

CALL TO ORDER - 3:00 PM

1. Adoption of Minutes: February 27, 2020

Chair's Report

President's Report

>> Action Items<<

2. Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Language Fundamentals, Inc.** (the "Vendor") to provide speech language pathology services at the System's post-acute care facilities over a three year period commencing April 1, 2020 with two one-year options to renew exercisable only by the System at a total cost not to exceed \$5,282.101. (Board of Directors Meeting – 04/30/2020) **Vendex: APPROVED / EEO: APPROVED**
3. Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Verisma Systems, Inc.** ("Verisma") to provide release of information services for the System over an initial term of three years with two one-year options to renew solely exercisable by the System and with an expense over the combined five-year term, not to exceed \$5,229,920 net of fees collected from patients and others to process their record requests. (Finance Committee – 03/12/2020) **Vendex: APPROVED / EEO: APPROVED**

Committee Reports

- Governance
- Community Relations
- Medical and Professional Affairs
- Equity Diversity and Inclusion
- Finance

>>Old Business<<

>>New Business<<

Adjournment

Mr. Pagán

Mr. Pagán

Dr. Katz

Dr. Calamia

Ms. Wang

Mr. Pagán
Mr. Nolan
Dr. Calamia
Ms. Landaverde
Mr. Pagán

Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in Room 532 at 125 Worth Street, New York, New York 10013 on the 27th day of February, 2020, at 3 P.M., pursuant to a notice which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors were present in person:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Mr. Robert Nolan
Ms. Helen Arteaga Landaverde
Ms. Sally Hernandez-Piñero
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra
Ms. Freda Wang
Ms. Barbara Lowe

Mr. Pagán, Chair of the Board, called the meeting to order at 3:10 p.m. Mr. Pagán, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on January 30, 2020 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 January 30, 2020, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIR'S REMARKS

Mr. Pagán thanked Mr. Nolan for attending the ribbon cutting ceremony for the renovated emergency department at NYC Health + Hospitals/Lincoln Hospital on February 2, 2020. Mr. Nolan also presented this month to a group of young doctors at NYC Health + Hospitals/Jacobi regarding City government, and political involvement. He also attended the legislative forum at NYC Health + Hospitals/Jacobi Medical Center on February 19, 2020, which was well attended including members of the NYS Assembly and NYC Council members.

Mr. Pagán thanked Ms. Wang, Ms. Hernandez-Piñero and Mr. Peña-Mora for conducting a site visit to NYC Health + Hospitals/Morrisania Gotham Health Clinic on February 19, 2020. Ms. Hernandez-Piñero provided positive feedback regarding quality of services being provided and commented that there were some cosmetic upgrade necessary for the facility.

Mr. Pagán noted that Ms. Hernandez-Piñero and Mr. Peña-Mora also visited the NYC Health + Hospitals/Cumberland Gotham Health Center on February 20, 2020. Mr. Peña-Mora provided feedback and commented on his admiration for the staff at Cumberland and the care experience they provide to the community.

Mr. Pagán thanked Ms. Lowe for attending the Joint Commission leadership session at NYC Health + Hospitals/Bellevue on February 27, 2020. Ms. Lowe reported that the surveyors were impressed with the continuous level of positive communication from the Board down to line staff. The collaborative work and empowerment during sentinel events was evident throughout the facility.

Vice Chair and Standing Committee Appointments

Mr. Pagán moved the follow motions:

- According to article V - section I of the by-laws: "The Vice-Chair shall be chosen by the Board from among themselves and shall be elected annually."

Mr. Pagan proposed a motion to appoint Ms. Wang as the Vice-Chair of the Board of Directors.

On motion made and duly seconded the Board unanimously appointed Ms. Wang as Vice Chair of the Board of Directors.

- According to Article VI Section (C) of the By-Laws - 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."

Mr. Pagán proposed a motion to appoint Ms. Freda Wang a member of the Governance Committee and Mr. Peña-Mora as Chair of the Strategic Planning Committee.

On motion made and duly seconded the Board unanimously appointed Ms. Wang as a member of the Governance Committee and Mr. Peña-Mora as Chair of the Strategic Planning Committee.

Vendex Approvals

Mr. Pagán noted that since NYC Health + Hospitals began the process of approving contracts prior to vendex approvals, there is one new item on the agenda requiring Vendex approval. There are three items from previous board meetings pending Vendex approval, which are in the Board materials. Since

the last meeting, three Vendex approvals have been received; the Board will be notified as outstanding Vendex approvals are received.

President's Report

Dr. Katz notified the Board that his full report is included in the Board materials and posted on-line. However, he commended Dr. Theodore Long Vice President, Ambulatory Care, for being on the front page of the Modern Healthcare magazine highlighting the amazing work of NYC Health + Hospitals and the Communications team for making this happen. He also reassured the Board that NYC Health + Hospitals is monitoring and is working closely with the Mayor's Office of Emergency Management and NYC Department of Health and Mental Hygiene to ensure that NYC Health + Hospitals is fully prepared and ready to address the coronavirus spread.

Legislative Report

Mr. Pagán noted that the legislative report was included in the materials provided to the Directors and that Ms. Brown would be available after the meeting if anyone have any questions.

ACTION ITEM 2:

M. Peña-Mora read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a ten-year lease extension with the **Mattone Group** (the "Landlord") for 4,218 square feet at 134-64 Springfield Boulevard, Queens, to house the Gotham Health Springfield Gardens Clinic (the "Clinic"), operated by NYC Health + Hospitals/Gotham Health ("Gotham Health") at an initial occupancy cost of \$267,278.14 or \$63.37/ft. consisting of an initial base rent of \$203,434.14 per year plus an estimated initial annual common area maintenance ("CAM") charge of \$29,257 and an estimated annual charge for real estate taxes of \$34,587 with the base rental charge increasing from \$48.23/ft. after five-years to \$53.05/ft. and with estimated 2.5% annual increases in the CAM and tax expenses yielding an estimated ten-year occupancy cost total of \$2,851,263.91.

This item was presented to the Capital Committee - 02/06/2020

Christine Flaherty, Senior Vice President, Office of Facilities Development, Dr. Theodore Long, Vice President, Ambulatory Care and Jeremy Berman, Office of Legal Affairs presented a historical overview of the site and the services provided to the community and the proposed lease terms.

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

ACTION ITEM 3:

Mr. Peña-Mora read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five-year revocable license with **Ronald McDonald House of New York, Inc.** ("Licensee") for its use of approximately 1,100 square feet on the 5th floor of the S Building at NYC Health + Hospitals/Kings County Hospital Center ("KCHC") and approximately 930 square feet on the 8th floor E Wing of NYC Health + Hospitals/Elmhurst Hospital ("Elmhurst") for the construction and operation of a Ronald McDonald Family Room for use by families of pediatric patients, with the occupancy fee waived and with the System having authority to extend the license to space at other System facilities provided such extensions are reported to the Board.

This item was presented to the Capital Committee - 02/06/2020

Sheldon McLeod, Chief Executive Officer - NYC Health + Hospitals/Kings County, Israel Rocha, Chief Executive Officer - NYC Health + Hospitals/Elmhurst Hospital and Christine Flaherty, Senior Vice President - Office of Facilities Development presented. Mr. McLeod provided the Board with an overview of the historical and positive relationship Ronald McDonald House of New York has with NYC Health + Hospitals/Kings County Hospital and the benefits to the families of its pediatric patients.

Mr. Rocha explained that he wished to build on Ronald McDonald House of New York, Inc.'s positive impact on NYC Health + Hospitals/Kings County Hospital by providing space for a similar program at NYC Health + Hospitals/Elmhurst Hospital so as to provide services to the neonatal intensive care, pediatric psychiatry and pediatric patients.

The Board thanked Wini Cudjoe, Ronald McDonald House Director of Operations for its service and commitment to our patients.

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

ACTION ITEM 4:

Mr. Peña-Mora read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five-year lease extension with **Forever Spring Realty, Inc.** (the "Landlord") for the use of approximately 4,186 square feet of ground floor space at 81-06 Baxter Avenue, Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Elmhurst Hospital Center (the "Facility") at a rent of \$198,835

per year, or \$47.50 per square foot to be escalated by 2.5% per year for a total of \$1,045,142 over the five-year initial term with an option to be exercised only by the System to renew the lease for an additional five-year term at 2.5% above the rent last due during the initial term. The System shall also pay the real estate taxes on the property which are currently at \$6,000/yr. which are estimated to increase by 2.5%/yr. for a five-year estimated total of \$31,538 which will bring the total five-year occupancy cost to approximately \$1,076,680.

This item was presented to the Capital Committee on 02/06/2020

Mr. Israel Rocha, Chief Executive Officer, Elmhurst Hospital, Amy Harris, Associate Executive Director of Ambulatory Care and Oversight for WIC and Ms. Christine Flaherty, Senior Vice President, Office of Facilities Development presented.

Mr. Rocha informed the Board of the history of the WIC program at NYC Health + Hospitals/Elmhurst and the relationship with the State. He explained the schedule of the State grant, which does not cover the full term of the lease. He expressed optimism that the grant would be renewed and continued but stated that, if the grant was not renewed, Elmhurst Hospital would use the space for outpatient services because Elmhurst is currently using all of its space and needs expansion space. Ms. Harris provided the Board with the value added of the WIC program to Elmhurst patients.

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

ACTION ITEM 5:

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **Educational Data Systems, Inc.** (the "Licensee") for its use and occupancy of 312 square feet of space in the Mental Health Building on the campus of NYC Health + Hospitals/Metropolitan Hospital Center (the "Facility") to operate an employment services program at an annual occupancy fee of \$12,000, or \$38.46 per square foot to be escalated by 3% per year for a total of \$63,710 over the five-year term.

This item was presented to the Capital Committee on 02/06/2020

Ms. Christine Flaherty, Senior Vice President - Office of Facilities Development and Robert Berding, Associate Executive Director - NYC Health + Hospitals/Metropolitan Hospital, presented.

Mr. Berding related that the NYC Office of Small Business Services ("SBS") has contracted with Educational Data System, Inc. to provide job-training programs and that particular need for such training was identified in the East Harlem community. SBS approached NYC Health + Hospitals/Metropolitan to seek space for the job training program. Space was identified and NYC Health + Hospitals/Metropolitan Hospital welcomed the job-training program to hospital with the expectation that its patients will be referred to these services. This will create a one-stop hub for families in the community seeking practical assistance in attaining a healthy lifestyle. Ms. Flaherty further explain the easy accessibility of the services, which will be located on the ground floor of the hospital.

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

ACTION ITEM 6:

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a revocable five-year license agreement with **Eyes and Optics** (the "Licensee") for the use and occupancy of approximately 140 square feet of space in the Atrium lobby to operate an optical dispensary at NYC Health + Hospitals/Queens Hospital Center (the "Facility") at an occupancy fee of \$57 per square foot for a total annual occupancy fee of \$7,980 to be escalated by 3% per year for a total over the five-year term of \$42,367.

This item was presented to the Capital Committee on 02/06/2020

Dean Mihaltses, Chief Operating Officer - NYC Health + Hospitals/Queens Hospital and Ms. Christine Flaherty, Senior Vice President - Office of Facilities Development presented.

Mr. Mihaltses explained the current presence of Eyes and Optics in various NYC Health + Hospitals' facilities including NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Gouverneur and NYC Health + Hospitals/Kings County. He further explain the benefits of the expansion of these services to the patients at NYC Health + Hospitals/Elmhurst and the surrounding community.

There being no questions raised by the Board Members and upon motion made and duly seconded, the Board unanimously approved the resolution.

COMMITTEE AND SUBSIDIARIES REPORTS

Mr. Pagán noted that the Committee and Subsidiary reports were in the

Board folders and will be included in the meeting record.

EXECUTIVE SESSION

Mr. Pagán then requested the Board's approval to convene an executive session to discuss confidential and privileged quality assurance information and stated that some of the information may related to proposed or actual litigation and/or confidential medical information of patients.

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

The Board convened in Executive Session. When it reconvened in open session, Mr. Pagán reported that the Board **(1)** received and approved oral and written governing body submissions from NYC Health + Hospitals/Lincoln and NYC Health + Hospitals/Gouverneur Long-Term Care and Rehabilitation Facility; and **(2)** received and approved semiannual governing body (written submission) reports from NYC Health + Hospitals/Queens

During the Executive Session, the Board considered the Governance Committee recommendation to appoint Kim Mendez as Senior Vice President, Chief Information Officer; the Board unanimously approved the recommendation.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:10 P.M.


Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Governance Committee - January 30, 2020

As Reported by José Pagán

Committee Members - José Pagán; Helen Arteaga Landaverde; Vincent Calamia; Mitchell Katz

The meeting was called to order at 2:18 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on December 19, 2019. The motion was seconded and the minutes were unanimously approved.

On motion duly made, seconded and unanimously approved by all the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.

Open Session

During the executive session, the Committee considered the President and CEO 2019 performance evaluation. There being no further business, the meeting adjourned at 2:53 p.m.

Strategic Planning Committee - February 6, 2020

As Reported by José Pagán

Committee members present: José A. Pagán, Dr. Mitchell Katz, Sally Hernandez-Piñero, Feniosky Peña-Mora; Freda Wang

Dr. Jose Pagán, Chairman of the Board of Directors, called the February 6th meeting of the Strategic Planning Committee (SPC) to order at 9:13 A.M.

Dr. Pagán turned the meeting over to Matt Siegler, Sr. Vice President, who presented the meeting's agenda as follows:

- Quarterly update through the end of calendar year 2019
- Quick public policy update (including state and federal government)
- Dashboard update (including positive trending measures and measures that are being tracked differently)

Policy Update

Ms. Deborah Brown, Senior Vice President, reported on two major issues:

On the federal level, requests are still being made for either a long standing or a permanent delay of the Disproportionate Share Hospital (DSH) fund cuts. Most recently, the delay on these cuts were extended until May 22nd. The two year extension was granted as a result of hard work and a few things happened in the 11th hour as they do. The question will be what vehicle those delays are joined to, whether it is something related to prescription billing, prescription drugs, or surprise billings. Ms. Brown stated that there continues to be strong bipartisan support for delaying the cuts, and again ideally for two years. We will continue to work with the Mayor's Office, the hospital trade associations to delay the cuts.

Ms. Brown reported that the state budget is a very fluid and significant situation. \$4 billion of the State's \$6 billion deficit are being attributed to Medicaid. They have thus far imposed a one percent across the board cut, for H+H this is \$30 million. A new Medicaid Redesign Team (MRT), which was effectively used when facing a similar deficit in 2011, was announced, but has not yet convened. Health + Hospitals is closely working with members of the MRT, and its colleagues in the city with similar interests as well as other allies.

INFORMATION ITEM - Strategic Planning Committee Update and System Dashboard

Dr. Wei stated that the second quarter of FY 20 October-December 2019 was a very good quarter in terms of movements in the right direction. He turned the presentation over to Matt Siegler, Senior Vice President to report on the Access to Care metrics.

Access to Care:

1. Unique primary care patients seen in last 12 months: Data not available. Will report back after transitioning to EPIC.
2. Number of E-consults completed/quarter: positive trending measure. The numbers surpass all of our goals. The goal for E-consult is to have every specialty referral in our system done through E-consult by the end of this calendar year. We are well on a trajectory to get there.
3. NYC Care (New as of Q1 FY20): positive trending measure. We are surpassing our targets. In the first six months of the Bronx launch we hit the goal of enrolling 10,000 patients into the program two months early. Currently, 13,000 patients are enrolled. All new patients have been offered an appointment within two weeks of when they called for an appointment. That's 50% better than the national average for private hospitals and private systems. Availability at our hospitals and clinics in the Bronx are being checked six times a day every day. Twenty-seven thousand visits were completed, and more than 20,000 medications have been filled and only in the expanded hours of the pharmacy. Pharmacies in all hospitals on weekdays are open until 9:00 pm and 24/7 overnight access in Brooklyn and Staten Island for those that really cannot get their medications because of their job schedules.

NYC Care went live last week in Brooklyn and Staten Island. The goal is to enroll 15,000 patients in the first six months.

Dr. Wei invited Matt Siegler to report on the next pillar.

Financial Sustainability

4. Patient Care Revenue/Expenses: data not available until next quarter.
5. # insurance applications submitted/quarter: increased dramatically over the 2018 year and into the middle of 2019. Now that we are all on EPIC, the focus is on what needs to be done to really multiply the number of applications our staff can process in a day using the core

workflow technology changes we have. We staffed up dramatically in the number of Health Careers Information System (HCIS), to provide financial counseling to applicants. We have hit the maximum the physical space of our clinics and others can handle with people physically processing in-person applications. Efforts are being made to do much more of the processing in advance on the phone and to help people with MyChart to make it a more seamless process. It is still a big increase over about a year or year and a half ago, but leveled out roughly.

6. % of M+ medical spend at H + H: Data is not available until next quarter. MetroPlus' year-end close takes a little longer to pull together for this report.
7. Total AR days per month (excluding in-house): 52.8. This metric is above the target of 45. This is a measure of the speed of our billing operation. Improvement is made year over year. The reason still being on target as these numbers spike a little bit every time they go live and then catch up quite quickly.

Dr. Wei reported on the **Information Technology Pillar**.

8. EPIC implementation milestones: 100%. On track. One of the biggest successes up to this point. Kudos to Kevin Lynch, Senior Vice President, Kim Mendez, Chief Health Informatics Officer and the entire IT team. After the go-live EPIC at Kings County on December 6, 2019, Henry Carter LTACH long-term acute hospitals will be last to implement EPIC. Subsequently, this metric will be removed from the Dashboard as a successful retired metric. Replacement metrics in this category are being sought to show how the power of EPIC is being utilized and how that big investment in EPIC is paying off in terms of financial, operational and clinical improvements.
9. ERP milestones: 75%. On track. The metric went down from 80% due to the delay of the electronic time capture program, which will replace the triplicate time cards that are manually filled and sent to HR. The Electronic Time Capture program will kick off late this summer or early fall.

Quality and Outcomes

10. Sepsis 3-hour bundle: slipped from 71.2% to 66.8%, but is still well above the New York State benchmark of 63.5%.
11. Follow-up appointments kept within 30 days after behavioral health discharge: increased from previous quarter of 54.7% to 58.2%. Compared to the prior period, last year same quarter, above 5% increase.
12. HgbA1c control < 8: 67.2% for this quarter, up from 65.8%. It is the highest the A1c control has ever been in our system. One of the different approaches attributed to that success is the introduction of clinical pharmacists in 10 of our clinics. 85% of

the diabetic patients who have seen clinical pharmacists have had an improvement in A1c with an improvement of 1.5%.

13. % Left Without Being Seen in the ED: 2.1% down from the same quarter a year prior. While still not at our 4% goal yet, about half of our EDs are currently doing some form of provider triage, which allows a patient to see a doctor upfront right after triage.

Care Experience

14. Inpatient care -overall rating: 65.2%, close to the target of 65.4%. Similar to the hemoglobin A1c, the in patient care box rating is the highest it has ever been for Health and Hospitals as a system.
15. Ambulatory Care (medical practice) Recommend Provider Office: 84.8%. It exceeds the target of 83.6%. Kudos to Ted Long and his team.
16. Post-acute care - likelihood to recommend (mean) {2016}: metric slipped a little bit from 87.1% to 86.7%, but still above the target of 86.3%.

Culture of Safety

17. Acute Care - Overall Safety Grade: data for the Agency for Healthcare Research and Quality (AHRQ) vision safety culture survey finally available after two years. The last question on that survey is: "please give your work area or unit an overall safety grade," where only A's and B's count as excellent or very good. The good news is that this metric went up even if it is only by one percent: 63%. While we went up on teamwork and communication within units, we fell down, bottom one percent in staffing and non-punitive response error. The patient safety group is taking that to heart and working on corrective action such as restoring psychological safety and shared learning.
18. Number of Good Catches (New as of Q1 FY20): 543 across the system. It is the number of catches and near misses. The set goal is 1,000 per quarter. In July 2019, the implementation of electronic incident reporting system was launched and it lowered the barrier for staff to speak up.

ADOPTION OF THE MINUTES

Dr. Pagán noted that a quorum was established. The minutes of the May 16, 2019 and November 7, 2019 were adopted.

ADJOURNMENT

There being no further business, the meeting was adjourned at 10:05 AM.

AUDIT COMMITTEE TALKING POINTS - FEBRUARY 6, 2020

As Reported by Helen Arteaga Landaverde

Members in attendance: Helen Arteaga Landaverde, José Pagán, Mitchell Katz, Freda Wang, Sally Hernandez-Piñero, Feniosky Peña-Mora

Call to Order

The meeting was called to order at 10:10 A.M. by Ms. Helen Arteaga Landaverde, Audit Committee Chair. Ms. Arteaga Landaverde asked for a motion to adopt the minutes of the Audit Committee meeting held on December 12, 2019. A motion was made and seconded with all in favor to adopt the minutes.

INTERNAL AUDIT UPDATE

Mr. Telano reported on external audits by outside regulatory agencies. Starting with the Children of Bellevue Auxiliary - NYC Comptroller's Office. This audit has been on-going for 10 months. Most recently they have requested the following documents:

- Conflict of interest disclosure forms as completed by the Children of Bellevue board members for Calendar Year 2018.
- The contract between Health + Hospitals and BKD/Loeb and Troper, LLP which pertains to the audits of its auxiliaries for Calendar Year 2018.
- All HHC policies and procedures related to auxiliaries in effect during the audit scope period of Calendar Year 2018; and,
- All draft policies as applicable to the auxiliaries.
- Contracts for short-term consulting services costing less than \$1,000.00. These contracts do not exist due to the length of service which could be a one-day service.

The revenue of Children of Bellevue is \$1 million dollars. We are a few months away from a draft report.

Ms. Arteaga Landaverde thanked the Audit team for supporting the Auxiliary team, and acknowledge that their volunteerism is a benefit to the System.

Follow-up of Nurse Hiring and Retention - NYC Comptroller's Office. The original report was issued 15 months ago. The initial report had four recommendations of improvement and during their follow-up audit, they determined that two recommendations were fully implemented and two were partially implemented. I will go over the partially implemented recommendations only.

Recommendation #1 - *Ensure all temporary and direct hire nurses are electronically fingerprinted so they can be properly monitored for potential criminal activity.*

They want assurance, that temporary and direct hire nurses are electronically fingerprinted. The initial report commented on nurses that were hired prior to 2002 not being fingerprinted. Our response stated that this was not a requirement, however, this was included in the follow-up. 4 of the 60 testing for direct hire staff was missing that resulted in the status being partially implemented.

Recommendation #3 - Ensure facilities maintain complete readily available files for temporary nurses, and document evidence that staffing agencies background investigations have been reviewed by Health + Hospitals officials.

Although Health + Hospitals officials indicated that, they are now maintaining background information for temporary staffing agency nurses, files were found in complete. Employment eligibility verification documentation was on file for 16 of 25 sampled temporary nurses and background check documents from OIG, OMIG and SAM were found for 22. Evidence was found that Health + Hospitals employees also reviewed this background information for 15 of 25 sampled temporary nurses. H + H had changed the process in early 2019; therefore, some documentation could not be found.

Yvette Villanueva, Vice President, Human Resources reported a new vendor for temporary agency services has been identified. We will be transitioning to a new contract where we expect for them to meet all of our needs including the documentation of the background, evaluations, etc.

Feniosky Peña-Mora asked if the findings from this audit will be part of the new contract for the new staffing agency.

Ms. Villanueva responded yes, that we will be monitoring the process to make sure they comply with the requirements.

Feniosky Peña-Mora asked if the fingerprinting can be retroactive to 2002.

Ms. Villanueva answered that fingerprinting is not a State requirement for employers; however, it is the requirement of the State Department of Education. As you get licensed, then that would be the requirement. Back in 2002, Health + Hospitals made a decision to fingerprint all future new hires. Employees hired prior to 2002 are collectively bargained and this was not part of their agreement. We have recommended to the State and the auditors that then they should make this a State requirement and all hospitals then should be mandated to do this, not just New York City Health and Hospitals.

Follow-up of Vehicles Owned & Leased by NYC Health + Hospitals - .This is an audit that the Office of Internal Audits conducted 18 months ago. OIA noted that there was turnover in personnel, and wanted to ensure continuity of the implementation of the corrective action plan.

We noted in the first observation that there may be an excessive number of vehicles, especially when the number of vehicles in the sites were over 300 and there were only 120 motor vehicle operators. We also found in the original audit that vehicles were in the parking lot that were inoperative or not used. We then had asked for an inventory be done to determine what cars need to be released and what cars need to be kept.

We found that Central Office reduced the number of vehicles by 20% and throughout the facilities, by 10%. But the inventory of the system-wide vehicle was not completed as of the audit and it needs to be determined if additional vehicles can be eliminated.

Christine Flaherty, Senior Vice President, Office of Facility Development stated that Manny Saez has been overseeing and shepherding the Central Office vehicles. These are vehicles used by employees, motor vehicle operators but also employees that may be authorized to drive the vehicles. A meeting was convened on the 29th with Human Resources, ourselves, Legal and Finance, to start review a draft policy which is now in circulation for comments..

Manny Saez reported he convenes a bi-annual meeting with the operators of motor vehicles at the sites, because the service is not reporting centrally with the goal to promote policy or initiative or anything that we are trying to do centrally, to be replicated at the facility. After working with Chris Telano's team, I appreciate the effort in having consistent alignment over what we are trying to do.

Mr. Saez acknowledge a complete system-wide inventory is needed. We receive quarterly reports from the facilities; however, not all the vehicles are included in that report. For example, we might have some vehicles that are registered with the City that are actually motor vehicle driven, or we might have trailers that are also registered with the City that are not motorized. An inventory of all motorized and non-motorized vehicles is being complied, as well as report of vehicles that they have relinquished or that they plan to relinquish in the near future.

The Office of Facility Development is working with Finance to determine the best approach for insurance. Owned vehicles are self-insured, but the leased vehicles requires insurance and we have to make sure that is incorporated in the overall cost.

There will be a system-wide rollout of our ARI program, this is a fleet management program, it is a software that is used to maintain inventory of new vehicles and all the necessary components to operate your vehicles, inspection, PM's, everything having to do with that vehicle to ensure it is registered and maintained. Currently, this is a manual process at the facilities. We are trying to get a good handle on what is actual maintenance cost at the facility level. This program is imperative and it will help us maintain not only the integrity of our vehicles but having a good financial grasp of what we are actually spending to maintain our fleet.

Other activities within Internal Audits

Auxiliary Audits - Mr. Telano reported that the current vendor BKD has only certified the CY 2018 financial statements for 4 of the 22 Auxiliaries. There is an RFP for a new vendor that will be presented at the April Audit Committee meeting for consideration.

CORPORATE COMPLIANCE UPDATE

Ms. Patsos began her update with Monitoring Excluded Providers - During the period from November 23, 2019 through January 15, 2020, there were no excluded individuals or entities.

Death Master File and National Plan and Provider Enumeration System Screening - No providers were identified on the DMF or NPPES during the period November 23, 2019 through January 15, 2020.

Privacy Incidents and Related Reports

During the period of November 23, 2019 through January 15, 2020, twenty-eight (28) incidents were entered in the System's RADAR Incident Tracking System. Of the twenty-eight (28) incidents entered in the tracking system, ten (10) were found after investigation to be violations of NYC Health + Hospitals HIPAA Privacy and Security Operating Procedures ("OPs"); nine (9) were found not to be a violation of NYC Health + Hospitals HIPAA Privacy and Security OPs; and nine (9) are still under investigation.

Of the ten (10) incidents confirmed as violations, seven (7) were determined to be breaches. These breaches involved providers viewing the medical records of patients not under their care; sending the wrong medical records to a medical records retrieval company, disclosure of a patient's information via unsecured email to an unintended recipient; disclosing a patient's PHI to the patient's visitor who was not authorized to receive such information; and patient records sent to the wrong law firm.

Office for Civil Rights ("OCR") Reports Regarding HIPAA Incidents

As reported at the last Audit Committee meeting, the OCC received one report from the OCR regarding a HIPAA incident at NYC Health + Hospitals/Bellevue ("Bellevue"). The report, dated September 17, 2019, concerned a complaint from a patient's lawyer that Bellevue failed to provide access to the patient's medical records. Although the OCR closed this matter, the OCC investigated it and learned that, in addition to the medical record request, the lawyer sought to obtain an audit trail of individuals who had accessed her client's medical records, and billing records for his care and treatment at Bellevue. The OCC also learned that the lawyer did in fact receive the patient's medical records on August 29, 2019, which was prior to her complaint to the OCR. The only remaining information to be sent to the attorney was an audit trail of access to the patient's medical records, which HIPAA does not require covered entities to provide.

Dr. Katz asked if it was a mix up? Why does someone gets the records and then make a complaint?

Ms. Patsos answered that I think that they were looking for something that was a complete medical records, they wanted billing records and an audit trail that is not usually part of the medical record, therefore the attorney felt that she was not being given a complete set of records. But we gave her what was required under HIPAA including a certified copy of medical records. They were given to her three times. Now we are going to give her the audit trail just so that she feels that she really does have the complete set of records.

Ms. Wang asked does the lawyer think there is something missing in the record?

Ms. Patsos responded that the only thing that she is claiming is that the patient feels that his medical records were altered. The audit trail will

not indicate that, it might indicate that the record was modified, it would not indicate what was modified. We also told her that if the patient believes that there is something incorrect in the medical records that she could request an amendment to the medical records, which we gave her the opportunity to do. We also gave her the opportunity to, and she did, request an accounting of the medical records. Which is a disclosure of the medical records that were made. In accordance with HIPAA regulations, we have tried to satisfy this attorney.

Compliance Reports

For the period of November 23, 2019 through January 15 2020, there were fifty-three (53) compliance reports, none of which was classified as Priority "A", sixteen (16) (30.2%) were classified as Priority "B," and thirty-seven (37) (69.8%) were classified as Priority "C" reports. For purposes here, the term "reports" means compliance-based inquiries and compliance-based complaints.

Status Update on OneCity Health

Independent Assessor Audit of OneCity Health - On December 3, 2019, the DSRIP Independent Assessor ("IA") began conducting its Year 4 Onsite Audit to determine whether OneCity Health correctly received DSRIP funds. To accomplish this objective, the IA reviewed OneCity Health's documentation to: (i) substantiate that it adequately supported DSRIP required activities and funding; (ii) determine that OneCity Health was in compliance with published DSRIP Program goals, requirements, and guidance; and (iii) determine the adequacy of OneCity Health's documentation previously submitted with the Quarterly Reports Review process. The areas under review included, but were not be limited to: (a) workforces spend; (b) DSRIP Partner funds flow distribution; and (c) patient engagement. A preliminary score card will be sent to OneCity Health on February 28, 2020, and OneCity Health will have thirty (30) days to provide the IA with additional documentation, if necessary. A final score card will be released publically on May 31, 2020.

OneCity Health's Partner Compliance Attestation - OneCity Health Partners must certify annually to OneCity Health that they have met their DSRIP compliance training obligations and certain other compliance-related obligations. Accordingly, the OCC, on behalf of OneCity Health, will distribute a Memorandum to OneCity Health Partners early this year, with a link to a *Compliance Attestation of OneCity Health Partners* ("Attestation"). The Attestation, which provides OneCity Health and the OCC with a critical snapshot of the compliance foundation of its DSRIP Partners, is required to be completed by all OneCity Health Partners.

HIPAA Risk Analysis and Security Assessment

To ensure the System's compliance with the requirements and regulations of HIPAA, the System has engaged a third party vendor, Coalfire Systems, Inc. ("Coalfire"), to conduct a HIPAA enterprise-wide Risk Analysis and Security Assessment. Coalfire conducted on-site reviews at all of the System's acute care facilities, skilled nursing facilities, and Diagnostic and Treatment Centers, and a sample of the Gotham Health clinics. It also conducted virtual reviews of fourteen (14) other Gotham Health clinics.

In addition, Coalfire performed penetration tests of some of the System's systems and applications to determine their vulnerability to unauthorized access. It also assessed a sample of the System's vendors to determine their compliance with HIPAA and the security of the System's PHI that they maintain.

Coalfire is finalizing its reports and a Risk Management Plan, which will identify the high and very high security risks to NYC Health + Hospitals. The Risk Management Plan will be shared with senior leadership to determine what treatment to give each of the risks (e.g. accept, mitigate, transfer, or share). Thereafter, the risks to be mitigated will be assigned to the appropriate individual or group to implement the mitigation plans, which will be tracked.

EXECUTIVE SESSION:

At this point the Committee Chair requested a motion to convene an executive session to discuss confidential and privileged matters that may be related to anticipated or actual litigation, as well as certain personnel matters.

Second, opposed, the motion is carried.

Thank you everyone and asked that only those specifically invited remain in the Boardroom.

OPEN SESSION:

The Committee re-convened in open session.

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

CAPITAL COMMITTEE MEETING - FEBRUARY 6, 2020

As Reported by Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Sally Piñero-Hernandez, Freda Wang, and Matthew Siegler (designee of Mitchell Katz in a voting capacity).

CALL TO ORDER

The meeting was called to order by Feniosky Peña-Mora, Chairman of the Capital Committee, at 11:10 A.M.

On motion, the Committee unanimously approved the minutes of the December 12, 2019, Capital Committee meeting.

SENIOR VICE PRESIDENT'S REPORT

Christine Flaherty, Senior Vice President, Capital Design and Construction, announced the Governor signed the design-build legislation, the New York City Public Works Investment Act, which was signed on New Year's Eve. She noted that H+H having authority to use that delivery method presented opportunities to save both time and money on specific projects. The first focus would be working to accelerate the Primary Care Expansion program for sites in the Bronx, Brooklyn and Queens.

The department had been focused on various bodies of work, such as, outreach and contracting services. As of February 6, 2020, there were seven (7) active solicitations posted to City Record with active outreach occurring and proposals due in the month of February and early March. These opportunities included a MWBE solicitation for Move Management Services to support our 50 Water Office Consolidation Project, due February 27. Three (3) solicitations; Outposted Therapeutic Housing Units program at Bellevue and Woodhull - to include two Requests for Proposal (RFPs) for design services for enabling design at Woodhull for decanting; design of the Therapeutic Outposted spaces at Bellevue and Woodhull and finally an RFP for Program Management Services to assist in the management of this program. The On-Call Construction Management RFP solicitation was issued February 6, 2020, an RFP for Design-Build Advisory Services was also released and the Exterior Envelope RFP was due February 7, 2020 and had substantial participation at our pre-solicitation conference. A large number of proposals had been submitted, and were being reviewed, for the AE/MEP Requirement contracts. The pre-proposal conference for the AE solicitation was such a popular call that the conference call line was maxed out with over 100 attendees an in-person pre-solicitation conferences will be held in the future to ensure efficient networking for MWBE firms.

Through our Facilities Council, we have drafted and are working on finalizing our capital process workflow to better inform both our internal and external stakeholders on the delivery process entails. We also are working on ensuring evaluations are being submitted for all our vendors in collaboration with Supply Chain and we are establishing protocols to capture MWBE spending within our Invoicing process.

We are looking forward to our Educational Session on our FEMA Program scheduled for this Friday at Bellevue Hospital; the Housing Initiative on March 30th and the Capital & Facilities Strategic Planning session on May 8th.

That concluded Mrs. Flaherty's report.

ACTION ITEMS

Christine Flaherty, Senior Vice President, Capital Design and Construction, read the resolution into the record. Ms. Flaherty was joined by Jeremy Berman, Deputy Counsel, Office of Legal Affairs, Ted Long, MD, Vice President, Office of the President, and Dion Wilson, Office of Legal Affairs.

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 10 year lease extension with the Mattone Group (the "Landlord") for 4,218 square feet at 134-64 Springfield Boulevard, Queens, to house the Gotham Health Springfield Gardens Clinic (the "Clinic"), operated by NYC Health + Hospitals/Gotham Health ("Gotham Health") at an initial occupancy cost of \$267,278.14 or \$63.37/ft. consisting of an initial base rent of \$203,434.14 per year plus an estimated initial annual common area maintenance ("CAM") charge of \$29,257 and an estimated annual charge for real estate taxes of \$34,587 with the base rental charge increasing from \$48.23/ft. after five years to \$53.05/ft. and with estimated 2.5%

annual increases in the CAM and tax expenses yielding an estimated ten year occupancy cost total of \$2,851,263.91.

Dr. Long explained that the Springfield Gardens clinic was a Gotham site located in Queens that provided pediatric care, women's health and adult primary care services with over 5,000 visits per year. He noted that the site was located in a busy strip mall within a bustling part of the community.

Sally Hernandez-Piñero said that there were an impressive number of services provided within such a small space. Dr. Long agreed and said that the system's vision for Primary Care services moving forward was to accommodate as many services as possible at each site. To provide one stop shopping for the patients.

Freda Wang noted that there were two variables not captured in the total lease amount, the Common Area Maintenance (CAM) charges and the taxes. She asked if our history within the site provided comfort in the percentages that were listed. Dion Wilson, Legal Affairs, stated that typically commercial real estate expense and tax growth were estimated between 2.5-3%.

Ms. Wang asked whether the space required any upgrades. Dr. Long said there was nothing in particular that jumped out. In the 25 years the site had been occupied there had been little refreshing done but nothing major was required at the present time.

Mr. Peña-Mora agreed with Dr. Long's earlier statement on the vision for Primary Care Services, and appreciated that there was awareness in how service had changed over the years, and what is best from a service standpoint. Dr. Long confirmed that the system was constantly watching the balance of staff and the workflows, sending text message reminders for appointments (which had lowered no-show appointments at Bellevue by 16%). That increases operational and financial efficiency.

Dr. Long said the site needs to be a place where people want to go and this site meets that.

Matthew Siegler, Senior Vice President, Managed Care/Patient Growth, added that there were three major construction projects in process, for one stop primary care service sites, and he is sure that Dr. Long would like more of those, but those projects were hard to fund. He noted that the Springfield site was in a great, high-traffic location.

Ms. Piñero-Hernandez asked if the location was a relevant factor in the rent. Mr. Wilson said yes.

Ms. Wang said there was a note in the fair market value assessment recommending further negotiations with regards to annual escalation. Mr. Wilson said that had been taken under advisement and as a result of negotiations a 2.5% annual increase was determined.

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

Christine Flaherty, Senior Vice President, Capital Design and Construction, read the resolution into the record. Ms. Flaherty was joined by Jeremy Berman, Deputy Counsel, Office of Legal Affairs, and Sheldon McLeod, Executive Director, NYC Health + Hospitals / Kings County.

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 5-year revocable license with Ronald McDonald House of New York, Inc. ("Licensee") for its use of approximately 1,100 square feet on the 5th floor of the D Building at NYC Health + Hospitals/Kings County Hospital Center ("KCHC") and approximately 930 square feet on the 8th floor E Wing of NYC Health + Hospitals/Elmhurst Hospital ("Elmhurst") for the construction and operation of a Ronald McDonald Family Room for use by families of pediatric patients, with the occupancy fee waived and with the System having authority to extend the license to space at other System facilities provided such extensions are reported to the Board.

Mrs. Flaherty amended the resolution to reflect the location at Kings County is the "S" building instead of the "D" building. She further, provided some background, explaining that Ronald McDonald House New York (RMHNY) was in operation at Kings County Hospital, and this was a renewal for that space as well as an approval for new space at Elmhurst. She advised that the RMHNY was a not-for-profit organization that was tax exempt under IC Sec. 501 (c)(3). They had been in existence since 1979 providing housing for more than 59,000 pediatric cancer patients and their families in an environment that keep families close to the treatment their children need. RMHNYH operates a 82,000 square-foot facility on East 73rd Street of Manhattan, with 95 guest rooms for families throughout all five boroughs, in addition to families from around the world .

Mrs. Flaherty explained that RMHNY currently occupies space at Kings County and had identified space at Elmhurst that would accommodate the program. She noted that all services they provided were free of charge to the families.

Mr. McLeod reported that the relationship that Kings County had developed with RMHNY since 2017 had provided services to a total of 3,129 caregivers to date, with a projected 1,500 visits for 2020. Mr. McLeod confirmed that the relationship had been nothing but positive, stating that RMHNY had agreed to all requests over the years.

Mr. McLeod explained that there were a number of programs hosted by RMHNY; an annual summer NICU reunion, when children return to visit caregivers and other patients they were hospitalized with. They host the Boo Bash, a Halloween event that the children love. It is open to NICU and PICU patients and some children of staff. Kings County recently asked for some assistance in the Behavioral Health setting. They initiated a yoga program and it has been a phenomenal success. They have also extended services to the parents of the behavioral health patients as well.

Ms. Wang asked if all the programs were hosted in the RMHNY Family Room. Mr. McLeod said no, they host events in our auditorium and other locations as well.

Ms. Piñero-Hernandez asked if the \$583,450 seen in the power point presentation was a rent amount. Mr. McLeod said no, they do not pay for the space they occupy. That was the cost to RMHNY to built out and occupy the space.

Mrs. Flaherty explained that the Elmhurst location would be the second RMHNY Family Room across the System, modeled after the program at Kings County. They are expected to begin work on the space in late spring or summer.

Ms. Piñero-Hernandez asked if this request/resolution would approve both the Kings County and Elmhurst sites. Mrs. Flaherty said yes this was drafted like the previous Kings County request for approval. It allows for additional approvals, at alternate sites within the system, to be approved without approval by the Capital Committee and Board but with reporting of any agreements.

Ms. Piñero-Hernandez asked if this then allows for similar arrangements to be made without the Board of Director's knowledge. Mrs. Flaherty said, without their approval yes, but we are to provide a report if and when any new agreements are made. If a space is identified, and all of the stars align, then an agreement would be made, following the same business terms as the existing agreements. Mr. Berman added that the same conditions were included in the original approval for the space at Kings County but it is difficult to find the appropriate space and so it is only now that a new arrangement has come to fruition. RMHNY is interested in a site at Jacobi, but no appropriate space has yet been identified.

Mr. Pagán asked if there was ever any conflict with the corporate side of RMHNY. Mr. McLeod said, none at all.

Ms. Wang asked how the original relationship was established. Mr. Berman explained that RMHNY had reached out to the Office of the President and the Chief of Staff at the time assisted in fostering the relationship at Kings County, which had a feasible location.

Ms. Piñero-Hernandez asked if they paid rent for the space. Mrs. Flaherty said no they do not. They complete the fit-out for the space and the valuable services to our patients.

Mr. Peña-Mora said the services were free of charge to our patients and those services would otherwise need to be provided in some way by the system.

Ruth C. Browne, President and Chief Financial Officer, Ronald McDonald House New York, explained that RMHNY had been working with Kings County Hospital prior to their formal arrangement and the development of the family room. The programing for inpatients was discussed with the RMH Board of Directors with the desire to serve the local NYC community. The house in upper Manhattan serves patients and families from around the country and

the world but these site specific programs inside of hospitals allows for a more local, community reach.

Ms. Piñero-Hernandez asked if RMHNY hosted events at other hospitals in the City. Ms. Browne said yes, we offer programs that are offered within the Ronald McDonald House and offer smaller versions on site in the hospitals.

Mr. Peña-Mora, on behalf of the Committee, thanked RMHNY for their ongoing relationship and the great services they provide to our patients. He said he looked forward to the continued relationship.

There being no further questions or comments. On motion by the Chairman of the Committee, the Committee approved the resolution for the full Board's consideration with the amendment of the location at Kings County to the "S" building instead of the "D" building.

Christine Flaherty, Senior Vice President, Capital Design and Construction, read the resolution into the record. Ms. Flaherty was joined by Jeremy Berman, Deputy Counsel, Office of Legal Affairs, and Amy Harris, Associate Executive Director, NYC Health + Hospitals Elmhurst.

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five year lease extension with Forever Spring Realty, Inc. (the "Landlord") for the use of approximately 4,186 square feet of ground floor space at 81-06 Baxter Avenue, Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Elmhurst Hospital Center (the "Facility") at a rent of \$198,835 per year, or \$47.50 per square foot to be escalated by 2.5% per year for a total of \$1,045,142 over the five year initial term with an option to be exercised only by the System to renew the lease for an additional five year term at 2.5% above the rent last due during the initial term. The System shall also pay the real estate taxes on the property which are currently at \$6,000/yr. which are estimated to increase by 2.5%/yr. for a five year estimated total of \$31,538 which will bring the total five year occupancy cost to approximately \$1,076,680.

Ms. Harris explained that approval of the resolution would allow for continued operation of the WIC site at Baxter Avenue. Ms. Harris noted that the bi-level space had been providing WIC services for 10 years. The ground floor contains classrooms; the cellar has offices where dietitians meet with families. The site is easily accessible, serving over 8,000 families, the largest providing single site within the system. The site feeds into the pediatric and women's health programs offered at Elmhurst. Funding for the program is provided by New York State grants, which pay for all aspects, including staffing and rent, and the facility expects the grant funds to continue.

Ms. Piñero-Hernandez asked if Federal cutbacks were expected to disturb the flow of the State grant funds. Ms. Harris said they did not anticipate that but it was an unknown factor. The funds are approved through 2022 and the grants are derived from Federal dollars. She explained that if funding from

the State is no longer available, the facility would pay the rent and continue to operate the site as a clinic.

Ms. Wang asked if the grant amount was equal to whatever our costs were. Ms. Harris responded that we present a budget and they review and meet that budget. So they cover rent, staffing, etc.

Mr. Peña-Mora said it was an important resource for the community, was well located and was cobranded with the hospital and the system.

Ms. Piñero-Hernandez asked if there was space to bring in more services. Ms. Harris said there was room to accommodate more families for the services but not to expand services.

Mr. Pagán asked if the funding did not come through, what would be the plan.

Ms. Harris said she and Israel Rocha, Executive Director, Elmhurst Hospital, had discussed and the site would be utilized as a clinic space.

Mr. Peña-Mora asked if the ability to change from a WIC to a clinic would be allowed. Mr. Berman said yes, the lease is written for a clinic and so converting to a clinic would be in line with that. Mr. Peña-Mora said that was great.

Ms. Wang asked if the taxes of \$6,000 per year were much lower than those in the other lease presented, and asked why that was.

Mr. Wilson said that this building was tax exempt under the Industrial and Commercial Abatement Program (ICAP).

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

Christine Flaherty, Senior Vice President, Capital Design and Construction, read the resolution into the record. Ms. Flaherty was joined by Jeremy Berman, Deputy Counsel, Office of Legal Affairs.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with Educational Data Systems, Inc. (the "Licensee") for its use and occupancy of 312 square feet of space in the Mental Health Building on the campus of NYC Health + Hospitals/Metropolitan Hospital Center (the "Facility") to operate an employment services program at an annual occupancy fee of \$12,000, or \$38.46 per square foot to be escalated by 3% per year for a total of \$63,710 over the five year term.

NYC Small Business Services awarded a contract to Educational Data System, Inc. (EDSI) to operate job training programs. Under the SBS contract, EDSI is to operate job training and counseling programs. SBS identified a specific need for this type of service in East Harlem and requested that an EDSI program be located at Metropolitan.

The Metropolitan neighborhood is the 12th poorest in the City with 31% of its residents living below the Federal Poverty Level and 12% unemployment. Unemployment and poverty are among the most significant social determinants of health. Having a job training, job readiness and employment counseling service within the Hospital directly addresses this social determinant of health. Metropolitan will be able to easily refer its patients to the program by directing or walking them to the program. The on-site presence of this program further solidifies Metropolitan's position as a one-stop hub for families within the community seeking practical solutions toward attaining a healthy lifestyle.

The license agreement is for a small amount of space on the ground floor. It is easily accessible. One small office like space appropriate for counseling and discussion.

Ms. Wang asked if any upgrades were needed. Mrs. Flaherty said no.

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

Christine Flaherty, Senior Vice President, Capital Design and Construction, read the resolution into the record. Ms. Flaherty was joined by Jeremy Berman, Deputy Counsel, Office of Legal Affairs, and Dean Mihaltses, Deputy Executive Director, NYC Health + Hospitals / Queens.

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a revocable five year license agreement with Eyes and Optics (the "Licensee") for the use and occupancy of approximately 140 square feet of space in the Atrium lobby to operate an optical dispensary at NYC Health + Hospitals/Queens Hospital Center (the "Facility") at an occupancy fee of \$57 per square foot for a total annual occupancy fee of \$7,980 to be escalated by 3% per year for a total over the five year term of \$42,367.

Mr. Mihaltses noted that Eyes & Optics was providing services within our facilities at Woodhull, Kings County and Gouverneur. They offer a 25% discount on cash transactions, take all insurances and work with our patients and staff on discounted programs. They are a full service provider.

Mr. Mihaltses explained that the importance of this service being available since the facility has a very active ophthalmology department. Ophthalmology is not just preventive care but also can be related to diabetes, hypertension, and glaucoma.

Mr. Mihaltses mentioned that all other sites in the System with agreements with Eyes & Optics have been pleased with services.

Mr. Mihaltses reported that services would be provided to an estimated 500 patients per month. The location, within the atrium of the hospital will be easy to access, and the rent is fair market value.

Mr. Peña-Mora said he had seen the locations in the other hospitals and they were always bustling.

Ms. Wang asked if NYC H+H generally got indemnification in their agreements. Mr. Berman said yes.

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

There being no further business, the meeting was adjourned at 11:57 P.M.

SUBSIDIARY REPORTS

HHC ACO INC. BOARD OF DIRECTORS - February 4, 2020 As Reported by Dr. Katz

The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on February 4, 2020 to accept the results of a Financial Audit conducted by an independent auditor (Grant Thornton) for fiscal years ended June 30, 2019 and June 30, 2018, and elect officers into the Board. Chairman of the Board Mitchell Katz, MD designated ACO Chief Executive Officer Dave Chokshi, MD to call the meeting to order.

The meeting of the Board was called to order by Dr. Chokshi at 2:08 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the November 25, 2019 meeting without correction or modification.

Among other matters, the Board discussed the following:

- NYC Health + Hospitals' Office of the Comptroller and Grant Thornton went over the results of ACO's Financial Audit for the fiscal years ended June 30, 2019 and June 30, 2018.
- ACO Chief Medical Officer Adam Aponte, MD and ACO Associate Director of Quality & Care Coordination Michael Levitin reviewed findings from chart-based analysis on readmission cases of ACO patients.
- The Board approved the following resolutions:

Acceptance by the Board of Directors of HHC ACO Inc. (the "ACO") of the report prepared by Grant Thornton LLP, the ACO's independent auditors, regarding the audited financial statements of the ACO for the fiscal years ended June 30, 2019 and June 30, 2018, respectively.

Authorizing that each of the following persons be elected to serve in the offices of the Corporation set forth opposite their respective names below, subject to such person's resignation or removal, in accordance with the laws of the State of New York and the By-Laws of the Corporation until such person's successor is duly elected and qualified:

Chairman: Mitchell Katz, MD

Chief Executive Officer: Dave A. Chokshi, MD

Vice President: Gary Kalkut, MD

Secretary: Israel Rocha, Jr.

Treasurer: John Ulberg

There being no further business, Mitchell Katz, MD adjourned the meeting at approximately 2:50 PM.

HHC Assistance Corporation/OneCity Health Services - February 20, 2020 As Reported by Israel Rocha

The meeting of the HHC Assistance Corporation Board of Directors, *d/b/a OneCity Health Services*, was held on February 20, 2020 in Conference Room 405 located at 125 Worth Street with Israel Rocha presiding as Chairman.

ATTENDEES

HHC Assistance Corporation Directors

Jeremy Berman
Mitchell Katz, M.D.
Israel Rocha
Sheldon McLeod
Michael Stocker, M.D.
John Ulberg

Other Attendees

Molly Chidester, Chief Strategy Officer, OneCity Health Services
Benjamin Goldstein, Chief Analytics Officer, OneCity Health Services
Tasha Philogene, Chief Financial Officer, OneCity Health Services
Grace Wong, Chief Operating Officer, OneCity Health Services
Wilbur Yen, Chief of Staff, OneCity Health Services

MEMBERS NOT PRESENT

Matthew Siegler

CALL TO ORDER

The meeting of the Board of Directors (the "Board") of HHC Assistance Corporation (the "Corporation") was called to order by Mr. Rocha at 12:10pm.

REPORT OF THE OFFICERS

Ms. Philogene reviewed the statement of financial condition as of January 31, 2020. The projected Starting Cash Balance for Fiscal Year 20 (FY20) is \$393M and represents the balance of undistributed revenue after Central Services Organization (CSO) operating expenses and Performing Provider System (PPS) partner payments. To date, OneCity Health has received \$787M in revenues from DOH with an additional \$7.5M in high performance revenues. OneCity Health is projecting a payment of \$30M by the end of February; the second to last DSRIP payment expected.

Mr. Yen presented an update on the equity pool funds from a call from with the New York State Department of Health (DOH). On the call, DOH notified OneCity Health leadership that funding for the State's supplemental payments to MCOs and their corresponding programs had been eliminated to aid in recent Medicaid savings actions. Although significant at the State level, these reductions did not have an impact on OneCity Health's projected revenue. Unspent DSRIP funding that would be rolled over to an extension was also not impacted.

The Board discussed the precedent for DSRIP extensions in other states under the current federal administration and the likelihood for New York recent submission. A response by the Centers of Medicare & Medicaid Services (CMS) to New York's extension request is expected in March.

In the event that DSRIP is not extended, the Board discussed mechanisms to commit ongoing support for DSRIP and DSRIP-like programs through NYC Health + Hospitals. A sustainability plan is required by the DOH and will be presented for approval at the next CSO Board meeting in March, 2020.

Mr. Rocha presented an update on the NYC Health + Hospitals Independent Practice Association (IPA) which was approved by the fiduciary's Board of Directors on January, 2020. The IPA is designed to be open, meaning that practices can work with multiple participating plans on agreements that best suit their operational and population health needs. Mr. Rocha commented that most downstate hospital systems already have IPAs in place. Members of the Board noted the potential for additional layers of administrative complexity that an IPA would present to providers and patients.

NEW BUSINESS

A motion was made, duly seconded, and unanimously accepted by members present to adopt a resolution electing Matthew Siegler as President and Chief Executive Officer of OneCity Health.

Dr. Katz noted OneCity Health's accomplishments during Mr. Rocha's tenure and thanked him for his contributions.

ADJOURNMENT

There being no further business, the meeting was adjourned at 12:42 p.m.

CITY/STATE/FEDERAL UPDATE

City

On February 24, Dr. Eric Wei, Chief Quality Officer and Dr. Natalia Cineas, Chief Nursing Executive for NYC Health + Hospitals jointly testified at the City Council's Hospitals Committee oversight hearing on the safety of New York City emergency departments. Their testimony focused on one of Health + Hospitals' top priority, developing and maintaining a culture of safety for our patients and staff. They also shared our health system's strategies to address wait-times and overcrowding in the EDs: hiring 600+ new nurses in the last two years; opening six ExpressCare clinics; and implementing a provider-in-triage model, which places a physician or advanced practice provider at the front end of the ED to evaluate patients.

State

State Budget negotiations are ongoing. The Governor has convened the Medicaid Redesign Team (MRT), which is expected to identify \$2.5 billion in State Medicaid savings through a public process fueled by stakeholders' submitted policy proposals, which were due by February 24. The MRT's recommendations will then go to the Legislature for approval. If the Legislature fails to enact the \$2.5 billion in savings, the Division of Budget would have authority to impose across-the-board Medicaid reduction to achieve the savings. The 21-member MRT met on February 11 and will meet again on March 2, with one more meeting expected but without a specified date. We submitted a set of recommendations for the MRT consideration and we are working with State staff, legislators, and partners to advance our key priorities, which include protection for safety net hospitals, greater commitment for value-based care, and regulatory relief. We are grateful for our allies, including our Community Advisory Board members and other advocates who join us in working to protect the public safety net system and the communities we are proud to serve.

Federal

On February 24, the Federal government denied New York State's application to continue the Delivery System Reform Incentive Payment (DSRIP) program to reduce avoidable hospitalizations and promote value-based care. New York had sought approval to extend DSRIP first through March 2021 and subsequently through March 2024 with an additional \$8 billion in Federal funding. With this denial, the current waiver will continue only through March of this year, and the Federal government will now allow the State to use a remaining \$625m of previously approved but unspent DSRIP funding. We are disappointed that the Federal government has denied the state's request. Under this program, we were able to reduce unnecessary hospital utilization, improve outcomes for patients and lower the cost of care for this population. Despite this decision, we will continue our commitment to providing value-based care through targeted patient-centered services and partnerships with critical community organizations. This remains vital to

the health and well-being of the vulnerable New Yorkers who rely on our care.

NYC CARE UPDATE

Earlier this week, the NYC Care staff was joined by 15 faith leaders at NYC Health + Hospitals/Gotham Health, Vanderbilt in Staten Island to discuss the human right to health care and to hear how we can better engage with Staten Islanders through houses of worship. Representatives from the Mayor's Community Affairs Unit and the Center for Faith and Community Partnerships were in attendance and participants shared stories of how access to health care through NYC Care will be life saving for their parishioners and clients. Since the launch of NYC Care in Brooklyn and Staten Island in late January, enrollment continues to climb and all new patients have been offered an appointment with their assigned primary care provider within two weeks of enrollment in the program. The nine CBOs conducting outreach in Brooklyn and Staten Island are off to a strong start, reaching close to 14,000 residents of the two boroughs in less than a month.

HEALTH SYSTEM NEWS

Response to the Coronavirus Outbreak

NYC Health + Hospitals has been following the coronavirus outbreak very closely and we have taken all necessary steps to prepare and respond. In collaboration with the City and State Departments of Health and the Centers for Disease Control, we are closely monitoring the outbreak and our renowned special pathogens team is coordinating efforts system-wide. We have taken concrete steps to update the travel history screen in our electronic medical record, are educating and preparing frontline teams with the most up to date clinical guidelines and infection prevention precautions, and are using secret shoppers to ensure our front-line teams are ready to respond with the best practice standards to protect our patients and staff. We activated our Emergency Operations Center under the leadership of Dr. Machel Allen, Senior Vice President and Chief Medical Officer, and have been conducting weekly briefings to review the status of system resources to support our clinical, operational and finance efforts. Just yesterday, Dr. Allen joined the Mayor in a citywide briefing to share an update about how New York City is responding to the outbreak and is well prepared to handle any cases.

NYC Health + Hospitals Opens New ExpressCare Clinics

NYC Health + Hospitals this month marked the opening of four new ExpressCare Clinics at NYC Health + Hospitals/Queens, Harlem, Metropolitan and Woodhull. The new urgent care clinics provide faster access to medical care for patients with non-life-threatening conditions. The clinics offer walk-in services for conditions such as colds, flu, sprains, skin rashes, minor cuts and lacerations, and certain types of infections. Patients who typically use the emergency department for these conditions will find shorter wait-times and faster service at our ExpressCare clinics. This is a unique urgent care model that differs from stand-alone urgent care centers by offering a closer connection to primary care providers. The emergency-trained physicians in our ExpressCare clinics help ensure patients receive

the appropriate follow-up care by connecting them with primary care doctors in our health system. In addition, their close proximity to the hospital Emergency Rooms ensure that patients who cannot be treated in the urgent care setting, or who may require hospital admission, will be fast-tracked to the Emergency Department for further treatment. NYC Health + Hospitals worked with OneCity Health, the State's largest Performing Provider System, part of the Medicaid Delivery System Reform Incentive Payment (DSRIP) program, to create the clinical model for the ExpressCare clinics, which are designed to support the DSRIP goal to reduce avoidable hospital use by 25 percent by 2020.

Public Charge Rule Goes into Effect - New Yorkers Should Continue to Seek Care Without Fear

The federal 'public charge' rule formally took effect earlier this week. We know this policy technically impacts just a narrow subset of the immigrant population - but it has a much broader effect on the community we serve. Like recent announcements about more aggressive forms of immigration enforcement - this rule is intended to instill fear in immigrant communities. We need to help our community members understand that NYC Health + Hospitals is a safe space, no matter where they come from, how they got here, or how long they've been here. For patients with concerns regarding public charge rule or overall immigration matters to the free, on-site, confidential legal services available in our facilities through NYLAG LegalHealth and to the useful information we have made available in 13 languages on our website. NYC Health + Hospitals has been working in lockstep with the Mayor's Office and City agencies to stay aligned on overall messaging, and to combat the chilling effect that would have the broadest impact. We continue to engage with media, community partners, elected officials, and healthcare partners to underscore our message that access to healthcare is not impacted by the rule and people should continue to seek care without fear no matter how long they have been in New York or how they got here.

NYC Health + Hospitals Recognized for Workforce Development Training Initiatives

NYC Health + Hospitals received the 2019 Brandon Hall Group's 'Excellence in Learning' gold award -- considered the "Oscar" for human resources managers and learning and development teams. Our health system received this recognition for aligning staff training to larger organizational goals and employee engagement. The award recognizes our extensive staff training program, which includes computer skills training completed by more than 2,000 employees in 2019, and the system-wide new employee orientation program completed by more than 11,000 new employees since 2015. In 2019, employees completed more than 200,000 learning engagements, which include online courses and in-person trainings. Our health system was in good company receiving this award - others recognized for their employee learning and development initiatives included Johnson & Johnson, Cardinal Health, Accenture, Colgate-Palmolive, Google, Microsoft, and PepsiCo.

NYC Health + Hospitals Celebrates Hospital Police Academy Graduating Class

This month we celebrated the NYC Hospital Police Academy graduation for 26 of our newest special officers who have a vital role in keeping our patient

care facilities safe and secure. The ceremony was hosted at NYC Health + Hospitals/Jacobi and marked the culmination of 10 weeks of intensive training that includes basic NYS Criminal procedural law, powers of a peace officer, how to prevent and manage crisis situations, and First Aid/CPR. We recruit special officers with different levels of experience and cultural competencies, we train them to use the very best policing practices, and to provide the best service possible for our patients, visitors and staff. We are very pleased to welcome this cadre of safety professionals into the NYC Health + Hospitals family.

Redesigned Mental Health Service Corps Launches to Support More Neighborhoods in NYC

NYC Health + Hospitals and the Mayor's Office of ThriveNYC announced the launch of the redesigned Mental Health Service Corps (MHSC), an innovative program that provides three years of high-quality training to early-career behavioral health clinicians. Sixty Corps members will deliver services at NYC Health + Hospitals facilities across the five boroughs, reaching thousands of high-need New Yorkers who might otherwise go without behavioral healthcare. We're looking forward to integrating Mental Health Service Corps members throughout the public health system and further support the behavioral needs of our patients. A healthy pipeline of any medical professional, especially those working in the mental health space, is to ensure we continue to take care of New Yorkers."

OneCity Health Awards \$4.3m to Community Partners to Address Food and Housing Insecurity

OneCity Health, the NYC Health + Hospitals Performing Provider System under New York State's Delivery System Reform Incentive Payment (DSRIP) program, announced the launch of two new programs to address food and housing insecurities for the patients we serve. The Food and Nutrition Service Networks and Housing Navigation Network will connect patients to available services that are traditionally fragmented and difficult to navigate. Three lead community-based organizations (CBOs) -- BronxWorks, Public Health Solutions and RiseBoro - will receive a total of \$4.3 million to organize a network of 26 smaller CBOs to assist with outreach and referrals to available services, such as Safe Haven beds and eviction prevention services for those facing housing insecurities, and food pantries and SNAP enrollment for those facing nutrition challenges. The contracts will run through December 2020. By helping patients access and more easily navigate resources like affordable foods or housing, we can create a seamless experience for patients to address both their clinical and social needs.

NYC Health + Hospitals/Queens Opens New Wellness Room for Employees

NYC Health + Hospitals/Queens opened a new employee wellness room designed to provide a quiet place for hospital employees to recharge, de-stress, heal, and to emphasize the importance of taking a break and taking care of themselves during the workday. The 350-square-foot room will be a space for health coaching, aromatherapy, yoga, and meditation. Healthcare workers perform at their best when they are taking good care of themselves. The introduction of a wellness room enables our staff to take a much-needed break when necessary, engage in therapeutic activities, and step away from

pressing issues so they can reassess, regroup, and gain a sense of perspective. Having this outlet available to them builds morale, reinforces the idea of an employee family, and improves overall patient care.

NYC Health + Hospitals/Lincoln Receives Funding from City Council for New X-ray Rooms

NYC Health + Hospitals/Lincoln received \$884,000 in FY20 funding from Speaker Corey Johnson and NYC Councilmember Rafael Salamanca to transform two X-ray rooms in the Emergency Department (ED). The space will be renovated into a state-of-the-art digital radiology suite, including two GE-656 digital X-ray units, a central control station, and dressing rooms. The new equipment is fully digital to improve image quality. The upgrades to the ED's radiology space is expected to increase patient satisfaction, reduce waiting times, speed up diagnoses, and enhance patient experience. The ED at NYC Health + Hospitals/Lincoln remains the region's busiest, single site Level 1 Trauma Center. Renovations are expected to begin this spring. We are grateful to the Council Members Johnson and Salamanca for their commitment to the City's public hospital system and our patients in the Bronx.

NYC Health + Hospitals/Queens Unveils Newly Renovated Space for Pediatric Patients and their Families

NYC Health + Hospitals/Queens unveiled an updated, more patient friendly family waiting area in the hospital's pediatric clinic designed to ease stress and support the overall health and well-being of pediatric patients and their families. The newly-renovated space was funded by a \$1.5 million grant from the Dunkin' Joy in Childhood Foundation and the Starlight Children's Foundation. The updated space features a private lactation room, custom-painted child-friendly murals, a reading nook for young children, and a tween-teen waiting area with a new Virtual Reality Learning Center. We are dedicated to ensuring the comfort and a positive experience for our patients at all times, and these new enhancements to the pediatric wing will be a welcome addition for children, parents and caregivers.

#

02 RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Language Fundamentals, Inc.** (the “Vendor”) to provide speech language pathology services at the System’s post-acute care facilities over a three year period commencing April 1, 2020 with two one-year options to renew exercisable only by the System at a total cost not to exceed \$5,282.101.

WHEREAS, speech language pathologists (“SLPs”) are an integral part of the services required in skilled nursing facilities for both rehabilitation patients and long term residents; and

WHEREAS, residents' safety during meals, and their ability to effectively communicate medical and personal wants and needs, is dependent on competent SLP’s; and

WHEREAS, the scope of practice, as defined by the American Speech Language Hearing Association is for SLPs to evaluate and diagnose speech, language, cognitive-communication, and swallowing disorders, and treat such disorders in individuals of all ages, from infants to the elderly; and

WHEREAS, the SLPs currently in use are supplied by Language Fundamentals whose contract is expiring; and

WHEREAS, the Contract Review Committee approved a request for proposals which was issued in December to which five firms responded; and

WHEREAS, a Selection Committee, with representation across the post-acute care operations, considered the proposals received, chose three finalists to make presentations and then selected the Vendor based on cost, experience, MWBE plan and performance plan; and

WHEREAS, the Contract Review Committee approved selection of the Vendor; and

WHEREAS, the Sr. Vice President of post-acute care will be responsible for the administration of the proposed agreement.

NOW THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute an agreement with Language Fundamentals, Inc. to provide speech language pathology services at the System’s post-acute care facilities over a three year period commencing April 1, 2020 with two one-year options to renew exercisable only by the System at a total cost not to exceed \$5,282.101.

EXECUTIVE SUMMARY
Agreement with Language Fundamentals, Inc.
Speech Language Pathologists for Post-Acute Care Facilities


BACKGROUND: Speech language pathologists (“SLPs”) are an integral part of the services required in skilled nursing facilities for both rehabilitation patients and long term residents. Residents' safety during meals, and their ability to effectively communicate medical and personal wants and needs, is dependent on competent SLP’s. The scope of practice, as defined by the American Speech Language Hearing Association is for SLPs to evaluate and diagnose speech, language, cognitive-communication, and swallowing disorders, and treat such disorders in individuals of all ages, from infants to the elderly. The SLPs currently in use are supplied by Language Fundamentals whose contract is expiring

PROCUREMENT: The System issued a Request for Proposal in December 2019 for an SLP firm. Five firms responded of which three firms were invited to make presentations to a 6-person Selection Committee with representation across post-acute care operations. The Selection Committee selected the Vendor based on cost, experience, MWBE plan and performance plan. The Contract Review Committee reviewed and approved the RFP that was issued and the selection of the Vendor.

TERMS: The Vendor will staff the SLPs needed at the System’s five post-acute facilities. The initial term of the proposed contract will be three years and the System will hold two one-year options to renew. The total cost of the contract will not exceed \$5,282,101.

MWBE: The Vendor is in the process of being certified as a WBE firm.

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: Language Fundamentals, Inc.

Date: April 24, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

WBE certification pending*

*The vendor's WBE eligibility has been reviewed against the NYC and NYS certification criteria and it appears that the vendor meets the certification criteria. The vendor has submitted applications for certification to NYC and NYS which are pending approval.

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.

Speech Language Pathology Services Language Fundamentals, Inc.

Board of Directors Meeting April 30, 2020

Susan Sales, FACHE, Chief Executive Officer
NYC Health + Hospitals/Gouverneur Skilled Nursing Facility

Maureen McClusky, FACHE, Senior Vice President
NYC Health + Hospitals Post Acute Care



Overview

- Speech Language Pathologists (SLP's) are an integral part of services in a skilled nursing facility for both rehabilitation patients and long term residents
- Residents' safety during meals, and their ability to effectively communicate medical and personal wants and needs, is dependent on competent SLP's.
- The scope of practice, as defined by the American Speech Language Hearing Association (ASHA) is for SLP's to evaluate and diagnose speech, language, cognitive-communication, and swallowing disorders, and treat such disorders in individuals of all ages, from infants to the elderly.
- A licensed speech language pathologist requires a minimum of a master's degree and requires the completion of a minimum of an additional nine (9) month fellowship under the direct supervision of licensed speech language pathologist.
- SLPs are qualified to work over the entire continuum of life, it is important to find an individual who has experience specific to the skilled nursing facility population



Background

- The current contract is with Language Fundamentals, covering all 5 PAC facilities
- Annual spend is approximately \$1M for all 5 Post Acute Care Facilities
- NYC Health + Hospitals has historically filled this position through temporary staffing agencies. There is only one employee currently in this role. We continue to make efforts to hire for this position but have been unable to recruit qualified candidates. Our affiliations have also had similar difficulty.
- Effective date was 4/1/18 for a two year period with no renewals. The contract expired 3/31/20, but Language Fundamentals agreed to continue to provide services through COVID 19 emergency.
- The performance of Language Fundamentals was evaluated by all 5 PAC facilities for adequacy and expertise of staffing, prompt address of care needs and professionalism of staff. Evaluation of all areas was satisfactory and an overall rating of excellent.
- The CRC approved an application to issue an RFP on 11/26/19



Background

- There is limited availability of experienced credentialed Speech Language Pathologists. NYC H+H, for the past several years, has been unable to fill positions, in part due to non-competitive salaries, and has used agency personnel.
- There are 14,000 Speech Language Pathologists in New York State, less than 4% work in Skilled Nursing Facilities.
- Language Fundamentals has been a NYC H+H vendor since 2018 and has consistently provided staffing and increased the numbers of speech/language, cognitive and dysphagia therapy with improved communication, upgraded diets and improved quality of life based on these metrics at all 5 PAC facilities.
- Language Fundamentals staff work closely with the Interdisciplinary Teams and onsite report to the Director of Rehabilitation and are overseen by a Regional Manager for Speech Therapy.
- During the current COVID-19 Pandemic, Language Fundamentals has provided staff to newly opened NYC H+H sites, including Roosevelt Island Medical Center
- Other systems utilizing Language Fundamentals:
 - Archcare of New York
 - Loretto
 - Epic Healthcare Management
 - Amsterdam Continuing Care Health System, Inc.



RFP Criteria

➤ Minimum criteria:

- 5 years in business

➤ Evaluation Criteria

- 30% Relevant experience
- 30% Adherence to SOW
- 30% Cost
- 10% MWBE

➤ Evaluation Committee:

- CEO, Gouverneur
- Budget Director, PAC Finance
- Chief Medical Officer, Susan B. McKinney
- Director of Quality, Seaview
- Sr. Associate Director, Carter
- Director of PT, Coler



Overview of Procurement

- 11/26/19: CRC approved an application to issue solicitation.
- 12/16/19: RFP sent directly to 6 vendors (including 2 MWBEs) and posted to City Record.
- 12/19/19: mandatory pre-proposal conference, 5 vendors attended
- 01/10/20: proposal deadline, 5 proposals received
- 01/15/20: evaluation committee reviewed proposals and conducted proposal-only scoring. Based on the natural break of the scoring, 3 vendors were invited in.
- 01/31/20: Vendor presentations and evaluation committee scoring occurred



Cost Analysis

Location	FTE Assumptions ¹	Annual Hours (2,080 / FTE)	
McKinney	2.00	4,160	
Sea View	1.00	2,080	
Gouverneur	2.50	5,200	
Coler	1.50	3,120	
Henry Carter LTAC	1.00	2,080	
Henry Carter SNF	1.00	2,080	
Total	9.00	• 18,720	

	A	▼ B	A x B
Vendor	Hourly Rate	Total Hours	Annual Cost
Language Fundamentals	\$ 68.00	18,720	\$ 1,272,960
Noor Associates	\$ 88.00	18,720	\$ 1,647,360
NPORT	\$ 72.00	18,720	\$ 1,347,840
RCM	\$ 80.00	18,720	\$ 1,497,600
Tender Touch	\$ 85.00	18,720	\$ 1,591,200

1 – FTE requirements by facility are proxy only and not meant to define the contract value



Vendor Selected: Language Fundamentals

- Language Fundamentals was selected based on evaluation scoring of the 3 vendors who presented:
 - Relevant Experience
 - Ability to meet the defined Scope of Work
 - Lowest hourly rate
 - Performance evaluation by 5 Post Acute Care Site CEO's and members of the Contract Evaluation Committee from 2018 to present shows that they have performed satisfactorily in all areas
 - Meeting Budgetary Goals
 - Demonstrating requisite technical skill and expertise
 - Providing competent and adequate staff
 - Participating in meetings with multidisciplinary team, residents and families
- Most recently Language Fundamentals was an able partner to address the Speech/Language needs of the COVID positive patients served at Roosevelt Island Medical Center



Rationale

- Contracting with Speech Language Pathology Services will:
- Not impact or inhibit our ability to independently hire Speech Language Pathologist (SLP)
- Enable greater flexibility in SLP staffing, when patient needs fluctuate including in emergencies when census and patient condition changes rapidly
- Reimbursement Impact under Patient-Driven Payment Model (PDPM)
 - Highly trained Speech Language Pathologists can accurately code swallowing disorders and altered diet impacting the daily reimbursement rate paid under this model, potential impact to daily rate upwards of \$62 per patient day under PDPM
 - Speech Language Pathologists provide ongoing education regarding nursing documentation to improve medical support for justified therapy



Board of Directors Request

- We are seeking approval to enter into contract with Language Fundamentals for Speech Language Pathology Services for:
 - 3 year agreement with two 1-year options to renew
 - Contract effective 4/1/20
 - Language Fundamentals has submitted an their WBE application to NYS and NYC on 12/30/19 and 1/9/20, respectively
 - Not-to-exceed contract value of \$5,282,101

Thank you.



Language Fundamentals

Vendor Performance- Gouverneur

3/9/20

DESCRIPTION	ANSWER
Did the vendor appropriately staff your site with adequate SLP to treat residents based on attending MD orders?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes-This is a MWBE certified business
Did the vendor comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, and other required record submissions (as applicable)?	YES
Did the vendor adequately identify and promptly notify H+H of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Did the vendor fully cooperate with H+H, e.g., by participating in necessary meetings, responding to and assisting H+H in addressing complaints from patients/families during the provision of care?	YES
Did the vendor staff perform with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise their personnel, and did its supervisors demonstrate the requisite technical skills and expertise?	YES
Was the SLP staff professional showing an understanding of <i>Patient Centered Care</i> ?	YES
Performance and Overall Rating 1-5 Rating (1=poor 5 =excellent) Thank you.	5

Language Fundamentals

Vendor Performance- Henry J. Carter

DESCRIPTION	ANSWER
Did the vendor appropriately staff your site with adequate SLP to treat residents based on attending MD orders?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes-This is a MWBE certified business
Did the vendor comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, and other required record submissions (as applicable)?	YES
Did the vendor adequately identify and promptly notify H+H of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Did the vendor fully cooperate with H+H, e.g., by participating in necessary meetings, responding to and assisting H+H in addressing complaints from patients/families during the provision of care?	YES
Did the vendor staff perform with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise their personnel, and did its supervisors demonstrate the requisite technical skills and expertise?	YES
Was the SLP staff professional showing an understanding of <i>Patient Centered Care</i> ?	YES
Performance and Overall Rating 1-5 Rating (1=poor 5 =excellent) Thank you.	5

Language Fundamentals: Vendor Performance- McKINNEY

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	5
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	5
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	5
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	4
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	5
Did the vendor pay its suppliers and subcontractors, if any, promptly?	?
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	5
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	5
Did the vendor adequately staff the contract?	5
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	5
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	5
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	4
Performance and Overall Quality Rating 1-5 Rating (1= Poor 5= Excellent) Thank you.	53

Language Fundamentals

Vendor Performance- Sea View

DESCRIPTION	ANSWER
Did the vendor appropriately staff your site with adequate SLP to treat residents based on attending MD orders?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes-This is a MWBE certified business
Did the vendor comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, and other required record submissions (as applicable)?	YES
Did the vendor adequately identify and promptly notify H+H of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Did the vendor fully cooperate with H+H, e.g., by participating in necessary meetings, responding to and assisting H+H in addressing complaints from patients/families during the provision of care?	YES
Did the vendor staff perform with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise their personnel, and did its supervisors demonstrate the requisite technical skills and expertise?	YES
Was the SLP staff professional showing an understanding of <i>Patient Centered Care</i> ?	YES
Performance and Overall Rating 1-5 Rating (1=poor 5 =excellent) Thank you.	5

Language Fundamentals

Vendor Performance-Coler Rehab

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	YES
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	YES
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	YES
Did the vendor adequately staff the contract?	YES
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	YES
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	YES
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	YES
Performance and Overall Quality Rating 1-5 Rating (1= Poor 5= Excellent) Thank you.	4

Updated 4/23/20

Language Fundamentals

Vendor Performance- Coler

DESCRIPTION	ANSWER
Did the vendor appropriately staff your site with adequate SLP to treat residents based on attending MD orders?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes-This is a MWBE certified business
Did the vendor comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, and other required record submissions (as applicable)?	5
Did the vendor adequately identify and promptly notify H+H of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	5
Did the vendor fully cooperate with H+H, e.g., by participating in necessary meetings, responding to and assisting H+H in addressing complaints from patients/families during the provision of care?	5
Did the vendor staff perform with the requisite technical skill and expertise?	5
Did the vendor adequately supervise their personnel, and did its supervisors demonstrate the requisite technical skills and expertise?	5
Was the SLP staff professional showing an understanding of <i>Patient Centered Care</i> ?	5
Performance and Overall Rating 1-5 Rating (1=poor 5 =excellent) Thank you.	5

03 RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **Verisma Systems, Inc.** (“Verisma”) to provide release of information services for the System over an initial term of three years with two one-year options to renew solely exercisable by the System and with an expense over the combined five-year term, not to exceed \$5,229,920 net of fees collected from patients and others to process their record requests.

WHEREAS, patients and/or their legal representatives have substantial recognized interests in the information contained in their physical and/or electronic medical record including the right under HIPAA to access their health information; and

WHEREAS, the System currently uses a vendor, Ciox, to supply copies of patients’ medical records at the System’s acute care hospitals under an agreement that expires June 30, 2020; and

WHEREAS, the System, in accordance with applicable law and consistent with industry practice, charges modest fees for the retrieval of patients’ records; and

WHEREAS, the Contract Review Committee approved a request for proposals which was issued in June 2019 to which three firms responded; and

WHEREAS, a Selection Committee, with representation from the acute care, post-acute care, information technology, and compliance units of the System, considered the proposals received, chose three finalists to make presentations and then selected Verisma based on cost, experience, MWBE plan, technical qualifications and security processes; and

WHEREAS, the Contract Review Committee approved selection of Verisma; and

WHEREAS, the proposed agreement will be managed by the Chief Revenue Officer.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with a contract with **Verisma Systems, Inc.** to provide release of information services to the System over a three year term with two one-year options exercisable solely by the System, for an expense not to exceed \$5,229,920 net of fees collected from patients and others to process their record requests.


EXECUTIVE SUMMARY

RELEASE OF INFORMATION SERVICES

VERISMA SYSTEMS, INC.

- OVERVIEW:** The New York City Health and Hospitals Corporation (the “System”) seeks to execute a contract with Verisma Systems, Inc. (“Verisma”). Verisma will provide release of information services by on-site staffing and through remote services. Verisma will collect the fees charged for processing medical records release requests to patients and 3rd parties (such as insurance companies, government agencies, and legal firms).
- NEED:** The System has historically utilized a contractor to supplement release of information services at its acute care hospitals. The current vendor handles only paper requests and only those that are billable. Verisma was chosen, in part, to standardize the processing of requests for medical records, to implement measures to keep and report operating and financial statistics. Under the proposed agreement, Verisma will expand services to encompass all of the System’s facilities, will handle paper and electronic requests, billable and non-billable requests, will handle the backlog of existing requests, and will standardize policies and procedures across the System.
- TERMS:** The term of the proposed agreement will be three years, with System options for two one-year renewals. Verisma’s projected expenses will exceed the estimated revenue by \$5,229,920 over the term of the contract.
- MWBE:** Contractor submitted a plan for not less than 30% MWBE utilization.

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: Verisma Systems, Inc.

Date: April 24, 2020

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

30% Utilization Plan

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.

Verisma Systems, Inc. Release of Information Services

Marji Karlin, Chief Revenue Officer
Lisa Perez, AVP, Revenue Cycle
Board of Directors Meeting
April 30, 2020



Overview – Release of Information

- April, 1977 - US Congress states Standard III, Medical Records Shall Be Confidential, Secure, Current, Authenticated, Legible and Complete.
- August, 1996 - HIPAA Regulation guarantees patient access to health information, including a copy of their record.
 - The physical chart and the electronic patient data are the property of the facility but the patient and/or legal representative may have a substantial recognized interest in the information contained in the physical and/or electronic medical record.
 - **This provision in Health Information Management (HIM) is referred to as the “Release of Information” (ROI).**
- February, 2009 - Health Information Technology for Economic and Clinical Health (HITECH) Act ...to strengthen the privacy and security protections for health information established under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) by the U.S. Department of Health and Human Services (HHS) Office for Civil Rights.
- September, 2019 – first monetary penalty for non-compliance by the OCR



Current State

- The current vendor, Ciox Health, performs ROI services on-site at NYC Health + Hospitals acute care hospitals for health information releases primarily to 3rd parties (insurance companies, government agencies, law firms)
- NYC Health + Hospital - vendor processed 135,000 request Release of Information (ROI) in 2019
- Revenue is generated by fees that Ciox Health collects from requestors (patients, lawyers, etc.) for billable requests
- The majority of unbillable and patient requests are handled by the H+H staff (continue care, stats, etc)
- NYC Health + Hospitals pays fees to Ciox Health for any non-billable requests processed by them.
- Current contract expires on June 30, 2020



Overview of Procurement

- 05/28/19: CRC approved an application to issue solicitation.
- 06/07/19: RFP sent directly to 7 vendors and posted to City Record. No MWBEs were identified for direct distribution.
- 06/18/19: mandatory pre-proposal conference, 4 vendors attended
- 07/12/19: proposal deadline, 3 proposals received
- 08/13/19: Vendor presentations proposal scoring occurred



RFP Criteria

➤ Minimum criteria:

- 5 years minimum in healthcare settings
- 3 multi-facility system experience
- Epic Integration Compatibility

➤ Evaluation Criteria

- (30%) Technical qualifications and security processes
- (30%) Cost
- (30%) Appropriateness and quality of firms experience
- (10%) MWBE Utilization

➤ Evaluation Committee:

- AVP, Central Office (chair)
- Chief Compliance Officer
- Sr. Associate Director at Bellevue
- Director of Medical Records at Queens
- Supervisor of Medical Records at Queens
- Director of Medical Records at Elmhurst
- Director of Medical Records at Jacobi
- Director of Information Services EITS
- Sr. Management consultant at Coler



MWBE Plan

- At the time of presentation and review, no information was provided.
- All 3 proposers submitted a Waiver
- Verisma returned with submission and has agreed to meet the 30% MWBE utilization plan
 - Existing partner, CPS Recruitment, will provide staffing which will exceed 30% of overall contract.
 - CPS Recruitment is a NYS certified WBE



Current vs. Future State

Current	Future
Acute care only	Acute Care/Gotham/Post-acute Care
Paper requests only limited to specific site (Onsite paper request/mail)	Ability to accept online electronic requests for multiple sites. 24 hours a day on public website or patient portal
Onsite vendor and H+H staff	Remote vendor and onsite H+H staff
Handling billable requests only	90% of all Billable/non-billable requests
Lack of standardization and implementation	Standardize services by facility type
Individual policies and procedures per facility	Centralized Policies and Procedures
Incomplete tracking	One repository for ROI monitoring/tracking



Contracting for ROI Services

- To ensure compliance
 - HIPAA compliance built into the electronic system
 - Established IT infrastructure with transparency of data
 - Staffing resources efficiency
 - Improve the patient experience through easy access



Volume

TYPE OF REQUEST	2019 Vendor Actuals	Future State Estimate			
		Acute Care	Gotham	Long Term Care	Total Requests
3rd Party (Attorney, Insurance)	86,000	92,000	6,900	N/A*	98,900
Audits	49,000	72,000	5,750	N/A*	77,750
Other (patient, continue care)	N/A*	128,000	10,350	10,000	148,350
Total	135,000	292,000	23,000	10,000	325,000
Total revenue	\$4,921,749				\$10,769,523

N/A* not available as not currently tracked



Vendor Highlights

- Only company with HIPAA compliance built into the electronic system
- Electronic release Manager
- Cloud based technology platform



CHRISTIANA CARE
HEALTH SYSTEM

Geisinger



Stony Brook Medicine

UPMC



Northwell
HealthSM

Physician Partners

References

NewYork-Presbyterian

Northwell Health is a nonprofit integrated healthcare network that is New York State's largest healthcare provider and private employer, with more than 68,000 employees in 2019.

In 2019 Northwell was home to 23 hospitals and more than 750 outpatient facilities.

The NewYork-Presbyterian Hospital is a nonprofit academic medical center in New York City affiliated with two Ivy League medical schools:

Columbia University Vagelos College of Physicians and Surgeons and Weill Cornell Medical College. It is composed of two distinct medical centers, Columbia University Medical Center and Weill Cornell Medical Center.

Implementation Plan

- Contract executed April 2020
 - Phased roll-out
 - April 2020: Outpatient facilities
 - May 2020: LTC facilities
 - June 2020: Ciox backlog
 - July 2020: Acute care facilities



Board of Directors Approval Request

- We are seeking approval for Release of Information Services:
 - 3 year agreement with two 1-year options to renew
 - 30% MWBE utilization plan for the full contract value
 - Seeking Board approval - not to exceed \$5,229,920
 - Expense for ROI operations and courtesy transactions estimate: \$59,047,535
 - Request fulfillment, delivery costs, software, compliance review & monitoring, customer service
 - Offset by revenue collected from billable transactions estimate: \$53,817,615
 - Amount due to Verisma: \$5,229,920
 - Can be impacted by state regulated rate changes; percentage of non-billable requests

