, prepared by the independent auditors setting forth any questionable or possibly illegal activities and take appropriate action;
- (F) be available to meet with the independent auditors to resolve problems that arise in connection with the audit if and when this becomes necessary.

Section 6. Finance Committee. The duties and responsibilities of the Finance Committee shall include the following:

- (A) supervise the preparation and recommend to the Board for submission to the City of New York the annual consolidated revenue and expense budget of the Corporation;
- (B) recommend to the Board policies and actions with respect to collection of revenues;
- (C) ensure that the funds of the Corporation are properly deposited and accounted for and recommend policies for such deposits to the Board;
- (D) account for Corporation property, both real and personal; and
- (E) monitor performance against budgets.

Section 7. Capital Committee. The duties and responsibilities of the Capital Committee shall include the following:

(A) recommend to the Board of Directors policies and objectives in the area of capital development for the guidance of Corporation officers, facility Executive Directors, and key staff members;

(B) supervise the preparation and recommend to the Board for submission to the City of New York the annual capital budget of the Corporation;

(C) formulate policies and recommendations for the long-range development of facilities to include supervising the preparation of major programs and master plans, as well as the inter-agency coordination of such planning with the appropriate City and State agencies;

(D) establish standards, policies and procedures for the selection and approval of architectural and engineering contracts;

(E) review and approve any transfers or surrender of Corporation facilities or lands and the acquisition and/or leasing of additional property and facilities for Corporation purposes.

Section 8. Community Relations Committee. The duties and responsibilities of the Community Relations Committee shall include the following:

(A) review and recommend to the President plans for the formation of community advisory boards;

(B) formulate and recommend to the Board the policies of the Corporation concerning its relationship with the community;

(C) provide clarification and interpretation of established policies on community relationships;

(D) evaluate the efforts of the Corporation, and its facilities to establish, maintain and improve effective participation by the community.

(E) discuss advocacy for the Corporation on relevant legislative and political developments on a local, state and national level that effect the health care delivery environment and specifically the Corporation.

Section 9. Quality Assurance/Performance Improvement Committee. The Quality Assurance/Performance Improvement Committee shall act on behalf of the Board for purposes of discharging the governing body's obligations in overseeing the quality assurance process for HHC facilities. The Board shall, at least annually, assess the performance of the Quality Assurance/Performance Improvement Committee in fulfilling the governing body's quality assurance responsibilities. Any member of the Board may attend meetings of the Quality Assurance/Performance Improvement Committee and may refer any quality assurance issue for deliberation or for action by the Quality Assurance/Performance Improvement Committee or by the full Board. Board members may also discuss quality assurance/performance improvement issues or problems concerning HHC facilities at any meeting of the Board.

The duties and responsibilities of the Quality Assurance/Performance Improvement Committee shall include the following:

(A) assuring that each facility is fulfilling mandates in the areas of quality assurance, credentialing of physicians and dentists, overall operations and responsiveness to Federal, State and other regulatory surveillance and enforcement activities. With respect to quality assurance, this shall include oversight of and participation in such functions of the quality assurance/performance improvement committee of the facilities such as: reviewing services in order to improve the quality of medical and dental

care of patients and to prevent medical and dental malpractice; overseeing and coordinating malpractice prevention programs; and insuring that information gathered pursuant to the programs is utilized to review and to revise policies and procedures;

(B) assuring that there is a systematic and effective mechanism for communication among members of the Board of Directors in their role as members of the governing body, and the administration and medical staff of each HHC facility. This communication should facilitate direct participation by the governing body in quality assurance activities and other issues of importance as set forth above;

(C) monitoring the progress at Corporation facilities towards meeting appropriate HHC goals and objectives related to its health care programs;

(D) reviewing quality assurance activities of each of the Corporation's facilities on at least a quarterly basis.

(E) 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 spreading performance improvement best practices. The following sets forth areas of focus related to performance improvement:

1. Present system performance improvement prioritized projects and present quarterly performance improvement projects from a prioritized pick list.
2. Share facility-specific performance improvement priorities and encourage discussion of performance improvement priorities and projects presented at facility-specific quality assurance/performance improvement committees.
3. Identify new areas of opportunity for performance improvement and promote and discuss ideas and change strategies that can lead to improvements.
4. Spread performance improvement best practices by supporting the sharing and dissemination of best practices related to performance improvement activities across facilities and services.

~~The chair of the Community Relations Committee shall be an ex officio member of the Quality Assurance/Performance Improvement Committee and shall be responsible for reporting to the Community Relations Committee and the Council of Community Advisory Boards concerning the deliberations of the Quality Assurance Committee.~~

Section 10. Strategic Planning Committee. The duties and responsibilities of the Strategic Planning Committee shall include the following:

- (A) to share and monitor metrics established for measuring goals and initiatives;
- (B) to develop and monitor long term and strategic plans for the Corporation that are consistent with its mission and that reflect the needs of the population and health care industry needs;
- (C) to recommend strategic directions to ensure the ability of the Corporation to carry out its mission;
- (D) to evaluate Corporation policies and programs as these relate to long-term goals and objectives;
- (E) to review and evaluate all system-wide initiatives and plans to ensure consistency with the Corporation's strategic plan, mission and demographic and health care industry trends.
- (F) to report on relevant legislative and political developments on a local, state and national level that effect the health care delivery environment and specifically the Corporation

Section 11. Equity, Diversity and Inclusion Committee. The duties and responsibilities of the Equity, Diversity and Inclusion Committee shall be the oversight of the integration of best practices related to diversity and inclusion into all of the organization's activities to foster workplace diversity, promote vendor diversity, support workplace inclusion and to promote equity in access initiatives.

Section 12. Information Technology Committee. The duties and responsibilities of the Information Technology Committee shall include the following:

- (A) review, appraise and monitor the Corporation's IT strategy and significant IT related projects and investments;
- (B) ensure that the Corporation's IT programs effectively support the Corporation's clinical and business objectives and strategies;
- (C) review the financial, tactical and strategic benefits of proposed major IT related projects and technology architecture alternatives;
- (D) review the progress of significant IT related projects and technology architecture decisions;
- (E) review and recommend to the Board contractual commitments for significant IT related projects that will be submitted to the Board for consideration; and
- (F) monitor the quality and effectiveness of the Corporation's IT security and IT disaster recovery capabilities.

Section 13. Governance Committee. The duties and responsibilities of the Governance Committee shall including the following:

- (A) keep the Corporation's Board of Directors informed of current best governance requirements and current trends;
- (B) update corporate governance principles;
- (C) advise appointing authorities on skills/requirements of Board members.
- (D) evaluate the performance of the President;
- (E) review appointments of corporate officers.

Section 14. Committee Attendance. If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

ARTICLE VII
OFFICERS OF THE CORPORATION

Section 1. Titles. The officers of the Corporation shall be the President (and Chief Executive Officer), one or more Executive Vice Presidents, one or more Senior Vice Presidents, one or more Vice Presidents, a General Counsel and a Secretary.

Section 2. Appointment. The President (and Chief Executive Officer) shall be chosen by the Board from persons other than themselves and shall serve at the pleasure of the Board. The President shall appoint all other officers of the Corporation, subject to the approval of the Board. All such other officers are subject to removal by the President.

Section 3. Resignation. Any officer may resign at any time by giving written notice of resignation, which may include an effective date therefor, to the President or the Secretary to the Corporation. Such resignation shall take effect when accepted by the President.

Section 4. Duties and Functions.

(A) President. Shall have general charge of the business and affairs of the Corporation and shall have the direction of all other officers, agents and employees. He or she shall, if present and in the absence of the Chair of the Board and the Vice-Chair of the Board, preside at all meetings of the Board. The President may assign such duties to the other officers of the Corporation as he or she deems appropriate.

(B) Executive Vice President. The President may appoint an Executive Vice President. At the request of the President or if the President shall be unable to act because of absence or disability, the Executive Vice President shall perform all the duties of the President and, when so acting, shall have all the powers of and be subject to all the restrictions placed on the President. This individual shall have such powers and duties as shall be prescribed by the President subject to approval by the Board.

(C) Senior Vice Presidents; Vice Presidents. Each Senior Vice President or Vice President shall have such powers and duties as shall be prescribed by the President subject to approval by the Board. One senior officer so designated shall have charge and custody of and be responsible for all funds and securities of the Corporation.

(D) General Counsel. The General Counsel shall be the principal legal officer for the Corporation. The General Counsel shall advise the Board of Directors, President, Vice Presidents and Executive Directors of all Corporation facilities on all legal matters affecting policy and operations, including contractual agreements, labor law, municipal and State law affecting capital and expense budget administration, personnel administration, medical and hospital law, Federal, State and City legislative matters, as well as perform such other duties as the Board may, from time to time, assign.

(E) Secretary. The Secretary shall keep the records of all meetings of the Board and the Executive Committee. He or she shall affix the seal of the Corporation to all deeds, contracts, bonds or other instruments requiring the corporate seal when the same shall have been signed on behalf of the Corporation by a duly authorized officer. The Secretary shall be the custodian of all contracts, deeds, documents and all other indicia of title to properties owned by the corporation and of its other Corporate records (except accounting records).

ARTICLE VIII

EXECUTIVE DIRECTORS

Section 1. Appointment & Term. There shall be an Executive Director for each facility who shall be appointed by the President and shall serve at the pleasure of the President.

Section 2. Vacancies. Whenever there shall be a vacancy in the position of Executive Director in any facility administered by the Corporation due to resignation, death, incapacity, termination or any other reason, the President shall select an Acting Executive Director to perform the duties of the Executive Director until such times as an Executive Director shall be appointed by the President. When neither an Executive Director nor an Acting Executive Director has been appointed, the Chief Operating Officer of the respective facility shall have such powers and responsibilities as held by the Executive Director until such time as an Executive Director appointment decision is made by the President.

Section 3. Duties and Functions. The Executive Director shall:

(A) be responsible at all times for directing, coordinating and supervising the administration of the appropriate facility and for carrying out the policies of the Board and the President, and the rules and regulations of the medical board;

(B) provide liaison between the Board, the medical staff of the appropriate facility, the departments of the facility, and the community;

(C) organize the administrative functions of the facility, delegate duties and establish formal means of accountability on the part of subordinates;

(D) make or send reports to the Board, the President and the medical staff on the overall activities of the appropriate facility, including medical care, the budget, and the plan for the achievement of specific objectives and the periodic review and evaluation of this plan;

(E) designate an individual to act for him or her in his or her absence.

ARTICLE IX
MEDICAL BOARDS

Section 1. Medical Staff By-Laws. The medical staff at each facility shall develop bylaws, rules and regulations which set forth its organization and governance. Proposed bylaws, rules and regulations shall be recommended by the organized medical staff to the President. Such bylaws, rules and regulations of the medical staff shall be approved by the President, on behalf of the Board. Such bylaws, rules and regulations shall be concerned with but not limited to the following areas:

- (A) appointments, reappointments and other changes in staff status;
- (B) granting of clinical privileges;
- (C) disciplinary actions;
- (D) all matters relating to professional competency;
- (E) such specific matters as may be referred by the Board to the medical staff, or

required by applicable Federal and State law.

Section 2. Method of Appointment. Appointments to the medical staff of each facility shall be made biennially -- or as often as otherwise required by law or by the Joint Commission on Accreditation of Healthcare Organizations -- by the President upon recommendation by the appropriate committee of the organized medical staff.

Section 3. Medical Staff Evaluation. The medical staff shall conduct an on-going review and evaluation of the quality of professional care rendered in the facility and shall report such activities and their results to the Board.

ARTICLE X

PERSONNEL REVIEW BOARD

The Board shall create a Personnel Review Board to consist of three (3) members and shall designate one (1) member thereof. The Personnel Review Board shall have such powers and duties as are provided by law in the Corporation's enabling legislation.

ARTICLE XI

COMMUNITY ADVISORY BOARDS

The President shall establish a Community Advisory Board for each facility administered by the Corporation. The Community Advisory Board shall consider and advise the Corporation with respect to the plans and programs of the Corporation. The members of each Community Advisory Board shall be representative of the community served by its facility. Each Community Advisory Board shall develop bylaws, which shall become effective upon approval by the President.

ARTICLE XII

AUXILIARY AND VOLUNTEER ORGANIZATION

The President shall authorize such Auxiliary organizations as deemed necessary to accomplish the objectives of the Corporation, and its facilities. The purposes and functions of such bodies shall be clearly delineated. Their bylaws, rules and regulations, and changes thereto, shall be subject to approval by the President before becoming effective. The President may define the terms and conditions under which individuals who are not members of the official volunteer Auxiliaries may serve the facilities and/or the Corporation.

ARTICLE XIII

SUBSIDIARY CORPORATIONS

Pursuant to McKinney's Unconsolidated Laws, Section 7385.20, the Corporation has the power to organize wholly-owned subsidiary public benefit corporations to exercise and perform any part of its functions or activities. The Chair of the Board shall appoint members to the Board of Directors of any such subsidiary with the approval of a majority of the Board. The powers and duties of any subsidiary corporation shall be subject to the constraints set forth in the foregoing provision of the Corporation's Enabling Legislation.

The Corporation's Board of Directors shall exercise those powers reserved to the Corporation in the Certificate of Incorporation of any subsidiary corporation.

ARTICLE XIV
CONTRACTS, CHECKS, DRAFTS,
BANK ACCOUNTS, ETC.

Section 1. Execution of Document. The Board shall designate the officers, employees and agents of the Corporation who shall have the power to execute and deliver deeds, contracts, mortgages, bonds, debentures, checks, drafts and other orders for the payment of money and other documents for and in the name of the Corporation and may authorize such officers, employees and agents to delegate such power (including authority to redelegate) by written instrument to other officers, employees or agents of the Corporation.

Section 2. Deposits. All funds of the Corporation not otherwise employed shall be deposited from time to time to the credit of the Corporation or otherwise in such banks or trust companies organized in New York or national banks doing business in New York City as the Board shall determine.

ARTICLE XV
BOOKS AND RECORDS

The books and records of the Corporation may be kept at such places within the State of New York as the Board may from time to time determine.

ARTICLE XVI

SEAL

The Board shall provide a corporate seal, which shall be in the form of a circle and shall bear the full name of the Corporation and the words and figures "Corporate Seal 1969 New York."

ARTICLE XVII

FISCAL YEAR

The fiscal year of the Corporation shall end on the last day of June in each year.

ARTICLE XVIII

AUDITS

The Board shall engage an independent certified or registered public accountant to make an annual audit of the Corporation and its constituent facilities.

ARTICLE XIX
CONFLICTS OF INTEREST

Chapter 68 of the Charter of the City of New York defines a “code of ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all corporate employees and directors. Chapter 68 embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Corporation has promulgated its own “Code of Ethics” which outlines the standards of conduct governing the relationship between private interests and the proper discharge of official duties of all members of the Corporation community advisory boards and its auxiliaries, and other personnel who are not covered by Chapter 68. Similar to Chapter 68, the Corporation’s Code of Ethics embodies an extensive recitation of acts that constitute conflicts of interest and are thereby prohibited.

The Board of Directors is committed to recognizing the Corporation’s responsibility to organizational ethics and expects, therefore, every employee and Board member to support and adhere to the principles and policies set forth in Chapter 68 and all members of the community advisory boards and auxiliaries, affiliate staff and other personnel who are not covered by Chapter 68 to support and adhere to the principles and policies set forth in the Corporation’s Code of Ethics.

ARTICLE XX

AMENDMENTS

These bylaws may be altered or repealed by the vote of a majority of the whole number of directors by their vote given at a regular meeting or at any special meeting, providing that at least fourteen (14) days' notice of such contemplated action has been given to all directors.

* * * * *

RESOLUTION

Adopting, in the name of the name of the Board of Directors of New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) an Implementation Strategy Plan (an “ISP”) for each of its acute care hospitals and the long-term acute care part of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center (“HJC”) as a supplement to the Community Health Needs Assessment (the “CHNA”) was approved by the Board of Directors in June 2019.

WHEREAS, NYC Health + Hospitals operates eleven acute care hospitals and the long-term acute care hospital portion of HJC; and

WHEREAS, NYC Health + Hospitals is recognized as tax exempt status under Section 501(c)(3) of the Internal Revenue Code (the “IRC”); and

WHEREAS, the 2010 Patient Protection and Affordable Care Act (the “Affordable Care Act”), added to IRC §501(r)(3) a requirement that tax exempt hospitals conduct a CHNA every three years; and

WHEREAS, IRC §501(r)(3) requires that hospitals engage community stakeholders to identify and prioritize their communities’ health needs; and

WHEREAS, on June 20, 2019 the Board of Directors approved the CHNA conducted for the eleven acute care hospitals and the long-term acute care hospital portion of HJC; and

WHEREAS, IRC regulations further require that hospital organizations prepare an Implementation Strategy Plan (an “ISP”) that lists and describes the hospital’s programs intended to meet the priority health needs identified in the CHNA; and

WHEREAS, IRC regulations require the ISP to be adopted and made publicly available within five months and 15 days of the end of the taxable year in which the CNHA is conducted; and

WHEREAS, NYC Health + Hospitals’ Medical & Professional Affairs division collaborated with OneCity Health in preparing an ISP, a copy of which is attached; and

WHEREAS, under the Affordable Care Act, a hospital organization’s governing body or an authorized committee must adopt the ISP and any subsequent material changes; and

WHEREAS, the CHNA ISP will be made widely available to the public through NYC Health + Hospitals’ website and at NYC Health + Hospitals’ eleven acute care hospitals and at HJC before November 15; and

NOW, THEREFORE, BE IT

RESOLVED, that the New York City Health and Hospitals Corporation’s Board of Directors hereby adopts the New York City Health and Hospitals Corporation Community Health Needs Assessment Implementation Strategy Plan for its eleven acute care hospitals and the long term acute care part of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center as a supplement to the Community Health Needs Assessment approved by the Board of Directors in June 2019.

EXECUTIVE SUMMARY
ADOPTION OF
2019 NYC HEALTH + HOSPITALS
COMMUNITY HEALTH NEEDS ASSESSMENT
IMPLEMENTATION STRATEGY

OVERVIEW:

Through an amendment to the Internal Revenue Code (the “IRC”) the Patient Protection and Affordable Care Act (the “Affordable Care Act”) imposed on all tax exempt hospital organizations the obligation to conduct a Community Health Needs Assessment (a “CHNA”) not less often than every three years with respect to all acute care hospitals they operate. New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) has prepared a CHNA every three years since 2010 and its Board has duly adopted the same, including the 2019 NYC Health + Hospitals Needs Assessment which was approved by the Board in June 2019. Regulations further specify that the hospital organization prepare an Implementation Strategy (an “ISP”) that lists and describes each hospital’s programs and initiatives intended to meet the priority health needs identified in the CHNA.

PROPOSAL:

NYC Health + Hospitals’ Medical and Professional Affairs unit has collaborated with its OneCity Health unit to prepare the current CHNA ISP. To prepare the proposed CHNA ISP, the team brought multiple stakeholders together, including community partners and City agencies, to present ideas based on best practices and daily experiences, discuss these ideas and determine a way to address the health needs through cross-disciplinary coordination and collaboration. The team will continue to make extensive efforts to engage the various communities through the hospitals’ Community Advisory Boards and in other ways. A copy of the full CHNA ISP titled, 2019 NYC Health + Hospitals Community Health Needs Assessment Implementation Strategy has been distributed to every member of the NYC Health + Hospitals’ Board of Directors and upon its adoption by the Board of Directors, the CHNA ISP will be posted on the NYC Health + Hospitals’ public website as required by IRC Section 501(r).

2019 Community Health Needs Assessment Implementation Strategy Plan

NYC Health + Hospitals Board of Directors Meeting

October 31, 2019

Israel Rocha, CEO, OneCity Health

Dr. Machel Allen, Senior Vice President, Chief Medical Officer – H+H

Matthew Siegler, Senior Vice President, Managed Care/Patient Growth- H+H

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New Business – Action Item i

Resolution to adopt 2019 Community Health Needs Assessment Implementation Strategy Plan

RESOLVED, that the New York City Health and Hospitals Corporation Board of Directors hereby adopts the New York City Health and Hospitals Corporation' Community Health Needs Assessment Implementation Strategy Plan for NYC Health + Hospitals' eleven acute care hospitals and for the long-term acute care portion of NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center.

Community Health Needs Assessment (CHNA) background

- Opportunity to understand prioritized community health needs and co-create solutions through an implementation strategy
- To be adopted by the NYC Health + Hospitals Board
- IRS requirement for non-profit provider systems
- 2016 CHNA was approved and made publicly available on the NYC Health + Hospitals website

FY19 CHNA

- Define the community served
- Assess the community's priority health needs from community input
- Identify assets to address priority needs
- Evaluate impact of actions taken in prior CHNA
- Adopted by the Board of Directors June 30

FY20 – FY22 Implementation Strategy

- Actions the system will take to address identified needs
- Anticipated impact of these strategies
- Programs, partnerships and resources the system will commit
- Made publicly available by November 15

NYC Health + Hospitals conducted a comprehensive and inclusive CHNA process, facilitated by OneCity Health

Qualitative analysis

+60 Expert interviews

- OneCity Health PPS governance members
- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- MetroPlus

16 Community forums at each NYC Health + Hospitals facility

12 NYC Health + Hospitals facility responses

Quantitative analysis

+450 Surveys

- OneCity Health demographic projections and utilization analyses
- IP3 data analytics platform
- DOHMH and NYSDOH data sources

Stakeholder interviews

- Arthur Ashe Institute for Urban Health
- Brightpoint Health
- Fox Rothschild
- Healthfirst
- HealthPeople
- The Jewish Board
- Make the Road New York
- MetroPlus
- NADAP
- New York Immigration Coalition
- NYLAG
- OneCity Health
- Planned Parenthood
- Riseboro Community Partnership
- Services for the UnderServed (SUS)
- SUNY Downstate Medical Center

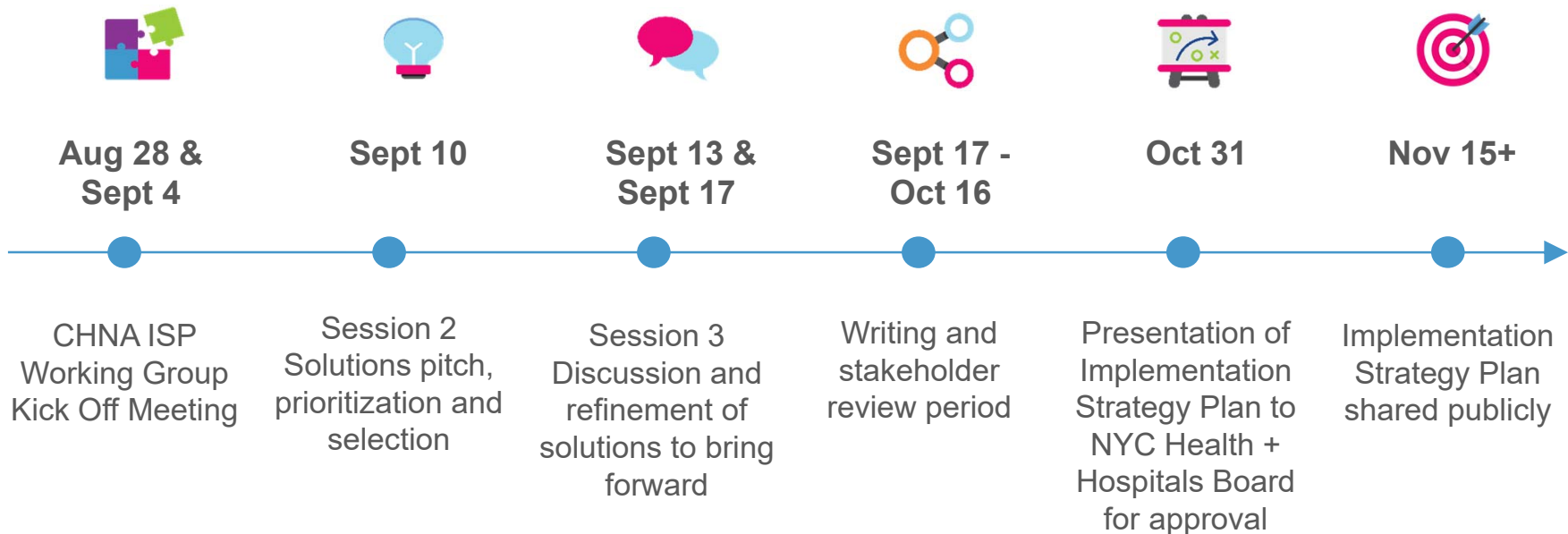
2019 CHNA findings: Priority health needs

Reducing the burden of life cycle-driven illness and health equity challenges	Rethinking health care systems	An infrastructure for scaling
<ul style="list-style-type: none"> ▪ Pregnancy and birth outcomes ▪ Airways disease (asthma, COPD) ▪ Behavioral health (mental health, substance use disorder) ▪ Diet-related diseases (diabetes, hypertension) ▪ Aging and frailty ▪ Populations with health equity challenges 	<ul style="list-style-type: none"> ▪ Ease of access and navigation ▪ Patient-provider relationships ▪ Health care cost and transparency 	<ul style="list-style-type: none"> ▪ State of the workforce ▪ Information sharing ▪ Financial sustainability ▪ System complexity and scale

On June 20, 2019 the 2019 CHNA was approved by the NYC Health + Hospitals Board of Directors



Implementation Strategy Plan process



Implementation Strategy Plan Summary

Reducing the burden of life cycle-driven illnesses and health equity challenges: Goals and tactics

Reduce the burden of life cycle-driven illnesses and address health equity challenges

- Manage the health of patients throughout their life cycle by engaging them in services to improve health outcomes across life stages
- Partner with the community to offer programs and services that reduce health equity challenges

Looking forward

- Wellness University
- Expansion of telehealth and monitoring devices
- EMOM

Rethinking health care systems: Goals and tactics

Improve ease of access to and navigation through the health system

Design services around the end user, the patient – this includes services that are easy and convenient to access, structurally competent and delivered with cultural humility

Optimize patient-provider relationship

Improve patient continuity of care with primary care providers

Increase transparency of health care costs for patients and providers

Enable shared decision making between patients and providers guided by clinical need rather than financial constraints

Looking forward

- Augment patient call center
- Patient engagement and activation program
- Ease of clinical and community referrals

An infrastructure for scaling: Goals and tactics

Build and optimize workforce capacity	Improve communication and information sharing across patients and providers	Provide services in a way that are financially sustainable	Optimize the integration of assets across the system
<ul style="list-style-type: none"> ▪ Increase recruitment and retention of a talented workforce ▪ Ensure the workforce can work to their highest level of experience, skills and licensure ▪ Support providers in managing their emotional health 	<ul style="list-style-type: none"> ▪ Ensure more effective communication between providers and with patients through technology-enabled platforms 	<ul style="list-style-type: none"> ▪ Enhance revenue opportunities and reduce administrative expenses ▪ Prepare the system for a value-based payment environment ▪ Boost health care and insurance coverage for all New Yorkers 	<ul style="list-style-type: none"> ▪ Promote coordination and integration of clinical, financial and social services to deliver a seamless and streamlined patient experience

Looking forward

- Improve info sharing and communication across provider network
- Expand career residency programs

Resource commitment

- NYC Health + Hospitals will commit financial and in-kind resources during FY 2019-2021 to implement transformative initiatives and programs
- Resources will include clinical and nonclinical services as well as partnerships through OneCity Health and NYC Health + Hospitals' Accountable Care Organization (ACO) and staff time devoted to advance collective work, charitable contributions, and employee volunteerism
- Through OneCity Health and DSRIP, the system will continue to prototype and evaluate new, innovative solutions to address community health needs

Evaluation

- Continuous monitoring and evaluation of programs to be developed to ensure priority health needs are addressed
- OneCity Health invested in IP3 Assess, a data analytics platform to supporting ongoing evaluation of health needs and areas for opportunity

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COMMUNITY HEALTH NEEDS ASSESSMENT IMPLEMENTATION STRATEGY PLAN **2019**



ABOUT THE IMPLEMENTATION STRATEGY PLAN

This Implementation Strategy Plan for NYC Health + Hospitals has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a Community Health Needs Assessment (CHNA) at least once every three years and adopt an Implementation Strategy Plan to meet the community health needs identified in the CHNA. This Implementation Strategy Plan is intended to satisfy each of the applicable requirements set forth in proposed regulations.

The following hospitals, organized by county, serve the communities addressed in this Implementation Strategy Plan:

Bronx

- NYC Health + Hospitals/Jacobi
- NYC Health + Hospitals/Lincoln
- NYC Health + Hospitals/North Central Bronx

Brooklyn

- NYC Health + Hospitals/Coney Island
- NYC Health + Hospitals/Kings County
- NYC Health + Hospitals/Woodhull

Manhattan

- NYC Health + Hospitals/Bellevue
- NYC Health + Hospitals/Harlem
- NYC Health + Hospitals/Henry J. Carter Long-Term Acute Care
- NYC Health + Hospitals/Metropolitan

Queens

- NYC Health + Hospitals/Elmhurst
- NYC Health + Hospitals/Queens

A digital copy of the Community Health Needs Assessment is available: <https://www.nychealthandhospitals.org/publications-reports/2019-community-health-needs-assessment>

A digital copy of this Implementation Strategy Plan is publicly available: <https://www.nychealthandhospitals.org/publications-reports/isp>

Community input is encouraged. Please address CHNA ISP feedback to chna@nychhc.org

For additional information on available services visit <http://www.nychealthandhospitals.org>

For information on insurance coverage visit: <http://www.nychealthandhospitals.org/insurance>

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About NYC Health + Hospitals

As the largest public health care system in the U.S., NYC Health + Hospitals' mission is to deliver high-quality health care services to all New Yorkers with compassion, dignity and respect, without exception. The system is an anchor institution for the ever-changing communities it serves, providing hospital and trauma care, neighborhood health centers, skilled nursing facilities and community care, including care coordination and home care. NYC Health + Hospitals serves as a preeminent teaching facility and as a designated treatment center for the U.S. President.





Over
1.1 million
New
Yorkers
served
annually

11
hospitals

5
level I trauma centers

1
level II trauma center

1
level II pediatric
trauma center

+70
community centers

1
long-term acute
care hospital

5
skilled nursing
facilities

+40K
employees

correctional
health services

OneCity Health

OneCity Health is the largest Performing Provider System (PPS) in New York State, formed under the auspices of the Delivery System Reform Incentive Payment (DSRIP) program, comprising hundreds of health care providers, community-based organizations and health systems.

+750k Medicaid lives

+200 partners

MetroPlus

The NYC Health + Hospitals health plan, MetroPlus, provides low to no-cost health insurance to eligible New Yorkers across the five boroughs. Earning 5 out of 5 stars, MetroPlus is a top health plan in New York State.

+500k lives

HHC ACO

The HHC Accountable Care Organization (ACO) is a collaborative venture including physician affiliate organizations, NYC Health + Hospitals acute care, outpatient and skilled nursing facilities, as well as teaching administration, quality assurance and supervisory services.

+10k Medicare lives

8 partners

INTRODUCTION

As the largest public health care system in the United States and an anchor institution in communities throughout New York City, NYC Health + Hospitals delivers high-quality health services with compassion, dignity and respect to all, without exception. Many of the people served by NYC Health + Hospitals experience an outsized chronic and behavioral disease burden, as reflected in previous community health needs assessments (CHNAs). These health outcomes are partly driven by long standing structural inequities such as entrenched racism and sexism, neighborhood income, access to quality, affordable housing, access to healthy, affordable food, safe places for physical activity and social support.⁶

As a leading health care provider and employer, NYC Health + Hospitals directly responds to these issues through investments in services to unite and elevate communities. As a result of strategic investments through the system's transformation plan and New York State's Delivery System Reform Incentive Payment (DSRIP) program, health trajectories of the communities served by NYC Health + Hospitals have improved. These investments have strengthened primary and preventive care, boosted health coverage for New Yorkers, modernized health care delivery system-wide and enabled crucial innovative partnerships with community-based providers and organizations. However, challenges persist.

NYC Health + Hospitals, the largest public health care system in the United States, serves over 1 million people annually and offers comprehensive, accessible and affordable health care to all, without exception. The system's 11 acute care hospitals and long term acute care hospital provide top-ranked trauma care, offer dozens of inpatient specialties and mental health services and keep communities healthy through a robust network of primary and specialty care for children and adults. NYC Health + Hospitals facilities have earned numerous special designations for quality and culturally responsive care and have received top ranks by U.S. News and World Report.

In 2019, NYC Health + Hospitals completed a [CHNA](#) to identify, better understand and prioritize the health needs of the communities served. The CHNA process was conducted by OneCity Health, the NYC Health + Hospitals Performing Provider System (PPS), which utilized a multi-stakeholder approach to identify system-wide health needs, as well as the unique needs of the diverse neighborhoods served. Findings from the CHNA were driven by a combination of quantitative and qualitative data from over 450 community surveys, 16 inclusive community forums held at NYC Health + Hospitals facilities and more than 60 expert interviews with system leadership and community stakeholders.

Two priority health needs were identified in the 2019 CHNA:

1. Reducing the burden of life cycle-driven illness and health equity challenges
2. Redesigning health care for communities:
 - a) Rethinking health care systems
 - b) An infrastructure for scaling. The CHNA was approved and adopted by the NYC Health + Hospitals Board of Directors in June 2019.

This Implementation Strategy Plan (ISP) describes the transformative initiatives and programs NYC Health + Hospitals and its community partners have or will implement to address the priority health needs identified in the 2019 CHNA. Continuous evaluation and monitoring of these initiatives and programs and NYC Health + Hospitals' overall strategic focus will be developed to ensure they are improving health equity in communities served. In addition, this report can be used as a starting point for individuals to understand the breadth of resources available to the community.

IMPLEMENTATION STRATEGY

The ISP outlines a plan for NYC Health + Hospitals and its facilities to address the priority health needs identified in the 2019 CHNA. The ISP inventories transformative initiatives and programs at NYC Health + Hospitals directly addressing these areas.* Both ongoing and future efforts are organized in Appendix: Glossary of NYC Health + Hospitals Transformative Initiatives and Programs. The report also outlines solutions the system will consider moving forward based on the outputs of the working group sessions.

APPROACH

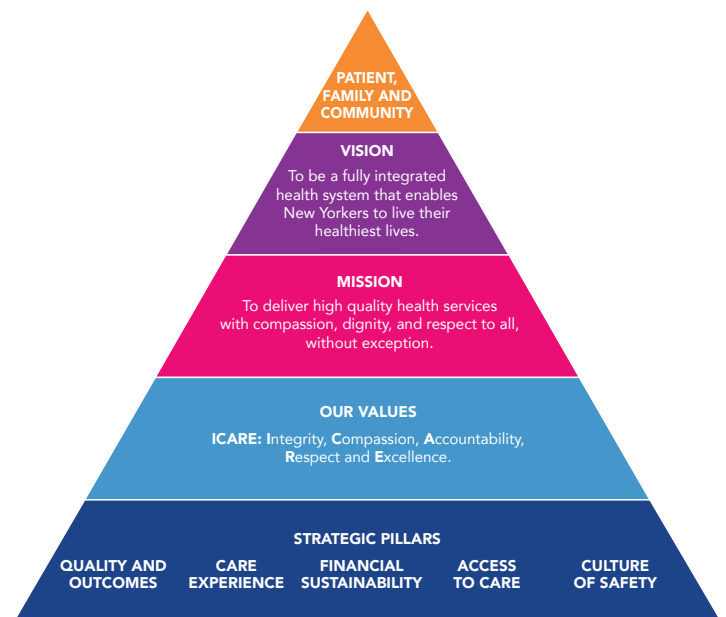
To address the priority health needs identified in the 2019 CHNA, OneCity Health brought together interdisciplinary stakeholders including NYC Health + Hospitals’ system leadership and front-line facility staff, city agencies and PPS partners. The ISP was developed through the following approach:

1. NYC Health + Hospitals catalogued transformative initiatives and programs underway system-wide and at each hospital that address the priority health needs of the communities served.
2. OneCity Health facilitated multi-stakeholder planning through three working groups with over 50 participants representing NYC Health + Hospitals, PPS partner organizations and city agencies. Working group members designed and pitched solutions to address the priority health needs based on their daily experiences serving the community. Members then prioritized solutions that will be reviewed by NYC Health + Hospitals executive leadership through the system’s clinical and business strategic planning processes.* NYC Health + Hospitals and OneCity Health will continue to engage a growing network of over 200 community-based partners to implement solutions identified in the working groups through collective impact.
3. Looking forward, NYC Health + Hospitals will continue to invest in programs, services and partnerships that address the health needs of the community. To ensure that services and programs are designed through the lens of the patient, NYC Health + Hospitals will continue to engage community members, including through its existing Community Advisory Boards (CABs) and Patient and Family Advisory Councils (PFACs).

STRATEGIC PILLARS

The NYC Health + Hospitals Strategic Framework Figure demonstrates how the system’s vision, mission, values and strategic pillars aim to support the patient, family and community (Figure 1). The goals and tactics in this report are guided by the strategic pillars, which consist of: quality and outcomes, care experience, financial sustainability, access to care and culture of safety. The pillars are the foundation of the system’s vision to be a fully integrated health system, which requires effective organization of its community assets and partners including MetroPlus, its health plan, OneCity Health, its Performing Provider System and the HHC ACO, its Accountable Care Organization, to improve the overall health of the communities served in a financially sustainable manner.

Figure 1: NYC Health + Hospitals Strategic Framework



*See Appendix: Proposed Solutions for Consideration.

ADDRESSING PRIORITY HEALTH NEEDS

REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

The environmental conditions into which someone is born, plays, lives, works and ages present social and economic risk factors that impact health and life expectancy. These factors combined with the evolution of one's health throughout their life cycle can lead to poor health outcomes including airways diseases, heart disease and diabetes. To ensure every New Yorker has the same opportunity to live a healthy life, life cycle-driven illness must be addressed and social risk factors reduced.

Goal: Reduce the burden of life cycle-driven illness and address health equity challenges

Tactic: Manage the health of patients throughout their life cycle by engaging them in services to improve health outcomes across life stages

NYC Health + Hospitals is poised to build long-term relationships with the community and its patients that can improve an individual's health outcomes throughout the life cycle. The system and its 70+ neighborhood health center, hospital and skilled nursing facility locations can help community members to build a strong foundation for life at birth and infancy, establish healthy behaviors at adolescence and achieve quality of life through adulthood. By designing structurally competent health care services embedded with the values of ICARE and delivered with cultural humility, patients are better able to engage in their health on an ongoing rather than episodic basis. Further, providing medical staff with implicit bias training ensures that all patients receive the same level of care. This approach significantly reduces the burden of life cycle-driven illness.

To do this, NYC Health + Hospitals is developing comprehensive programs, coordinated through primary care, including integration with specialty care for higher risk patients. For example, patients with behavioral health needs (e.g. mental health and substance use disorders) will be able to receive whole person care at a single site to eliminate the stigma traditionally associated with behavioral health needs and their treatments. YouthHealth and Pride Health centers offer tailored health and social services for adolescents and patients who identify as LGBTQ to meet their unique health needs. Further, patients living with or at-risk of developing diet-related illness or airways diseases can receive a full range of services through their primary care provider, who is able to escalate specialty care needs upward through the interdisciplinary care team.

SPOTLIGHT



DSRIP Home-Based Environmental Asthma Program

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges: Airways diseases (asthma, COPD)

Since 2017, NYC Health + Hospitals, with the support of OneCity Health, has provided an integrated home-based asthma program to pediatric patients with uncontrolled asthma. Starting in 2019, services expanded to adult patients with asthma and COPD. The program aims to reduce avoidable hospital visits and improve patient care by connecting patients to primary and specialty care, social services and home remediation. In this model, community health workers partner with patients and providers to provide a home and environmental asthma assessment, disease-management education and referrals to social services. Success is measured by a reduction in hospital utilization, medication adherence and connection to primary and specialty care.

SPOTLIGHT



Comprehensive Maternal Care and Pregnancy Prevention Program

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges: Pregnancy and birth outcomes

NYC Health + Hospitals, in partnership with the Mayor's Office, is implementing a comprehensive maternal care program with the focus of identifying and responding to pregnancy-related morbidity and mortality for women of color. In the Maternal Medical Home, Maternal Care Coordinators and social workers enhance care by assisting patients who are at higher risk of developing health problems during their pregnancy. They help patients to navigate their appointments and receive supportive services. #SafemomsNYC is a simulation-based program that trains doctors, nurses and others on the maternal-child team to respond to the highest risk emergency situations in the Labor and Birthing suites. The Interval Pregnancy Optimization program helps to improve maternal health by training providers to ask patients specifically about pregnancy intention. In this way, the health of the woman may be optimized before she becomes pregnant. Further, the Mother-Baby Coordinated Visit program aims to increase adherence to the postpartum visit by having the patient scheduled with the baby's visit.

Further, NYC Health + Hospitals is adopting implicit bias and anti-racism training and is focusing on a culture that emphasizes safe and respectful care. Success will be measured by a reduction in maternal morbidity and mortality outcome disparities and improved prenatal and postpartum care.

Populations facing unique health equity challenges⁹

- Adolescent and young adult
- Survivors of domestic violence
- Individuals with food insecurity
- Homeless or individuals with housing instability
- Immigrant
- Incarcerated or previously incarcerated
- LGBTQ
- Pregnant women of color

Tactic: Partner with the community to offer programs and services that reduce health equity challenges

High-quality clinical care is critical to improving health outcomes, but this alone cannot close the health equity gaps often faced by communities served by NYC Health + Hospitals. Partnerships that enable connections between health care and other systems (e.g. criminal justice, foster care, public housing, shelter, food etc.) are essential to address poor health outcomes. These services are made available to patients through the colocation and optimization of referrals.

To identify patients who could benefit from these services, NYC Health + Hospitals offers benefit screening and enrollment for health insurance, food and social services, as well as support for housing services, legal assistance and income tax filing. In partnership with real estate developers, the system has repurposed unused space to offer over 1,300 units of supportive and affordable housing. In addition, NYC Health + Hospitals provides clinical care at one-stop NYC Family Justice Centers, which offers comprehensive care for survivors of domestic violence. Through DSRIP funding, OneCity Health is investing in partnerships and programs to address health equity challenges including food and housing insecurity and health literacy.

SPOTLIGHT



Woodhull Residence | Comunilife

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges:
Populations facing unique health equity challenges

NYC Health + Hospitals, in partnership with Comunilife, a not-for-profit community-based organization specializing in supportive housing development, launched the Woodhull Residence in 2019. The brand new 89 unit supportive and affordable housing residence was converted from a parking lot located on the NYC Health + Hospitals/Woodhull campus, providing 54 studio apartments for formerly homeless adults living with special needs and 35 studio apartments for low-income community residents. The program aims to combat the outsized chronic and behavioral disease burden among individuals living with housing instability. Success will be measured through health outcomes and patient satisfaction.

SPOTLIGHT



Correctional Health Services

Priority health need addressed: Reducing the burden of life cycle-driven illness and health equity challenges:
Populations facing unique health equity challenges

NYC Health + Hospitals/Correctional Health Services (CHS) operates one of the nation's largest local correctional health care systems and provides patients with medical and mental health care, substance use treatment, dental care and social work services. Since joining the NYC Health + Hospitals system in 2016, CHS has expanded access to care through telehealth services, decentralized care services to local detention centers and enhanced community reentry support services.

REDESIGNING HEALTH CARE FOR COMMUNITIES: RETHINKING HEALTH CARE SYSTEMS

By redesigning the health care system around communities and patients, providers can more easily treat patients holistically, rather than diseases alone. An empowered patient experience is one where the patient and provider can build a long-term relationship and jointly establish clear goals, resulting in a more meaningful, approachable and personalized health care encounter.

Goal: Improve ease of access to and navigation through the health system

Tactic: Design services around the end user, the patient – this includes services that are easy and convenient to access, structurally competent and delivered with cultural humility

By increasing focus on patient and provider needs, health care systems can improve their effectiveness in improving health outcomes. Recognizing the importance of designing services around the patient, NYC Health + Hospitals has and continues to expand high-quality preventive and primary health care to more convenient locations, including plans for three comprehensive health centers to be opened by the end of 2020. In addition, 70 health center locations offer after-hours options and new ExpressCare centers offer patients walk-in and after-hours access to urgent care.

The individuals served by NYC Health + Hospitals come from the different cultures that comprise New York City. The system continues to be an industry leader in providing structurally competent health care delivered with cultural humility – including providing language appropriate services in patients' preferred modality. To prevent the chilling effect of Public Charge, NYC Health + Hospitals continues to assure immigrant communities that the system remains steadfast in its mission to deliver health care to all New Yorkers without exception, and regardless of income, immigration or insurance status.

SPOTLIGHT

Expanding access to community-based care and the Caring Neighborhoods Initiative



Priority health need addressed: Rethinking health care systems: Ease of access and navigation

Through initial support from the Mayor's Caring Neighborhoods Initiative, NYC Health + Hospitals has expanded access to primary and specialty care in underserved communities at eight new or renovated sites across New York City. NYC Health + Hospitals plans to open three new full-service ambulatory care sites by the end of 2021, which will offer comprehensive, one-stop ambulatory care and wellness support services. This expansion will allow the system to serve over 50,000 more New Yorkers. Success will be measured by patient satisfaction and number of patients served.

SPOTLIGHT

ExpressCare



Priority health need addressed: Rethinking health care systems: Ease of access and navigation

ExpressCare provides the community with a new and convenient way to access health care through urgent care walk-in centers. Through ExpressCare, patients are promptly seen by a provider, connected to primary care and other services and enrolled in insurance when applicable. The clinical model, designed in partnership with OneCity Health, supports the goal of the DSRIP program to reduce avoidable hospital usage, including unnecessary emergency room visits, by 25 percent by 2020. Success is measured through several metrics including wait times in ExpressCare and linkages to primary care. ExpressCare centers are open at NYC Health + Hospitals/ Lincoln and Elmhurst with plans to expand centers to many NYC Health + Hospitals sites within the next three years.

SPOTLIGHT

NYC Care



Priority health need addressed: Rethinking health care systems: Ease of access and navigation

NYC Care ensures that all New Yorkers have access to care through low and no-cost services offered by NYC Health + Hospitals. Individuals who cannot afford or are ineligible for insurance can enroll in NYC Care regardless of immigration status or ability to pay. NYC Care provides patients and families with a dedicated primary care provider, connection to a 24/7 customer service line and access to affordable medication. The program launched in August 2019 in the Bronx with plans to expand to all boroughs.

In the first two months alone, over 5,000 patients were enrolled. Success is measured by the number of patients enrolled in and seeking care through the program.

Goal: Optimize the patient-provider relationship

Tactic: Improve patient continuity of care with primary care providers

When patients and providers are able to develop long-term relationships and achieve continuity of care, patients experience higher quality of care and achieve better health outcomes. Historically patients have entered NYC Health + Hospitals through the emergency department, but investments in primary care providers, stronger linkages to primary care for patients and enrolling patients in insurance and NYC Care¹⁰ means that patients can more easily access primary care services and build relationships with their interdisciplinary care team.

NYC Health + Hospitals is making scheduling easier for patients and is implementing a patient-centered scheduling system, which focuses on patient continuity with their interdisciplinary care team and promotes “open access” scheduling options for same-day appointments. This model accounts for the unpredictable and busy schedules of individuals served by NYC Health + Hospitals. Through Epic and eConsult¹¹, the system is enhancing communication and optimizing access between primary care providers and specialists and their patients.

Goal: Increase transparency of health care costs for patients and providers

Tactic: Enable shared decision making between patients and providers guided by clinical need and value-based care options rather than financial constraints

Through the system-wide implementation of Epic H2O, NYC Health + Hospitals providers will have access to decision support tools so they can help patients make decisions informed by clinical effectiveness and costs. In parallel, through Epic MyChart, patients are able to understand how much a procedure or medication costs and can access easy-to-read medical bills.

All patients, including those with health care through NYC Care, can connect to a 24/7 customer service line to understand how and where to access their dedicated interdisciplinary care team as well as the cost of care. Access to this level of service is unprecedented among historically uninsured communities.

SPOTLIGHT



ICARE and person-centered care

Priority health need addressed: Rethinking health care systems: Patient-provider relationships

ICARE is a system-wide employee value system that aims to integrate Integrity, Compassion, Accountability, Respect and Excellence into service delivery, rounding and leadership development. Through ICARE trainings, this initiative is increasing staff awareness and engagement in the mission and vision of NYC Health + Hospitals, with the ultimate goal of enhancing the patient experience. New person-centered care initiatives aim to involve patients, the interdisciplinary care team and other stakeholders in actively co-designing solutions specific to local and individual needs. Success is measured by the percentage of staff trained in ICARE.

SPOTLIGHT



Epic

Priority health need addressed: Information sharing

Epic H2O serves as a unifying platform for communication and collaboration across NYC Health + Hospitals 70+ locations and partner sites enabling coordinated care as a single integrated system. Further, Epic H2O improves patient care through clinicians’ timely access to patients’ complete health records. Simultaneously, Epic MyChart enables patients access to their health records allowing them to actively participate in health care decision-making with their interdisciplinary care team. Success will be measured by patient satisfaction and quality of care.

REDESIGNING HEALTH CARE FOR COMMUNITIES: INFRASTRUCTURE FOR SCALING

NYC Health + Hospitals must take advantage of its scale and reach while tailoring services to the diverse needs of the communities served. Systems should be designed around the individual patient journey and information must flow seamlessly between a patient and their interdisciplinary care team, especially when transitioning between care settings. Systems must engage their workforce, encourage information sharing and test sustainable financial models. If systems operate as a system in name-only, clinical staff have to spend more time navigating separate entities rather than focusing on patient care and patients have to navigate fragmented services.

Goal: Build and optimize workforce capacity

Tactic: Increase recruitment and retention of a talented workforce

With the goal of increasing the preventive and primary care-focused workforce, NYC Health + Hospitals launched two clinical recruitment campaigns to identify, recruit and retain clinicians: Docs4NYC and Nurse4NYC.

NYC Health + Hospitals offers a range of professional development opportunities to staff including leadership development and research opportunities to ensure continual career development. NYC Health + Hospitals also launched Health Care Administration Scholars and Clinical Leadership Fellowship programs to develop the next generation of clinical leaders in the areas of quality, population health and health care administration. Through the New York State Care Restructuring Enhancement Pilot program, hospital clinical and administrative staff are being trained to serve patients in community-based settings.

Tactic: Ensure the workforce can work to their highest level of experience, skills and licensure

NYC Health + Hospitals is maximizing the roles within the interdisciplinary care team to ensure doctors, nurse practitioners, nurses and support staff can practice at the top of their licenses to maximize time spent in direct patient care, population health management and system-wide quality improvement efforts. The system has also expanded the use of lay health care workers – including peers and community health workers – to support patient navigation and act as extensions of the interdisciplinary care team by offering communication and health coaching support in communities. These new care team members help to build trust, promote information sharing, and optimize time at each clinical visit.

Tactic: Support providers in managing their emotional health

Through the Arts in Medicine and Helping Healers Heal programs, NYC Health + Hospitals is responding to “compassion fatigue” and “physician burnout”, common in health care providers and jobs with high emotional stress. These programs help clinicians continue to connect with patients and offer high-quality, compassionate care.

SPOTLIGHT



Clinical recruitment campaigns including Docs4NYC and Nurse4NYC

Priority health need addressed: An infrastructure for scaling: State of the workforce

To expand access to care, NYC Health + Hospitals launched two targeted recruitment campaigns for doctors and nurses: Docs4NYC and Nurse4NYC. The Nurse4NYC campaign focuses on four high need specialty areas where nurses are needed the most: Emergency Room/Trauma; Ambulatory Care; Home Care; and Correctional Health Services/Behavioral Health. These campaigns will be supported by social media advertising on Google, LinkedIn, Facebook and Instagram. Since 2018, through Docs4NYC, Nurse4NYC and other recruitment efforts, 37 primary care physicians, 426 registered nurses, 229 nursing support staff and revenue staff were hired. Success will be measured by numbers of patients served.

Goal: Improve communication and information sharing across patients and providers

Tactic: Ensure more effective communication between providers and with patients through technology-enabled platforms

With the system-wide implementation of Epic H2O, patients and providers will have transparency into the full picture of a patient's health and participate jointly in making health care decisions. Through Epic MyChart, patients can review their medical history, book appointments, request prescription refills and communicate with their interdisciplinary care team. NYC Health + Hospitals also offers health care maintenance and appointment reminders via their preferred language and modality. With eConsult, primary care providers can connect with specialists and advise patients more expediently. Community providers can also participate in Epic H2O, which fosters patient access and care coordination beyond the four walls of the hospital.

Goal: Provide services in a way that are financially sustainable

Tactic: Enhance revenue opportunities and reduce administrative expenses

NYC Health + Hospitals is in the midst of implementing its five-year financial plan that will result in significant revenue-generating and cost-saving initiatives that bolster the system's current financial position while expanding health care services. To date, NYC Health + Hospitals has closed two-thirds of its \$1.8 billion projected budget gap.

Tactic: Prepare the system for a value-based payment environment

Investments in transformation efforts and the DSRIP program to improve access and quality and promote community-based care are preparing the system for the shift to a value-based payment environment. This means increased and easier access to high-quality holistic care designed to improve health outcomes at a lower cost, and with a better patient experience.

Tactic: Boost health care and insurance coverage to all New Yorkers

New York City and NYC Health + Hospitals are guaranteeing health care for all New Yorkers through NYC Care and efforts to expand enrollment in MetroPlus. More New Yorkers have access to primary care providers, integrated clinical services, coordinated care, prescription drugs and 24/7 customer service than ever before. This is possible through expanded access to financial counselors and to GetCoveredNYC and MetroPlus health plan enrollers based in facilities and in the community.

SPOTLIGHT

HHC ACO

Priority health needs addressed: An infrastructure for scaling: Financial sustainability

NYC Health + Hospitals' Accountable Care Organization (ACO) – a group of doctors and other providers who coordinate care for patients under the Medicare Shared Savings Program (MSSP) – is the only MSSP ACO based in New York State to earn shared savings for six consecutive years and one of only 18 ACOs around the country to have earned that distinction. The ACO's performance demonstrates NYC Health + Hospitals' ability to provide quality patient care at a lower cost. The ACO performed highest in the Preventive Health area which includes screening for patients with depression, helping patients quit smoking and proper use of aspirin for patients with heart disease. Success is measured by earned shared savings.



SPOTLIGHT

OneCity Health

Priority health needs addressed: An infrastructure for scaling: Financial sustainability

OneCity Health, the largest PPS in New York State, is prototyping innovative solutions through new collaborations across hospital, community and managed care organization partners that meet the goals of DSRIP and will be sustained through new value-based payment arrangements. Investments aim to provide streamlined, person-centered care, to address upstream social risk factors for poor health, and to reduce avoidable hospital utilization, by redesigning care models supported by robust data analytics capabilities.

Through OneCity Health's \$5M DSRIP Innovation Fund, the largest statewide, partners prototyped new food and wellness delivery models, CBO-led peer outreach, health education programs and developed the "Ask Me, AsthMe!" asthma health literacy app. OneCity Health has achieved significant reductions in avoidable hospital use and financial savings, and is awaiting final performance results. Success is measured by DSRIP performance, earned value-based payment incentives and avoidable utilization rates.



Goal: Optimize the integration of assets across the system

Tactic: Promote coordination and integration of clinical, financial and social services to deliver a seamless and streamlined patient experience

As the largest public health system in the United States, NYC Health + Hospitals operates a robust network of acute-care hospitals, a long-term care hospital, neighborhood-based primary care centers, nursing homes and post-acute centers, a home care agency and a health plan, MetroPlus. To support this network, the system is dedicated to building an infrastructure that optimizes efficiency, reliability and integration with the ultimate goal of increasing access to primary care as well as tailored delivery of high-quality, clinical services. This includes enhancing data sharing, standardized high-quality clinical services and seamless communication across the network. Further, OneCity Health has provided capacity building and other supportive services to prepare its PPS partner network for successful partnerships with NYC Health + Hospitals and health plans, including MetroPlus.

LOOKING FORWARD

BUILDING HEALTHY COMMUNITIES

The priority health needs identified in the 2019 CHNA are structural and complex. Addressing them requires continued collaboration between NYC Health + Hospitals, city agencies, community partners and, crucially, patients. To ensure continued alignment with community members, NYC Health + Hospitals will co-design initiatives and programs with CABs and PFACs. The following strategic elements inform the transformative initiatives and programs NYC Health + Hospitals will implement to strengthen the health system for all New Yorkers.

- Tailor clinical services for populations facing health equity challenges to reduce health disparities
- Repurpose unused space for preventive care services to address life cycle-driven illness and health equity challenges
- Implement new care models to expand patient access to convenient and appropriate health care including expanding virtual care and enhancing care coordination within the NYC Health + Hospitals unified call center
- Leverage real-time data and analytics, digital health tools and Epic H2O to engage patients, families and interdisciplinary care teams in a streamlined health care experience
- Connect patients, interdisciplinary care teams and social service providers through health information exchange networks to foster patient access to community resources and promote shared decision making, which can support community health promotion, quality and evaluation efforts. These data could support community-wide health promotion, quality improvement and evaluation efforts
- Increase awareness of tools to identify needed clinical services and increase understanding around health care costs and billing for both patients and providers
- Test high-value care models at NYC Health + Hospitals and scale sustainable solutions

RESOURCE COMMITMENT

NYC Health + Hospitals will commit both financial and in-kind resources during FY 2019–2021 to implement transformative initiatives and programs. Resources include clinical and nonclinical services, partnerships and innovative solutions prototyping through OneCity Health and NYC Health + Hospitals, including its Accountable Care Organization (ACO) and staff time devoted to advance collective work, charitable contributions and employee volunteerism.

EVALUATION

NYC Health + Hospitals will continue to disseminate findings from the CHNA to system staff and community members alike. Additionally, NYC Health + Hospitals will promote and raise awareness of transformative initiatives and programs identified in this report. Evaluation plans will be established or continued. Further OneCity Health has invested in the Institute for People, Place and Possibility (IP3) Assess, a data analytics platform that helps to identify health needs and areas of opportunity to inform place-based investments. NYC Health + Hospitals will use the platform to support continuous evaluation and monitoring of NYC Health + Hospitals and community-level impact in making progress towards the system's overall strategic focus and in closing health equity gaps.

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7. Structural competency can be defined as the trained ability to discern how a host of issues defined clinically as symptoms, attitudes or diseases (e.g., depression, hypertension, obesity, smoking, medication “non-compliance,” trauma, psychosis) also represent the downstream implications of a number of upstream decisions about such matters as health care and food delivery systems, zoning laws, urban and rural infrastructures, medicalization or even about the very definitions of illness and health. See also www.ncbi.nlm.nih.gov/pmc/articles/PMC4269606.
8. Practicing cultural humility goes beyond being respectful and responsive to health beliefs and practices and cultural and linguistic needs of individuals – it requires acknowledgement and celebration of an individual’s identity and agency over their own experience. See also www.rwjf.org/en/blog/2018/06/practicing-cultural-humility-to-transform-healthcare.html
9. 2019 Community Health Needs Assessment Survey Findings (2019). Tabulated by OneCity Health.
10. NYC Care ensures that all New Yorkers have access to care through no- and low-cost services offered by NYC Health + Hospitals. Individuals who cannot afford or are ineligible for insurance can enroll in NYC Care regardless of immigration status or ability to pay. NYC Care provides patients and families with a dedicated primary care provider, connection to a 24/7 customer service line and access to affordable medication.
11. eConsult can allow primary care providers to give their patients access to the advice of specialty care providers before the patient visits a specialty clinic, enabling primary care providers and their patients to immediately focus on a plan of action.

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APPENDIX: GLOSSARY OF NYC HEALTH + HOSPITALS TRANSFORMATIVE INITIATIVES AND PROGRAMS

As of October 2019, the following initiatives and programs throughout NYC Health + Hospitals most clearly address the priority health needs identified in the 2019 CHNA. Please note this list is not exhaustive.

For a current list of services, visit [NYC Health + Hospitals' website](#) and connect with [NYC Health + Hospitals](#) and [OneCity Health](#) on social media.

REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

Pregnancy and birth outcomes	
Initiative	Description
Comprehensive family planning services	Programming and services focused on family planning including, but not limited to: family planning counseling, long acting reversible contraception (LARC) expansion, termination of pregnancy up to 24 weeks gestational age and medication abortion.
Comprehensive maternal health programming	Programming and services focused on maternal health including, but not limited to: Baby-friendly designation, Centering Pregnancy, Centering Parenting, Maternal Depression Screening, onsite reproductive psychiatry, social work and collaborative care.
Maternal homeless support program	Partnership between NYC Health + Hospitals/Kings County and NYC Department of Homeless Services (DHS) that links patients to health care services, community based organizations and transportation.
Maternal Medical Home	This program provides care management and screening for depression, clinical conditions, trauma, social determinants of health and psychosocial conditions to individuals predisposed to or at high risk for poor or adverse pregnancy outcomes. Patients are also linked to community-based care programs and NYC Health + Hospitals.
QINCA program	This program provides education for physicians on LARC insertions and services through community providers.
RELIAS	RELIAS is a web-based, self-paced learning program with modules focused on: fetal heart rate interpretation, shoulder dystocia, obstetric hemorrhage and other obstetric emergencies.
Simulation training	Sometimes referred to as IMSAL, this training focuses on obstetric emergencies including: hypertensive disorders in pregnancy, maternal hemorrhage, shoulder dystocia and cardiac arrest.
Stork's Next	Stork's Nest is a combined partnership with NYC H+H/Kings County, Zeta Phi Beta Sorority and March of Dimes. Stork's Nest aims to increase the number of women receiving early and regular prenatal care to prevent cases of low birth-weight, premature births and infant deaths.

Airways diseases (Asthma, COPD)	
Initiative	Description
"Ask Me, AsthMe!" Program	Asthma smartphone application is designed for children and families with low health literacy to increase their understanding of pediatric asthma and disease self-management.
Asthma-Free Bronx	This city hall initiative, run by the NYC Department of Health & Mental Hygiene, NYC Health + Hospitals and the NYC Department of Education, provides a suite of personalized interventions aimed at reducing Emergency Department visits and inpatient admissions of asthmatic pediatric patients in the South Bronx. Community health workers also provide asthma education, including self-management education, environmental assessments and pest-remediation services.

Airways diseases (Asthma, COPD), continued

Initiative	Description
DSRIP Home-Based Environmental Asthma Program	This program assigns a community health worker to help support patients with frequent or severe asthma attacks. Community health workers conduct home assessments and provide services that include self-management education and pest-remediation services. This program was launched in 2017 for children and is expanding to include adult patient populations.
Remote medication management	The Remote Medication Management program ensures asthmatic patients are in compliance with medications prescribed by physicians.
Smoking cessation	Smoking Cessation is a six-week program designed to help individuals quit smoking. The program includes group counseling and education, telephone counseling and Nicotine-Replacement Therapy (NRP) in the adult medicine and behavioral health settings.

Behavioral health (mental health, substance use disorder)

Initiative	Description
Assertive Community Treatment (ACT)	The ACT Team program functions as a “clinic without walls,” treating individuals in their homes and community. Children and adolescents receive services through developmental evaluation clinics, family support programs, adolescent treatment programs, school-based programs and outpatient clinics.
Behavioral health critical time interventions	OneCity Health invested in Coordinated Behavioral Care’s Pathway Home program, which provides multidisciplinary care transition services such as accompanying patients home, arranging for immediate needs such as food and filling prescriptions, ensuring transport is arranged for health care visits and providing ongoing communication and support
CAB community forum on opioids	Community Advisory Boards (CABs) continue to hold open community forums on the impact of opioids in the community, including hosting opioid overdose prevention trainings (Naloxone) for community members.
Comprehensive Psychiatric Emergency Program (CPEP)	CPEP is an inpatient service that facilitates adults and children with mental health disorders receiving emergency observation, evaluation and care in a supportive environment. This program has expanded to include telehealth services at select facilities and a crisis-outreach mobile intervention, which, together extend the program into the community.
ED Addiction Leads and Inpatient Consult for Addiction Treatment and Care in Hospitals (CATCH)	The ED Addiction Leads program engages peer counselors to provide support to patients with substance use disorder in the emergency department. This program launched in 2019 and is currently expanding to include social workers. The Consult for Addiction Treatment and Care in Hospitals (CATCH) Program consults patients with substance use disorder and initiates Medication-Assisted Therapy (MAT) for interested patients. These consults include linkages to treatment post-discharge.
Integrated care centers and collaborative care model	Integrated care clinics co-located primary care, behavioral health and care for substance use disorder in one location as a single-care team. In addition to allowing for coordination of care, these clinics administer a universal behavioral health screening tool and perform patient outreach to engage patients.

Behavioral health (mental health, substance use disorder), continued

Initiative	Description
Medication Assisted Therapy expansion	Services for patients with substance use disorder have now expanded to all five boroughs. These services include Medication Assisted Therapy (MAT), the distribution of Narcan kits and screening for substance use disorder.
Partial Hospitalization (PHP)	PHP is a short-term alternative to an Inpatient Psychiatric Unit stay. A step-down program, it provides an intensive, structured treatment environment 5 days a week, 5 hours a day, for mentally-ill and mentally-ill/chemically dependent adults who are experiencing severe psychiatric symptoms, thereby decreasing the length of an inpatient unit admission.
School program for BH adolescent inpatients	Public School 35 is a hospital-based public school providing educational and behavioral services for children with mental health disorders between the ages of 5-19.
3-2-1 IMPACT!	3-2-1 IMPACT! integrates a specially trained child development professional, called a "Healthy Steps Specialist," within the primary care team. This specialist partners with families during well-child visits, coordinates screening efforts and problem-solves with parents for common and complex child-rearing and other challenges.

Diet-related diseases (diabetes, hypertension)

Initiative	Description
BlueStar app	Through the BlueStar Diabetes Management app, patients receive individualized coaching, reminders, education and support to help manage their Type 2 diabetes.
Diabetes cooking classes	Diabetes cooking classes are held at select NYC Health + Hospitals locations to provide culturally competent cooking classes tailored to patients with Type 2 diabetes.
Diabetes prevention program	An evidence-based lifestyle change model based on the National Diabetes Prevention Program led by the CDC that helps prevent or delay adults from Type 2 Diabetes. This program is for patients who are either at-risk of diabetes or diagnosed with pre-diabetes. Programming includes coaching patients through healthy eating, physical activity and stress management.
Digital peer mentoring program	This pilot program with InquisitHealth pairs patients with diabetes with a peer mentor. Peer mentors offer guidance and support to patients on how to live with and manage their diabetes.
Food and nutrition resources	A hospital-community partnership where patients are connected to a variety of on-site and community-based food and nutrition services. Food-insecure patients are enrolled in eligible food benefits, assisted with access to fresh produce or medically tailored meals and electronically referred to food pantries and group meals.
Plant-Based Lifestyle Medicine Program	This pilot program began at Bellevue in 2018 with the goal to help patients access a healthy lifestyle that includes a whole-foods, plant-based diet to improve, and in some cases reverse, diet-related chronic illness.
Primary care-centered diabetes management initiative	Programming including: clinical pharmacists, teleretinal screening, digital peer mentoring and digital coaching.

Diet-related diseases (diabetes, hypertension), continued

Initiative	Description
Shape Up NYC classes	Led by the New York City Department of Parks & Recreation, Shape Up NYC is a free, drop-in fitness program offering classes such as aerobics, yoga, Pilates and Zumba. Class registration is not required; individuals can show up at any location across all five boroughs.
30-day care transitions	OneCity Health is investing in community partners to support seamless transition for patients after a hospital admission by assisting with access to healthy food, filling prescriptions and providing transportation to and from primary care visits.
Treat-to-Target (T2T) Program	The hypertension T2T Program uses chronic disease nurses to support patients with hypertension control their blood pressure. This program is recognized by The American Heart Association and the American Medical Association.

Aging and frailty

Initiative	Description
Acute Care for the Elderly (ACE) Unit	An interdisciplinary care team that supports older adults in maintaining their independence and preventing physical and mental decline during treatment for acute illness, with the goal of quickly returning them to their normal living situation and routines.
Community Services, Inc.	A partnership between NYC Health + Hospitals/Queens and CBO Sunnyside Community Services, Inc. that addresses caregiver support for patients suffering from Alzheimer's Disease and Dementia.
COMPACT Model	The COMPACT model includes intense council for elderly patient populations.
Geriatrics practice	Provides care to adults over the age of 65 by working with a specialized team to understand the unique needs of patients. These practices coordinate throughout the spectrum of care through a single provider, who helps manage screenings, assessments and social services.
NICHE certification	NICHE (Nurses Improving Care for Healthsystem Elders) is the leading nurse-driven program designed to help hospitals and health care organizations improve care for older adults through the provision of sensitive and exemplary care.
Palliative care	Palliative Care provides inpatient and outpatient services to help relieve pain and discomfort in patients with chronic or advanced illnesses.
Senior community engagement efforts	Ongoing efforts throughout several NYC Health + Hospitals facilities that include activities such as Harlem's Annual Senior Health Festival, where community partners engage with attendees and provide outreach to local senior centers.

Homeless or individuals with housing instability

Initiative	Description
Housing assistance	Assistance includes, but is not limited to: referrals to Homebase housing, Breaking Ground partnerships, Roomfinders and outreach.
Hospital-housing developer partnerships	Selected NYC Health + Hospitals facilities convert clinical space for on-site housing through community programs and initiatives with partners including CAMBA and Comunilife.

Homeless or individuals with housing instability, continued

Initiative	Description
Respite and transitional housing	Investments in transitional supportive housing with respite providers to provide three different respite programs: patients with medical needs, mental health needs and intellectual and development disabilities who cannot be discharged to a home

Incarcerated or previously incarcerated

Initiative	Description
Care or connections to care	Incarcerated or previously incarcerated patients are connected to the Hepatitis C Navigator Program, Virology Clinics and Health Home services.
Point of reentry/transition clinic for Correctional Health	Includes the Port Clinic, which was recently established to provide Primary Care services to previously incarcerated patients from Riker's Island and other New York City detention centers.

Immigrants

Initiative	Description
Interpreter services, any modality	Interpreter services might include language lines, remote interpretation devices, rovers for American Sign Language (ASL), live interpreters, etc.
NYLAG clinics	New York Legal Assistance Group (NYLAG) clinics are available to patients to help address health-harming legal needs.
Program for Survivors of Torture	This program offers medical, mental health and social/legal services to immigrants surviving torture and persecution overseas.

LGBTQ

Initiative	Description
Leader in LGBTQ Healthcare Equality Certification	The Leader in LGBTQ Healthcare Equality Certification is awarded to hospitals who exemplify LGBTQ-inclusive policies of delivering equitable care to LGBTQ communities, creating an inclusive and supportive environment for employees and demonstrating public support for the community.
The Pride Health Center	A community center that offers services for women's health, men's health, gender transition, hormone therapy, HIV and STD prevention, screening and treatment services, adolescent care, social work and behavioral health services and general primary care.

Adolescents and young adults

Initiative	Description
KIDs Ride	A program that introduces youth to cycling as a safe and effective means of transportation and as recreation, encouraging them to incorporate regular physical activity into their lives.

Adolescents and young adults, continued

Initiative	Description
100 Schools Project	A city-wide health-system and community partnership launched to meet the needs of students with emotional, behavioral and addiction challenges in middle and high schools and city colleges. This program trains school staff to identify early signs of mental illness and substance misuse and to promote wellness and prevention.
Union Settlement Youth Opportunity Hub	Youth Opportunity Hubs knit together community-based providers to provide coordinated services in new or updated physical spaces for young people in target neighborhoods. The Hubs provide attractive social spaces and link neighborhood service providers to provide one-stop, comprehensive support for at-risk children, teens and young adults in order to prevent them from becoming involved in the criminal justice system.
YouthHealth centers	Centers that offer primary care, Plan B, STI testing, birth control, PrEP and comprehensive physical examinations in a compassionate, confidential and safe environment.

Survivors of domestic violence

Initiative	Description
Family Justice Centers	The New York City Family Justice Center (FJC) provide free, confidential assistance for survivors of domestic and gender-based violence. NYC Health + Hospitals provides on-site mental health services, including direct care, mental health support, skill-building opportunities and mentoring to Family Justice Center staff.
SAFE program	State-designated Hospital Programs that provide specialized care to sexual assault patients and/or victims of torture.

Individuals with food insecurity

Initiative	Description
Access to food and nutrition resources, including farmers markets, food coordinators, local food partnerships and medically-tailored meals	Programs established across NYC Health + Hospitals that help combat food insecurity by providing patients with increased access to food through farmers markets and local food partnerships. Food coordinators assist patients with enrolling in food benefits and connecting patients to additional community resources.
East Harlem Community Alliance	NYC Health + Hospitals/Metropolitan is a leader in this consortium of over 185 nonprofits, businesses, religious organizations and government agencies working together to enhance the vitality and well-being of the East Harlem community.

Other

Initiative	Description
Expansion of health care, health insurance, food coordinators and benefits enrollment	Initiative to support patients in insurance, NYC Care and other benefits enrollment. Includes support through food coordinators and tax filing counselors.
The Global Health Institute	The Global Health Institute at NYC Health + Hospitals/Elmhurst supports and advances groundbreaking research, grows existing relationships with community and global partners, hosts educational events for the community and helps to improve clinical and patient experiences.

Other, continued

Initiative	Description
Tax preparation services	As part of NYC Free Tax Prep led by the NYC Department of Consumer Affairs, NYC Health + Hospitals offers free tax preparation services at many of its sites for New Yorkers earning \$66,000 or less last tax year.
Violence prevention programs (e.g. Guns Down Life Up (GDLU) the Solution, Kings Against Gun Violence (KAVI))	<p>GDLU prevents violence by offering after school and summer hospital-based youth development programs, underpinned by mentoring and scholastic support. The purpose of the hospital-based youth development program is to involve at-risk young people in positive activities before they become involved with violence.</p> <p>A non-profit organization started by an Emergency Medicine physician that provides a holistic approach to violence intervention to communities of color in Central Brooklyn. In hospitals, KAVI connects with youth who are both perpetrators and victims of violence to help them cope with trauma, deescalate violence and serve as active leaders in their community.</p>

REDESIGNING HEALTH CARE FOR COMMUNITIES: RETHINKING HEALTH CARE SYSTEMS

Ease of access and navigation

Initiative	Description
Expansion of primary care access in underserved and high-need neighborhoods	Expanding on Mayor de Blasio's Caring Neighborhoods Initiative, "One New York: Health Care for Our Neighborhoods", there are eight new or renovated health centers across New York City in Bedford Stuyvesant, Brownsville, Bushwick, Crown Heights, East Tremont, Jackson Heights, Lower East Side and North Shore Staten Island. Three additional comprehensive health centers in Bushwick, Jackson Heights and Tremont will open in 2020.
Expansion of telehealth and digital coaching and monitoring	NYC Health + Hospitals is offering a variety of digital health platforms to promote access, health engagement and chronic disease self-management. These platforms include: a multi-modal appointment reminder system; a diabetes self-management app; a telephone based peer mentorship app; and an asthma self-management app.
ExpressCare	ExpressCare provides the community with a new and convenient way to access health care through urgent care walk-in centers. Through ExpressCare, patients are promptly seen by a provider, connected to primary care and other services and enrolled in insurance when applicable.
Imaging Centers of Excellence	NYC Health + Hospitals is upgrading its medical imaging technology to provide patients with modernized, state-of-the-art technology that will produce faster and better image quality and lead to quicker diagnoses and treatment.
NYC Care	NYC Care ensures that all New Yorkers have access to care through no- and low-cost services offered by NYC Health + Hospitals. Individuals who cannot afford or are ineligible for insurance can enroll in NYC Care regardless of immigration status or ability to pay. NYC Care provides patients and families with a dedicated primary care provider, connection to a 24/7 customer service line and access to affordable medication.
Retail pharmacy	Through pharmacy expansion, all patients will have 24/7 access to comprehensive retail pharmacy services, including specialty pharmacy and central filling services, at all NYC Health + Hospitals.
Single call center to book appointments and to answer questions	Through a new 24/7 customer service center that can be reached through 844-NYC-4NYC, patients can make appointments and gain assistance navigating services.

Optimizing patient-provider relationships

Initiative	Description
Arts in Medicine	The Arts in Medicine program aims to reduce stress, support emotional health and help address "compassion fatigue," historically known as "physician burnout in staff."
eConsult	eConsult can allow primary care providers to give their patients access to the advice of specialty care providers before the patient visits a specialty clinic, enabling primary care providers and their patients to immediately focus on a plan of action.
Helping Healers Heal	Helping Healers Heal is a peer-led employee wellness program that offers emotional first aid to health care providers suffering from workplace stress or anxiety and may be at risk of depression caused by the demanding circumstances health care providers experience, also known as "second victims."
ICARE	The ICARE values promote NYC Health + Hospitals' mission and vision and guide all staff in offering the highest quality, safest and most patient-centered care.
Patient-centered scheduling and open access	NYC Health + Hospitals is implementing patient-centered scheduling in conjunction with the system's call center to ensure patient-provider continuity. In addition, open access scheduling allows for more walk-in slots for patients with their interdisciplinary care team.

Health care cost and transparency

Initiative	Description
Epic H2O MyChart consolidated billing and pre-payment options	With H2O MyChart, patients can view consolidated billing information, make payments and set up payment plans. In addition, patients can see expected costs for drug and treatment costs.
NYC Health + Hospitals' 'Find Your Insurance' tool	NYC Health + Hospitals has made it easier for New Yorkers to understand whether their health insurance is accepted at NYC Health + Hospitals locations. The tool is accessible in many languages at NYC Health + Hospitals' website .

REDESIGNING HEALTH CARE FOR COMMUNITIES: AN INFRASTRUCTURE FOR SCALING

State of the workforce

Initiative	Description
CityDoctors Scholarship	CityDoctors scholarship awardees commit to practicing primary care medicine for at least two years at one of NYC Health + Hospitals' acute care facilities. This partnership was launched in 2012 to help address the shortage of primary care physicians and to increase educational and career opportunities for local graduates.
Clinical Leadership Fellowship	This one-year fellowship is designed for post-residency graduates interested in administrative roles within the nation's largest public hospital system. Fellows are placed in one of NYC Health + Hospitals' Central Office locations to acquire hands-on, practical work experience including participation in leadership meetings and developing and leading a substantial quality improvement or population health-oriented project.
Clinician recruitment programs and campaigns	Includes DOCS4NYC and Nurses4NYC; Mental Health Service Corps, CityDoctors Scholarship, Healthcare Administration Scholars, Clinical Leadership Fellows

State of the workforce, continued

Initiative	Description
DOCS4NYC	DOCS4NYC is a physician recruitment campaign focusing on filling 75 new and open primary care physician positions across the system. The campaign is supported by a new website, docs4nyc.org, and social media advertising on Google, LinkedIn, Facebook and Instagram.
Healthcare Administration Scholars	This two-year leadership training and management program is shaping the next generation of leaders. The program requires scholars to develop quality improvement projects across the health system.
Nursing Career Ladder	NYC Health + Hospitals is offering full tuition to qualified registered nurses to earn a bachelor's degree in nursing.
Nurse Residency Program	This residency program provides newly-hired, first-time nurses with on-the-job training focused on topics including ethics, decision making, clinical leadership and the incorporation of evidence-based research into practice. The program also provides new nurses with support and mentorship proven to enhance nurse satisfaction, performance and retention.
Nurse4NYC	Nurse4NYC is a nurse recruiting campaign focusing on four high-need specialty areas including: emergency room/trauma, ambulatory care, home care, correctional health services and behavioral health. The campaign is supported by a new website, nurses4nyc.org, and social media advertising on Google, LinkedIn, Facebook and Instagram.
Professional development programs for clinical and non-clinical staff	NYC Health + Hospitals and OneCity Health are offering new training and development programs including: Care Restructuring Enhancement Pilot workforce development efforts, Leadership Academy, Revenue Cycle Institute, Quality Academy and educational partnerships offering scholarships and continuing education credits.

Information sharing

Initiative	Description
EpicCare Link	As NYC Health + Hospitals transfers to Epic, NYC Health + Hospitals is transferring to EpicCare Link as the primary referrals platform for community providers. This web-based platform allows providers to review their patients' charts and test and lab results, receive notifications on their care and communicate with NYC Health + Hospitals' providers. NYC Health + Hospitals offered providers a train program as a part of the transition.
Epic Community Connect	OneCity Health is offering PPS partners a sophisticated instance of Epic (OneConnect) that includes a unified patient record across NYC Health + Hospitals and the OneCity Health PPS network.
Epic H2O and MyChart	Epic H2O unifies medical records from over 70 locations to support clinicians in delivering high-quality, efficient care and allowing patients easy access to their records through a secure patient portal called MyChart. The new electronic record also enables the system to better coordinate high-value care for patients.
Epic Healthy Planet	Epic Healthy Planet is a population health platform designed to identify, engage and treat high-risk and high-cost patient populations in a coordinated manner across the NYC Health + Hospitals and OneCity Health PPS networks.
Patient appointment reminders	Patient appointment reminders and other health communications are sent through an automated system based on the patient's preferred communication modality, including text, email or phone.

Financial sustainability	
Initiative	Description
MetroPlus and GetCoveredNYC Enrollment Expansion	With the assistance of MetroPlus Health plan and GetCoveredNYC enrollers, NYC Health + Hospitals is enrolling more New Yorkers in insurance across NYC Health + Hospitals facilities.
NYC Health + Hospitals' Financial Transformation Plan through revenue and expense improvement opportunities	NYC Health + Hospitals adopted a seven-point plan to close the \$1.8B structural financial gap. The plan includes efforts to improve billing, contracting, coding and documentation; investing in patient and revenue increases; increasing health plan enrollments and reducing administrating expenses.
Value-based payment contracting	NYC Health + Hospitals and OneCity Health are designing its transformative initiatives and programs to achieve system-wide transformation to perform in value-based purchasing environments, encouraging service innovation, care model redesign and clinical quality improvements.
HHC ACO	NYC Health + Hospitals' Accountable Care Organization (ACO) – a group of doctors and other providers who coordinate care for patients under the Medicare Shared Savings Program (MSSP) – is the only MSSP ACO based in New York State to earn shared savings for six consecutive years and one of only 18 ACOs around the country to have earned that distinction. The ACO's performance demonstrates NYC Health + Hospitals' ability to provide quality patient care at a lower cost. The ACO performed highest in the Preventive Health area which includes screening for patients with depression, helping patients quit smoking and proper use of aspirin for patients with heart disease. Success is measured by earned shared savings.
OneCity Health	<p>OneCity Health, the largest PPS in New York State, is prototyping innovative solutions through new collaborations across hospital, community and managed care organization partners that meet the goals of DSRIP and will be sustained through new value-based payment arrangements. Investments aim to provide streamlined, person-centered care, to address upstream social risk factors for poor health, and to reduce avoidable hospital utilization, by redesigning care models supported by robust data analytics capabilities.</p> <p>Through OneCity Health's \$5M DSRIP Innovation Fund, the largest statewide, partners prototyped new food and wellness delivery models, CBO-led peer outreach, health education programs and developed the "Ask Me, AsthMe!" asthma health literacy app. OneCity Health has achieved significant reductions in avoidable hospital use and financial savings, and is awaiting final performance results. Success is measured by DSRIP performance, earned value-based payment incentives and avoidable utilization rates.</p>

System complexity and scale	
Initiative	Description
OneCity Health CBO capacity building	OneCity Health has invested in capacity building to help community-based organization partners develop infrastructure to contract their services to hospitals and health plans based on value. As a culmination of this work, OneCity Health provided funding to community-based organizations through its Hospital-Community Partnerships initiative.
OneCity Health primary care capacity building	OneCity Health, in partnership with Primary Care Development Corporation (PCDC), offered community provider practices expert coaching with the aim of improving chronic disease prevention and management, behavioral health integration and care coordination. The aim of this work is to prepare NYC Health + Hospitals and community practices for evidence-based chronic disease management recognition to provide sustainable mechanisms for high-value care.

APPENDIX: NYC HEALTH + HOSPITALS TRANSFORMATIVE INITIATIVES AND PROGRAMS BY BOROUGH

As of October 2019, the following initiatives and programs throughout NYC Health + Hospitals and organized by borough most clearly address the priority health needs identified in the 2019 CHNA. Please note this list is not exhaustive. For a description of each initiative and program, refer to Appendix: Glossary of NYC Health + Hospitals Transformative Initiatives and Programs.

For a current list of services, visit [NYC Health + Hospitals' website](#) and connect with [NYC Health + Hospitals](#) and [OneCity Health](#) on social media.

REDUCING THE BURDEN OF LIFE CYCLE-DRIVEN ILLNESS AND HEALTH EQUITY CHALLENGES

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Pregnancy and birth outcomes				
Comprehensive family planning services			Bellevue	
Comprehensive maternal health programming		System-wide		
Maternal Homeless support program		Kings County		
Maternal Medical Home		Kings County		
QINCA program		Kings County		
RELIAS			Bellevue	
Simulation training		System-wide		
Stork's Next		Kings County		
Airways Diseases (Asthma, COPD)				
"Ask Me, AsthMe!" Program		Kings County		
Asthma-Free Bronx	Lincoln			
DSRIP Home-Based Environmental Asthma Program	Jacobi Lincoln NCB	Kings County Woodhull	Bellevue Harlem Metropolitan	Elmhurst Queens
Remote medication management				Elmhurst
Smoking cessation	Jacobi Lincoln NCB	Woodhull	Harlem	Elmhurst Queens
Behavioral health (mental health, substance use disorder)				
Assertive Community Treatment (ACT)	Jacobi NCB	Coney Island Woodhull	Bellevue Metropolitan	Elmhurst Queens
Behavioral health critical time interventions	Lincoln	Coney Island	Harlem Metropolitan	
CAB community forum on opioids			Metropolitan	
Comprehensive Psychiatry Emergency Program (CPEP)	Jacobi Lincoln	Kings County Woodhull	Bellevue Harlem	Elmhurst Queens
ED Addiction Leads		System-wide		
Healthy Steps		Coney Island		
Inpatient Consult for Addiction Treatment and Care in Hospitals (CATCH)	Lincoln	Coney Island Woodhull	Bellevue Metropolitan	Elmhurst
Integrated care centers and collaborative care model		System-wide		

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Behavioral health (mental health, substance use disorder), continued				
Medication Assisted Therapy expansion		System-wide		
Partial hospitalization (PHP)	NCB	Kings County	Bellevue	Elmhurst Queens
School Program for BH Adolescent Inpatients			Metropolitan	
3-2-1 IMPACT!			Bellevue	Queens
Diet-related diseases (diabetes, hypertension)				
BlueStar app			Metropolitan	
Diabetes cooking classes		Kings County	Metropolitan	
Diabetes Prevention Program		System-wide		
Digital Peer Mentoring Program		Kings County		
Food and nutrition resources		System-wide		
Plant-Based Lifestyle Medicine Program		Bellevue		
Primary Care-Centered diabetes management initiative		System-wide		
Shape Up NYC classes	Jacobi Lincoln	Kings County	Harlem Metropolitan	Elmhurst
30-day care transitions		System-wide		
Treat-to-Target (T2T) Program		System-wide		
Aging and frailty				
Acute Care for the Elderly (ACE) Unit		Woodhull		
Community Services, Inc.		Queens		
COMPACT Model		Woodhull		
Geriatrics Practice		Woodhull	Bellevue Harlem Henry J. Carter Metropolitan	
NICHE certification		System-wide		
Palliative care	Jacobi Lincoln			Elmhurst Queens
Senior community engagement efforts			Metropolitan	
Homeless or individuals with housing instability				
Housing assistance	NCB	Kings County Woodhull	Bellevue Harlem Metropolitan	Elmhurst
Hospital-housing developer partnerships		Kings County Woodhull	Bellevue Harlem	
Respite and transitional housing	Jacobi Lincoln	Kings County Woodhull	Bellevue	Elmhurst Queens

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Incarcerated or previously incarcerated				
Care or connections to care	NCB			
Point of reentry/transition clinic for Correctional Health		Kings County	Bellevue	
Immigrants				
Interpreter services, any modality		System-wide		
NYLAG Clinics		System-wide		
Program for Survivors of Torture			Bellevue	Elmhurst
LGBTQ				
Leader in LGBTQ Healthcare Equality		System-wide		
The Pride Health Center		Woodhull	Bellevue Harlem Metropolitan	
Adolescents and young adults				
100 Schools Project		System-wide		
KIDs Ride Program		Woodhull		
Union Settlement Youth Opportunity Hub			Metropolitan	
YouthHealth centers		System-wide		
Survivors of domestic violence				
Family Justice Centers		System-wide		
SAFE program		System-wide		
Individuals with food insecurity				
Access to food and nutrition resources, including farmers markets, food coordinators, local food partnerships and medically-tailored meals		System-wide		
East Harlem Community Alliance			Metropolitan	
Other				
Expand health care, insurance and benefits enrollment		System-wide		
The Global Health Institute				Elmhurst
Tax preparation services		Kings County		Elmhurst
Violence prevention programs (e.g. Guns Down Life Up (GDLU) the Solution; Kings Against Gun Violence (KAVI))	Lincoln	Coney Island		

RETHINKING HEALTH CARE SYSTEMS

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
Ease of access and navigation				
Expansion of primary care access in underserved and high-need neighborhoods		System-wide		
Expansion of telehealth and digital coaching and monitoring expansion		System-wide		
ExpressCare	Lincoln			Elmhurst
Imaging Centers of Excellence		System-wide		
NYC Care	Jacobi Lincoln	Coney Island Kings County Woodhull		
Retail Pharmacy		System-wide		
Single call center to book appointments and to answer questions		System-wide		
Optimizing patient-provider relationships				
Arts in Medicine		System-wide		
eConsult		System-wide		
Helping Healers Heal		System-wide		
ICARE		System-wide		
Patient-centered scheduling and open access		System-wide		
Health care cost and transparency				
Epic H2O MyChart consolidated billing and pre-payment options		System-wide		
NYC Health + Hospitals' 'Find Your Insurance' tool		System-wide		

AN INFRASTRUCTURE FOR SCALING




Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
State of the workforce				
CityDoctors Scholarship		System-wide		
Clinical Leadership Fellowship		System-wide		
Clinician recruitment programs and campaigns		System-wide		
DOCS4NYC		System-wide		
Healthcare Administration Scholars		System-wide		
Nursing Career Ladder		System-wide		

Initiative	Bronx	Brooklyn, Staten Island	Manhattan	Queens
State of the workforce, continued				
Nurse Residency Program		System-wide		
Nurse4NYC		System-wide		
Professional development programs for clinicians and staff		System-wide		
Information sharing				
Epic Care Link		System-wide		
Epic Community Connect (OneConnect)		System-wide		
Epic H2O and MyChart		System-wide		
Epic Healthy Planet		System-wide		
Patient appointment reminders		System-wide		
Financial sustainability				
MetroPlus and GetCoveredNYC Enrollment Expansion		System-wide		
Revenue and expense improvement opportunities		System-wide		
NYC Health + Hospitals' Financial Transformation Plan through revenue and expense improvement opportunities		System-wide		
HHC ACO		System-wide		
OneCity Health		System-wide		
System complexity and scale				
OneCity Health CBO capacity building		System-wide		
OneCity Health primary care capacity building		System-wide		


APPENDIX: PROPOSED SOLUTIONS FOR CONSIDERATION

Below is a complete list of proposed solutions collaboratively designed during Implementation Strategy Plan working group meetings to address the needs identified in the 2019 CHNA.



Solutions voted on by Implementation Strategy Plan working group members as highest priority are indicated below.

Priority Need: Reducing the burden of life cycle-driven illness and health equity challenges	
Health and wellness of all populations 	Wellness University: The Wellness University would be an innovative, patient-centered model integrating physician care plans, wellness and health promotion activities. Community health workers would partner with patients and their physicians at a single, community-based site to support populations in accessing a healthy life cycle and achieving optimal health outcomes. Recognizing the limitations of a 20 minute visit with primary care providers, community health workers and patients, working together in the Wellness University would have sufficient opportunities in a respectful, shame-free venue to master the elements of their care plans and be empowered to take charge of their health.
Pregnancy and birth outcomes 	E-Mom program for pregnant women with housing insecurity: The E-Mom program would allow pregnant individuals with housing insecurity easy access to coordinated care visits with multi-disciplinary collaboration with the following focus areas: healthy babies; safe, stable housing; nurturing relationships and economic sustainability.
Airways diseases 	Expansion of telehealth and health monitoring devices: Digital health innovations integrated with inhalers can give providers access to real-time, actionable patient data to better support management of treatment plans for patients with airways diseases.
Behavioral health	Expanded co-location and integration of primary care, behavioral health and substance use disorder services: Patients suffering from substance use disorders must be able to seamlessly access coordinated, integrated care in one location, across NYC Health + Hospitals. Regulations with respect to data sharing around patients receiving treatment for substance use disorders remains a significant barrier to high-quality delivery of care.
Diet-related diseases	New models for onsite food markets: Food markets (e.g. food pharmacies) provide supplemental foods to patients based on clinical and social need through a prescription from their interdisciplinary care team. Expansion would continue positive success measures experienced thus far.
	SEA Change: The Screening, Education and Access (SEA) Change program would utilize volunteer community advocates in places where people normally congregate such as places of worship, employment, residence, refuse and recreation to screen, educate and promote access to health care in communities where individuals face high rates of diet-related diseases such as hypertension, diabetes and cardiovascular disease.
Aging and frailty	Coordinated referral process for aging populations: A coordinated network of services tailored to aging populations is critical in addressing their holistic needs. Coordinating the referral process would support in providing this essential care.
Populations with health equity challenges	Health Advocacy Partners program: The DOHMH Harlem Health Advocacy Partners (HHAP) program partners residents living in New York City Housing Authority (NYCHA) developments with community health workers, organizers and health advocates to support them to access needed services, enable healthy behavior change, disease management and build a community. The program has demonstrated HbA1C reductions in individuals with diabetes, improved blood pressure control in persons with hypertension and fewer hospital or emergency department episodes for persons with asthma. Expansion would further address the needs of populations with these health equity challenges.
Other	Data integration across child welfare and health care systems: Enhanced integration between NYC Health + Hospitals Electronic Health Records system and the State Welfare Case Management system would allow health care providers and child protective service workers to promote bidirectional information sharing and coordinated care.

Priority health need: Rethinking health care systems

Ease of access and navigation	Ease of clinical and community referrals: Enabling closed loop referrals between clinical providers and community partners through Epic would enhance care coordination through two-way communication.
	Improve interpreter services: Expand access to interpreter services using varied communication modalities (e.g. video chat) and through the use of high-quality medical interpreters.
	Augment patient call center: A patient access care center would augment existing patient call center functions and support the patient and interdisciplinary care team around communication and information sharing, cost transparency, clinical needs and prescription refills through Epic H2O.
Patient-provider relationships 	Facilitation of discharge: Modifications to the discharge planning and process, especially for patients who require equipment, home care services or placement in post-acute care facilities would improve the patient experience and health outcomes. Many patients don't have coverage for these services and thus remain in the acute care setting, representing suboptimal care for the patients and an enormous cost to the health system. This expansion would promote patient understanding of their health action plan and ease access to coordinated follow-up care.
Health care cost and transparency	Patient engagement and activation programs: This type of program would aim to encourage patients, possibly through incentives, to regularly engage with their interdisciplinary care team and in other health promotion and wellness services.
	Training on billing: This training would expand provider and staff education around billing and health care costs in support of patient-centered care.

Priority health need: An infrastructure for scaling

State of the workforce 	Career development program: A comprehensive workforce development program would create clear career ladders through increased training opportunities towards obtainment of certificates, degrees and licenses, tuition reimbursement, mentorship programs and establishment of joint practice/teaching positions with local/public colleges/universities (e.g. CUNY).
Information sharing 	Improve info sharing and communication across across provider entities and care teams: Through Epic, collaboration and information sharing across interdisciplinary care teams, the OneCity Health PPS partner network and city agencies would continue to promote coordinated, longitudinal relationships.

RESOLUTION

Amending the resolution adopted in December 2016 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") that authorized requirements contracts with seven architectural and engineering ("AE") consulting firms to provide AE design services; six mechanical, engineering, and plumbing ("MEP") consulting firms to provide MEP design services; and five Local Law 11 inspection consulting firms to provide Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various facilities – all of such contractors being listed in Schedule A attached hereto -- with such amendment increasing the \$23 Million not-to-exceed limit by \$5 Million to bring the total-not-to exceed limit to \$28 Million and extending the term of the contracts through June 30, 2020; and

Further amending the list of consultants to be those listed in Schedule A attached.

WHEREAS, the System requires, from time to time, AE/MEP design services and Local Law 11 inspection and filing services and AE design services in connection with Local Law 11 compliance; and

WHEREAS, the System has determined that its need for such services can best be met by utilizing outside firms, on an as-needed basis;

WHEREAS, on December 14, 2016 the Board of Directors approved the requirements contractors, all of which were procured through a RFP process, for a combined not-to-exceed limit of \$15M; and

WHEREAS, on March 28, 2019, the Board of Directors approved an increase to the originally approved \$15M not-to-exceed limit by \$8M raising the not-to-exceed to \$23M; and

WHEREAS, it has contributed to the System's ability to promptly meet construction, planning and maintenance needs in ways not anticipated when the December 2016 resolution was adopted which has caused the not-to-exceed limitation on such contracts to be approach earlier than expected; and

WHEREAS, of the seven A&E firms originally procured, NYC Health + Hospitals has exercised its renewal options as to only five because the other two generally declined to respond to work orders; and

WHEREAS, the System Contract Review Committee approved extending the term of the contracts from their current expiration in February 2020 through June 2020 to allow for continuity of service while a solicitation of new contracts is being performed.

NOW THEREFORE, IT IS HEREBY RESOLVED that, the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation in December 2016 that authorized requirements contracts with seven Architectural and Engineering ("AE") consulting firms to provide AE design services; six mechanical, engineering, and plumbing ("MEP") consulting firms to provide MEP design services; and five Local Law Inspection consulting firms, to provide Local Law 11 inspection and filing services and AE services in connection with Local Law 11 compliance on an as-needed basis at various – all of such contractors being listed in Schedule A attached hereto -- be and the same hereby is amended to increase the \$23 Million not-to-exceed limit by \$5 Million to bring the total-not-to exceed limit to \$28 Million and extending the term of the contracts through June 2020; and

IT IS FURTHER RESOLVED that the list of consultants be those listed in Schedule A attached.

SCHEDULE A

RESOLUTION AMENDING DECEMBER 2016 RESOLUTION AUTHORIZING CONTRACTS WITH ARCHITECTURAL AND ENGINEERING FIRMS

Five Architectural and Design Firms

Francis Cauffman, Inc.
Gertler & Wente Architects
Lothrop Associates, LLP
MJCL Architect, PLLC
Perkins Eastman Architects, DPC

Six Mechanical, Electrical and Plumbing Design Firms

Goldman Copeland Associates, PC
Greenman- Pedersen, Inc.
Jacob Feinberg Katz & Michaeli Consulting Group, LLC
Kallen & Lemelson, Consulting Engineers, LLP
LiRo Engineering, Inc.
R. G. Vanderweil Engineers, LLP

Five A&E firms specialized in Local Law 11 Services


Hoffman Architects, Inc.
Raman and Oudjian Engineers and Architects, PC
Ronnette Riley Architect
Superstructures Engineering + Architecture, PLLC
Thornton Tomasetti, Inc.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION INCREASING PRIOR NOT-TO-EXCEED CAP ON ARCHITECT/ENGINEER POOL OF REQUIREMENTS CONTRACTS

- OVERVIEW:** For many years, NYC Health + Hospitals has used requirements contracts to meet many of its needs for professional construction services. Historically, the resolutions that have approved such contracting has included a not-to-exceed limit. In December 2016, the Board approved a set of contracts with designers and consultants to serve on a requirements basis, *i.e.*, as needed, with a single not-to-exceed limit on the expenditure for the entire pool. These contractors were intended to, and have in fact, operated in three distinct spheres: professional architects and engineers ("A&E") design services; Mechanical, Engineering, and Plumbing ("MEP") consulting; and Local Law 11 (façade) assessment and repair specifications. These contracts have worked well and have been heavily drawn upon throughout the organization enabling the organization to respond quickly to a wide range of requests and needs. In fact, they have been so useful that currently \$21,770,218 has been expended leaving only \$1,229,782 remaining through the expiration of the contracts at the end of the year. These contracts have been used for many projects not envisioned in 2016 such as feasibility studies for the office move to 50 Water. These additional uses have pushed the expenditures close to the total allowed.
- NEED:** Additional uses of the subject requirements contracts are anticipated some of which are not known. Each use of these requirements contracts is made only with explicitly identified funding. Some of such funding comes from operating funds and some comes from City Capital.
- PROGRAM:** NYC Health + Hospitals will perform another RFP to secure a continuing pool of requirements contractors in these fields. No service related aspect of the current contracts will change. The only proposed changes are to increase the funding cap from \$23 Million to \$28 Million and extend the term through June 30, 2020. Work Orders against these contracts are issued subject to funding availability.
- MWBE:** Jacob Feinberg Katz & Michaeli Consulting Group, LLC, - WBE
Ronnette Riley Architect – WBE
Raman and Oudjian Engineers and Architects, PC – MBE
The following vendors are committed to meeting 30% MWBE subcontracting goals: Francis Cauffman, Inc., Gertler & Wente Architects, Goldman Copeland Associates, PC, Greenman- Pedersen, Inc., Hoffman Architects, Inc., Kallen & Lemelson, Consulting Engineers, LLP, LiRo Engineering, Inc., Lothrop Associates, LLP, MJCL Architect, PLLC, Perkins Eastman Architects, DPC, R. G. Vanderweil Engineers, LLP, Superstructures Engineering + Architecture, PLLC, Thornton Tomasetti, Inc.

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: Francis Cauffman

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 1% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Gertler Wente

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 11% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Goldman Copeland

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 6% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Greenman-Pedersen

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 2% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Hoffman Architects

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: JFK&M

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

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.

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: Kallen & Lemelson

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 11% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: LiRo Engineers

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 15% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Lothrop Associates

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 26% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: MJCL Architects

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 15% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Perkins Eastman

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Raman & Oundjian

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

MBE

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.

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: RG Vanderwiel

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Ronnette Riley

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

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.

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: Superstructures

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 8% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

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: Thornton Tomasetti

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

Architectural and Engineering (A&E), Mechanical, Electrical, and Plumbing (MEP), Local Law 11 (LL11) Contracts

Board of Directors Meeting
October 31, 2019

Christine Flaherty, Senior Vice President, Office of
Facilities Development



Background / Current State

- AE/MEP/LL11 Consultant contracts were procured via a Request For Proposals (RFP) process in October 2016
- Proposals were reviewed by an evaluation committee in December 2016
- Final Award in February 2017
 - Six MEP firms
 - Five A&E firms
 - Five LL11 Firms
- \$23,000,000 NTE for the pool of contracts
- Term of Contract: One base year with two one year options to renew



MEP Firms

- Kallen & Lemelson Consulting Engineers, LLP
- Greenman-Pederson, Inc.
- Jacob Feinberg Katz and Michaeli Consulting Group, LLC
- Goldman Copeland Associates, P.C.
- Liro Engineers
- R.G. Vanderweil Engineers, PC



➤ A&E Firms

- Francis Cauffman
- Gertler Wente
- Lothrop Associates, LLP
- Perkins Eastman Architects, PC
- MJCL Architects, LLP



LL11 Firms

- Hoffman Architects
- Ronnette Riley
- Superstructures Engineering + Architecture, PLLC
- Raman and Oundjian Eng. & Inspection Services, PC
- Thornton Tomasetti, Inc.



Current Commitments

CONTRACT TYPE	YEAR 1	YEAR 2	YEAR 3	TOTAL COMMITTED
MEP	\$1,752,642.00	\$1,814,243.00	\$2,002,973.50	\$5,569,758.50
AE	\$4,044,904.00	\$3,279,100.00	\$2,592,317.00	\$9,916,321.00
LL11	\$2,176,240.00	\$1,404,372.00	\$2,703,526.10	\$6,284,138.10
TOTAL COMMITTED	\$7,973,786.00	\$6,497,715.00	\$7,298,816.60	\$21,770,217.60
TOTAL PAID				\$10,587,255.61
TOTAL MWBE				\$1,314,642.69 (13%)*

➤ \$1,229,782 value left in pool

*All base contracts established a M/WBE goal of 30% participation. All consultants committed to meet that goal for future work. H+H neglected to collect utilization data during prior years but all consultants are now reporting into the B2Gnow tracking system managed by Supply Chain. Percentage above is based on paid to date numbers.



Future Commitment

➤ Current projects requiring AE/MEP/LL11 services

Project	Status
Primary Care Expansion	In negotiation for bridging documents.
Express Care	Designs in process of award across 8 additional locations.
Pharmacy USP 797 + USP 800 Compliance	Scope of work and sites being finalized.
Pending Ongoing Capital design	Electrical Regulatory Upgrades at Elmhurst and Metropolitan (CMS), Rehabilitation of steam tunnel at Kings County, Labor & Delivery at Elmhurst, Mental Health Building Window Replacement at Metropolitan, Cancer Center Renovation at Metropolitan, Ambulatory Care Expansion at Elmhurst

- Current contract expires February 2020.
- Requesting extension through June 30, 2020.
- Received approval from CRC to issue RFP for new AE/MEP contract
- Façade Restoration RFPs to be issued this calendar year.⁷



Board of Directors Approval Request

- Seeking the approval of the Capital Committee to increase the value of the NTE amount of the current pool value for AE/MEP/LL11 contracts from \$23,000,000 to \$28,000,000 and to extend the term of the contracts through June 30, 2020.



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a contract with Fratello Construction Corporation (the "Contractor") for an amount not to exceed \$8,982,904 for pre-construction, demolition, asbestos abatement, and construction services necessary for the heating, ventilation and air conditioning ("HVAC") relocation project (the "Project") at NYC Health + Hospitals / Bellevue ("Bellevue").

WHEREAS, during Super storm Sandy Bellevue suffered extensive flood damage to the electrical and mechanical systems in its basement; and

WHEREAS, the Federal Emergency Management Agency ("FEMA") granted the City of New York and NYC Health + Hospitals \$1.723 billion to repair the damages caused by Sandy across the NYC Health + Hospitals system; and

WHEREAS, the FEMA grant is divided into four parts: Bellevue, NYC Health + Hospitals/Coney Island Hospital, NYC Health + Hospitals/Metropolitan Hospital and NYC Health + Hospitals/Coler Hospital; and

WHEREAS, the cost of the Bellevue portion of the work totals \$498.69 Million; and

WHEREAS, NYC Health + Hospitals issued public invitation to bid, reviewed the bids and determined that the Contractor was the lowest responsible bidder for the Project; and

WHEREAS, the total base bid amount is \$7,969,000 and the balance of \$1,013,904 is earmarked for construction contingency; and

WHEREAS, the anticipated start date for the Project is December 1, 2019 with projected completion by April 20, 2021.

NOW THEREFORE be it

RESOLVED, that the New York City Health and Hospitals Corporation be and the same hereby is authorized to execute a contract with Fratello Construction Corporation for an amount not to exceed \$8,982,904 for pre-construction, demolition, asbestos abatement, and construction, for the heating, ventilation and air conditioning relocation project at NYC Health + Hospitals / Bellevue.

EXECUTIVE SUMMARY

HVAC RELOCATION AT NYC HEALTH + HOSPITALS/BELLEVUE

- OVERVIEW:** NYC Health + Hospitals seeks approval to enter into contract with Fratello Construction Corporation for an amount not to exceed \$8,982,904, including a contingency allowance of \$1,013,904, for the relocation of heating, ventilation, and air conditioning units and related equipment ("HVAC") at NYC Health + Hospitals/Bellevue, ("Bellevue") from the Bellevue basement to the roofs of the F-Link and Emergency Department.
- NEED:** Bellevue is located adjacent the East River and is partially located in both the Federal Emergency Management Agency ("FEMA") 100-year flood plain and 500-year flood plain per FEMA Preliminary Flood Insurance Study data. The ground surface elevations range from approximately +12 feet to +18 feet NAVD88 due to the topography of the site, with the first floor of the interconnected buildings being below +14 feet North American Vertical Datum of 1988 (NAVD88).
- Super storm Sandy flooded Bellevue from both East River storm surge as well as storm water runoff along the downward slope from First Avenue along 26th and 28th Streets. The most extensive damage occurred in Bellevue's 200,000 square foot basement, which was flooded at depths varying from 3 feet to 8 feet. Several sub-basements and cellars were completely inundated, damaging critical building infrastructure and rendering critical systems inoperable.
- SCOPE:** The equipment relocation project will include, but not be limited to, the replacement of the following components:
- Northwest Mechanical Room: contains 4 air handling units ("AHUs") with a combined capacity of approximately 75,000 CFM. Because 2 AHU's serve only spaces within the cellar, these units shall not be relocated but the other 2 units that serve the Ground and Mezzanine Floors shall be relocated.
- Southwest Mechanical Room: contains 2 AHUs with a combined capacity of approximately 66,000 CFM. However, because 1 AHU serves only spaces within the cellar, this unit shall not be relocated and only 1 unit that serves the ground floor shall be relocated.
- COSTS:** \$8,982,904 (base bid of \$7,969,000 + \$1,013,904 in contingency allowance)
- FINANCING:** FEMA 428 grant funds issued through NYC Office of Management and Budget.
- SCHEDULE:** The combined project is scheduled for completion by April 2021.
- MWBE:** 30% subcontracting utilization plan.

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: Fratello Construction Corp.

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

33% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 33% utilization on all work orders going forward.

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.

Fratello Construction Corporation/NYC H+H Bellevue Relocation of Air Handling Units (AHUs)

**Board of Directors Meeting
October 31, 2019**

**Christine Flaherty, Senior Vice President, Office of
Facilities Development**



FEMA Program

- H+H awarded a FEMA 428 Grant totaling \$1.723B
- Bellevue was awarded a total of \$498.69M from the \$1.723B
- FEMA 428 Grant via approved CP New York City H+H Capital for \$15,913,878



Relocation of Air Handling Units

- Relocation of AHUs from ground floor mechanical room to roof
 - (2) AHUs in Northwest Mechanical Room
 - (1) AHU in Southwest Mechanical Room
- New location will elevate AHUs and minimize risk of being affected during weather events



Construction Contract

- Sourced via public bid
- Fratello Construction was the lowest responsible bidder
- MWBE 33 % subcontractor utilization plan presented

Subcontractor	Certification	Utilization Plan %
Anvil Iron Works	MBE	9%
Triangle GC, Inc.	WBE	1%
Tameer Inc.	MBE	23%

- Contract amount is \$7,969,000.00
- Contract Contingency is \$1,013,904.00
- Projected completion in April 2020.



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to enter into contract with Fratello Construction Corporation for an amount not to exceed \$8,982,904, including a contingency allowance of \$1,013,904.



RESOLUTION

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to initiate the renovation of the 10th Floor (the "Project") of the Main Building at NYC Health + Hospitals/Jacobi ("Jacobi") including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, asbestos abatement, and construction management services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.

WHEREAS, among the goals of the DSRIP program is the greater integration of behavioral health, including substance abuse programs, and primary care programs; and

WHEREAS, Jacobi intends to integrate its primary care, outpatient mental health, and outpatient substance abuse services in about 19,880 sq. ft. of vacant space on the 10th floor of the Main Building; and

WHEREAS, the integration of the described services will require substantial renovation of the targeted 10th floor space; and

WHEREAS, integration will require relocating existing outpatient behavioral health services now located on the 4th and 5th floors of Building 4 leaving Building 4 to be occupied by future office personnel; and

WHEREAS, among the services to be located in the renovated space are a dual diagnosis with substance abuse and primary care integration for mental health patients and inclusive of the overall mental health treatment for these patients; and

WHEREAS, NYC Health + Hospitals issued public invitation to bid, reviewed the bids and determined that Vanguard Construction was the lowest responsible bidder for the construction portion of the Project with a total base bid amount is \$5,646,362; and

WHEREAS, the remainder of the cost of the Project, after accounting for the cost of the Vanguard contract, will not exceed \$3,884,138 including a \$100,334 project contingency, for demotion, asbestos abatement, IT and design services and for furniture which shall be procured based in accordance with New York State mandated construction procurement rules with awards made to the low bidders; and

WHEREAS, NY State Capital Restructuring Financing Program will fund the Project; and

WHEREAS, the projected construction start date is January 20, 2020 and the completion date for the Project is December 31, 2020 including all Department of Health approvals.

NOW THEREFORE be it


RESOLVED, that the New York City Health and Hospitals Corporation be and is hereby authorized to initiate the renovation of the 10th Floor of the Main Building at NYC Health + Hospitals/Jacobi including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, construction, asbestos abatement, services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.

EXECUTIVE SUMMARY

RENOVATION OF THE MAIN BUILDING 10TH FLOOR AT NYC HEALTH + HOSPITALS / JACOBI

OVERVIEW:	<p>DSRIP encourages the integration of primary care with behavioral health services including substance abuse programs. Currently, the Jacobi primary care clinic is located on the 4th and 5th floors in Building 4. To further DSRIP goals, NYC Health + Hospitals wishes to integrate these outpatient programs on the currently vacant 10th Floor in the Jacobi Main Building.</p> <p>NYC Health + Hospitals seeks approval for a capital project for an amount not to exceed \$9,530,500 for pre-construction, design, construction, asbestos abatement, and construction management services necessary for the renovation of the 10th Floor at Jacobi to enable it to house the Jacobi primary care, outpatient behavioral health and outpatient substance abuse programs.</p>
SCOPE:	<p>Project consists of renovation of 19,880 square feet of space on the 10th floor of vacant space in the main hospital building to relocate existing outpatient behavioral health services to collocate with primary care services. Vanguard Construction will perform the construction part of the Project for an amount not to exceed \$5,746,696. Vanguard was the low bidder following a NYC Health + Hospitals solicitation. The Project will also include demolition, asbestos abatement, soft costs for design and permitting and costs to outfit the space with furniture and IT equipment. These other costs are expected not to exceed \$3,884,138. NYC Health + Hospitals will procure these services and things in accordance with New York State rules for the procurement of construction services using low bid awards. The budget of \$3,884,134 includes a project contingency of \$100,334.</p>
PROJECT COST:	\$9,530,500
FUNDING:	New York State Capital Restructuring Financing Program grant funds.
SCHEDULE:	The Project is scheduled to start in January 20, 2020 with a completion date of December 31, 2020.
MWBE:	30% subcontracting utilization plan.

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: Vanguard Construction

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

35.8% Utilization Plan

Under the current agreement to date this vendor has provided 0% MWBE utilization. This vendor has committed to full 35.8% utilization on all work orders going forward.

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.

Vanguard Construction/NYC H+H Jacobi Outpatient Behavioral Health Integration with Primary Care – 10th Floor Building 1

**Board of Directors Meeting
October 31, 2019**

**Christine Flaherty, Senior Vice President, Office
of Facilities Development**



Outpatient Behavioral Health-Primary Care Integration

- Integrate Primary Care into Behavioral Health Setting
- Renovation of 19,880 sq. ft. on 10th floor of Building 1
- Consolidate existing services located on 4th and 5th floor of Building 4
- Funded through New York State CRFP grant
- Space needs to be occupied by 2021*

*In the result of delays in the construction schedule, which could jeopardize funding, a grant extension could be requested from the State.



Project Budget

Jacobi DSRIP 10 th Floor	
Early Demolition / Abatement	\$362,750
Construction (Vanguard)	\$5,646,362
Design, Testing, Filing	\$819,000
Construction Management	\$420,000
IT, Equipment, FF&E	\$1,919,078
Project Contingency (6%)	\$362,910
TOTAL	\$9,530,500



Construction Contract

- Procured via public bid
- Vanguard Construction Inc. was the lowest responsible bidder
- MWBE 35.8% subcontractor utilization plan presented

Subcontractor	Certification	Utilization Plan %
Lite Speed Electric	MWBE	19.1%
Tristate Air Conditioning	MWBE	16.7%

- Funding Source: New York State Capital Restructuring Financing Program (“CRFP”)
- The total project amount is \$9,530,500
 - Construction Contract amount is \$5,646,362
 - Construction Contract Contingency is \$100,334
- There are no penalties or liquidated damages drafted into this contract. Prior work with Vanguard has been completed on time and progress will be monitored by H+H.



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to initiate a to initiate the renovation of the 10th Floor (the “Project”) of the Main Building at NYC Health + Hospitals/Jacobi (“Jacobi”) including a construction contract award to Vanguard Construction in an amount not to exceed \$5,646,362 and other pre-construction, design, asbestos abatement, and construction management services, including the cost of the Vanguard contract, in an amount not to exceed \$9,530,500.



RESOLUTION

Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Volmar Construction, Inc. ("Volmar"), to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis with such amendment increasing the \$6 Million not to exceed cost by \$6 Million to bring the total not to exceed limit to \$12 Million.

WHEREAS, to address the System's need stand by HVAC services from time to time, the System's Board of Directors authorized HVAC JOCs contracts in July 2018 including one with Volmar for a two year term of which roughly one year remains; and

WHEREAS, in July 2018, the Board of Directors authorized the execution of two JOCs contracts; one with Volmar Construction, Inc., and one with AWL Industries; and

WHEREAS, Volmar 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, of the \$6 Million authorized for Volmar, almost \$2.5 Million has already been spent leaving only about \$3.5 Million while work valued at \$5 Million is being requested at NYC Health + Hospitals/Kings; and

WHEREAS, adding \$6 Million to the Volmar contract will ensure that, after the currently identified work is completed, approximately \$4.5 Million will remain in the contract for unanticipated projects; and

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

NOW THEREFORE, 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 with Volmar Construction, Inc. to provide heating, ventilation and air conditioning services on an as-needed basis be and the same is hereby amended to increase the \$6 Million not to exceed cost by \$6 Million to bring the total not to exceed limit to \$12 Million.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION INCREASING NOT-TO-EXCEED CAP VOLMAR CONSTRUCTION INC. HVAC SERVICES

- OVERVIEW:** 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 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 needs. They have been so useful that currently the Volmar contract has committed \$2,421,637.39 leaving only \$3,578,363.61 dollars remaining through the contract's expiration at the end of the next fiscal year. Volmar has already been requested to perform work valued at \$5 Million at NYC Health + Hospitals/Kings over the next three months that would exceed the current value of the contract. These contracts have been used for many projects not envisioned in 2018 and 2019 such as the cooling work required in the IT IDF's and MDFs for EPIC go-live.
- FUNDING:** The JOC contracts are used only when explicitly identified funding is available 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 Volmar 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 Million to \$12 Million, subject to funding availability.
- MWBE:** 30% subcontracting utilization plan.

AMENDED - RESOLUTION

Amending the resolution adopted by the Board of Directors of New York City Health and Hospitals Corporation (the "System") on July 26, 2018 authorizing the execution of a Job Order Contract ("JOC") with Volmar Construction, Inc. ("Volmar"), to provide heating, ventilation and air conditioning ("HVAC") services on an as-needed basis with such amendment increasing the \$6 Million not to exceed cost by \$2,340,000 Million to bring the total not to exceed limit to \$8,340,000 Million.

WHEREAS, to address the System's need stand by HVAC services from time to time, the System's Board of Directors authorized HVAC JOCs contracts in July 2018 including one with Volmar for a two year term of which roughly one year remains; and

WHEREAS, in July 2018, the Board of Directors authorized the execution of two JOCs contracts; one with Volmar Construction, Inc., and one with AWL Industries; and

WHEREAS, Volmar 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, of the \$6 Million authorized for Volmar, almost \$3.9 Million has already been committed leaving only about \$1.1 Million while work valued at \$3.6 Million is being requested at NYC Health + Hospitals/Kings for EPIC; and

WHEREAS, adding \$2.34 Million to the Volmar contract will ensure that, after the currently identified work is completed, approximately \$875,000 will remain in the contract for unanticipated projects; and

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


NOW THEREFORE, 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 with Volmar Construction, Inc. to provide heating, ventilation and air conditioning services on an as-needed basis be and the same is hereby amended to increase the \$6 Million not to exceed cost by \$2,340,000 Million to bring the total not to exceed limit to \$8,340,000 Million.

EXECUTIVE SUMMARY

AMENDMENT OF RESOLUTION INCREASING NOT-TO-EXCEED CAP VOLMAR CONSTRUCTION INC. HVAC SERVICES

- OVERVIEW:** 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 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 needs. They have been so useful that currently the Volmar contract has committed \$3,864,733.68 leaving only \$2,135,266.32 dollars remaining through the contract's expiration at the end of the next fiscal year. Volmar has already been requested to perform work valued at \$3.6 Million at NYC Health + Hospitals/Kings over the next three months that would exceed the current value of the contract. These contracts have been used for many projects not envisioned in 2018 and 2019 such as the cooling work required in the IT IDF's and MDFs for EPIC go-live.
- FUNDING:** The JOC contracts are used only when explicitly identified funding is available 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 Volmar 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 Million to \$8,340,000 Million, subject to funding availability.
- MWBE:** 30% subcontracting utilization plan.

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: Volmar

Date: October 7, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

Under the current agreement to date this vendor has provided 28% MWBE utilization. This vendor has committed to full 30% utilization on all work orders going forward.

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.

Heating, Ventilation, Air Conditioning (HVAC) Contracts

Board of Directors Meeting
October 31, 2019

Christine Flaherty, Senior Vice President, Office of
Facilities Development



Background / Current State

- Consultant contracts are pre-bid contracts using fixed prices with a multiplier
- Current HVAC construction services providers are
 - Volmar
 - AWL
- Volmar used for EPIC make ready work
 - EPIC is the acute and ambulatory care electronic patient record software
 - Kings County infrastructure and scope of work requires substantial upgrades to accommodate EPIC
- AWL is being utilized for HVAC construction services to ensure the system's compliance with USP 797 and USP 800 standards
 - USP 797 & 800 are standards relating to appropriate conditions for mixing medication (i.e. chemotherapy drugs, IV solutions, etc.)



- Public bids opened on June 3, 2018 and June 4, 2018 for two contracts, each for \$6M, to provide HVAC construction services
- Volmar Construction, Inc. was the lowest responsible bidder on the June 4th bid opening
 - **Volmar multiplier 1.0510**, AWL 1.1380, PEN Enterprises 1.2600
- AWL Industries, Inc. was the lowest responsible bidder on the June 3rd bid opening
 - **AWL Industries 1.0848**, Volmar 1.1580, Pen Enterprises 1.2600
- Volmar has presented a plan to fulfill the 30% MWBE requirement and is currently finalizing the scope and negotiations



Volmar Current Commitment

WORK ORDER	FACILITY	DESCRIPTION	CAPITAL	EXPENSE	TOTAL	MWBE Dollar Spend	MWBE % Spend
1903-1001	Jacobi	EPIC HVAC Work Building 1,6,8	\$ 680,069.57		\$ 680,069.57	\$ 205,000	30%
1903-1003	Jacobi	EPIC HVAC Work Building 1,6,8 - Supplemental		\$ 239,424.15	\$ 239,424.15	\$ 52,000	22%
1903-1004	Jacobi	C-6 Dialysis Unit Water Treatment replacement work as part of the replacement of the new water treatment for dialysis unit in the C Building on the 6th Floor	\$ 1,502,143.67		\$ 1,502,143.67	\$465,000	31%
1903-1006	Kings County	EPIC – HVAC Installation at Buildings C,D,R	\$1,443,096.29		\$1,443,096.29	\$435,000.00	30%
Subtotal			\$ 3,625,309.53	\$ 239,424.15			
TOTAL					\$ 3,864,733.68	\$1,157,000.00	30%



Volmar Future Commitment

- \$3,600,000 of work to be completed at Kings County Hospital to ensure facility is ready for EPIC Go-Live
- With current spend and future commitments, anticipated contract spend will exceed the current \$6,000,000 NTE limit
- After future commitments are awarded, \$875,000 will remain for use on contract through July 2020

COMMITMENT	AMOUNT
Current Commitment	\$3,864,733.68
Future Commitment*	\$3,600,000.00
TOTAL COMMITMENT	\$7,464,733.68

*Volmar is finalizing scope and negotiations



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to increase the value of the NTE amount of the current contract with Volmar Construction, Inc. from \$6,000,000 to \$8,340,000, as amended from the Capital Committee approval.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with New York College of Health Professions ("NY College") for its use of approximately 3,471 square feet the 7th floor North of the Main Building on the campus of NYC Health + Hospitals/Bellevue ("Bellevue") at an annual occupancy fee payable to the System of \$206,350.95 calculated at \$59.45/ft. which will be escalated by 2.5% annually resulting in a total occupancy fee payable to the System over the term of \$1,084,648.36.

WHEREAS, NY College grew out of an organization founded in 1976 and based in Syosset as a center for the practice of Holistic Health Education and Research providing patients therapeutic care using the Eastern healing arts combined with Western medicine and an education institution authorized by the New York State Board of Regents of the University of the State of New York as a college degree program; and

WHEREAS, NY College has provided massage therapy and meditation services to Bellevue staff since 2015 as part of Bellevue's staff Culture of Wellness program;; and

WHEREAS, in the licensed space NY College will provide to its patients, including those referred by Bellevue, and to Bellevue staff the following services: massage therapy, meditation, yoga, acupuncture, Tai-Chi and Qi-Gong; and

WHEREAS, staff from Bellevue and other parts of the System may attend certificate programs in Holistic Nursing for Registered nurses provided by NY College at NY College's normal rates and NY College will provide training to its students within the licensed space; and

WHEREAS, the services provided by NY College will be entirely separate from those of Bellevue however they will not compete with those of Bellevue because Bellevue has no programs or services grounded in traditional Chinese medicine; and

WHEREAS, NY College will accept referrals from Bellevue regardless of the patients' ability to pay with Bellevue paying the cost: and

WHEREAS, it will be the responsibility of the Executive Director of Bellevue to administer the proposed license agreement.

NOW THEREFORE, New York City Health and Hospitals Corporation be and hereby is authorized to execute a five year revocable license agreement with New York College of Health Professions for its use of approximately 3,471 square feet the 7th floor North of the Main Building on the campus of NYC Health + Hospitals/Bellevue at an annual occupancy fee payable to the System of \$206,350.95 calculated at \$59.45/ft which will be escalated by 2.5% annually resulting in a total occupancy fee payable to the System over the term of \$1,084,648.36.

EXECUTIVE SUMMARY

RESOLUTION AUTHORIZING A LICENSE AGREEMENT WITH NEW YORK COLLEGE OF HEALTH PROFESSIONS NYC HEALTH + HOSPITALS/BELLEVUE

OVERVIEW: NY College grew out of an organization founded in 1976 to become a center for practice of Holistic Health Education and Research providing patients therapeutic care using the Eastern healing arts combined with Western medicine. The NY College is also an education institution authorized by the New York State Board of Regents to award degrees. The NY College studies, teaches and practices therapeutic bodywork, acupuncture, herbal medicine, yoga and T'ai Chi and various methodologies of the East and the West for both preventative and curative medicine.

NEED: The treatments given and taught by NY College may be useful in pain management, post-operative nausea, anxiety, depression, hypertension and other conditions.

BUISINESS TERMS: The license shall be for five years but shall be revocable by either party for convenience. NY College shall take the licensed space as is and the System shall have no obligation to perform any alterations for it. The occupancy fee will start at \$59.45/ft. or \$201,318 for the first year of the occupancy and shall increase by 2.5% annually over the five year term resulting in a total occupancy fee over that period of \$1,084,648.36. This occupancy fee is the fair market value of the occupancy as established by the System's consultant. Bellevue will provide standard security, electricity, structural repairs, housekeeping and garbage removal.

PROGRAM: NY College will offer massage therapy, meditation, yoga, acupuncture, Tai-Chi and Qi-Gong. Additionally NY College will train its own students within the licensed space and will offer certificate programs in Holistic Nursing for NYC Health + Hospitals' Registered Nurses.

NY College's services shall be entirely separate from those provided by Bellevue. Appropriate signage shall distinguish between the NY College operations and those of Bellevue and patients of NY College will sign an acknowledgement of the independence of NY College from Bellevue.

Patient referrals from Bellevue shall be accepted by NY College regardless of ability to pay. Bellevue shall pay the cost of services provided to the uninsured. Bellevue staff and patients using the NY College services will pay at NY College's regular rates.

FAIR MARKET VALUE APPRAISAL SUMMARY

On November 21, 2018 Savitt Partners, consultants to New York City Health and Hospitals Corporation, provided the attached letter expressing the Firm's opinion of the fair market value of 1,038 sq. ft. to be licensed by Sleep Disorders Institute on the 7th Floor of the Main Building at NYC Health + Hospitals/Bellevue. In March 2019 the Board of Directors authorized a license agreement to Sleep Disorder Institute. Because the proposed license to New York College of Health Professionals will be of 3,471 sq. ft. on the same floor of the Main Building, and because the Savitt letter is so recent, it is appropriate to rely on the attached assessment of fair market value. Given that a year will have passed since the Savitt letter, the occupancy fee charged to New York College of Health Professionals will be increased by 2.5% from \$58/ft to \$59.45.

SAVITT PARTNERS

November 21, 2018

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

Re: Fair Market Value/Appraisal of space within the Bellevue Hospital Center
Regarding the 7th Floor, Unit #7N1, within the main hospital building
On behalf of NYC Health + Hospitals

Dear Dion:

Pursuant to your request, you have asked that the Fair Market Value for the referenced property be conducted. I visited the 7th Floor, Unit #7N1, in Bellevue Hospital Center on October 18, 2018. This assessment is inclusive of the value of the improvements and specified operating expenses such as utilities, housekeeping, security, service contracts, structural repairs, etc. As the owner is designated as a not for profit (501C3) real estate taxes are not applicable, however this should also be considered when evaluating the value of the space in order to provide a comprehensive FMV for a prospective licensee. This evaluation is subject to the following:

- The unit is currently vacant, is properly zoned for the current use as a Sleep Disorder Clinic, and will be occupied as such.
- The licensor will occupy the premises which consists of approximately 1,411 SF within the referenced building.
- This evaluation is for the purpose of establishing the current FMV to lease/license the referenced property and considers numerous factors including but not limited to location, market conditions, market area comparables, lease terms and conditions, as well as tenant improvements.

There are additional variables that must also be considered in this evaluation. It is apparent that proximity to the licensee's main campus is attractive. Additionally, the ability to enter into an all inclusive transaction with no allocation for real estate taxes or other additional charges has value to the tenant/licensee. The provision of tenant services that are uncommon for non- medical facilities, i.e., 24-7 access and the provision of full time services such as HVAC and security must also be factored in this evaluation.

The referenced medical space to be licensed to an operator of a Sleep Disorder Clinic is located within the medical complex of Bellevue Hospital Center on First Avenue in the Kips Bay market area. This is a unique property within the referenced market area; however there are numerous medical facilities, hospitals and private physician practices in the immediate area providing a benchmark for market rents. The proposal offers the licensee a full-service hospital building

with amenities typically only found in hospitals and full-service medical office buildings, and not commercial properties. The complex is readily accessible by mass transit and conveniently situated off the FDR Drive for vehicular transit.

Kips Bay and specifically First Avenue has numerous medical health care providers. The market conditions have been established and are readily available for comparison. Medical and laboratory spaces in this market area range from \$50 - \$82 per SF.

Most of the opportunity for medical office space in this market is for undeveloped space; therefore the space would require build out and a major capital expenditure by the tenant. Administrative office space is more competitive and can still achieve rents in the low to mid \$40 SF range. The current intended use is an important factor in assessing the value. Even if the licensee developed the space the prospective rental value to another tenant must be considered. The value of the build out space for the Sleep Laboratory would be between \$150 - \$200 per SF.

This space will be predominantly utilized for a Sleep Disorder Clinic and associated administrative tasks. The aforementioned ability to provide the tenant and its patients with 24-7 access is crucial for the sleep disorder clinic.

CONCLUSION

Again, the ability to access the space and the provision of services without interruption is an amenity that benefits the licensee. The tenant improvement factor must be considered due to costs associated with build out. To relocate this program off-campus would entail an extensive up-front expense for the licensee.

This location and all access to the hospital campus is handicapped accessible. Again, 24-7 security is a valuable amenity provided by the licensor. All of the lavatories throughout the facility are ADA compliant. The corridors are also wheelchair accessible (over 6 feet wide). The elevators are also able to accommodate stretchers which would not be available in most commercial buildings.

Most of the exam rooms (now sleeping rooms) and the associated administrative office area is over \$100 per SF. IT/IS services are included in the licensing fee. For the purpose of this appraisal, we shall assume that all operating expenses, i.e., security housekeeping, refuse removal, utilities, service contracts, etc. are provided by the Landlord. It is unclear if there will be an additional electric service charge or it will be included in the license fee. The unit is not individually metered. Accordingly, we assess electric service, as industry standard, to be between \$3.50 - \$3.75 per SF.

The following is the rent range for the referenced facility/space:

Sleep Disorder space does not entail a major expenditure for tenant improvement to develop the space. This Sleep Disorder space has a current value of \$58 - \$65 per SF over the initial contemplated license agreement term. This rental fee takes into consideration the unique use and that access, along with building services are necessary after typical business hours.

Additionally, there are other factors that the tenant must consider; limited relocation opportunities, extensive expenses to build out new space (with minimal landlord concessions) and invasive use. These variables were factored into the appraisal as well.

In conclusion, this analysis finds that the FMV for this individual space has greater value than commercial opportunities within the same market district, i.e. independent, standalone buildings. It would be appropriate for the tenant to negotiate an escalation provision to the base rent/fee of 2.50% to 2.75% commencing in the second year of the license agreement. These would be commercially fair and reasonable terms based on the data and information assessed in this report. This appraisal also takes into consideration the comparable commercial rents within the immediate market areas specifically for medical properties, as well as for limited availability for similar sized opportunities.

In the event that I can be of any further assistance to you, please do not hesitate to call.

Thank you.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Michael Dubin", with a stylized, flowing script.

Michael E. Dubin
Partner

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: NY College of Health Professionals

Date: October 7, 2019

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

Vendor Responsibility

Pending

EEO

NA

MWBE

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.

NEW YORK COLLEGE OF HEALTH PROFESSIONS
CENTER FOR INTEGRATIVE
WELLCARE SERVICES

Board of Directors
October 31, 2019

William Hicks, Executive Director
NYC Health + Hospitals / Bellevue



CENTER FOR INTEGRATIVE WELLCARE SERVICES

- NY School for Health Professions currently provides massages and other services for Bellevue staff as part of Bellevue's Staff Culture of Wellness Program.
- Bellevue wishes to expand the program by offering services for its patients. These services offer many benefits for our patients including the potential of using integrative services instead prescription medications.
- NY College is to license space for community (public) outreach, educational programs, and for the provision of holistic and wellness programs.
- NY College will occur all cost for any renovations or updates to the space.
- The space will be identified with signage as a NY College of Health Professions Clinic with no NYC Health + Hospitals branding.



ABOUT THE NEW YORK COLLEGE OF HEALTH PROFESSIONS

- Founded in 1976
- Only private non-profit institution in Tri-State area accredited by NYS Board of Regents to award degrees in aspects of Traditional Chinese Medicine. All educational programs are approved by New York State Education Department and accredited by the Commission for Acupuncture and Oriental Medicine
- Offers accredited undergraduate and graduate degree in Massage Therapy, Advance Asian Bodywork, Acupuncture and Oriental Medicine and will offer training onsite for students.
- The College has 3 locations:
 - New York, New York
 - Syosset Long Island
 - China



INTEGRATIVE WELLCARE SERVICES

- Massage Therapy
- Meditation
- Yoga
- Nutritional Counselling
- Acupuncture
- Tai-Chi
- Qi-Gong
- Education Certificate programs in Holistic Nursing for RNs
- Science of Self Improvement
- Provide Chinese Traditional Medicine or TCM for the prevention and management of Diabetes or other chronic illness
- Pain Management
- Staff Training



PURPOSE FOR INTEGRATIVE WELLCARE

- Management of:
 - Relieving postoperative pain
 - Nausea during pregnancy
 - Nausea and vomiting resulting from chemotherapy
 - Dental pain
 - Allergic rhinitis
 - Essential Hypertension
 - Stroke
 - Acute and Chronic Gastritis
 - Anxiety
 - Panic disorders
 - Insomnia
 - Addiction
 - Depression



SERVING THE FOLLOWING POPULATIONS

- Patients and Staff Cost

Student Treatment

- Public (under 60) \$ 40
- Senior (60+) /Current student/Staff NYC /Healthcare staff /Veteran \$ 30

License practitioner Professional Treatment

- Public
First visit charge: \$150
Follow up visit: \$100
- Senior
First visit charge: \$ 130
Follow up visit: \$ 90

- NY College will bill insurance and Bellevue will pay for uninsured.



INTEGRATIVE WELLCARE SERVICES TRAINING AND CLASSES

- Training of NY College of Health Professions students will occur in the space
 - Bellevue believes that it will be valuable to have some of its staff trained under the NY College of Health Professionals' programs.
- Relationship between Bellevue and NY College:
 - Referral relationship is expected
 - Bellevue will refer out patients to NY Health College Professions Clinic
 - It is not expected that NY College will refer patients to Bellevue.



Board of Directors Approval Request

- Seeking the approval of the Board of Directors to execute a five year revocable license agreement with New York College of Health Professions for its use of approximately 3,471 square-feet of space on the 7th floor of the main hospital building at Bellevue for an annual occupancy fee of \$206,350.95, or \$59.45/ft, to be escalated by 2.5% per year, for a total of \$1,084,648.36 over the full term.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a three year renewal agreement with two one-year options to renew with Managed Care Revenue Consulting Group LLC (“MCRC”) to provide claims review and collection services on managed care contracts not to exceed \$23 million dollars to be payable contingent on the amounts recovered for the System.

WHEREAS, MCRC was first procured to handle managed care review and collection for the System more than five years ago through a Request for Proposals process; and

WHEREAS, MCRC has focused on the review and, where appropriate, collection of accounts currently reflected on in the System’s legacy accounting and billing software programs that are no longer being maintained and for which training is no longer available; and

WHEREAS, it is no longer possible to find firms that are familiar with the System’s legacy systems; and

WHEREAS, in view of the foregoing circumstances, the Contract Review Committee, approved a renewal of a contract with MCRC without competition in the best interests of the System; and

WHEREAS, MCRC Vendor will continue to review managed care claims submitted by the System to managed care payors to identify claims that were underpaid against contracted terms and will pursue reimbursement recoveries retrospectively on such claims with managed care plans; and

WHEREAS; MCRC shall adhere to all government regulations pertaining to the collection process as well as the System’s policies and procedures applicable to hospital billing; and

WHEREAS, the proposed agreement will be managed by the Senior Director of Revenue Cycle Services.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute a three year agreement with two one-year options to renew with Managed Care Revenue Consulting Group LLC to provide claims review and collection services on managed care contracts not to exceed \$23 million dollars to be payable contingent on the amounts recovered for the New York City Health and Hospitals Corporation.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH MANAGED CARE REVENUE CONSULTING GROUP LLC
FOR DEBT COLLECTION SERVICES**

- BACKGROUND:** Approval is sought for the renewal of a contract with MCRC to provide claims review and debt collection services with respect to managed care accounts that appear to have been underpaid when analyzed against the contract requirements. MCRC is reviewing accounts receivable that are reflected only on the System's legacy billing and accounting systems. Those billing and accounting systems are so old that they are no longer maintained, expertise in the systems is increasingly rare and training in the old systems is no longer available. Thus, MCRC is a special vendor in that it is a rare vendor that retains the facility to work with the System's old billing and accounting systems. The current contract expired on November 31, 2018.
- PROCUREMENT:** On the basis of the facts set forth above, the Contract Review Committee approved a "best interests" extension of the current contract with MCRC.
- BUDGET:** The collections by MCRC for the five-year contract are estimated to be \$77 million dollars at a maximum collections potential. Using this estimate, the cost of the proposed agreement in vendor fees will not exceed \$23 million dollars over the full five-year term. The System will receive the collections generated by MCRC and will pay the vendor solely on the basis of the amounts it generates.
- TERMS:** The proposed contract will extend MCRC's services retroactive to November 30, 2018 and through November 30, 2023. The average commission rate under the current contract is 23%. The corresponding rate under the new contract will be approximately 19% dependent upon the System's case mix. MCRC will earn a contingency of 15% for overturning a denied claim and 22% for identifying zero dollar balance claims and converting them to revenue. The rate for zero dollar balance claims will drop to 20% after the System has earned \$30M.
- DURATION:** The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.
- MWBE:** MCRC is in the process of securing MWBE from New York State.

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

From: Keith Tallbe *KT*
Senior Counsel
Office of Legal Affairs

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

Vendor: Managed Care Revenue Consulting Group LLC

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

Vendor is an MWBE.
Certification process
underway.

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.

Managed Care Revenue Consulting Group (MCRC)

Board of Directors

October 31, 2019

Marji Karlin, Chief Revenue Officer

Megan Meagher, AVP

Alison Smith, Director

Robert Melican, Sr. Dir. Revenue Cycle



Introduction

- Health Plans systematically underpay claims for services provided for a variety of reasons:
 - Adjudication errors
 - Incorrect contract terms
 - Billing errors
 - Contract misinterpretations
- MCRC reviews \$0 balance and denied claims against our contract terms to identify underpayments then negotiates on our behalf to resolve underpayments and inappropriate technical and administrative denials.
- Claim review began October of 2017
- Net earnings to date of \$26M



Current State

- MCRC identified numerous issues, highlights include:
 - Payers loaded rates incorrectly for a time period – new rates not loaded into their payment system
 - H+H incorrectly valued service – CPEP claims not coded properly
 - Incorrectly denied for authorization – prior authorization not required as per contract terms
 - Recognition that H+H is entitled to outlier payments
 - Managed care plan agreed that H+H's contract allows for reconsideration of claims denied for untimely filing

- H+H updates the billing systems to prevent future underpayments and denials

- MCRC is negotiating with five large contracted payers where there is a high volume of claims denied for similar reasons
 - Potential settlement value of these claims worth approximately \$30M



Claims Process



Claims Process

- H+H implemented workflow in 2019 with a new set of vendors
 - Review high volume, low dollar (threshold set by facility) to work unpaid and denied claims at lower contingency rates before sending them to MCRC
- MCRC is now the last stop in claims review process for contracted payors
- H+H Revenue Cycle is building a payment variance team and settlement team to identify reasons for over and underpayments on claims
 - Utilize contract management tools in Epic
 - Will work closely with Managed Care to correct issues with payors
 - Fewer claims will require MCRC intervention



History of Procurement

- MCRC responded to the Request for Proposal in December of 2016 for “Consultants to Provide Services in Support of the Proposed Major Transformation of NYC H+H”
 - Transformation project created a pool pre-approved vendors
 - 50 firms participated
 - The firms submitted 277 proposals for 15 areas of service

- MCRC won the selection in the operational efficiency area of service category resulting in a contingency fee agreement to review claim opportunities for all managed care contracts. Three other firms submitted proposals
 - Contract effective date of March 2017
 - Not to Exceed (NTE) value of \$3 million
 - Increased contract value in 2018 to \$5 million
 - All payments are contingency based



Best Interest Renewal

- MCRC is performing well, earning \$26M in last two years
- H+H still requires these services, working closely with the Managed Care team to:
 - Finalize high volume settlements
 - Continue claim reviews
- Unable to switch vendors for legacy claims
 - Significant work remains in legacy financial systems that required extensive set-up to allow systems to exchange data
- Significant work underway - a new firm could not readily assume work begun by MCRC for older claims



MWBE Status

- MCRC is owned by three individuals, one of which is a woman, and one of which is a minority. Together they own 61% of the company.
- MWBE certification efforts:
 - Since there is no single ownership by one minority or woman, the company does not meet the criteria to be certified as an MWBE under NYC certification requirements.
 - MCRC is exploring re-organizing their corporate structure to meet the NYC MWBE certification requirements.
 - It appears that MCRC does meet the NYS MWBE certification requirements. We will be exploring that further, but the state's process is rather lengthy.



Board of Directors Approval Request

- Increase the contract term from \$5M to either a NTE of \$23 million or 5 years, whichever comes first.
 - 5 years allows for NYC H+H to become current with all payers as we move toward a quarterly reconciliation process.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America (the “Vendors”) to provide collection services with respect to self-pay accounts with the System for terms of three years with two one-year options to renew at a total cost not to exceed \$6 million dollars to be payable contingent on the amounts recovered by the System.

WHEREAS, an RFP process approved by the Contract Review Committee resulted in the Selection Committee’s choice of the four Vendors; and

WHEREAS, the Vendors will attempt to collect on self-pay accounts qualifying for bad debt status; and

WHEREAS; the Vendors shall adhere to all government regulations pertaining to the collection process as well as the System’s policies and procedures applicable to bad debts; and

WHEREAS, the proposed agreements will be managed by the Senior Director of Revenue Cycle Services.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute three year agreements with RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America to provide collection services with respect to self-pay accounts with the System for terms of three years with two one-year options to renew at a total cost not to exceed \$6 million dollars to be payable contingent on the amounts recovered by the System.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH FOUR VENDORS
FOR THE PROVISION OF DEBT COLLECTION SERVICES**

- BACKGROUND:** Over the last year, the System has put in place contracts with several vendors to greatly improve its ability to collect payment for its medical services. The proposed contracts are part of that effort. Approval is sought for the execution of four contracts with vendors to provide debt collection services with respect to self-pay accounts that qualify for transfer to bad debt status. The current contract expires on November 31, 2019. The current contract includes only inpatient self-pay collections at the eleven acute and five post-acute facilities. The new contract will include inpatient and outpatient self-pay collections at the acute and post-acute facilities and will include the FQHC's and Homecare.
- PROCUREMENT:** The System issued a Request for Proposals on June 6, 2019. A mandatory pre-proposers conference was held on June 18, 2019, which 22 prospective vendors attended. 17 proposals were received, evaluated and scored. The five highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held on August 6, 2019 followed by a final evaluation and scoring. Through this process, the Selection Committee evaluated the proposals and presentations based on the proposed fees, prior experience and results with a similar scope, soundness of approach, technology and reporting capabilities and Minority and Women-Owned Business Enterprises (MWBE) utilization plan or MWBE status. RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America were selected based on these criteria. None of these vendors had previous collections contracts with the System.
- BUDGET:** The collections by the vendors for the five-year contract are estimated to be \$53 million dollars. Using this estimate, the cost of the proposed agreement (vendor fees) will not exceed \$6 million dollars over the full five-year term. The System will receive the collections generated by the vendors and will pay them solely on the basis of the amounts generated by the vendors.
- TERMS:** The average commission rate for the current contract is 18%. The average commission rate for the new contract will be only 11%. The work will be divided among the vendors using an alpha split at each facility. The contract, will allow the System to move more business to higher performing firms. The total amount has been budgeted and signed-off by Central Finance.
- DURATION:** The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.
- MWBE:** All selected vendors have provided plans to satisfy the MWBE percentage goal.

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

From: Keith Tallbe *KT*
Senior Counsel
Office of Legal Affairs

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

Vendor: RTR Financial Services, Inc.

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% utilization

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.

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: Arstrat, LLC

Date: October 1, 2019

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

30% utilization

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.

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

From: Keith Tallbe *KA*
Senior Counsel
Office of Legal Affairs

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

Vendor: Nationwide Credit & Collection, Inc.

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

30% utilization

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.

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: USCB America

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% utilization

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.

Self Pay Collection Vendors

Application to Enter into Contract

Board of Directors Meeting
October 31st, 2019

Revenue Cycle Services

Marji Karlin, Chief Revenue Officer

Robert Melican, Sr. Director

Jeannie Ryan, Director

Robert Sargenti, Asst. Director



Self Pay Patient Liability

- H+H treats all patients regardless of their ability to pay.
- While H+H prioritizes billing and revenue from insurance companies, collecting balances due from patients who can afford to pay is important to generating the resources we need to support our patients and staff.
- Self Pay Patient Liability is a combination of:
 - Patient balances after insurance - Coinsurance, Copayments and Deductibles,
 - Financial Assistance balances (NYC Care and H+H Options), and
 - Self pay charge amounts for patients who are not eligible for Financial Assistance.
- For H+H to be reimbursed for bad debt, it must “*establish that reasonable collection efforts were made*”. While this does not require H+H to use a collection vendor, their use ensures consistent and replicable attempts to collect, which is one interpretation of a “reasonable collection effort.”



Background/Current State

- Many pathways to help patients with insurance enrollment or financial assistance
- Almost 20% of self pay accounts are discounted according to the NYC H+H sliding fee scale; and many full self pay accounts have evidence of an interaction with a financial counselor



Pre-Service

Referrals from H+H
Contact Center

Pre-service Financial
Counseling



Point of Service

On-site Financial
Counselors



Post Service

Statement Inserts and Messages

Presumptive Discounting

Outreach

Follow up

Collections



Background/Current State

- H+H has historically utilized the services of collection vendors for a limited scope of patient balances due. These vendors have expertise and resources to pursue accounts that fall outside normal requests for payment.
- Currently H+H contracts with four vendors for inpatient self pay collection services. The vendors were select in 2013 through a Request for Proposal (RFP) process.
- The current agreement covers only inpatient accounts for the 11 Acute Care Facilities and 5 Nursing Facilities.
- Vendors generate between \$6 and \$8 million annually.



Request for Proposal Criteria

- The new vendors will continue to follow H+H's mission and abide by our patient financial assistance standards.
- H+H will only permit liens and lawsuits on a claim in extraordinary circumstances and with the review and approval from H+H's Office of Legal Affairs.
- The proposed agreements will expand the scope of services to include coverage for outpatient accounts, Gotham's Federally Qualified Health Centers and Home Care. Prior to these contracts unpaid outpatient self pay accounts were written-off to Bad Debt without a collection attempt.
- After our billing department and vendors engage patients for payment and pursue insurance for a 30-120 day period, the collection vendors will make a final effort to realize payment of any claim which remains unpaid after 120 days.
- The current portfolio of contracts expires on November 30, 2019.



Request for Proposal Criteria

➤ Evaluation Committee:

- Membership of six from both the acute care hospitals and Central Office

➤ Evaluation Criteria

- Fees 25%
- Soundness of Approach 25%
- Prior Experience and Results with a Similar Scope 25%
- Technology and Reporting Capabilities 15%
- MWBE Utilization Plan or MWBE Status 10%

➤ Minimum Criteria

- Five years of general collection experience with at least three years in the area of health care collections in New York State.
- Must be licensed by the appropriate city, state and federal agencies to operate in New York City.
- Annual revenue of at least \$5 million in 2018.



Overview of Procurement

- December 20, 2018: CRC approved an application to issue solicitation.
- June 6, 2019: RFP sent directly to 14 vendors, including 5 MWBE vendors, and posted to City Record.
- June 18, 2019: mandatory pre-proposal conference, 22 vendors attended
- July 10, 2019: proposal deadline, 17 proposals received
- July 19, 2019: evaluation committee reviewed proposals
 - 5 Vendors invited for in-person presentations based on natural break of proposal scoring
- It was determined that 4 finalists would be engaged based on the evaluation scoring and business needs



Vendor Highlights



- Staten Island based firm with large NYC presence

- Reference
 - NYU Langone

- Nationwide firm with 1,500 employees in 16 service centers

- References
 - Northwell Health
 - Mayo Clinic

- Understanding of safety net and public hospital systems

- References
 - Cook County
 - Northwestern University Medicine

- California firm with 500 employees in 5 states

- References
 - Banner University
 - University of Minnesota, Fairview Health

- Claims assigned to vendors by an alpha split of guarantors last name
- Permits best comparison of vendor performance



MWBE

- All vendors have submitted and received approval for their plans to provide 30% of the contract value to MWBE qualified firms
- H+H will monitor the invoices to ensure compliance with approved plans

Vendor	Subcontractor	Service Description
RTR Financial Services Inc.	Millennium Medical Billing Hi & Low Computers Inc. Tanya Hobson-Williams P.C	Billing Services Information Tech. Skip Tracing
ARStrat LLC	Capital Resource Management, Inc.	Full Service Debt Collections
USCB	Independent Recovery Services	Collections Representatives
Nationwide Credit and Collection	Saunte Corp.	Collections Representatives



Financial Summary

- Contingency Rate on expiring contracts averages 17.8%
- Proposed contingency rates, pre-negotiation, are substantially lower
- Range from a low of 8.4% to a high of 12.75%
- Each vendor has a different contingency rate that is constant across all lines of business – acute hospitals, Federally Qualified Health Care centers, Post Acute and Home Care



Board of Directors Approval Request

- We are seeking approval to enter into contract with Self Pay Collection Vendors:
 - RTR Financial Services Inc.
 - ARStrat
 - Nationwide Credit & Collection Inc.
 - USCB America
- Seeking a contract term of 3 years with two 1-year extensions
- Using the contingency rates supplied by the proposed vendors yields and estimated expense of \$5,958,543 for a recovery of \$53,380,000.
- H+H earning a net recovery of \$47.4M over 5 years.
- Target start date of agreements is December 1, 2019



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign an agreement with RxStrategies (“Vendor”) for 340B third party administration services for contracted pharmacies except Walgreens and CVS for a term of three years with two one-year options to renew with the total cost not to exceed \$16,075,500 with all payments to be withheld from funds collected by the Vendor.

WHEREAS, Public Health Act Section 340B requires drug manufacturers to provide rebates for, among others, Disproportionate Share Hospital outpatient drug purchases, (the “340B Program”); and

WHEREAS, the rules for the 340 B Program have expanded to become a major subsidy of the cost of care of eligible patients of the hospitals and other providers qualified to participate; and

WHEREAS, the System has greatly increased its participation in the 340B Program such that its net revenue from the program has increased from \$14M in FY 17 to \$40M in FY19; and

WHEREAS, to collect discounts on prescriptions filled by the System’s patients, the System has entered into agreements with approximately 274 unique independent pharmacies, plus 187 Walgreens/ Duane Reade and 151 unique CVS pharmacies whereby the System receives the benefit of the 340B Program discounts and pays such pharmacies a dispensing fee; and

WHEREAS, due to the complexity of the 340B Program, its demanding reporting, tracking and management requirements, healthcare providers participating in the 340B Program use a third party administrator (a “TPA”) to identify eligible patients, calculate the appropriate discount, collect such discount after allowing for the retention of administrative fees by contracted pharmacies and arrange to replenish the supplies of the contracted pharmacies of the prescribed medications; and

WHEREAS, a TPA is generally paid a fee per pharmacy relationship plus a fee per 340B approved prescription; and

WHEREAS, the System’s contract with its current TPA, Capture Rx, is due to expire on December 31, 2019; and

WHEREAS, after a Contract Review Committee approved Request for Proposals process an evaluation committee selected the Vendor after considering six competing proposals; and

WHEREAS, under the proposed agreement the Vendor will administer the 340B Program, exclusive of CVS and Walgreens, including providing the System with dedicated NYC-based staff; and

WHEREAS, the proposed agreement will be managed by the Vice President for Supply Chain Services.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with RxStrategies for 340B third party administration services for contracted pharmacies except Walgreens and CVS for a term of three years with the System holding 2 one-year options to renew and with the total cost not to exceed \$16,075,500 with all payments to be withheld from funds collected by the Vendor.

**EXECUTIVE SUMMARY RESOLUTION TO
AUTHORIZE CONTRACT
WITH RXSTRATEGIES
FOR 340B THIRD PARTY ADMINISTRATION SERVICES**

BACKGROUND: Section 340B of the Public Health Act requires drug manufacturers to provide rebates for drug purchases by outpatients of Disproportionate Share Hospitals, and others (the “340B Program”). The 340 B Program has become a major subsidy of the cost of care of eligible patients of the hospitals and other providers qualified to participate. The System has increased its participation in the 340B Program such that its net revenue from the 340B Program has gone from \$14M in FY 17 to \$40M in FY19. To collect discounts on prescriptions filled by the System’s patients, the System has entered into agreements with about 274 independent pharmacies, plus 187 Walgreens/Duane Reade and 151 CVS pharmacies whereby the System receives the benefit of the 340B Program discounts and pays such pharmacies a dispensing fee. Because of the complexity of the 340B Program, its demanding reporting, tracking and management requirements, healthcare providers use a third party administrator (a “TPA”) to identify eligible patients, calculate the appropriate discount, collect such discount after allowing for the retention of administrative fees by contracted pharmacies and arrange to replenish the supplies of the contracted pharmacies of the prescribed medications. The aspect of the 340B Program that deals with external pharmacies extends 340B benefits for the System’s 340B-eligible patients who fill prescriptions at external pharmacies.

The System’s contract with its current TPA, RX Capture, expires 12/31/2019.

Authorization is sought for the System to contract with RxStrategies to provide services for its 340B Program.


PROCUREMENT: The System issued a RFP on April 24, 2019. An optional pre-proposers conference was held on May 6, 2019, which five prospective vendors attended. Six proposals were received, evaluated and scored. The three highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held on July 9, 2019, followed by a final evaluation and scoring. Through this process the Selection Committee evaluated the proposals and presentations on the basis of technical capabilities/approach, cost, availability of NYC-based staff, experience, fiscal responsibility to customer. RxStrategies was selected.

BUISNESS TERM: The cost of the proposed agreement will not exceed \$16,075,500 over potential 5 year term. The fee paid to RxStrategies will be \$250 per contract pharmacy relationship per month plus \$4.75 per 340B approved claim. This differs from current vendor which receives 14% of the insurance reimbursement for each approved 340B claim (after pharmacy dispensing fee and the drug cost). RxStrategies is expected to increase 340B approved claims by a minimum of 12% thereby increasing net revenue to \$44.8M in FY20 while keeping the costs associated with their services budget neutral as compared to current vendor.

TERM: 3 years with 2 one-year options to renew solely exercisable by the System.

MWBE: Has filed approved 30% MWBE utilization plan.

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: RxStrategies, Inc.

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% utilization

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.

340B Third Party Administrator

Application to Enter into Contract - RxStrategies

**Board of Directors
October 31, 2019**

**Paul Albertson, VP
Supply Chain Services**

**Dean Mihaltses, RPh
Chief Operating Officer, Queens Hospital**

**Joe Wilson, SAVP
Supply Chain Services**



Federal 340B Drug Program

Congress created the 340B program in November 1992 through the enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act (created under Section 602 of the Veterans Health Care Act of 1992).

The intent of the 340B Program is to enable covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.

Manufacturers participating in Medicaid agree to provide outpatient drugs to covered entities at significantly reduced prices.

Statutorily requires pharmaceutical manufacturers to provide outpatient drugs to certain qualified covered entities at reduced pricing.



340B Price Calculation

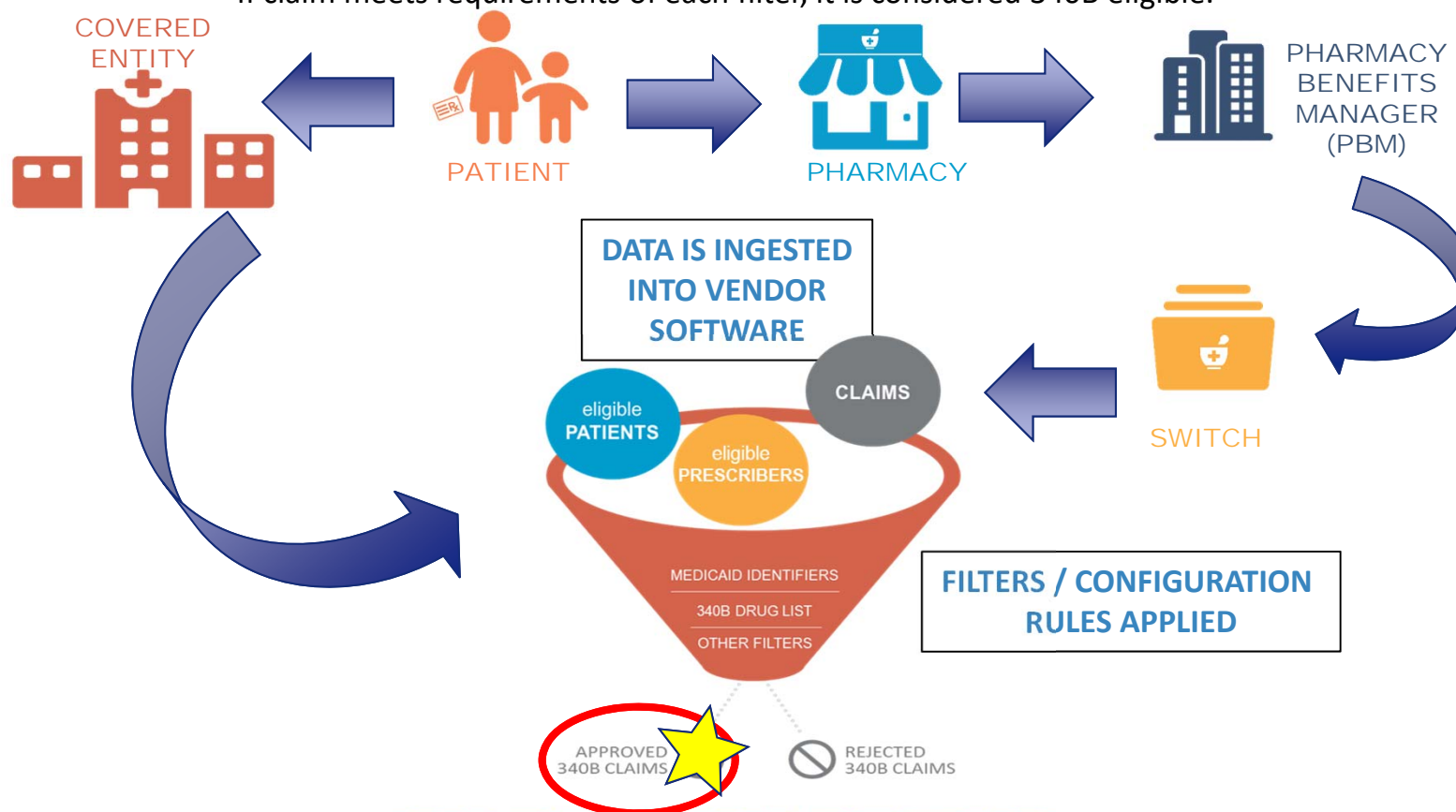
By statute, the 340B ceiling price for a covered drug is equivalent to the drug's average manufacturer price (AMP) in the preceding calendar quarter reduced by a rebate percentage (Unit Rebate Amount). CMS provides the ceiling price. Health Resources and Services Administration (HRSA) will publish and update the 340B ceiling price rounded to two decimal places.

340B pricing is generally 25 -50% LESS
THAN AWP pricing



The 340B Contract Pharmacy Model

- Health + Hospitals sends e-prescription and encounter data to Third Party Administrator (TPA) – Rx Strategies.
- RxStrategies also obtains data from Pharmacy Benefit Manager (PBM) clearinghouse (Switch Provider) for all prescriptions adjudicated at contract pharmacies.
- Data is matched based on 340B eligibility criteria (filters).
- If claim meets requirements of each filter, it is considered 340B eligible.



Background / Current State

- NYC Health + Hospitals is seeking an experienced vendor to provide services for its 340B Contract Pharmacy Program including but not limited to identification of contracting opportunities with community pharmacies, virtual inventory management, transaction management, and maintenance of ongoing contract pharmacy relationships.
- The 340B Contract Pharmacy program extends 340B benefits for NYC Health + Hospitals' 340B-eligible patients with third-party pharmacy benefits who fill prescriptions at external contract pharmacies. This results in NYC Health + Hospitals being able to appreciate the financial benefit of the difference between the Pharmacy Benefit Manager (PBM) reimbursement and 340B cost of drugs
- This project excludes Walgreens and CVS Pharmacies as each chain operates its own TPA.
- Current vendor = Capture Rx
- Historical spend = Average \$3.8M per year
- Current contract expiration = 12/31/2019



RFP Criteria

➤ Minimum criteria:

- Must be in business as a provider of 340B program services to 340B eligible entities for at least the past five years;
- Must have a minimum of 100 clients, of which, a minimum of 40% must be Disproportionate Share Hospitals (DSH);
- Must have a minimum gross annual revenue of \$20 million

➤ Evaluation committee

- Dean Mihaltses - Committee Chair
- Catherine Patsos – Chief Corporate Compliance Officer
- Galit Foulks - Finance
- David Mancher - EITS
- Victor Cohen, - M&PA
- Tarun Suri - M&PA
- Sheila Brocavich - Queens
- Nasir Iqbal - Lincoln
- Danielle Sestito - Supply Chain
- Min Than - Supply Chain

➤ Evaluation Criteria:

Category	Weight %
Cost	25
Technical Capabilities/Approach/Design	30
Availability of NYC-based staff	10
Experience	15
MWBE	10
Fiscal Responsibility to customer	10



Overview of Procurement

- April 16, 2019: CRC approved an application to issue solicitation.
- April 24, 2019: RFP was sent directly to 12 vendors and posted to City Record. No MWBE firms were identified for direct distribution.
- May 6, 2019: pre-proposal conference
- May 29, 2019: proposal deadline, 6 proposals received
- July 9, 2019: evaluation committee reviewed proposals
 - 3 vendors invited for in-person presentations based on natural break of proposal scoring
- September 17, 2019: CRC approval to enter into contract with RxStrategies



Vendor Highlights – Rx Strategies

- Technologically advanced platform with dynamic dashboard and metrics
- Ability to carve-in Managed Medicaid at Point-of-Sale
- Will support marketing and education efforts during transition away from incumbent and will maintain ongoing relationships with current independent pharmacy network
- Will use proprietary data analytics to ascertain new pharmacy opportunity
- Reference checks from these clients were very favorable
 - Adventist Health System
 - Ochsner Health System
 - Mosaic Life Care
- During negotiations, RxStrategies has committed to hiring 4 FTEs on-site and dedicated to NYC Health+Hospitals.
 - Account Manager (1.0 FTE)
 - Data Analyst (1.0 FTE)
 - Contract Pharmacy Support (2.0 FTEs)
- Negotiated new fee structure which will result in cost savings
 - Moved away from percentage-based fee per approved claim to flat-fee model



Financial Structure

- Current vendor captures ONLY commercially insured patients.

Current State	
Contract Pharmacy Annual Script Volume	3,276,000
340B Eligible Scripts (at 3% approval rate)	102,000

- RxStrategies has the ability to capture commercially insured patients AND Managed Medicaid patients, thereby increasing the approval rate, conservatively, to 12%.

Future State			
	Quantity	Rate	Annual Cost
Independent Contract Pharmacies Management Fee	500	\$3,000	\$1,500,000
340B Eligible Scripts - Approved Script Fee (at 12% approval rate)	361,200	\$4.75	\$1,715,700
Total			\$3,215,700

- With new cost structure and ability to carve in Managed Medicaid patients, NYC H+H is able to both reduce costs AND increase revenue.

Current State vs Future State			
		Current (3% capture rt)	Future (12% capture rt)
Total Annual Cost		\$3,800,000	\$3,215,700
340B Eligible Scripts		102,000	361,200
Per Script Cost		\$37.25	\$8.90

- During 5 year contract, expectation is to collect \$156.8M (net) on fees of \$16.1M
 - Excludes Walgreens and CVS



MWBE

- Contract Goals
 - 30% MWBE
- Utilization Plan:

Vendor	Service	Status	% Utilization
The Pharmacy @ LLC	Contract Pharmacy Consulting	MBE, WBE	8.6
Absolute Staffing & Consulting Solutions LLC	Employee Staffing	MBE, WBE	12.8
Abrahams Consulting LLC	Network Security	MBE, WBE	4.3
815 New York LLC	Marketing	WBE	4.3



Board of Directors Approval Request

- We are seeking approval to enter into contract with RxStrategies for 340B Third Party Administrator services
 - 3 year contract with two 1-year renewals at the discretion of NYC H+H
 - Go-live on January 1, 2020
 - Cost over lifetime of agreement is \$16,075,500
 - Net benefit = \$156.8M
 - With their ability to carve-in Managed Medicaid, RxStrategies will qualify three times the number of 340B claims which will create additional revenue while reducing cost per prescription.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign three year agreements with Managed Resources, JZanus, and Revint (the “Vendors”) for medical necessity denials management and other revenue initiatives management with two one-year options to renew exercisable solely by the System at a total cost over the potential five-year term not to exceed \$11,400,000 with all payments contingent on the amounts the vendors recover.

WHEREAS, a medical necessity denial occurs when a managed care or other payer deems a healthcare provider’s services or treatment not medically necessary resulting in a denial of payment; and

WHEREAS, the System’s current contract with its denials management contractor will expire October 31, 2019; and

WHEREAS, the Center for Medicare and Medicaid Services’ (“CMS”) Post-Acute Transfer rule enacted in 1999 and greatly expanded subsequently has had an immense impact on the reimbursement amount hospitals receive such that inpatient Medicare/Managed Medicare underpayments can result in substantial reductions in payments to hospitals making the services of revenue recovery vendors especially important; and

WHEREAS, through an RFP process approved by the Contract Review Committee a selection committee chose the Vendors as well as a fourth vendor, Washington & West (“W&W”); and

WHEREAS, after the selection committee selected the Vendors and W&W, Revint acquired W&W such that W&W ceased to exist as a corporate entity; and

WHEREAS, Revint will assume the role that W&W had been expected to play; and

WHEREAS, under the proposed agreements, the Vendors will be required to resolve accounts receivable claims including writing multiple level clinical appeals for inpatient medical necessity denials, identifying and correcting inaccurate discharge disposition codes, rebilling claims, and completing requests for information; and

WHEREAS, the proposed agreement will be managed by the Assistant Vice President for Revenue Initiatives.


NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to sign agreements with Managed Resources, JZanus, and Revint for medical necessity denials management and other revenue initiatives management with two one-year options to renew exercisable solely by the System at a total cost over the potential five-year term not to exceed \$11,400,000 with all payments contingent on the amounts the vendors recover.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH FOUR VENDORS
FOR THE PROVISION OF MEDICAL NECESSITY DENIALS AND OTHER REVENUE
INITIATIVES MANAGEMENT**

- BACKGROUND:** Over the last year, the System has contracted with several vendors to greatly improve its ability to collect for its medical services. The proposed contracts are part of that effort. The previous sole denials management vendor will be replaced by four vendors that will focus on separate areas of concentration. The proposed agreements have selected vendors follow-up actions on two types of accounts receivable for the medical services provided by the System.
- PROCUREMENT:** The System issued a RFP on July 5, 2019. A pre-proposers conference was held on July 16, 2019, which about eleven vendors attended. Fourteen proposals were received, evaluated and scored. The six highest rated proposers for each SOW were invited to present before the Selection Committee. Vendor presentations were held on September 17th and 20th, 2019, followed by final evaluation and scoring. The Selection Committee evaluated the proposals and presentations on the proposed fees, proven results collecting on the specified population, clearly defined work protocols, and technology and reporting capabilities and selected the Vendors plus W&W. Shortly thereafter, Revint acquired W&W. Revint, on behalf of W&W requested that the contract that had been expected to be awarded to W&W should be awarded to Revint. Thus, Revint will do the work it had originally been expected to do as well as the work W&W had been expected to do. The staff of W&W that had been expected to work on the System's matters was retained by Revint and will be assigned to the System's work.
- PROGRAM:** The Vendors will be responsible for resolving account issues including: writing multiple level clinical appeals for inpatient Medical Necessity denials, identifying and correcting inaccurate discharge disposition codes for inpatient Medicare and Managed Medicare claims, rebilling claims, and completing requests for information. The Vendors will focus on separate areas of concentration as follows: (1) Medical Necessity denials management – Revint and Managed Resources (2) Transfer DRG management - JZanus, Managed Resources, and Revint.
- BUDGET:** The agreement will not cost more than \$11.4 M over a five year term. The System will receive the funds collected and will pay the vendors on the basis of the collections. The amounts have been budgeted and signed off by Central Finance.
- TERM:** The term of the proposed agreement is three years with two one-year options to renew exercisable solely by the System.
- MWBE:** Managed Resources is a certified WBE in other jurisdiction and has submitted an application for WBE status with NYC, which is pending – however, Managed Resources have committed to 30% MWBE utilization if the application is not approved. Jzanus has submitted a 30% MWBE utilization plan. Revint had submitted a 30% MWBE utilization plan.

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: Managed Resources, Inc.

Date: October 8, 2019

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

Vendor Responsibility

Pending

EEO

Approved


MWBE

WBE*

*Vendor has WBE status in other jurisdictions and has submitted an application for WBE status with NYC, which is pending.

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.

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: Revint Solutions, LLC

Date: October 8, 2019

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

Vendor Responsibility

Pending

EEO


Pending

MWBE

30% utilization

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.

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: JZanus, LTD.

Date: October 8, 2019

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

30% utilization

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.

Medical Necessity Denials Management and Other Revenue Initiatives

**Application to
Enter into Contract – Managed Resources; JZanus and
Revint**

**Board of Directors Meeting
October 31st, 2019**

**Marji Karlin, Chief Revenue Officer
Bryce Jenkins, AVP
Heather Sewell, Assistant Director**



Medical Necessity Denials

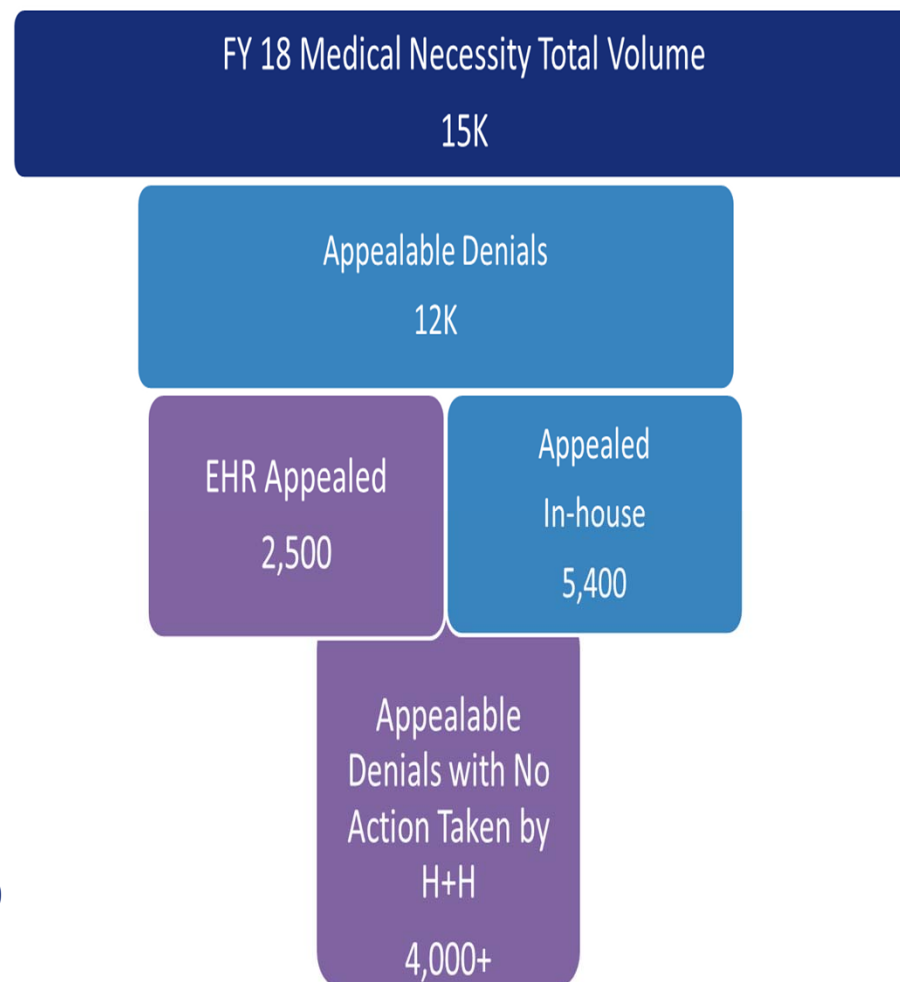
A medical necessity denial is when the payer deems the services or treatment provided as not medically necessary to treat an illness or injury

- Denials are received both when the patient is in-house and retrospective to discharge
- If H+H fails to appeal a denial, we lose all revenue from that admission
- Guidelines prohibit H+H from resubmitting at a lower level of care & must send appeal for redetermination
- Pre-authorization has no bearing on payments for acute IP admissions
- A successful medical necessity appeal requires input from admitting physician and case management, the process requires expertise



Background/Current State

- H+H historically utilized the services of a denials management vendor, limited to a threshold of 2,500 appeals annually.
- There is an opportunity to capture the full volume of medical necessity denials and expand the scope to include other revenue initiatives.
- The proposed agreement will expand the scope of work to include approximately 6,500 appeals yearly.
- CRC approved an application to issue solicitation in May 2019.
- The current contract expires on October 31st, 2019. The current contract was procured via RFP in 2014 for 3 years in the amount of \$2.5M; 2 1-year options to renew were utilized totaling \$2M.
- CRC approved extending the existing contract for 60 days to 12/31/19 to allow for implementation. We expect this extension to cost ~\$150K for the 60 day period.



Transfer DRG

Background/Current State

- Due to the CMS Post-Acute Transfer rule enacted in 1999, transfer DRGs now have an immense impact on the reimbursement amount hospitals receive
- Inpatient Medicare/Managed Medicare underpayments can result when:
 - Patients are not treated as planned
 - Inaccurate discharge disposition codes are documented
- Regulatory and clinical expertise as well as access to the Medicare claims database is needed to identify and rebill transfer DRG claims correctly
- Transfer DRGs are a new revenue opportunity for H+H.
- The proposed agreement will include 1,400 Transfer DRG claims.



Request for Proposal Criteria

➤ Evaluation Committee:

- Bryce Jenkins, AVP Revenue Initiatives
- Heather Sewell, Ast. Director Revenue Cycle
- Maureen McClusky, Sr. VP Post-Acute Care*
- Megan Meagher, AVP Managed Care
- Dr. Joseph Rabinovich, Physician Advisor
- Rachel Raines, Director Care Mgmt
- Joe Martinez, Associate Director Patient Accts
- Danica Clarke, ACM Case Mgmt

➤ Evaluation Criteria:

- | | |
|---|-----|
| ➤ Fees | 25% |
| ➤ Demonstrated Performance | 25% |
| ➤ Clearly Defined Work Protocols | 20% |
| ➤ Technology and Reporting Capabilities | 20% |
| ➤ MWBE Utilization Plan or MWBE Status | 10% |

➤ Minimum Criteria

- • MWBE Utilization Plan, Waiver, or MWBE Certification (see Section VIII.B.10)
- • At least 5 years of experience working medical necessity denials
- • Experience working with at least one multi-hospital system
- • Annual revenue in excess of \$2,000,000

*Participant Only



Overview of Procurement

- May 28, 2019: CRC approved application to solicit
- July 5, 2019: RFP sent directly to 9 vendors, and posted to City Record
- July 16, 2019: pre-proposal conference, 11 vendors attended
- August 2, 2019: proposal deadline, 14 responsive proposals received
- September 4, 2019: evaluation committee reviewed proposals
 - 6 vendors for each SOW invited for in-person presentations
- October 1, 2019: CRC approval to enter into contract with
 - Washington & West (“W&W”)
 - Managed Resources
 - JZanus
 - Revint
- Subsequently, Revint acquired W&W
 - W&W staff being retained and will be Revint employees
 - Asked that contract award to W&W be assigned to Revint
 - Same team that would have done the work as part of W&W will do so as a part of Revint



M/WBE Status

- Managed Resources, Inc. is a federally certified WBE. To be a federal WBE a vendor must be a “small business”, be at least 51% owned and controlled by women who are U.S. citizens, and have women manage day-to-day operations and also make long-term decisions. This is similar to what NYS and NYC use, except NYS and NYC have an additional requirement that requires the vendor to be located in or around NYC or do business with NYC. It is expected that the City WBE criteria will be met and we will work with this vendor to get City certified



M/WBE Sub-Contractor

- Below is the plan from the vendor to provide 30% of the contract value to M/WBE qualified firms

Vendor	Subcontractor	Service Description
Jzanus	Medco Consultants, Inc.	Discharge disposition changes, billing documentation and follow-up for Transfer DRGs. In addition, will be utilized for any DRG validation or Cost Outlier projects.
Revint	R/O Resource Solutions, LLC	Chart Reviews, post-acute provider look-ups, faxing and communication with post-acute care providers and MACs



Financial Summary

- Medical Necessity Denials
 - Vendors will be paid a 12% contingency rate resulting in a cost of \$8.9M
 - Overall expected recoupment will be \$74M
 - Net earnings will total \$65.1M

- Transfer DRG
 - Vendors will be paid a 13% contingency rate resulting in a cost of \$2.5M
 - Overall expected recoupment will be \$19.3M
 - Net earnings will total \$16.8M



Vendor Highlights

■ Managed Resources

- Founded in 1994, and are comprised of a team of nurses, doctors, financial, and legal professionals with an average of 17 years of applicable experience
- Reference checks include:
 - Dignity Health System
 - University of Michigan



■ Jzanus

- Founded in 1986, and have been providing healthcare revenue cycle management services in the metro New York area since its formation
- Reference checks include:
 - Long Island Jewish Medical Center
 - Staten Island University Hospital



■ Revint

- Founded in 1996, and currently provide Transfer DRG services to 1,100 hospitals recovering lost revenues of \$166M on an annual basis
- Reference checks include:
 - NY Presbyterian Hospital
 - RWJ Barnabas Health



Board of Directors Approval Request

We are seeking approval to enter into contract with:

1. Revint (formerly Washington & West (“W&W”)) and Managed Resources

- Medical Necessity Denial appeals
- Contract Term of 3 years with two 1-year renewals
- Total contract value of \$9M (rounded)
- Effective date of 11/1/19
- Managed Resources is a WBE
- W&W was acquired by Revint and thus Revint will perform this work
 - W&W leadership and staff are being retained as Revint employees and will do the System's work.

2. Managed Resources, Jzanus and Revint

- Transfer DRG services
- Contract Term of 3 years with two 1-year renewals
- Total contract value of \$3M (rounded)
- Effective date of 11/1/19
- Managed Resources is a WBE
- Jzanus has submitted a 30% MWBE utilization plan
- Revint has agreed to meet 30% MWBE utilization plan



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America (the “Vendors”) to provide collection services with respect to self-pay accounts with the System for terms of three years with two one-year options to renew at a total cost not to exceed \$6 million dollars to be payable contingent on the amounts recovered by the System.

WHEREAS, an RFP process approved by the Contract Review Committee resulted in the Selection Committee’s choice of the four Vendors; and

WHEREAS, the Vendors will attempt to collect on self-pay accounts qualifying for bad debt status; and

WHEREAS; the Vendors shall adhere to all government regulations pertaining to the collection process as well as the System’s policies and procedures applicable to bad debts; and

WHEREAS, the proposed agreements will be managed by the Senior Director of Revenue Cycle Services.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute three year agreements with RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America to provide collection services with respect to self-pay accounts with the System for terms of three years with two one-year options to renew at a total cost not to exceed \$6 million dollars to be payable contingent on the amounts recovered by the System.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH FOUR VENDORS
FOR THE PROVISION OF DEBT COLLECTION SERVICES**

- BACKGROUND:** Over the last year, the System has put in place contracts with several vendors to greatly improve its ability to collect payment for its medical services. The proposed contracts are part of that effort. Approval is sought for the execution of four contracts with vendors to provide debt collection services with respect to self-pay accounts that qualify for transfer to bad debt status. The current contract expires on November 31, 2019. The current contract includes only inpatient self-pay collections at the eleven acute and five post-acute facilities. The new contract will include inpatient and outpatient self-pay collections at the acute and post-acute facilities and will include the FQHC's and Homecare.
- PROCUREMENT:** The System issued a Request for Proposals on June 6, 2019. A mandatory pre-proposers conference was held on June 18, 2019, which 22 prospective vendors attended. 17 proposals were received, evaluated and scored. The five highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held on August 6, 2019 followed by a final evaluation and scoring. Through this process, the Selection Committee evaluated the proposals and presentations based on the proposed fees, prior experience and results with a similar scope, soundness of approach, technology and reporting capabilities and Minority and Women-Owned Business Enterprises (MWBE) utilization plan or MWBE status. RTR Financial Services Inc., ARStrat, Nationwide Credit and Collections Inc. and USCB America were selected based on these criteria. None of these vendors had previous collections contracts with the System.
- BUDGET:** The collections by the vendors for the five-year contract are estimated to be \$53 million dollars. Using this estimate, the cost of the proposed agreement (vendor fees) will not exceed \$6 million dollars over the full five-year term. The System will receive the collections generated by the vendors and will pay them solely on the basis of the amounts generated by the vendors.
- TERMS:** The average commission rate for the current contract is 18%. The average commission rate for the new contract will be only 11%. The work will be divided among the vendors using an alpha split at each facility. The contract, will allow the System to move more business to higher performing firms. The total amount has been budgeted and signed-off by Central Finance.
- DURATION:** The term of the proposed agreement is three years with two one-year options to renew solely exercisable by the System.
- MWBE:** All selected vendors have provided plans to satisfy the MWBE percentage goal.

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

From: Keith Tallbe *KT*
Senior Counsel
Office of Legal Affairs

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

Vendor: RTR Financial Services, Inc.

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% utilization

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.

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: Arstrat, LLC

Date: October 1, 2019

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

30% utilization

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.

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

From: Keith Tallbe *KA*
Senior Counsel
Office of Legal Affairs

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

Vendor: Nationwide Credit & Collection, Inc.

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO


Approved

MWBE

30% utilization

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.

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: USCB America

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% utilization

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.

Self Pay Collection Vendors

Application to Enter into Contract

Board of Directors Meeting
October 31st, 2019

Revenue Cycle Services

Marji Karlin, Chief Revenue Officer

Robert Melican, Sr. Director

Jeannie Ryan, Director

Robert Sargenti, Asst. Director



Self Pay Patient Liability

- H+H treats all patients regardless of their ability to pay.
- While H+H prioritizes billing and revenue from insurance companies, collecting balances due from patients who can afford to pay is important to generating the resources we need to support our patients and staff.
- Self Pay Patient Liability is a combination of:
 - Patient balances after insurance - Coinsurance, Copayments and Deductibles,
 - Financial Assistance balances (NYC Care and H+H Options), and
 - Self pay charge amounts for patients who are not eligible for Financial Assistance.
- For H+H to be reimbursed for bad debt, it must “*establish that reasonable collection efforts were made*”. While this does not require H+H to use a collection vendor, their use ensures consistent and replicable attempts to collect, which is one interpretation of a “reasonable collection effort.”



Background/Current State

- Many pathways to help patients with insurance enrollment or financial assistance
- Almost 20% of self pay accounts are discounted according to the NYC H+H sliding fee scale; and many full self pay accounts have evidence of an interaction with a financial counselor



Pre-Service

Referrals from H+H
Contact Center

Pre-service Financial
Counseling



Point of Service

On-site Financial
Counselors



Post Service

Statement Inserts and Messages

Presumptive Discounting

Outreach

Follow up

Collections



Background/Current State

- H+H has historically utilized the services of collection vendors for a limited scope of patient balances due. These vendors have expertise and resources to pursue accounts that fall outside normal requests for payment.
- Currently H+H contracts with four vendors for inpatient self pay collection services. The vendors were select in 2013 through a Request for Proposal (RFP) process.
- The current agreement covers only inpatient accounts for the 11 Acute Care Facilities and 5 Nursing Facilities.
- Vendors generate between \$6 and \$8 million annually.



Request for Proposal Criteria

- The new vendors will continue to follow H+H's mission and abide by our patient financial assistance standards.
- H+H will only permit liens and lawsuits on a claim in extraordinary circumstances and with the review and approval from H+H's Office of Legal Affairs.
- The proposed agreements will expand the scope of services to include coverage for outpatient accounts, Gotham's Federally Qualified Health Centers and Home Care. Prior to these contracts unpaid outpatient self pay accounts were written-off to Bad Debt without a collection attempt.
- After our billing department and vendors engage patients for payment and pursue insurance for a 30-120 day period, the collection vendors will make a final effort to realize payment of any claim which remains unpaid after 120 days.
- The current portfolio of contracts expires on November 30, 2019.



Request for Proposal Criteria

➤ Evaluation Committee:

- Membership of six from both the acute care hospitals and Central Office

➤ Evaluation Criteria

- | | |
|---|-----|
| ➤ Fees | 25% |
| ➤ Soundness of Approach | 25% |
| ➤ Prior Experience and Results with a Similar Scope | 25% |
| ➤ Technology and Reporting Capabilities | 15% |
| ➤ MWBE Utilization Plan or MWBE Status | 10% |

➤ Minimum Criteria

- Five years of general collection experience with at least three years in the area of health care collections in New York State.
- Must be licensed by the appropriate city, state and federal agencies to operate in New York City.
- Annual revenue of at least \$5 million in 2018.



Overview of Procurement

- December 20, 2018: CRC approved an application to issue solicitation.
- June 6, 2019: RFP sent directly to 14 vendors, including 5 MWBE vendors, and posted to City Record.
- June 18, 2019: mandatory pre-proposal conference, 22 vendors attended
- July 10, 2019: proposal deadline, 17 proposals received
- July 19, 2019: evaluation committee reviewed proposals
 - 5 Vendors invited for in-person presentations based on natural break of proposal scoring
- It was determined that 4 finalists would be engaged based on the evaluation scoring and business needs



Vendor Highlights



- Staten Island based firm with large NYC presence

- Reference
 - NYU Langone

- Nationwide firm with 1,500 employees in 16 service centers

- References
 - Northwell Health
 - Mayo Clinic

- Understanding of safety net and public hospital systems

- References
 - Cook County
 - Northwestern University Medicine

- California firm with 500 employees in 5 states

- References
 - Banner University
 - University of Minnesota, Fairview Health

- Claims assigned to vendors by an alpha split of guarantors last name
- Permits best comparison of vendor performance



MWBE

- All vendors have submitted and received approval for their plans to provide 30% of the contract value to MWBE qualified firms
- H+H will monitor the invoices to ensure compliance with approved plans

Vendor	Subcontractor	Service Description
RTR Financial Services Inc.	Millennium Medical Billing Hi & Low Computers Inc. Tanya Hobson-Williams P.C	Billing Services Information Tech. Skip Tracing
ARStrat LLC	Capital Resource Management, Inc.	Full Service Debt Collections
USCB	Independent Recovery Services	Collections Representatives
Nationwide Credit and Collection	Saunte Corp.	Collections Representatives



Financial Summary

- Contingency Rate on expiring contracts averages 17.8%
- Proposed contingency rates, pre-negotiation, are substantially lower
- Range from a low of 8.4% to a high of 12.75%
- Each vendor has a different contingency rate that is constant across all lines of business – acute hospitals, Federally Qualified Health Care centers, Post Acute and Home Care



Board of Directors Approval Request

- We are seeking approval to enter into contract with Self Pay Collection Vendors:
 - RTR Financial Services Inc.
 - ARStrat
 - Nationwide Credit & Collection Inc.
 - USCB America
- Seeking a contract term of 3 years with two 1-year extensions
- Using the contingency rates supplied by the proposed vendors yields and estimated expense of \$5,958,543 for a recovery of \$53,380,000.
- H+H earning a net recovery of \$47.4M over 5 years.
- Target start date of agreements is December 1, 2019



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign an agreement with RxStrategies (“Vendor”) for 340B third party administration services for contracted pharmacies except Walgreens and CVS for a term of three years with two one-year options to renew with the total cost not to exceed \$16,075,500 with all payments to be withheld from funds collected by the Vendor.

WHEREAS, Public Health Act Section 340B requires drug manufacturers to provide rebates for, among others, Disproportionate Share Hospital outpatient drug purchases, (the “340B Program”); and

WHEREAS, the rules for the 340 B Program have expanded to become a major subsidy of the cost of care of eligible patients of the hospitals and other providers qualified to participate; and

WHEREAS, the System has greatly increased its participation in the 340B Program such that its net revenue from the program has increased from \$14M in FY 17 to \$40M in FY19; and

WHEREAS, to collect discounts on prescriptions filled by the System’s patients, the System has entered into agreements with approximately 274 unique independent pharmacies, plus 187 Walgreens/ Duane Reade and 151 unique CVS pharmacies whereby the System receives the benefit of the 340B Program discounts and pays such pharmacies a dispensing fee; and

WHEREAS, due to the complexity of the 340B Program, its demanding reporting, tracking and management requirements, healthcare providers participating in the 340B Program use a third party administrator (a “TPA”) to identify eligible patients, calculate the appropriate discount, collect such discount after allowing for the retention of administrative fees by contracted pharmacies and arrange to replenish the supplies of the contracted pharmacies of the prescribed medications; and

WHEREAS, a TPA is generally paid a fee per pharmacy relationship plus a fee per 340B approved prescription; and

WHEREAS, the System’s contract with its current TPA, Capture Rx, is due to expire on December 31, 2019; and

WHEREAS, after a Contract Review Committee approved Request for Proposals process an evaluation committee selected the Vendor after considering six competing proposals; and

WHEREAS, under the proposed agreement the Vendor will administer the 340B Program, exclusive of CVS and Walgreens, including providing the System with dedicated NYC-based staff; and

WHEREAS, the proposed agreement will be managed by the Vice President for Supply Chain Services.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute an agreement with RxStrategies for 340B third party administration services for contracted pharmacies except Walgreens and CVS for a term of three years with the System holding 2 one-year options to renew and with the total cost not to exceed \$16,075,500 with all payments to be withheld from funds collected by the Vendor.

**EXECUTIVE SUMMARY RESOLUTION TO
AUTHORIZE CONTRACT
WITH RXSTRATEGIES
FOR 340B THIRD PARTY ADMINISTRATION SERVICES**

BACKGROUND: Section 340B of the Public Health Act requires drug manufacturers to provide rebates for drug purchases by outpatients of Disproportionate Share Hospitals, and others (the “340B Program”). The 340 B Program has become a major subsidy of the cost of care of eligible patients of the hospitals and other providers qualified to participate. The System has increased its participation in the 340B Program such that its net revenue from the 340B Program has gone from \$14M in FY 17 to \$40M in FY19. To collect discounts on prescriptions filled by the System’s patients, the System has entered into agreements with about 274 independent pharmacies, plus 187 Walgreens/Duane Reade and 151 CVS pharmacies whereby the System receives the benefit of the 340B Program discounts and pays such pharmacies a dispensing fee. Because of the complexity of the 340B Program, its demanding reporting, tracking and management requirements, healthcare providers use a third party administrator (a “TPA”) to identify eligible patients, calculate the appropriate discount, collect such discount after allowing for the retention of administrative fees by contracted pharmacies and arrange to replenish the supplies of the contracted pharmacies of the prescribed medications. The aspect of the 340B Program that deals with external pharmacies extends 340B benefits for the System’s 340B-eligible patients who fill prescriptions at external pharmacies.

The System’s contract with its current TPA, RX Capture, expires 12/31/2019.

Authorization is sought for the System to contract with RxStrategies to provide services for its 340B Program.


PROCUREMENT: The System issued a RFP on April 24, 2019. An optional pre-proposers conference was held on May 6, 2019, which five prospective vendors attended. Six proposals were received, evaluated and scored. The three highest rated proposers were invited to present before the Selection Committee. Vendor presentations were held on July 9, 2019, followed by a final evaluation and scoring. Through this process the Selection Committee evaluated the proposals and presentations on the basis of technical capabilities/approach, cost, availability of NYC-based staff, experience, fiscal responsibility to customer. RxStrategies was selected.

BUISNESS TERM: The cost of the proposed agreement will not exceed \$16,075,500 over potential 5 year term. The fee paid to RxStrategies will be \$250 per contract pharmacy relationship per month plus \$4.75 per 340B approved claim. This differs from current vendor which receives 14% of the insurance reimbursement for each approved 340B claim (after pharmacy dispensing fee and the drug cost). RxStrategies is expected to increase 340B approved claims by a minimum of 12% thereby increasing net revenue to \$44.8M in FY20 while keeping the costs associated with their services budget neutral as compared to current vendor.

TERM: 3 years with 2 one-year options to renew solely exercisable by the System.

MWBE: Has filed approved 30% MWBE utilization plan.

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: RxStrategies, Inc.

Date: October 1, 2019

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% utilization

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.

340B Third Party Administrator

Application to Enter into Contract - RxStrategies

**Board of Directors
October 31, 2019**

**Paul Albertson, VP
Supply Chain Services**

**Dean Mihaltses, RPh
Chief Operating Officer, Queens Hospital**

**Joe Wilson, SAVP
Supply Chain Services**



Federal 340B Drug Program

Congress created the 340B program in November 1992 through the enactment of Public Law 102-585, the Veterans Health Care Act of 1992, which is codified as Section 340B of the Public Health Service Act (created under Section 602 of the Veterans Health Care Act of 1992).

The intent of the 340B Program is to enable covered entities to stretch scarce Federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.

Manufacturers participating in Medicaid agree to provide outpatient drugs to covered entities at significantly reduced prices.

Statutorily requires pharmaceutical manufacturers to provide outpatient drugs to certain qualified covered entities at reduced pricing.



340B Price Calculation

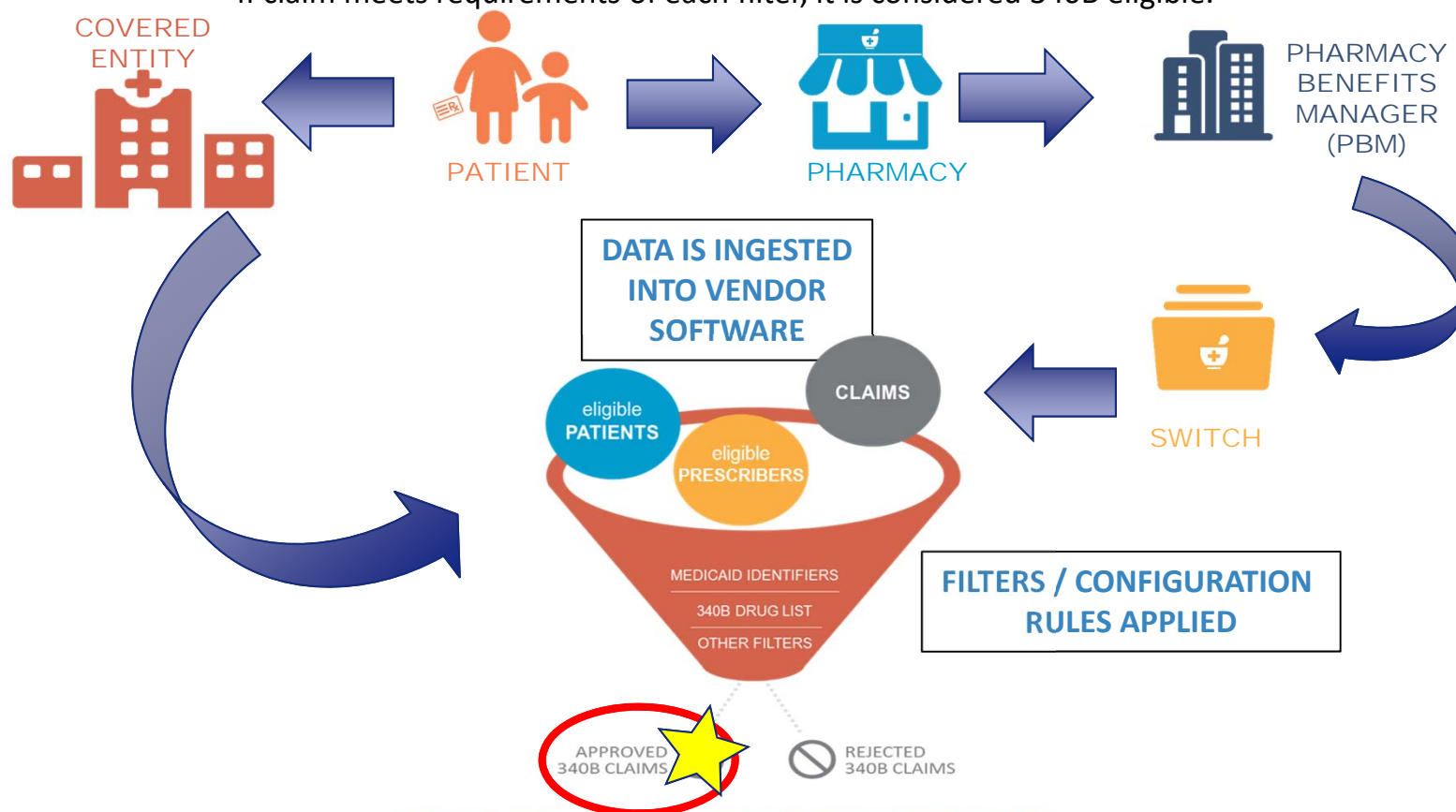
By statute, the 340B ceiling price for a covered drug is equivalent to the drug's average manufacturer price (AMP) in the preceding calendar quarter reduced by a rebate percentage (Unit Rebate Amount). CMS provides the ceiling price. Health Resources and Services Administration (HRSA) will publish and update the 340B ceiling price rounded to two decimal places.

340B pricing is generally 25 -50% LESS
THAN AWP pricing



The 340B Contract Pharmacy Model

- Health + Hospitals sends e-prescription and encounter data to Third Party Administrator (TPA) – Rx Strategies.
- RxStrategies also obtains data from Pharmacy Benefit Manager (PBM) clearinghouse (Switch Provider) for all prescriptions adjudicated at contract pharmacies.
- Data is matched based on 340B eligibility criteria (filters).
- If claim meets requirements of each filter, it is considered 340B eligible.



Background / Current State

- NYC Health + Hospitals is seeking an experienced vendor to provide services for its 340B Contract Pharmacy Program including but not limited to identification of contracting opportunities with community pharmacies, virtual inventory management, transaction management, and maintenance of ongoing contract pharmacy relationships.
- The 340B Contract Pharmacy program extends 340B benefits for NYC Health + Hospitals' 340B-eligible patients with third-party pharmacy benefits who fill prescriptions at external contract pharmacies. This results in NYC Health + Hospitals being able to appreciate the financial benefit of the difference between the Pharmacy Benefit Manager (PBM) reimbursement and 340B cost of drugs
- This project excludes Walgreens and CVS Pharmacies as each chain operates its own TPA.
- Current vendor = Capture Rx
- Historical spend = Average \$3.8M per year
- Current contract expiration = 12/31/2019



RFP Criteria

➤ Minimum criteria:

- Must be in business as a provider of 340B program services to 340B eligible entities for at least the past five years;
- Must have a minimum of 100 clients, of which, a minimum of 40% must be Disproportionate Share Hospitals (DSH);
- Must have a minimum gross annual revenue of \$20 million

➤ Evaluation committee

- Dean Mihaltses - Committee Chair
- Catherine Patsos – Chief Corporate Compliance Officer
- Galit Foulks - Finance
- David Mancher - EITS
- Victor Cohen, - M&PA
- Tarun Suri - M&PA
- Sheila Brocavich - Queens
- Nasir Iqbal - Lincoln
- Danielle Sestito - Supply Chain
- Min Than - Supply Chain

➤ Evaluation Criteria:

Category	Weight %
Cost	25
Technical Capabilities/Approach/Design	30
Availability of NYC-based staff	10
Experience	15
MWBE	10
Fiscal Responsibility to customer	10



Overview of Procurement

- April 16, 2019: CRC approved an application to issue solicitation.
- April 24, 2019: RFP was sent directly to 12 vendors and posted to City Record. No MWBE firms were identified for direct distribution.
- May 6, 2019: pre-proposal conference
- May 29, 2019: proposal deadline, 6 proposals received
- July 9, 2019: evaluation committee reviewed proposals
 - 3 vendors invited for in-person presentations based on natural break of proposal scoring
- September 17, 2019: CRC approval to enter into contract with RxStrategies



Vendor Highlights – Rx Strategies

- Technologically advanced platform with dynamic dashboard and metrics
- Ability to carve-in Managed Medicaid at Point-of-Sale
- Will support marketing and education efforts during transition away from incumbent and will maintain ongoing relationships with current independent pharmacy network
- Will use proprietary data analytics to ascertain new pharmacy opportunity
- Reference checks from these clients were very favorable
 - Adventist Health System
 - Ochsner Health System
 - Mosaic Life Care
- During negotiations, RxStrategies has committed to hiring 4 FTEs on-site and dedicated to NYC Health+Hospitals.
 - Account Manager (1.0 FTE)
 - Data Analyst (1.0 FTE)
 - Contract Pharmacy Support (2.0 FTEs)
- Negotiated new fee structure which will result in cost savings
 - Moved away from percentage-based fee per approved claim to flat-fee model



Financial Structure

- Current vendor captures ONLY commercially insured patients.

Current State	
Contract Pharmacy Annual Script Volume	3,276,000
340B Eligible Scripts (at 3% approval rate)	102,000

- RxStrategies has the ability to capture commercially insured patients AND Managed Medicaid patients, thereby increasing the approval rate, conservatively, to 12%.

Future State			
	Quantity	Rate	Annual Cost
Independent Contract Pharmacies Management Fee	500	\$3,000	\$1,500,000
340B Eligible Scripts - Approved Script Fee (at 12% approval rate)	361,200	\$4.75	\$1,715,700
Total			\$3,215,700

- With new cost structure and ability to carve in Managed Medicaid patients, NYC H+H is able to both reduce costs AND increase revenue.

Current State vs Future State			
		Current (3% capture rt)	Future (12% capture rt)
Total Annual Cost		\$3,800,000	\$3,215,700
340B Eligible Scripts		102,000	361,200
Per Script Cost		\$37.25	\$8.90

- During 5 year contract, expectation is to collect \$156.8M (net) on fees of \$16.1M
 - Excludes Walgreens and CVS



MWBE

- Contract Goals
 - 30% MWBE
- Utilization Plan:

Vendor	Service	Status	% Utilization
The Pharmacy @ LLC	Contract Pharmacy Consulting	MBE, WBE	8.6
Absolute Staffing & Consulting Solutions LLC	Employee Staffing	MBE, WBE	12.8
Abrahams Consulting LLC	Network Security	MBE, WBE	4.3
815 New York LLC	Marketing	WBE	4.3



Board of Directors Approval Request

- We are seeking approval to enter into contract with RxStrategies for 340B Third Party Administrator services
 - 3 year contract with two 1-year renewals at the discretion of NYC H+H
 - Go-live on January 1, 2020
 - Cost over lifetime of agreement is \$16,075,500
 - Net benefit = \$156.8M
 - With their ability to carve-in Managed Medicaid, RxStrategies will qualify three times the number of 340B claims which will create additional revenue while reducing cost per prescription.



RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign three year agreements with Managed Resources, JZanus, and Revint (the “Vendors”) for medical necessity denials management and other revenue initiatives management with two one-year options to renew exercisable solely by the System at a total cost over the potential five-year term not to exceed \$11,400,000 with all payments contingent on the amounts the vendors recover.

WHEREAS, a medical necessity denial occurs when a managed care or other payer deems a healthcare provider’s services or treatment not medically necessary resulting in a denial of payment; and

WHEREAS, the System’s current contract with its denials management contractor will expire October 31, 2019; and

WHEREAS, the Center for Medicare and Medicaid Services’ (“CMS”) Post-Acute Transfer rule enacted in 1999 and greatly expanded subsequently has had an immense impact on the reimbursement amount hospitals receive such that inpatient Medicare/Managed Medicare underpayments can result in substantial reductions in payments to hospitals making the services of revenue recovery vendors especially important; and

WHEREAS, through an RFP process approved by the Contract Review Committee a selection committee chose the Vendors as well as a fourth vendor, Washington & West (“W&W”); and

WHEREAS, after the selection committee selected the Vendors and W&W, Revint acquired W&W such that W&W ceased to exist as a corporate entity; and

WHEREAS, Revint will assume the role that W&W had been expected to play; and

WHEREAS, under the proposed agreements, the Vendors will be required to resolve accounts receivable claims including writing multiple level clinical appeals for inpatient medical necessity denials, identifying and correcting inaccurate discharge disposition codes, rebilling claims, and completing requests for information; and

WHEREAS, the proposed agreement will be managed by the Assistant Vice President for Revenue Initiatives.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to sign agreements with Managed Resources, JZanus, and Revint for medical necessity denials management and other revenue initiatives management with two one-year options to renew exercisable solely by the System at a total cost over the potential five-year term not to exceed \$11,400,000 with all payments contingent on the amounts the vendors recover.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH FOUR VENDORS
FOR THE PROVISION OF MEDICAL NECESSITY DENIALS AND OTHER REVENUE
INITIATIVES MANAGEMENT**

- BACKGROUND:** Over the last year, the System has contracted with several vendors to greatly improve its ability to collect for its medical services. The proposed contracts are part of that effort. The previous sole denials management vendor will be replaced by four vendors that will focus on separate areas of concentration. The proposed agreements have selected vendors follow-up actions on two types of accounts receivable for the medical services provided by the System.
- PROCUREMENT:** The System issued a RFP on July 5, 2019. A pre-proposers conference was held on July 16, 2019, which about eleven vendors attended. Fourteen proposals were received, evaluated and scored. The six highest rated proposers for each SOW were invited to present before the Selection Committee. Vendor presentations were held on September 17th and 20th, 2019, followed by final evaluation and scoring. The Selection Committee evaluated the proposals and presentations on the proposed fees, proven results collecting on the specified population, clearly defined work protocols, and technology and reporting capabilities and selected the Vendors plus W&W. Shortly thereafter, Revint acquired W&W. Revint, on behalf of W&W requested that the contract that had been expected to be awarded to W&W should be awarded to Revint. Thus, Revint will do the work it had originally been expected to do as well as the work W&W had been expected to do. The staff of W&W that had been expected to work on the System's matters was retained by Revint and will be assigned to the System's work.
- PROGRAM:** The Vendors will be responsible for resolving account issues including: writing multiple level clinical appeals for inpatient Medical Necessity denials, identifying and correcting inaccurate discharge disposition codes for inpatient Medicare and Managed Medicare claims, rebilling claims, and completing requests for information. The Vendors will focus on separate areas of concentration as follows: (1) Medical Necessity denials management – Revint and Managed Resources (2) Transfer DRG management - JZanus, Managed Resources, and Revint.
- BUDGET:** The agreement will not cost more than \$11.4 M over a five year term. The System will receive the funds collected and will pay the vendors on the basis of the collections. The amounts have been budgeted and signed off by Central Finance.
- TERM:** The term of the proposed agreement is three years with two one-year options to renew exercisable solely by the System.
- MWBE:** Managed Resources is a federally certified WBE and has submitted an application for WBE status with NYS, which is pending – however, Managed Resources has committed to a 30% MWBE utilization plan if the application is not approved. Jzanus has submitted a 30% MWBE utilization plan. Revint has submitted a 30% MWBE utilization plan.

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: Managed Resources, Inc.

Date: October 29, 2019

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

Vendor Responsibility

Approved

EEO

Approved


MWBE

NYS WBE certification
pending

Managed Resources, Inc. is a federally certified WBE and has submitted an application for WBE status with NYS, which is pending. To be a federal WBE a vendor must be a "small business", be at least 51% owned and controlled by women who are U.S. citizens, and have women manage day-to-day operations and also make long-term decisions. This is similar to what NYS and NYC use. It is expected that the State WBE criteria will be met and we will work with this vendor to get State certified.

The above status is consistent and appropriate with the applicable laws, regulations, and NYC Health + Hospitals' operating procedures.

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: JZanus, LTD.

Date: October 8, 2019

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

Vendor Responsibility

Pending

EEO


Approved

MWBE

30% utilization

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.

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: Revint Solutions, LLC

Date: October 8, 2019

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

Vendor Responsibility

Pending

EEO

Pending

MWBE

30% utilization

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.

Medical Necessity Denials Management and Other Revenue Initiatives

**Application to
Enter into Contract – Managed Resources; JZanus and
Revint**

**Board of Directors Meeting
October 31st, 2019**

**Marji Karlin, Chief Revenue Officer
Bryce Jenkins, AVP
Heather Sewell, Assistant Director**



Medical Necessity Denials

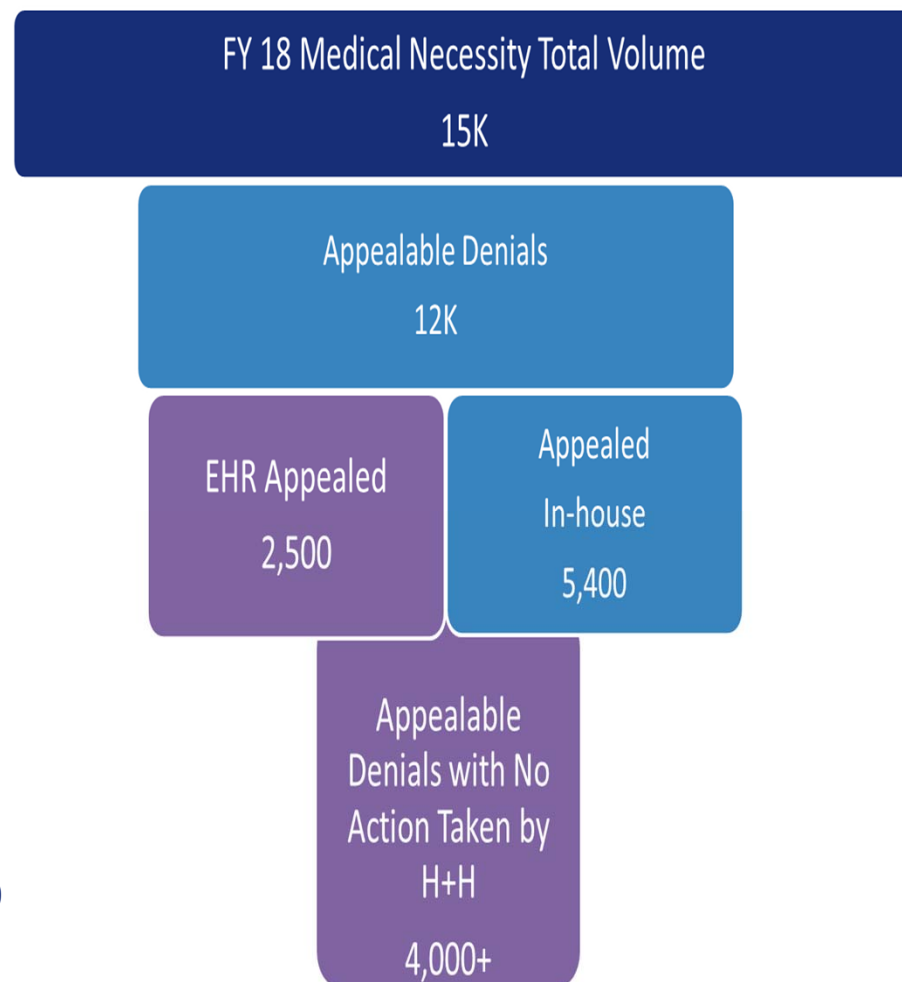
A medical necessity denial is when the payer deems the services or treatment provided as not medically necessary to treat an illness or injury

- Denials are received both when the patient is in-house and retrospective to discharge
- If H+H fails to appeal a denial, we lose all revenue from that admission
- Guidelines prohibit H+H from resubmitting at a lower level of care & must send appeal for redetermination
- Pre-authorization has no bearing on payments for acute IP admissions
- A successful medical necessity appeal requires input from admitting physician and case management, the process requires expertise



Background/Current State

- H+H historically utilized the services of a denials management vendor, limited to a threshold of 2,500 appeals annually.
- There is an opportunity to capture the full volume of medical necessity denials and expand the scope to include other revenue initiatives.
- The proposed agreement will expand the scope of work to include approximately 6,500 appeals yearly.
- CRC approved an application to issue solicitation in May 2019.
- The current contract expires on October 31st, 2019. The current contract was procured via RFP in 2014 for 3 years in the amount of \$2.5M; 2 1-year options to renew were utilized totaling \$2M.
- CRC approved extending the existing contract for 60 days to 12/31/19 to allow for implementation. We expect this extension to cost ~\$150K for the 60 day period.



Transfer DRG

Background/Current State

- Due to the CMS Post-Acute Transfer rule enacted in 1999, transfer DRGs now have an immense impact on the reimbursement amount hospitals receive
- Inpatient Medicare/Managed Medicare underpayments can result when:
 - Patients are not treated as planned
 - Inaccurate discharge disposition codes are documented
- Regulatory and clinical expertise as well as access to the Medicare claims database is needed to identify and rebill transfer DRG claims correctly
- Transfer DRGs are a new revenue opportunity for H+H.
- The proposed agreement will include 1,400 Transfer DRG claims.



Request for Proposal Criteria

➤ Evaluation Committee:

- Bryce Jenkins, AVP Revenue Initiatives
- Heather Sewell, Ast. Director Revenue Cycle
- Maureen McClusky, Sr. VP Post-Acute Care*
- Megan Meagher, AVP Managed Care
- Dr. Joseph Rabinovich, Physician Advisor
- Rachel Raines, Director Care Mgmt
- Joe Martinez, Associate Director Patient Accts
- Danica Clarke, ACM Case Mgmt

➤ Evaluation Criteria:

- | | |
|---|-----|
| ➤ Fees | 25% |
| ➤ Demonstrated Performance | 25% |
| ➤ Clearly Defined Work Protocols | 20% |
| ➤ Technology and Reporting Capabilities | 20% |
| ➤ MWBE Utilization Plan or MWBE Status | 10% |

➤ Minimum Criteria

- • MWBE Utilization Plan, Waiver, or MWBE Certification (see Section VIII.B.10)
- • At least 5 years of experience working medical necessity denials
- • Experience working with at least one multi-hospital system
- • Annual revenue in excess of \$2,000,000

*Participant Only



Overview of Procurement

- May 28, 2019: CRC approved application to solicit
- July 5, 2019: RFP sent directly to 9 vendors, and posted to City Record
- July 16, 2019: pre-proposal conference, 11 vendors attended
- August 2, 2019: proposal deadline, 14 responsive proposals received
- September 4, 2019: evaluation committee reviewed proposals
 - 6 vendors for each SOW invited for in-person presentations
- October 1, 2019: CRC approval to enter into contract with
 - Washington & West (“W&W”)
 - Managed Resources
 - JZanus
 - Revint
- Subsequently, Revint acquired W&W
 - W&W staff being retained and will be Revint employees
 - Asked that contract award to W&W be assigned to Revint
 - Same team that would have done the work as part of W&W will do so as a part of Revint



Financial Summary

- Medical Necessity Denials
 - Vendors will be paid a 12% contingency rate resulting in a cost of \$8.9M
 - Overall expected recoupment will be \$74M
 - Net earnings will total \$65.1M

- Transfer DRG
 - Vendors will be paid a 13% contingency rate resulting in a cost of \$2.5M
 - Overall expected recoupment will be \$19.3M
 - Net earnings will total \$16.8M



Vendor Highlights

■ Managed Resources

- Founded in 1994, and are comprised of a team of nurses, doctors, financial, and legal professionals with an average of 17 years of applicable experience
- Reference checks include:
 - Dignity Health System
 - University of Michigan



■ Jzanus

- Founded in 1986, and have been providing healthcare revenue cycle management services in the metro New York area since its formation
- Reference checks include:
 - Long Island Jewish Medical Center
 - Staten Island University Hospital



■ Revint

- Founded in 1996, and currently provide Transfer DRG services to 1,100 hospitals recovering lost revenues of \$166M on an annual basis
- Reference checks include:
 - NY Presbyterian Hospital
 - RWJ Barnabas Health



M/WBE Status – Managed Resources

- Managed Resources, Inc. is a federally certified WBE. To be a federal WBE a vendor must be a “small business”, be at least 51% owned and controlled by women who are U.S. citizens, and have women manage day-to-day operations and also make long-term decisions. This is similar to what NYS and NYC use, except NYS and NYC have an additional requirement that requires the vendor to be located in or around NYC or do business with NYC. It is expected that the City WBE criteria will be met and we will work with this vendor to get City certified
- Managed Resources, Inc. has submitted an application for WBE status with NYS, which is pending – however, Managed Resources has committed to a 30% MWBE utilization plan if the application is not approved



M/WBE Sub-Contractor

- Below is the plan from the vendor to provide 30% of the contract value to M/WBE qualified firms

Vendor	Subcontractor	Service Description
Jzanus	Medco Consultants, Inc.	Discharge disposition changes, billing documentation and follow-up for Transfer DRGs. In addition, will be utilized for any DRG validation or Cost Outlier projects.
Revint	R/O Resource Solutions, LLC	Chart Reviews, post-acute provider look-ups, faxing and communication with post-acute care providers and MACs



Board of Directors Approval Request

We are seeking approval to enter into contract with:

1. Revint (formerly Washington & West (“W&W”)) and Managed Resources

- Medical Necessity Denial appeals
- Contract Term of 3 years with two 1-year renewals
- Total contract value of \$9M (rounded)
- Effective date of 11/1/19
- Managed Resources is a WBE
- W&W was acquired by Revint and thus Revint will perform this work
 - W&W leadership and staff are being retained as Revint employees and will do the System's work.

2. Managed Resources, Jzanus and Revint

- Transfer DRG services
- Contract Term of 3 years with two 1-year renewals
- Total contract value of \$3M (rounded)
- Effective date of 11/1/19
- Managed Resources is a WBE
- Jzanus has submitted a 30% MWBE utilization plan
- Revint has agreed to meet 30% MWBE utilization plan

