

<p><u>CALL TO ORDER - 1:00 PM</u></p> <p><u>Executive Session Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Elmhurst ➤ NYC Health + Hospitals Queens <p>2019 Performance Improvement Plan and Evaluation (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Segundo Ruiz Belvis Diagnostic & Treatment Center- Gotham <p>Semi-Annual Governing Body Report (Written Submission Only)</p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Kings County ➤ NYC Health + Hospitals Susan Smith McKinney Nursing and Rehabilitation Center 	<p>Mr. Pagán</p>
<p><u>OPEN PUBLIC SESSION - 3:00 PM</u></p> <p>1. Adoption of Minutes: May 28, 2020</p> <p><u>Chair’s Report</u></p> <p><u>President’s Report</u></p>	<p>Mr. Pagán</p>
<p>>> <u>Action Items</u><<</p>	<p>Dr. Katz</p>
<p>2. Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with NorthStar Recovery Services, Inc. (“NorthStar”) to provide as needed emergency incident recovery services to the System over a three-year term with two one-year renewal options exercisable solely by the System. (Being Presented Directly to the Board) Vendex: Approved / EEO: Approved</p>	<p>Ms. Wang</p>
<p>3. Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a revocable 5-year license agreement with Eyes and Optics, Inc. (“Licensee”) for its continued occupancy of space for optical stores at NYC Health + Hospitals/Harlem (“Harlem”), NYC Health + Hospitals/Lincoln (“Lincoln”), NYC Health + Hospitals/Metropolitan (“Metropolitan”), NYC Health + Hospitals/Bellevue (“Bellevue”), NYC Health + Hospitals/Jacobi (“Jacobi”), NYC Health + Hospitals/Kings (“Kings”), NYC Health + Hospitals/Woodhull (“Woodhull”), NYC Health + Hospitals/Gouverneur (“Gouverneur”) and NYC Health + Hospitals/Queens (“Queens”) at occupancy rates of \$65.62/ft. at Harlem, \$40.73/ft. at Lincoln, \$82.59/ft. at Metropolitan, \$88.25/ft. at Bellevue, \$75.63/ft. at Jacobi all to be to be annually escalated by 2.5% and \$35.82/sf at Kings, 56.65/sf at Woodhull, \$52.16/sf at Gouverneur and \$57.00 at Queens all to be annually escalated by 3% a total annual fee of \$214,852.50 for a 5 year total of \$1,136,474.71. (Being Presented Directly to the Board) Vendex: Approved / EEO: NA</p>	<p>Mr. Peña-Mora</p>
<p style="text-align: center;"><u>Committee and Subsidiary Reports</u></p> <ul style="list-style-type: none"> ➤ Strategic Planning ➤ Information Technology ➤ MetroPlus 	<p>Mr. Peña-Mora Mr. Pagán Ms. Piñero</p>
<p>>>Old Business<<</p>	<p>Mr. Pagán</p>
<p>>>New Business<<</p> <p>>>Adjournment<<</p>	

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 25th day of June, 2020, at 2 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 via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Raul Perea Henze
Dr. Oxiris Barbot
Dr. Gerard Cohen
Ms. Helen Arteaga Landaverde
Mr. Robert Nolan
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 2:00 p.m. Mr. Pagán, chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board Dr. Gerard Cohen was present voting capacity representing Dr. Hillary Kunins.

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information on personnel and collective bargaining matters.

Open Session: The Board reconvened in public session at 3:11. Mr. Pagán notified the Board and the public that Dr. Gerard Cohen was representing Dr. Hillary Kunins and Julie Bero was representing Deputy Mayor Perea Henze, both in a voting capacity.

The following Directors were present via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Oxiris Barbot
Dr. Gerard Cohen
Ms. Helen Arteaga Landaverde
Ms. Julie Bero

Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra
Ms. Freda Wang
Ms. Barbara Lowe

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on May 28, 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 May 28, 2020, copies of which have been presented to this meeting, be and hereby are adopted.

CHAIR'S REMARKS

Mr. Pagán notified the public that during the Executive Session the Board received and approved governing body oral and written reports from NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/ North Central Bronx.

The Board received and approved the 2019 performance improvement and evaluation governing body reports (written submissions) from NYC Health + Hospitals/Morrisania Diagnostic & Treatment Gotham Center and NYC Health + Hospitals /Gouverneur Diagnostic & Treatment - Gotham Centers.

The Board received and approved semi-annual governing body reports (written submissions) from NYC Health + Hospitals/Bellevue and NYC Health + Hospitals/ Harlem Hospitals.

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to Vendex approvals, and today, there are 17 new items on the agenda requiring Vendex approval, of which all have Vendex approvals. There are two items from previous Board meetings pending Vendex approval. The Board will be notified as outstanding Vendex approvals are received.

PRESIDENT'S REPORT

Dr. Katz commenced his remarks by informing the Board and the public that NYC Health + Hospitals is open and is making sure it is delivering care in a safe environment. For those who have delayed care critical to their health, such as immunization and cancer screening, the System's clinics are open and safe, with the use of the necessary protective equipment, changes in physical layout, and minimizing the length of time

spent in waiting areas. NYC Health + Hospitals is also continuing to expand the use of telemedicine.

The New York City Test and Trace Corps is working hard. Thanks to Dr. Barbot for the collaboration with the Department of Health and Mental Hygiene. Currently, Test and Trace Corps is monitoring over 6,000 cases, and tracing 97% of the cases. After the initial interview, 74% have offered at least one contact, and Test and Trace has identified 652 symptomatic contacts. People are being successfully isolated and provided with the needed services.

NYC Health + Hospitals is committed to racial equality to support having a health care system that is truly free from implicit bias and true to the principles of justice. Thanks are due to Dr. Allen and Natalia Cineas for their work in making sure that all our staff recognize and feel how great it is to be part of an organization with a long tradition against racism. The System observed, all of us together, an eight minutes and 46 seconds silence on June 9th in memory of George Floyd.

Dr. Katz continued his remarks by stating that it is very hard to predict the finances of healthcare at this moment. The System is okay at the moment. The System has \$600 million of cash on hand. It is likely that some new plan will need to be presented to the Board on ongoing finances. Two years ago, we collectively agreed that we would not close any facility and we would not lay off staff, and that we would start billing insurance appropriately to meet the needs of our patients, and increasing access, with some decrease in administrative cost. A Plan that was very successful.

Two-third of the way there, the System was on schedule for closing the budget gap by the end of the year. Of course that was before COVID. We are now rethinking that plan, asking ourselves important questions such as what do we expect to get from tele-visits in revenue, how does this change our cost structure? We believe our census will continue to decrease because people still do not believe that the hospital environment is safe to seek care. We know that moving to a value-based payment system is ultimately better for us and patients, and can generate revenue through tele-visits. However, we have to be aware of what insurers are paying for such encounters and there is no way the System is going to shrink even with our volume down right now.

The System does not plan to lay off doctors and nurses. The System has just recruited literally thousands of doctors and nurses to meet the needs of the System's patients. In the short-term, layoffs are not anticipated, however long-term management will have to be able to bring to the Board a plan that can be reviewed and supported by the Board.

At the conclusion the President's remarks, Dr. Katz recognized Fred

Covino's years of service and commitment as the Vice President of Finance who will be retiring.

In response to Ms. Piñero question on what percentage of people that are being tested have positive test results, Dr. Katz explained that the information on the percentage of people testing positive is not known but will be followed up on. The System is currently testing 20,000 people daily Citywide with a goal of 50,000 tests per day.

The report concluded with accolades from many Board members to the hard work and commitment of staff during the last couple of months.

ACTION ITEM 2:

Dr. Calamia read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "**System**") to execute extensions of the terms of its affiliation agreements (the "**Affiliation Agreements**") with each of (i) NYU Grossman School of Medicine ("**NYU**"); (ii) Icahn School of Medicine at Mount Sinai ("**Sinai**"); and (iii) Physician Affiliate Group of New York, P.C. ("**PAGNY**"), each made for the provision of general care and behavioral health services for a period to end on December 31, 2020, with the System facilities served by each of such medical affiliates and with the cost of each such extension to be an amount not to exceed the amounts indicated below as follows:

NYU - Bellevue Hospital Center, Gouverneur Healthcare Services, Coler Rehabilitation and Nursing Care Center, Henry J, Carter Specialty Hospital and Nursing Facility, Woodhull Medical and Mental Health Center, Cumberland Diagnostic & Treatment Center - for an amount not to exceed \$212,804,261

Sinai - Elmhurst Hospital Center and Queens Hospital Center - for an amount not to exceed \$151,651,039

PAGNY - Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center - for an amount not to exceed \$357,603,371
With an overall total not to exceed \$722,058,671 for the six months period, which includes a 10% contingency per Affiliate.

He noted that this item is being presented directly to the Board.

Ms. Andrea Cohen, Senior Vice President and General Counsel presented an overview of the extension request. NYC Health + Hospitals' current affiliate arrangements, the affiliate contracting history, guiding principles, extension implications for physicians and affiliates, and proposed timeline for the extension period. The Board will have regular briefings during the six months extension, in preparation for the full contract renewal of four and a half years.

Ms. Piñero asked if the five performance indicators from the previous contract will remain the same. Ms. Cohen clarified that the indicators will be the same for the extension period. Dr. Allen informed the Board that the performance indicators will be concurrent with the value-based payments and in alignment with NYC Health + Hospitals' strategy.

Ms. Wang asked if the performance, bonuses or incentive compensation is paid annually at the end of the fiscal year or throughout the current year. Ms. Cohen responded that she believed that it is paid at the end of the fiscal year, at the end of the quarter after the end of the fiscal year and within the final six months at the end of the fiscal year.

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

ACTION ITEM 3:

Dr. Calamia read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year renewal agreement with **Petrone Associates, LLC** (the "Vendor") for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$8,800,000.

This item was presented to the Medical and Professional Affairs Committee 06/11/2020

Mr. Paul Albertson, Vice President - Supply Chain and Contract Management presented an overview of the current radiation safety and medical physics consulting services, desired outcomes and goals of the request for proposal, the RFP criteria, overview of the procurement, cost proposal, MWBE waiver request and vendor evaluation.

Dr. Calamia requested clarification on the authorization dollar amount being requested. Mr. Albertson responded that the resolution rounded up the authorization amount however the exact number is shown on slide six at \$8,821,918. Dr. Calamia stated that in that case, the resolution needs to be amended to reflect the exact amount. All agreed that the vote will be taken on the amended amount.

After further questions or concerns and upon motion made and duly seconded, the Board unanimously approved the below amended resolution.

AMDENDED RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year renewal agreement with **Petrone Associates, LLC** (the "Vendor") for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$8,821,918.

ACTION ITEM 4

Dr. Calamia read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest three-year renewal (the "Agreement") with **BioReference Laboratories, Inc.** (the "Vendor") to provide diagnostic laboratory services on behalf of the System with the System holding two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$25,000,000.

This item was presented to the Medical and Professional Affairs Committee - 06/11/2020

Kenra Ford, Vice President - Laboratory Services, presented the background and current state of BioReference Laboratories' services at NYC Health + Hospitals. She also presented an overview of the procurement process, MWBE waiver request and the vendor performance evaluation.

Hearing no questions or concerns, upon a motion made and duly seconded, the Board unanimously approved the resolution.

ACTION ITEM 5

Ms. Piñero read the resolution:

Appointing Soraya Pares to replace Tamira Boynes as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

This item was approved by the NYC Health and Hospital Corporation MetroPlus Subsidiary - 06/2/2020

Hearing no questions or concerns, upon a motion made and duly seconded, the Board unanimously approved the resolution.

ACTION ITEMS 6

Ms. Wang read the resolution:

Authorizing the President of the New York City Health and Hospitals Corporation (the "Corporation") to approve and appoint **Citigroup, JP Morgan and Morgan Stanley & Co. to provide investment banking services and serve as senior managing underwriters, and to approve and appoint BNY Mellon Capital Markets, Blaylock Beal Van LLC, Drexel Hamilton LLC, Fidelity Capital Markets, FTN Capital Markets, Hilltop Securities (formerly First Southwest), Janney Montgomery Scott, Jefferies LLC, Loop Capital Markets LLC, Mischler Financial Group, Ramirez & Company, RBC Capital Markets, Rockfleet Financial Services, Roosevelt & Cross Inc., Stern Brothers, TD Securities and Wells Fargo Securities** to serve as **co-managing underwriters** for the Corporation's debt issuances from August 2020 through July 2021 (a 12-month extension to the 2015 Resolution), to support its capital finance program. Such authorization in respect to the entities mentioned above shall extend to the successors of any such entities which assume the business of such entities through merger, reorganization, consolidation or acquisition. Further authorizing the President to negotiate and execute a contract with one of the three senior underwriters in the event of a Board authorized issuance.

This item was present to the Finance Committee 03/12/2020

Ms. Linda Dehart, Senior Assistant Vice President - Reimbursement provided a brief explanation of the resolution and informed the Board that the vendors were selected using an RFP process and of the 20 firms, five are certified as MWBE.

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

ACTION ITEMS 7

Mr. Pagán read the resolution:

Authorizing that **Matthew Siegler (as successor to Dave A. Chokshi) be elected to serve as a Director of the HHC ACO Inc. ("ACO") Board of Directors** in accordance with the laws of the State of New York, until his successor is duly elected and qualified, subject to his earlier death, resignation, removal, or termination of his employment with any entity that has executed an ACO Participation Agreement or ACO Agreement.

This item was approved by the NYC Health and Hospital Corporation ACO Subsidiary - 05/21/2020

Hearing no questions or concerns, upon a motion made and duly seconded, the Board unanimously approved the resolution

MEMBER RECUSAL

Mr. Peña-Mora recused himself for the balance of the meeting. Ms. Hercules confirmed that Mr. Peña-Mora is no longer a participant in the virtual meeting room.

ACTION ITEM 8

Mr. Pagán read the resolution:

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with ten architectural and engineering ("AE") consulting firms namely **Array Architects, P.C., E/F/H Architects, P.C., Francis Cauffman, Inc., Gensler Architecture, Design & Planning, P.C., Gertler & Wente Architects LLP, Lothrop Associates LLP Architects, MJCL Architect, Moody Nolan, Inc., NK Architects, and P.A., Perkins Eastman Architects, DPC,** to provide professional AE design services; and with five mechanical, engineering, and plumbing ("MEP") consulting firms, namely **Greenman-Pedersen, Inc., Kallen & Lemelson, LLP, Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc.,** to provide professional MEP design services on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed \$30,000,000 for services provided by all such consultants.

This item was presented to the Capital Committee - 06/11/2020)

Christine Flaherty, Senior Vice President - Office of Facilities Development presented an overview of the professional architectural, engineering, design and contracting needs of NYC Health + Hospitals. She further explained the RFP criteria and overview of the procurement process, highlights of firms selected, and MWBE plans for both services to the Board.

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

STAFF RECUSUAL

Christine Flaherty, Senior Vice President - Officer of Facilities Development recused herself from the balance of the meeting.

ACTION ITEM 9

Mr. Pagán read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **AECOM USA, Inc.** ("AECOM") to provide **program management services** for the preparation of space at NYC Health + Hospitals/**Bellevue Hospital** ("Bellevue") and NYC Health + Hospitals/ **Woodhull Hospital** ("Woodhull") over a five year term for an amount not to exceed \$9,039,198 all in connection with Correctional Health Services' ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("**OTxHU**") in Bellevue and Woodhull.

This item was presented to the Capital Committee - 06/11/2020

Patricia Yang, Senior Vice President - Correctional Health Services, provided an overview of the OTxHU units and the services that will be offered in there and the background on the approval process for the initiative.

Oscar Gonzalez, Assistant Vice President, Facility Administration, presented the scope of services and schedule, procurement overview and RFP criteria, fee proposal and MWBE utilization plan to the Board.

Ms. Piñero requested clarification on the capacity of the program to which Ms. Yang responded that between the two facilities combined capacity will be 250 - 275. Ms. Piñero and Ms. Wang both commended the project for being bold and exciting.

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

ACTION ITEM 9

Mr. Pagán read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with **Array Architects, PC** ("Array") **to provide architectural/engineering services** for the preparation of space at NYC Health + Hospitals/Bellevue Hospital ("**Bellevue**") and NYC Health + Hospitals/ **Woodhull Hospital** ("Woodhull") over a five year term for an amount not to exceed \$8,663,000 all in connection with Correctional Health Services' (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("**OTxHU**") in Bellevue and Woodhull.

This item was presented to the Capital Committee - 06/11/2020

Mr. Gonzalez explained that the OTxHU services programmatic needs are the same as the previous resolution. He further explained the scope of services and schedule, overview of the procurement, RFP criteria, fee proposal and MWBE utilization plan.

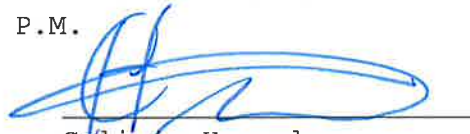
Following discussion and upon a motion made and duly seconded, the Board unanimously approved the resolution.

OLD BUSINESS/NEW BUSINESS

Hearing None

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:50 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Community Relations Committee - June 2, 2020

As Reported by Robert Nolan

Committee Members Present: Robert Nolan, José A. Pagán, Mitchell Katz, M.D., Anita Kawatra

Mr. Nolan noted that a quorum had been established and called the meeting to order at 4:08 p.m. He requested a motion for the adoption of the minutes of March 3, 2020. A motion was made and seconded. The minutes were adopted.

CHAIRPERSON REMARKS:

Mr. Nolan moved the agenda with Dr. Katz presenting his report.

PRESIDENT'S REMARKS:

Mitchell Katz, M.D.

Dr. Katz reported the following:

- Health and hospitals today conducted an eight minute and 46 second remembrance of the killing in Minneapolis we organized all of our hospitals to allow people to take the time off at 1: 20 today. NYC H+H had a number of events to support Black Lives Matter including white coats for Black lives.
- After the peak of COVID in New York City overall we've discharged 6,791 COVID patients. We are looking at all of our facilities and figuring out how to make them safer, how to separate people in waiting rooms to make sure that people do not transmit disease while waiting to be seen, how to do more virtual phone calls, more virtual visits how to monitor patients in their rooms using video cameras, placing plexi-glass in appropriate areas.
- NYC Health + Hospitals are opening our outpatient areas with a particular focused on the efforts to bring children in who need immunizations.
- We continue to support lesbian, gay, bisexual, transgender, and queer healthcare, through oral visits with the phones, the video.
- PPE supplies are okay right now we have what we need. We also have over 1,000 tracers and several hundred people working at a call center tracking down every positive test result, making sure people have the resources they need to safely isolate in their homes and figuring out their contacts so we can get those people tested, and making sure they are isolated if they are positive.

Dr. Katz conclude his remarks by stating "I'm very proud that Health and Hospitals really in just a two week period was able to hire over 1,000 people predominantly from the zip codes of New York City most affected by COVID, and they are out there making the calls and will be knocking on people's doors and doing everything possible they can to diminish the effect of the virus in New York City."

CHAIRPERSON REMARKS:

Mr. Nolan began his report with a warm welcome and noted that on today's agenda we have scheduled four hospitals (Metropolitan, Lincoln, Morrisania and Gouverneur) to present a verbal report.

Mr. Nolan expressed appreciation of NYC Health and Hospitals to all the front line workers, who have dedicated their talent and their experience to protect and heal our communities. He added that he was amazed and constantly inspired by their dedication and perseverance to achieve our mission to care for all New Yorkers, despite the ominous challenges that we face today.

He reported, that across the health system several events were held to mark, National Nurses' Week and to recognize our more than 9,600 nurses giving their all in the fight against the COVID-19 virus.

Mr. Nolan concluded his remarks and noted this year has also been designated the Year of the Nurse and Midwife by the World Health Organizations. He added that New York City Health and Hospitals Metropolitan made a wall of gratitude in appreciation of frontline workers who use their talents and expertise to serve and help heal the community and congratulated Metropolitan, for what they have done to recognize our hard working, inspirational nurses.

Mr. Nolan moved the agenda and asked that John Breceovich give his report.

NYC Health + Hospitals/Metropolitan

Mr. Breceovich began his report with greetings to fellow council members.

- Reported that the state of Metropolitan Hospital is very good. He noted that his report is based on the community advisory board's meetings, which are extremely energetic and vibrant. He added that Public session, which are consistently expressive of community needs and concerns, and reports from various community organizations, which are represented, in many cases, by our own board members. Reported that the community needs of Metropolitan Hospital are similar to each and every other part of our greater Metropolitan area such as: Obesity, diabetes, asthma, and heart disease top the list. With hypertension, high cholesterol, and addiction close behind.
- Reported that Metropolitan's top leadership has continued to provide our residents with access to comprehensive medical and behavioral services at little or no cost. The community outreach program provides free screenings, patient education, primary care services, on-site WIC programs, and access to our manage care. The Volunteer services department continues to provide help to community residents with all their Medicare, Medicaid, Social Security, and food stamp

needs. With respect to priorities, the leadership has continually sought to improve patient experience, and the modernizations necessary for such. Express care facilities currently being developed in stages and provides local relief our emergency room which is so often overwhelmed by volume and situation. A physical addition to house our new MRI equipment is under development.

- Reported the CAB continually works with hospital leadership to emphasize community needs and concerns. The leadership is always open to the Board's ideas, based on community concerns. The leadership is always happy to keep the board abreast of all planned changes and improvements. Patient complaints continue to be mostly about care, nursing and physician attitude and behavior, and communication. The compliments are the exact opposite. Exceptional service, care, and compassionate service.

Mr. Brecevich concluded his report by stating "Metropolitan Hospital has been blessed with great leadership over the years, Alina Moran, former CEO, was a great energetic model for hospital improvement in management, patient care, and facility improvement. Chris Roker appears to be following her path in a very dutiful manner. The community is blessed with this hospital, and we look forward to its continued improvement."

NYC Health + Hospitals/Lincoln

Mr. Lopez gave the following report:

- Reported good outpouring of the community and the relationships since the pandemic. He noted that Lincoln's command center, which opened in March until the beginning of May and was in constant operation in a matter of days. He added that Lincoln hospital had increased intensive care unit capacity to meet the demand for patient care.
- Lincoln hospital has additional testing sites on Jerome Avenue area and on Forrest Avenue. Lincoln hospitals hired an extra 200 staff members to test for COVID-19.
- As of June 1st, Lincoln had 20 cases of COVID-19. He added that is a relatively small percentage.
- Community Board 1 had a meeting with council member Ralph Salamanca who praised Lincoln because they treated his father there who had COVID-19 and who has since passed on.
- On June 1st, the CAB had an executive committee meeting and discussed issues at Lincoln. Mr. Lopez added that on June 4th, the CAB held a peaceful rally for George Floyd that included Vanessa Gibson, Councilwoman.

Mr. Lopez concluded his report by stating, "the community has been very supportive and Lincoln has done the utmost to give the proper care to the community."

Morrisania report was deferred to next meeting due to no participants at the Committee meeting.

NYC Health + Hospitals/Gouverneur:

Mr. Cruz gave the following report:

- The Gouverneur Community Advisory Board was able to recruit eight (8) new board members.
- With the help of the administration was able to conduct outreach into the community to advise the community residents and businesses that Gouverneur was conducting a COVID-19 testing to the public free of charge. Mr. Cruz continued and noted that the CAB had made sure that even through these social distancing rules and not being able to actually meet in person that the CAB conducted monthly meetings through teleconference and we have been able to do so every month.
- There are many great services that Gouverneur provides however, he noted that the word is not getting out into the community. He added that it would be extremely helpful to get more outreach resources to reach the community.
- Gouverneur CAB is pleased that Gouverneur took positive steps in creating an LGBTQ department that provides much-needed healthcare to members of this population. He noted that the CAB looked forward to a continued effort to provide healthcare to the LGBT community.

Mr. Cruz concluded his report by thanking all the first responders, providers, nurses and administrative staff of New York City Health and Hospitals for everything they have done during this COVID-19 pandemic.

There being no other business the meeting adjourned at 4:35 p.m.

Finance Committee Meeting - June 11

As Reported by Freda Wang

Committee Members Present: Freda Wang, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Feniosky Peña-Mora

CALL TO ORDER

FREDA WANG

Ms. Freda Wang called the meeting to of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 12:02 p.m.

Upon motion passed and duly seconded the minutes of Finance Committee meeting held on May 14, 2020 was adopted.

Ms. Wang then deferred to the Chief Financial Officer Mr. John Ulberg to provide a financial update discussing the impact of COVID-19 on finances of New York City Health + Hospitals.

SENIOR VICE PRESIDENT'S REPORT

JOHN ULBERG

Mr. John Ulberg commenced his presentation by thanking the staff for their extraordinary work and commitment during the last two months.

Mr. Ulberg provided an overview of the agenda. James Cassidy will present an update on the FEMA \$1.1B claim. Linda DeHart will present on the Federal

CARES act and two additional allocations expected. We are targeting to end the fiscal year around \$600M cash-on-hand. Michline Farag will talk about our FY21 budget phases and Matthew Siegler will discuss our strategies for bringing in new services, changing business operations, and working with facilities. John will also discuss Medicaid enrollment increases of upwards of 6%. Marji Karlin will provide an overview of our revenue strategies with our insurance partners and other strategies revenue cycle is implementing to streamline operations. Finally, John and Krista Olson will provide an update on Test and Trace.

Mr. Ulberg continued by providing an overview of the revenue decline in the post-COVID period. H+H revenues are down around \$23M per week, that includes both inpatient and outpatient volume and revenue changes. Though we are concerned about the revenue loss, we are hopeful to recoup lost revenue in federal CARES act funding.

Mr. Cassidy provided an overview of the H+H FEMA claim that was submitted for \$650M in March (over \$500M of that was approved). After this submission, our costs were steadily increasing due to staffing needs, alternative sites, equipment needs, testing and lab costs, etc. therefore, the submitted a revised claim with an increased amount totaling \$1.1B. Currently, there are no reimbursements from these claims but are optimistic this will happen soon based on conversations with the State.

Mr. Cassidy moved on to provide an update on Federal Relief. Between the CARES Act and Stimulus 1.5 the provider relief fund is around \$175B, of which just under \$75M has been allocated. It was announced that two additional pools would be made available. The first is another hot zone allocation of \$10B and the second is an additional \$10B for safety net providers.

Mr. Cassidy moved on to provide an overview of the FY20 cash projection. May closed out with a little over \$400M cash-on-hand and we expect to close out the year near \$600M, which is dependent on cash flow from FEMA, Federal Relief, and the \$800M supplemental Medicaid payment that is sitting with the State. We expect \$350M from the State in the UPL payment.

Ms. Farag provided an overview of the FY21 budget phases. The first phase is establishing the baseline budget for FY21 which is based on the FY20 budget. The second phase is layering in the COVID financial impact and other major externalities. The third phase is the post-COVID recovery and new service opportunities.

Mr. Siegler elaborated on the budget strategy by describing the four key areas the third budget phase will focus on which is to grow revenue and control costs. The first is to improve surgical efficiency and margin and grow surgical volume. The second is to revise the ambulatory care model to account for telehealth and volume trends. The third is to create service partnerships across facilities. The fourth is to succeed in value based payment by growing primary care patients, keeping business in the system, and hitting managed care quality measures. In addition, there are opportunities that depend on State policy related to MRT II.

Mr. Ulberg reported that the Medicaid and Essential Plan attribution increased during the COVID period for H+H's major payers, MetroPlus and Healthfirst.

Ms. Karlin reviewed the insurance settlement approach that was the result of a Department of Financial Services circulate letter that directed plans to expedite payment of hospital claims and work with hospitals to provide cash flow liquidity. We sent a letter to each of our major payers requesting an advance and to work with us on a plan to close out ongoing issues related to claims processes.

Ms. Karlin continued by detailing the revenue cycle services path forward in the post-COVID surge period. For over a year they have been working to establish key guiding principles to re-envision revenue cycle in the areas of being patient friendly, efficient, standardized, having clear lines of accountability, and leveraging automation.

Mr. Ulberg continued by reporting on the City's Test and Trace (T2) MOU funds flow proposal between H+H, OMB, and other city agencies. The various revenue streams would flow into a single H+H/T2 account which will be a discrete account for all T2 funds to be deposited. Then an interagency work group facilitated by OMB will make all funding/resource allocation decisions and monitor the spending. The workgroup will have the authorization to reduce program or request additional funding from City Hall if no other Federal resources are identified or available. From there the funds will be distributed to lab testing, the tracing program, the isolation program, and other expenses related to public awareness or program administration.

Ms. Olson detailed what the T2 program is. The goal of the program is to safely re-open NYC by reducing the spread of COVID-19 and ensuring that those with confirmed COVID-19 are both medically monitored and able to safely separate. There are three aspects to the program. The first is testing, which will be made available to New Yorkers at a goal of 50,000 tests given per day by August. The second is tracing, which is a multipronged contract tracing approach that will allow for prompt identification, notification, and monitoring of COVID positive persons. The third is isolation, which will instruct confirmed COVID patients to isolate at home as long as it is safe to do so and if a patient cannot self-isolate at home to provide alternative housing in the form of hotels.

Ms. Olson elaborated further on the MOU between OMB, H+H, DOHMH, and other city agencies as well as the interagency work group. The goal is to secure federal funding before relying on other sources.

Ms. Wang opened up for questions from the members.

Mr. Pagán asked if we will get an increase in Medicaid funding this year per person.

Mr. Ulberg said there are many things H+H is doing to work closely to get funds flowing with the plans including getting a better understanding of the capitated payments, reaching out to the plans to settle on historical

claims issues, etc. However, there is still concern over the cost of testing and the burden this will have on the plans.

Ms. Karlin further elaborated by stating that Medicaid enrollment was mostly flat for the year and then during COVID we saw nearly 23K increase in patients.

Mr. Pagán asked if for T2 will be bring employers into contract tracing and if there is an opportunity there.

Ms. Olson replied saying that OMB is modeling the overall impact that COVID is having on the city's economic outlook and is making sure that neutral third parties are weighing in to provide broader insights on the overall economic needs of the city. Other than that, there is not an explicit connection to employers.

Ms. Hernandez-Piñero asked if H+H corporate and facilities have separate cash flows.

Mr. Ulberg replied that it is a system-wide metric but that it is a goal to have the facilities be financially independent.

Dr. Katz added that it is important to aggregate because not all of the hospitals have the same patient mix, volume, etc. so we would not want to standardize budgets across facilities.

Ms. Hernandez-Piñero asked if T2 funding for treatment will be an advance or reimbursement.

Mr. Ulberg replied that our model assumes reimbursement for actual treatment and cost of administering the test.

Mr. Peña-Mora thanked the finance team for their work and efforts to explore all the sources of revenues, available relief, etc. so that we could maintain the financial stability of the system.

Ms. Wang asked if the \$400M cash stance is where we expect to be at year end.

Mr. Ulberg replied that we are confident in the number.

Mr. Cassidy concurred with Mr. Ulberg.

Ms. Wang asked if the UPL payment we expect to receive will change the way we receive the payment going forward.

Mr. Ulberg said it will change the flow of the payments. Previously, they came to us in a lump sum payment but we are trying to build those payments into the base of our premium instead so we will get paid for every unit of service or it gets billed into our capitation payments from MetroPlus and Healthfirst.

Ms. Wang asked if this will happen after the payment is made.

Mr. Ulberg said that is the hope based on MRT II.

Ms. Wang asked if on the insurance settles, we are just taking the opportunity to clean out historical amounts that are owed to us.

Mr. Ulberg replied that yes that is our strategy.

Ms. Wang asked if for the \$800M CDC grant for T2 was already deposited into the T2 account.

Mr. Ulberg replied saying yes but there is a decision to be made about when to pull the money into the account due to penalties associated with timing of the payment.

ADJOURNMENT

FREDA WANG

There being no further business the meeting was adjourn at 1:09 p.m.

Audit Committee Meeting - June 11, 2020

As Reported by Helen Arteaga Landaverde

Committee Members Present: Helen Arteaga-Landaverde, Mitchell Katz, José Pagán, Feniosky Peña-Mora, Freda Wang, Sally Hernandez-Piñero.

The meeting was called to order by Ms. Helen Arteaga-Landaverde, Board Chair at 10:37 A.M.

Ms. Arteaga-Landaverde asked for a motion to adopt the minutes of the Audit Committee meeting held on February 6, 2020. A motion was made and seconded with all in favor to adopt the minutes.

Ms. Arteaga-Landaverde introduced the first action item by stating that Mr. Chris Telano will read a proposed resolution.

Mr. Telano stated that this resolution is:

Authorizing New York City Health and Hospitals Corporation to negotiate and execute a contract with Bonadio Group CPA for annual financial audits of 22 Corporation auxiliaries. This contract is for 17 audit services for calendar year 2018 through 2021, with two separate one-year renewal options in an amount not to exceed \$867,225. The system at its sole option and discretion may renew this agreement for an additional one or two successive one-year term.

Mr. Telano provided an overview of the 22 auxiliaries, a summary of Bonadio Group services, the qualifications of the selected vendor, terms of the contract, RFP criteria, and a vendor performance evaluation.

Ms. Hercules clarified that this resolution would not be presented to the Board for approval as part of our operating procedure 100-5 - Auditing services requires approval by the Audit Committee only and because this is under the \$5 million, it would not be presented to the Board.

Ms. Arteaga-Landaverde asked for a motion to approve the resolution. After discussion, on motion made and duly seconded the Committee voted in favor of the resolution.

Grant Thornton LLC was represented by Tami Radinsky, Lead Engagement Partner; Lou Feuerstein, Relationship Partner and Steven Dioguardi, Senior Manager to present the 2019 audit plan.

Ms. Radinsky began the presentation by providing an overview of the responsibilities of Grant Thornton and Health and Hospitals during the auditing process, planning and.

Ms. Radinsky presented the Audit Timeline and then turned the meeting over to Mr. Dioguardi who explained the audit approach, planning, risk assessment, evaluation and testing of controls, substantive testing, conclusion and reporting. Mr. Dioguardi concluded his presentation by noting the other areas of focus will be the performance of substantive testing on key account balances as of June 30, 2020, EITS systems review, and COVID-19 pandemic accounting considerations.

Mr. Feuerstein outlined the six GASBs issued that will impact the organization over next two to three years.

Ms. Radinsky thanked Health and Hospitals audit team for their work and corporation. She further assured the committee that the work was never impacted by the COVID-19 restriction, therefore the audit will be presented on-time, with any issues and findings presented before the Committee in October.

Mr. Telano, Senior Assistant Vice President, reported on external audits currently being conducted by outside agencies. The Children of Bellevue Auxiliary is being audited by the New York City Comptroller's Office, which started in April 2019 is about nearing conclusion. There was an exit conference, where a preliminary final report was presented. The Children of Bellevue management submitted their response on June 3rd. We are awaiting the final report to be issued shortly.

Since the last audit committee meeting, all four members of the Office of Internal Audits were reassigned to assist in various facilities, in areas in which they were understaffed. I was assigned to Kings County to oversee the donated medical supplies. The other members of internal audits were assigned to Lincoln, Coney Island and Woodhull. Starting next week, all staff is back full time in the Internal Audits unit.

We have received a letter forwarded from the President's Office regarding the dental department at the New York City Health and Hospitals/Harlem. The accusations in the letter were about timekeeping and other employee issues. The review revealed that the accusations were without merit.

Ms. Arteaga-Landaverde thank the audit team for their patience and work.

Ms. Catherine Patsos, Chief Corporate Compliance Officer provided an update on the monitoring of excluded providers, privacy incidents and related reports, the Office of Civil Rights reports regarding HIPAA incidents, compliance reports, status update on OneCity Health independent assessor audit and compliance attestation, HHC ACO shared saving funds, HIPAA risk analysis and security assessment and the Aetna audit.

Ms. Arteaga-Landaverde requested that Ms. Patsos provide an update regarding the learning module that was sent to all employees on patient privacy since there were some news outlets and social media postings during the pandemic.

Ms. Patsos responded that in response to some staff members speaking with the media, while that is allowable there are rules on what they can and cannot say, a privacy alert was issued that informed staff members of these regulations. While Health + Hospitals do not prohibit Staff from speaking to the media they are not allowed to disclose any patient information, whether it be in terms of name, diagnosis, condition, photographs, recordings, anything that would be perceived to be able to identify a patient. The guidance also included regulations on posting of videos and patient information to social media.

Dr. Katz stated that, "He hoped the board appreciates and agrees that we are the only major health system that does not have a gag order. I felt very strongly that people should retain their first amendment rights. Obviously they cannot give any information about patients, but I think it is a much healthier environment."

There being no other business, the meeting was adjourned at 11:46 A.M.

Capital Committee - June 11, 2020

As reported by Feniosky Peña-Mora

Committee Members Present: José Pagán, Freda Wang, Sally Piñero-Hernandez, Robert Nolan and Mitchell Katz.

Mr. Pagán called the meeting to order at 1:32 p.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on May 14, 2020 were approved.

Senior Vice President's Report

Christine Flaherty, Senior Vice President, Office of Facilities Development presented her report.

Mrs. Flaherty thanked the Chairman and the Capital Committee for allowing the presentation of a number of contracts that would be critical to bringing additional firms into the system to support ongoing, much-needed modernizations to occur throughout our hospitals. The resolutions would support the outposted therapeutic housing projects, another critical endeavor for the system. OFD continues to work with the system to further support the existing and future COVID population of patients. The team was working across system facilities to further enhance spaces for additional spaces based on lessons learned from the unprecedented surge.

Mrs. Flaherty advised that the today's resolutions were a culmination of the hard work of the design and construction office, led by Assistant Vice President, Oscar Gonzalez, working closely with partners in Supply Chain to both get standard on-call design contracts renewed and consultant contracts in place for Correctional Health Services Outposted Therapeutic Program at

Bellevue and Woodhull. With a lower volume of COVID-19 positive patients currently in the system, the office, working closely with Dr. Allen's office and the Chief Executive Officer of Lincoln Union had facilitated a detailed survey of facility leadership, and held quickfire planning sessions around immediate emergency needs and pandemic readiness, for the system to be even more prepared should it again face a high volume of patients coming into the healthcare system suffering from COVID-like symptoms. The needs of the facilities included increased oxygen and medical gas capabilities, making surge areas more resilient for power considerations, addressing the need for long-term ventilator COVID-19 positive patients, increasing dialysis capabilities, and looking at space planning tools to enhance the understanding of system-wide spaces in real time.

Mrs. Flaherty noted that there were a number of near-term projects underway, and the team was working to determine available funding sources for a number of identified but uninitiated projects, which were not temporary in nature, and thus would not meet FEMA's current funding eligibility requirements. With limited financial resources, the office would also be working to do more external outreach to further advocate for infrastructure investments that were in great need.

As there was a broader conversation about infrastructure investment to reactivate our economy, I need to ensure healthcare construction is included in that dialog. Our team additionally continues to support the efforts of the test and trace initiative.

Mrs. Flaherty noted that Mahendranath Indar had been pivotal in ensuring the testing and tracing sites were getting up and running, and were meeting the needs of system operations.

Freda Wang, thanked Christine for her report and commended her for all she'd been doing. She noted that Mrs. Flaherty had mentioned advocating for financial resources and asked how that was being done and if she could she provide a little bit of specificity on that?

Mrs. Flaherty explained that at present, it was very fluid, and unfortunately clear as mud when it came to what was eligible within Federal Emergency Management Agency (FEMA) and CARES, and that they were working closely with Finance and their team to make sure there was detailed justification to ensure FEMA funding.

She explained that there were a large number of projects that fit that category because of some of the language in the FEMA funding eligibility, it's really emergency, temporary work, not permanent work. She said that really kicked out a number of areas that were much needed to make the facilities even more pandemic-ready. There had been no indication from the federal perspective that category E, which was similar to what we had for the standing grant, was going to be open. What the group was looking at, working closely across the system, both with finance and Deborah Brown and Matthew Siegler, was positioning the system to start doing externally-facing outreach, recognizing the system needed local elected officials and stated elected officials as well as potentially philanthropic opportunities

because there were areas of work that have been identified and were lacking a funding source.

The system definitely wanted to be sure that the dialog had begun. Construction was one of the first things opened and there was a lot of talk about roads and bridges, which were also very vital. So she wanted to be sure that healthcare facilities got inserted into that dialog so that the system could ensure that there would be funding, recognizing that it was bringing jobs to the City.

The temporary Intensive Care Unit (ICU) project at North Central Bronx (NCB), she thought, was over 10 million people hours working on a single project while many other things were shut down, so clearly investing back in our facilities where the system was providing care in a way that helped sustain and provide excellent care was one thing that the system needed to be outspoken about and express the need for.

Ms. Wang agreed and said it was great to cast the net wide and talk about that. She said she agreed because there was a lot of talk about infrastructure funding, it had been going on for many, many years, and of course also during this emergency. Typically, healthcare was not included in that bucket, yet it was really important.

The agenda was then moved to the consideration of the action items.

Mrs. Flaherty read the resolution:

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with ten architectural and engineering ("AE") consulting firms namely Array Architects, P.C., E/F/H Architects, P.C., Francis Cauffman, Inc., Gensler Architecture, Design & Planning, P.C., Gertler & Wentz Architects LLP, Lothrop Associates LLP Architects, MJCL Architect, Moody Nolan, Inc., NK Architects, and P.A., Perkins Eastman Architects, DPC, to provide professional AE design services; and with five mechanical, engineering, and plumbing ("MEP") consulting firms, namely Greenman-Pedersen, Inc., Kallen & Lemelson, LLP, Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional MEP design services on an as-needed basis at various facilities throughout NYC Health + Hospitals. The contracts shall be for a term of three years with two one-year options for renewal, solely exercisable by NYC Health + Hospitals, for a cumulative amount not to exceed \$30,000,000 for services provided by all such consultants.

Mrs. Flaherty informed the Committee that the system required professional architecture, engineering, design and construction administration services on an as-needed basis for projects throughout the system. The services in the contracts included design and planning, feasibility studies, facility-based master planning, preparation of construction documents for bidding, construction administration services, which were provided during construction, as well as independent cost estimating and assessment. She reviewed the existing contracts, and the procurement for the new replacement contracts, the robust solicitation and successful effort for

expanded MWBE utilization. The request for approval presented to the Committee would be for ten (10) AE contracts and five (5) MEP contracts.

After discussion, and upon motion duly passed and seconded the resolution was approved for consideration by the Board of Directors.

Mrs. Flaherty recused herself from the rest of the meeting due to possible conflict.

Oscar Gonzalez, Assistant Vice President, read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with AECOM USA, Inc. ("AECOM") to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") over a five year term for an amount not to exceed \$9,039,198 all in connection with Correctional Health Services' (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") in Bellevue and Woodhull.

Mr. Gonzalez, joined by Patsy Yang, Senior Vice President, Correctional Health Services, presented general project information, details of the scope of services to be provided under the agreement, and further explained the procurement process and MWBE plan of utilization.

After discussion and upon motion duly passed and seconded the resolution was approved for consideration by the Board of Directors.

Mr. Gonzalez, read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with Array Architects, PC ("Array") to provide architectural/engineering services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") over a five year term for an amount not to exceed \$8,663,000 all in connection with Correctional Health Services' (CHS) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") in Bellevue and Woodhull.

Mr. Gonzalez and Ms. Yang, presented background regarding the project, scope of services and further explained the procurement process and MWBE plan of utilization.

After discussion and upon motion duly passed and seconded the resolution was approved for consideration by the Board of Directors.

There being no further business, the Committee Meeting was adjourned at 2:18 p.m.

Medical and Professional Affairs Committee- June 11th, 2020

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Barbara Lowe, Dr. Gerard Cohen representing Dr. Hillary Kunins in a voting capacity, Sally Hernandez-Piñero, Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:01 AM. On motion the Committee voted to adopt the minutes of the March 12th, 2020 Medical and Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

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

CORONA VIRUS UPDATE

1. Return of Surgical Services

The Perioperative Leads at each facility have been working diligently to bring back the procedural areas, including the OR's, as the Covid-19 census has decreased (including the flex ICU spaces such as the ASU and the PACU). Several of these procedural areas were converted to ICU beds; as the Covid-19 census has decreased, these areas have been converted back into procedural areas (after terminal cleaning, reconfiguration, etc).

A "roadmap" was created to facilitate the return of the OR's including:

1. Prioritization of cases
 - a.
2. Establishing Covid-19 testing of all patients preoperatively
3. Establishing hospital capacity to care for surgical patients
4. A policy was created governing performance of scheduled procedures in the context of the NYS executive order.

H&H has been steadily accommodating more essential (medically necessary) procedures with the target date of Monday June 1 of resuming the OR block schedule.

The H&H periop leadership team has also used this unique opportunity to focus on rebuilding periop processes to make them more patient-centered including:

- Reorganizing the Periop Committees to represent all surgical services as defined by EPIC (due to the recent transition to EPIC)
- Reconfiguring the EPIC Perioperative metrics to ensure the data is reliable and decision-making can be data-driven
- Updating the preoperative workflow for the patient from clinic to the OR to make it more patient-centered and updating the financial clearance process
- Identifying target anesthesia/nurse staffing models based on OR utilization and surgical demand
- Processes to minimize leakage of surgical patients outside of the H&H system

II. Tele ICU Update

Several tele-ICU groups reached out to us offering support during our surge of COVID patients. We had demo's with several vendors and presented to the critical care council. The workflow of teleICU relies on the data in the chart and the availability of the bedside clinical team to respond to their alerts and recommendations. It was not felt to be a practical solution during the surge, but was felt to have significant potential as the surge ended, to potentially provide critical care support for ICU patients in atypical locations and/or managed by non-intensivist teams.

Thus, we initiated two pilots of tele ICU: one at Bellevue (UPMC group) and one at Jacobi (Maryland group.). At Bellevue, they provided critical care consult support to hospitalist medicine teams who were managing patients that would previously have been in an ICU: those on high levels of oxygen and those in the intermediate ICU locations we have created. At Jacobi, they provided night coverage to allow their staff intensivists to provide the daytime coverage and allow time for recovery.

The feedback was very positive. The consultants were responsive and helpful. They made solid recommendations and ensured the primary team was comfortable. They wrote useful notes so that off hours teams were aware of the conversation that had occurred. The conclusions drawn from these pilots was that teleICU can indeed provide viable critical care coverage. To be fair, providers felt that if tele ICU was to replace an in-person consultant that they were used to, it would feel like a "step-down" in support. But, compared to having no access (or limited access) to an intensivist, it would be a large "step-up" in support.

These conclusions were discussed with the critical care council, and surveys collected on interest around the network. The next step is to discuss with specific vendors, the scale and characteristics of our needs to understand the financial and technological investments needed. These meetings are scheduled for next week.

III. Long Term Acute Care Hospitals Update

Under physician leadership of Dr. Margolis and Dr. Boudourakis, LTAC-ICU offloading started on May. 84 ICU transfers have been admitted to the LTAC in part accounting for the surge level reductions between May 1 through June 1. There are steps needed to improve upon the current work to implement Central discharge support team, to improve delays associated with communication between admission team and ICU staff when clarifications of status/care/drugs are needed, and to assure timely reconciliation of drugs for patients going to Carter given different formularies from Acute Sites

In summary: LTAC offloading HH ICU has in large part accounted for the surge level reductions for May:

- As of 5/11/20, the ICU surge level breakdown showed one hospital with surge level of 3.5, one hospital with surge level of 3, one hospital

with surge level of 2.5, six hospitals with a surge level of 2, and two hospitals with surge level of 1.

- As of today, the ICU surge level breakdown shows one hospital with surge level of 1.5 (Elmhurst), 6 hospitals with surge level of 1, and four hospitals with no surge at all.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee, Office of Patient Centered Care Operational activities.

Care Experience

- During the COVID pandemic:
- Dr. Natalia Cineas sent out a Call to Action letter to nursing schools in New York City asking for students and alumni to help NYCH+H with volunteers to assist with care of COVID patients resulting in collaboration with NYU College of Nursing, Columbia University School of Nursing, Long Island University and the Medial Reserve Corps .

Finance

During the past two months, the Financial Sustainability Pillar team spent time mobilizing staff for the eleven acute care, post-acute, community, correctional, and ambulatory care facilities. Team members were assigned specific tasks that served to enhance the rapid on-boarding process. Our team's success with this effort is based upon establishing appropriate structures and diligent implementation of the credentialing process.

Our team worked with 78 vendors during this surge period. An expedited process for credentialing was developed by our team. This modified process streamlined the credentialing process and helped to quickly staff all facilities. As the number of staff members increased, the team adopted the SURGE credentialing packet which enabled us to quickly onboard staff.

RN Residency Program

- RN residents are newly hired staff nurses to NYC Health + Hospitals who enter the system with one year or less in-hospital experience as a registered nurse. The goal of the residency program is to help the new nurse in transitioning from academic to professional role, increase skill and confidence, organize and prioritize work, and demonstrate strong unit leadership and ultimate decide to stay in the system beyond 1 year from date of hire.
- During the COVID Pandemic:
- NYCH+H was one of the first NRP programs to rapidly pivot to virtual seminars using virtual classroom technology. The virtual seminars were consistently well attended by the residents.

- The virtual content using existing modules on the COVID-19 Pneumonia and Acute Respiratory Distress Syndrome, along with the the COVID-19 Escape Room was quickly piloted and data from the residents showed that learning was occurring.
- Another innovation rapidly adopted in the virtual NRP seminars was the critical reflection model first developed by Rolfe, et al (2001), the What? So What? Now What Model as a learning methodology for residents to reflect on the care experience and challenges that they encountered in the care of COVID-19 patients.

NP Fellowship

- A fellowship program for incumbent and newly hired Nurse Practitioners is in the design phase to support nurse practitioners in their new roles or to transition into a different role. The goal is to support the nurse practitioners' transition from the academic to professional role to better actualize their scope of practice.
- During COVID Pandemic:
 - Evidenced-based NP Fellowship Project implementation plan was developed, presented and discussed over during March, April and May 2020.
 - An overview of current-state NYC H + H NP Fellowship (Primary Care) was presented in May 2020 in preparation for next step(s).

Clairvia

- PeopleSoft Absence Management/Time & Labor integration testing is on-hold. The Absence Management system will replace the use of paper SR-70's for time-off requests. Approved time-off requests will be automatically sent to Clairvia for greater ease of staff scheduling for managers.
- Time Capture Device implementation will be a rolling go-live with tentative dates between September 2020 to February 2021. The time capture device will replace the paper timesheet and provide a live report, through Clairvia Web, of who is clocked-in on a unit.

Nursing Education

This report covers the time span from the start of the COVID-19 crisis up to the present time. The COVID-19 crisis required an innovative approach in delivering the nursing education component of the Office of Patient Centered Care without compromising the rigor and quality of the content.

1. Applied educational framework of the Office of Patient Centered Care that is already in place. This framework guides the nursing educational program but is also applicable to nursing quality, professional practice, regulatory initiatives, and nursing administration.

2. Applied principles of public health nursing competencies in delivering educational program. The COVID-19 pandemic is a public health crisis with New York City as the epicenter. The nursing education program is in alignment with the framework of the public health nursing competencies.

The team on-boarded more than **5,000** nurses, which included DOD servicemen and servicewomen, volunteers, DOHMH and DOE employees.

Our team is currently working on the deployment of staff for the testing sites. Most of our work is in collaboration with the Vizient group, ensuring that RNs are deployed to the sites. For the Acute and Post-Acute contract, extensions are being reviewed and the process of demobilization has begun.

Right Sourcing, a new vendor management group, will manage our temporary agency staff beginning September 2020. The OPCC leadership team assigned to manage this group has been established. Workflow designs are being finalized in collaboration with the Right Source team and the OPCC leadership team.

Quality and Outcomes

Nursing Clinical Ladder Program -Launched 3/1/2020

- Initiation of the program was successful; 761 applications received within a 2 weeks period
- Program tiers were refined to include COVID 19 related activities; the application submission deadline is extended to June 5th 2020 due to the impact of the COVID 19 pandemic
- As of May 5th 2020, 986 nurses are approved for the CLP; enhanced marketing of the program and leadership coaching in process

Culture of Safety

Just Culture

To support the Culture of Safety at HHC during the COVID-19 pandemic, many initiatives were initiated between March 16 through May 19 such as

- COVID19 Response PPE Monitoring Tool, COVID-19 Critical Care Surge Plan for each Acute Facility,
- Helping Healers Heal (H3) Emotional and Psychological Safety COVID-19 Response Taskforce Champion, COVID-19 virtual just-in-time training to +150 Nurses participating in the Nurse Residency Program, identified Nurse Leaders at 11 Acute Facilities to actively participate on the Facility H3 Emotional and Psychological Safety COVID-19 Response Team. A HERO-NY Taskforce Champion partnered with Quality and Safety to help heal frontline staff from the emotional trauma experienced through COVID-19, by developing a targeted strategy to implement a resilience building initiative for HHC.

MetroPlus Health Plan, Inc.

Talya Schwartz, MD, Executive Director, MetroPlus Health Plan report on the following:

MetroPlusHealth started its emergency preparedness in February of 2020. Areas of focus include continued business operations with remote skeleton crew onsite, uninterrupted core functions such as call center, pharmacy

benefits, claims processing and payment, enabling remote access to care and remote support for vulnerable members.

Staff Collaboration

During the pandemic over 1,100 of our 1,215 employees were transitioned to work remotely. As some of the functions were paused during the pandemic and others operated at a reduced volume, MetroPlusHealth was able to deploy over 170 employees to support H+H and the Department of Social Services' increased needs. MetroPlusHealth staff assisted with manning the H+H COVID hotline, hotels, non-clinical tasks in the facilities, contacted over 7,000 physicians and nurse practitioners to assist with volunteering at the H+H facilities, and contacted thousands of patients who came to H+H ERs and were self-pay - to get them covered for insurance or emergency Medicaid.

MetroPlusHealth staff also worked with H+H's Pediatric Ambulatory Care department to contact parents of under-immunized infants regardless of whether the child's primary care affiliation is at H+H. The Plan began a texting campaign in April and is following up with outbound calls to parents to educate, allay fears, and offer care at H+H facilities.

Membership

MetroPlusHealth has seen an enormous spike in enrollment, most likely due to the rapid increase in unemployment and increase in uninsured requiring health care. Enrollment reps proactively assisted members to move into more affordable lines of business. On average, over 800 members were enrolled each day. Membership increased approximately 27,000 in the past 2 months with most of the growth occurring in the Medicaid and Essential Plan lines of business.

Line of Business	Jan-20	May-20	Variance
Managed Medicaid	349,382	370,275	20,893
Essential Plans (EP)	82,339	86,306	3,967
Child Health Plus (CHP)	23,280	24,157	877
MetroPlus Gold	18,123	17,382	(741)
Marketplace Health Plans (QHP)	11,368	13,347	1,979
Enhanced (HARP)	12,598	12,988	390

Medicare	7,538	7,555	17
Partnership in Care (SNP)	3,959	4,112	153
Managed Long-Term Care (MLTC)	2,059	1,973	(86)
MetroPlus GoldCare 1	1,249	1,290	41
Marketplace SHOP	761	677	(84)
MetroPlus GoldCare 2	631	617	(14)
Total	513,287	540,679	27,392

COVID Impact

Although the data is still preliminary, there have been 3,588 admissions due to COVID-19. Of those, 1,877 members had confirmed COVID-19 and remaining members had COVID related claims. Of COVID confirmed admissions, 325 members have expired (17%). The bulk of admissions occurred in Queens, Brooklyn and the Bronx.

MetroPlusHealth has seen a 10% reduction in paid claims compared to the same time period in 2019. Cost reduction has been primarily driven by:

- IP Beacon: -38%
- Ambulatory Surgery: -48%
- Emergency Dept: -20%
- Lab & Radiology: -28%
- Primary Care: -38%
- Specialty Care: -40%

At the same time, a 7.6% increase in expense was observed for inpatient admissions.

As of the end of May, approximately 8,000 (1.5%) claims were received for viral testing and 1,500 claims were received for serologic testing for antibodies.

Close to 80,000 claims were received for telemedicine visits.

Member Outreach

To ensure members' safety and address basic needs, MetroPlusHealth reached out to 115,000 members, including over 6,000 members with HIV (approximately 70% of the Plan's members with HIV), by innovative interactive texting and over 50,000 direct telephone calls. The outreach campaign focused on individuals at increased risk of adverse outcomes from COVID-19 and those at high risk for poor outcomes due to social isolation.

A new collaboration between MetroPlusHealth, Amazon Web Services, Bain & Co. and the nonprofit AirNYC was formed to help the Plan rapidly connect with its most vulnerable members to check on their needs and keep them out of the hospital. Amazon volunteered to build MetroPlusHealth a chat bot that could reach members by text message and direct them to a questionnaire about their needs. Consultants from Bain & Co. helped with project management and determined which messages resonated best with recipients.

Using the texting program, MetroPlusHealth reached 54,000 members, with 9% of that group engaging with the chat bot. About half of those people, around 2,700, shared one or more medical or social needs. About 1,500 members were connected to MetroPlusHealth or AirNYC, through the program. MetroPlusHealth connected members to nonprofit agencies and food pantries that were operating and able to help as well. MetroPlusHealth will use this technology on an ongoing basis as it is an effective way to identify and assist members in need of clinical support as well as with the social determinants of health impacting their general wellness.

MetroPlusHealth Member Rewards Program was able to offer vulnerable members food boxes as many rewards could not be redeemed due to pause of ambulatory services. There were 10,000 high risk members selected to receive MetroPlusHealth food boxes that included nonperishable food, masks and hand sanitizers. Staff from the HIV Services department have been working with H+H to contact 600 MetroPlusHealth members receiving care at H+H virology clinics, connecting them to telehealth care, and if needed face-to-face care. These members have been identified as high risk for HIV disease progression as their last viral load was detectable and there was no evidence of HIV primary care in the prior 6 months. With the reluctance to visit health care institutions currently, outreach to this population was a priority.

Operational Changes

As mandated by CMS, the Plan has implanted COVID testing and related services for all members without members' cost sharing.

Annual recertifications for government sponsored Plans was postponed through July. Members maintain their health insurance coverage without the need to provide annual proof of eligibility. The ban on disenrollment resulted in close to 100% retention rate.

New York State allowed the transition of insurance enrollment from an in-person process to telephonic based applications. Additionally, many of the eligibility requirements were relaxed including allowing members to estimate their current income.

A new Special Enrollment Period was introduced, allowing members who qualify for a Qualified Health Plan product to sign up for coverage through June 15th.

The Plan offered small businesses the ability to add employees who previously refused insurance and allowed a grace period for premiums through June to any business experiencing hardship. In addition, grace periods were made available to individual members in lines of business with premium payments and disenrollment was frozen until July 1st, 2020.

Prior to directives issued by the Department of Financial Services (DFS) on March 20th, 2020, the Plan made the decision to suspend Utilization Management (UM) activities for both physical and behavioral health services (excluding pharmacy, durable medical equipment and dental care) to reduce barriers to care during the public health emergency regardless of network considerations. This enabled the Plan to reduce administrative burden on providers.

The Pharmacy department has made changes to ease the burden on members and their providers. The Plan has made a 60-90-day supply of HIV medications available to members to encourage ongoing compliance. Refill limits on prescriptions for maintenance medications have been temporarily waived and 90-day refills for maintenance medications were made available. The Plan has ensured that all members can receive free home delivery. Members were able to fill prescriptions at an out-of-network pharmacy if they are unable to access an in-network pharmacy.

De-credentialing of participating providers in good standing during the duration of the COVID-19 emergency is temporarily on hold. The Governor's executive order now allows medical professionals to practice in NYS if they are in good standing in any State, without registration in NY. This enabled a larger pool of clinicians to serve New Yorkers.

MetroPlusHealth accelerated the launch of "Virtual Visit" telehealth services on March 23rd, 2020 to provide free, online Urgent Care for members during the COVID crisis. On April 1st, 2020 free, online therapy and psychiatry services went live for all members. MetroPlusHealth also worked closely with American Well to add 1,500 providers to their network through the NYS COVID provisional process which dramatically reduced appointment wait times for members.

As of May 17th, 2020, a total of 5,700 members enrolled on the MetroPlusHealth Virtual Visit platform and attended 2,200 Urgent Care visits and 100 behavioral health (therapy and psychiatry) visits.

ACTION ITEMS:

Paul Albertson, Vice President, Supply Chain, Joe Wilson, Senior Assistant Vice President, Supply Chain, Michael Ambrosino, Chair of Radiology Department at Bellevue Hospital, Robert Berding, Chief Operating Officer, Metropolitan Hospital, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year renewal agreement with Petrone Associates, LLC (the "Vendor") for the provision of medical physics consulting and radiation safety services as requested by the System with two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$8,800,000.

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

Kenra Ford, Vice President, Laboratory Services, Ross McDonald, MD, Chief Medical Officer, Correctional Health Services, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest three-year renewal (the "Agreement") with Bioreference Laboratories, Inc. (the "Vendor") to provide diagnostic laboratory services on behalf of the System with the System holding two one-year options to renew solely exercisable by the System and with the total cost over the combined five-year term not to exceed \$25,000,000.

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

INFORMATION ITEM:

Machelle Allen, MD, Senior Vice President, Chief Medical Officer presented to the committee the disaster privileges process utilized during the COVID-19 crisis to credential and onboard over 3,000 providers to support the home team and address the patient surge.

There being no further business, the meeting was adjourned 10:02 AM.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc. Board of Directors Meeting - June 2, 2020

As reported by Ms. Sally Hernandez-Piñero

ADOPTION OF THE MINUTES

The minutes of the meeting of the Board of Directors held December 3, 2019 were presented to the Board. On a motion made by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

CHAIRPERSON'S REPORT

Ms. Hernandez-Piñero welcomed everyone to the first MetroPlus Board meeting of 2020. Ms. Hernandez-Piñero stated that Dr. Schwartz and the Executive Team had several updates for the Board and that there would be three

resolutions for approval. Ms. Hernandez-Piñero asked Dr. Schwartz to present the CEO report.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr. Schwartz stated that MetroPlus started planning in February for its response to COVID-19. The Plan identified critical functions and projected paused functions. The IT Department rapidly equipped almost 930 staff to work remotely with company issued laptops and virtual desktop infrastructure which was rolled out to allow staff to remote into their office desktop. The Plan shifted the print of utilization management and claims letters to an external print vendor, eliminating dependency on printing at a specific office location. The development of the electronic timesheet for MetroPlus employees, thanks to John Cuda and his staff, was so well received that it is now being used by the entire New York City Health and Hospitals (NYC Health + Hospitals) workforce. Also, many employees transitioned to direct deposit and all incoming mail is sorted, scanned and saved for department access.

Dr. Schwartz reported that approximately 170 MetroPlus employees were redeployed to assist with emerging needs at both NYC Health + Hospitals and Human Resource Administration (HRA). At NYC Health + Hospitals, nursing and medical staff staffed call centers established through 311 and 844-NYC-4NYC. Staff assisted in COVID patients follow up, food assistance, staffing Community Care hotels, onboarding new employees to NYC Health + Hospitals and telephonic outreach to over 7,000 physicians to assist with NYC Health + Hospitals volunteering. MetroPlus coordinated and donated coffee and tea delivery to acute facilities and hotels where caffeine was much needed. Staff also worked with NYC Health + Hospitals' Pediatric Ambulatory Care department to contact parents of under-immunized infants. At HRA, staff assisted with Cash Assistance and SNAP applications.

Mr. Roger Milliner, MetroPlus' Chief Growth Officer stated that, due to COVID-19, the Growth Division had to adopt many of the regulatory and program changes implemented by the New York State of Health (NYSoH) to ensure New Yorkers had easier access to healthcare/insurance during the Corona Virus Pandemic. Some of the changes that the MetroPlus Marketplace Facilitated Enrollers had to apply during the education and enrollment process included; Implementation of a Special Enrollment Period for Uninsured New Yorkers, authorization of Application Assistors to conduct Telephonic Enrollments through the New York State of Health for the Medicaid, Essential Plan, Child Health Plus and Qualified Health Plan programs, suspension and deferment (extended for four (4) months) of the renewal/recertification process for enrollees with coverage in the Medicaid, Essential Plan and Child Health Plus programs, assist with the manual Identity Proofing Process for applicants unsuccessful in being identity proofed through the on-line process, assist consumers with the download and usage of a NYSoH Mobile Upload Application to easily and securely submit documents to the Marketplace, etc.

Mr. Milliner reported that the New York State of Health (NYSoH) has extended the open enrollment period until June 15th, 2020. The NYSoH also relaxed many of the documentation and eligibility requirements in order to aid in the smooth enrollment process for consumers facing hardships during the crisis, which prompted Plan representatives to re-screen former and existing members to re-determine eligibility for a lower cost/tier line of business due to changes in income and employment status.

The NYSoH temporarily allowed Assistors to contact the NY State of Health Customer Service Center to transfer a consumers Dashboard without the consumer present on a three-way call. They also allowed consumers to estimate their Unemployment Insurance Benefit amount as proof of income while waiting to apply or in the process of applying for Unemployment Benefits. This relaxed rule related to income verification allowed MFES to process applicants at a faster rate.

Ms. Lauren Leverich, MetroPlus' Chief Administrative Officer, provided the Board with a detailed overview of the Plan's current membership by line of business. Ms. Leverich stated that in January 2020 Plan membership was 513,287 and as of the end of May 2020 it is 540,679, indicating an increase of 27,392 members.

Dr. Sanjiv Shah, MetroPlus' Chief Medical Officer, reported that the Plan offered free COVID testing and related services, which resulted in over 8,000 members tested for the virus and 1,500 tested for antibodies. MetroPlus offered free telemedicine services and as of May 17, 2020, a total of 5,700 members enrolled on the MetroPlus Virtual Visit platform and attended over 2,200 Urgent Care visits. Since field visits were suspended, new Managed Long Term Care enrollments are taking place via telephonically or virtually. MetroPlus launched its new portal, which includes secure messaging, coverage, price comparison, claims status, gaps in care, print membership cards, health resources and facts on COVID. There have been almost 7,500 member hits in two weeks.

Dr. Shah stated that on the pharmacy side the Plan has extended the supply of HIV medications for 371 members, relaxed refill restrictions such as early refills and 30-day refills without a script, allowed over 13,000 early refill overrides, provided prescription refill support offered free home delivery, 90-day refills for chronic medications and during COVID, the Plan allowed the use of Out-of-Network pharmacies.

Dr. Shah stated that during this pandemic, MetroPlus has delivered 10,000 food boxes to high need members. The Plan is continuing its work assisting members with housing. During the pandemic 16 members were placed in permanent housing and 28 members were placed in supportive housing.

Mr. Milliner reported that the Growth Division has implemented the usage of several new technology platforms to increase brand awareness and promotion of the Plan's sales force accessibility during the COVID-19 Pandemic. A virtual office was created for consumers to find a Marketplace Facilitated Enroller (MFE) that speak their language in their neighborhood via the MetroPlus website. Zoom and Skype presentations, virtual town hall meetings, text & email blast campaigns, Facebook Live, live feeds on the

MetroPlus web page and other forms of video conferencing have become an effective way to conduct group presentations during the quarantine. Several videos have been posted to YouTube to promote MetroPlus and methods in which consumers could contact us. MFEs have begun utilizing their personal "Social Media" accounts/channels such as Facebook, Instagram, Linked-In and Twitter to share personalized representative flyers and business cards.

Dr. Shah stated that all utilization management has been suspended during the pandemic. Dr. Shah stated there is no de-credentialing of participating providers that are in good standing and there has been an addition of medical professionals to practice in New York State if they are in good standing in any State, without registration in New York. The Plan has accelerated claims processing to assure cash flow to providers, extended timeframe for claim submissions, 90 days to 180 days and postponed implementation of exclusion of OON labs not to limit testing capacity.

The new provider portal was launched on January 16, 2020. At this time, approximately 1,400 providers have signed on. The portal includes access to pay-for-performance dashboards, utilization reports, online authorizations, service code lookups, secure messaging, and online claim submission.

Ms. Leverich advised the Board that MetroPlus has seen a 10% reduction in paid claims compared to the same time period in 2019. The cost reduction is primarily being driven by IP Beacon: -38%, Ambulatory Surgery: -48%, Emergency Dept: -20%, Lab & Radiology: -28%, Primary Care: -38% and Specialty Care: -40%. Ms. Leverich stated that at the same time the Plan is seeing a 7.6% increase in expense for inpatient admissions.

Mr. John Cuda, MetroPlus' Chief Financial Officer, stated that, in anticipation of the COVID crisis, MetroPlus increased medical expense by an estimated \$3 million in the first quarter of 2020. This increase was offset by reduction in normal outpatient visit volume and elective surgeries related to the COVID crisis. MetroPlus anticipates \$16 million impact in April and \$7 million impact in May. New York State (NYS) has directed plans to extend grace periods placing some member revenue at risk for MetroPlus, \$70,000 to date. NYS directives also included additional extensions of Medicaid coverage, which has eliminated disenrollments impacting Plan membership and increasing revenue to the Plan. Revenue reduction coupled with increased underwriting expenses of \$2 million contributed to a Quarter 1 net loss of \$2.2 million. The Plan is working to track revenue and expenses while collecting additional actual claims data to take necessary actions to control expenses and revenue.

Mr. Cuda reported that, for the 3 months ended March 31, 2020, total administrative expenses of \$65.2 million were \$6.3 million or 9% under budget. Total personnel costs of \$34.5 million were \$2.9 million or 8% under budget due to 200 vacant positions. OTPS expenses of \$30.6 million were \$3.4 million under budget due to a \$1.2 million dollar favorable-spend in clinical and fulfillment services, MetroPlus has purchased gloves, masks and 200 laptops for telecommuting staff in addition to incurring additional cleaning services expenses. All of those expenses are being tracked as COVID-19 expenditures to be reported to FEMA.

Mr. Cuda reported that there has been a 1.5% Across the Board (ATB) budget cut imposed by NYS. 1% reduction is equivalent to (-\$28M). 0.5% additional rate cut effective April 2020 will have an additional impact of (-\$9M) to generate a \$37 million reduction. The Quality Pool was reduced January - March 2020 with a loss of \$6 million but was restored at 50% from April - Dec 2020. Anticipated \$7.9 million (compared to \$24 million previously). Numerous revenue cuts plus anticipated COVID expenses have reduced projected surplus from 2019 by \$88 million. MetroPlus actions toward these reductions include, but are not limited to: position elimination, scrutiny of backfill staffing and new hires, increased focus on Special Investigations Unit activities for savings related to fraud, waste and abuse, disallowing physician office testing outside of their specialty, and reduction of MetroPlus travel, food and training budgets.

Mr. Cuda reported that HRA sent a list of members to NYS Plans requesting the return of premiums for members who were identified as Medicare eligible for the period beginning October 2015 through October 2019. Over 6,000 MetroPlus members were identified representing \$23 million in premiums owed to NYS. The New York State Department of Health has agreed to pay the claims for the members included in the recoupment activity. The Plan has valued this at \$20 million. The net loss to MetroPlus is \$3 million. The Supreme Court ruled in favor of a class action suit in which MetroPlus participated and the Plan is entitled to approximately \$31 million dollars.

Mr. Ryan Harris, MetroPlus' Chief Human Resources Officer gave the Board an update regarding staff during the pandemic. Currently 69 employees have reported COVID related symptoms with 36 employees confirmed positive and unfortunately, two staff have passed away. The MetroPlus Human Resources department has been conducting daily health checks for symptomatic, COVID positive or are in self-quarantine employees. MetroPlus has recently hired its first Senior Director of Customer Experience. This role will centralize all member and provider complaints and will be responsible to oversee process improvement. It will focus on member experience throughout the company to improve retention. Currently MetroPlus has 168 vacant positions with an approximate salary expense of \$12.6 million. Based on State budget uncertainty, the Plan has put 22% (41) of these positions on freeze for annualized savings of \$2.8 million and 23 positions were eliminated.

Dr. Shah informed the Board that a Behavioral Health Administrative Director has been hired. The Quality Department will incorporate behavioral health service requirements by the end of the first Beacon contract extension. Case Management services will transition gradually with Beacon staff attrition. The Plan is working with NYS on the extended contracting and transition plan, this is expected to be completed by the end of 2021. Dr. Shah stated that the Plan is proceeding with implementation throughout the COVID crisis and will present its transition plan and implementation activities at a future Board meeting.

Ms. Leverich stated that Medicare financial performance has been restated from a loss of \$9.3 million to a loss of \$6.8 million. The release of prior year IBNR put a positive \$2.44 million in net income for the Medicare line of business. The Plan engaged HMA to assist with optimizing Medicare

opportunities and to identify cost containment initiatives, to date; no glaring gaps have been identified. The expected loss for 2020 is \$2.2 million.

Dr. Shah stated that Medicare patients with chronic low back pain would have acupuncture as a covered benefit beginning 2020. Up to 12 visits in 90 days are covered. This change requires the Plan contract with providers, update system configuration, member materials, and develop UM policies. MetroPlus' Medicare bid for 2021 is extremely aggressive. MetroPlus' application for the MAP plan has been completed and submitted for approval.

Ms. Kathryn Soman, MetroPlus' Director of Communications, reported that MetroPlus Health Plan is rebranding after 35 years. The Plan's new brand will send the message that MetroPlus is committed to members' health and well-being in the fullest sense of those words. Honoring this new perspective, the Plan is rebranding as **MetroPlusHealth**. The name of the company will remain MetroPlus Health Plan however; the new logo was launched mid-March on the Plan's website, social media platforms, advertising, letterhead, signage and promotional items.

ACTION ITEMS

The first resolution was introduced by Mr. Christopher Roker, Chair of the MetroPlus Finance Committee.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with Buck Global, LLC to provide actuarial and managed care consulting services for an amount not to exceed \$3.3 million the first three years, (\$1.0 million for year 1, \$1.1 million for year 2, \$1.2 million for year 3) and \$2.7 million for a 4th and 5th year option (\$1.3 million year 4 and \$1.4 million year 5).

Ms. Hernandez-Piñero stated that the resolution was fully reviewed at the Finance Committee on May 15, 2020.

After discussion, the adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

The second resolution was also introduced by Mr. Roker.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with Wakely Consulting Group, LLC to provide actuarial and managed care consulting services for an amount not to exceed \$3.3 million the first three years, (\$1.0 million for year 1, \$1.1 million for year 2, \$1.2 million for year 3) and \$2.7 million for a 4th and 5th year option (\$1.3 million year 4 and \$1.4 million year 5).

Ms. Hernandez-Piñero stated that the resolution was fully reviewed at the Finance Committee on May 15, 2020.

After discussion, the adoption of the resolution was duly seconded and unanimously adopted by the MetroPlus Board of Directors.

The third resolution was introduced by Ms. Hernandez- Piñero.

Approving a resolution to be presented to the New York City Health + Hospitals ("NYC Health + Hospitals") Board of Directors to approve the replacement of Tamira Boynes with the appointment of Soraya Pares as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus"), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws of MetroPlus.

EXECUTIVE SESSION

The Board of Directors convened in Executive Session. The session took place from 3:53 P.M. to 3:59 P.M. In the Executive Session the Board discussed personnel matters.

When the meeting reconvened in open session, Ms. Hernandez-Piñero asked for a vote to submit a resolution to NYC Health + Hospitals to approve the replacement of Tamira Boynes with the appointment of Soraya Pares as a member of the Board of Directors of MetroPlus Health Plan.

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

There being no further business Ms. Hernandez-Pinero adjourned the meeting at 4:01 P.M.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
June 25, 2020

CORONAVIRUS UPDATE

NYC Health + Hospitals is Open and Safe for Care

As the City prepares for Phases 2 and 3 of the reopening, we are urging all New Yorkers to seek the care they need and deserve, and we stand ready to care for all patients safely and effectively whether they are existing patients or new to the system who need ongoing, preventative or emergency care. Patients in need of in-person appointments or who are seeking emergency care, will experience a new, safer patient environment. Our reopening plans includes: 1) increasing capacity to perform a higher number of scheduled medically necessary surgeries for existing patients; 2) increasing the capacity of limited in-person ambulatory care visits across the health system, while maintaining our hugely successful telehealth apparatus; 3) changing the physical layout of our emergency departments to maximize distance between patients in waiting rooms and care areas, while creating new spaces for isolation and negative pressure rooms to prevent the spread of diseases such as COVID-19; and 4) continuing to test and trace positive cases for COVID-19.

Yesterday morning, Senior VP and Chief Quality Officer Dr. Eric Wei, testified before the NYC Council Committee on Hospitals and shared our health system's reopening plans, highlighting all of the work we have done to ensure our patient care sites are safe and ready to offer care to New Yorkers. Dr. Wei also shared that effective this week, NYC Health + Hospitals will ease restrictions on visitations in all of its 11 acute-care hospitals for the first time since the COVID-19 peak. Visits at each of the hospitals will be limited to just one visitor at a time per patient for four hours a day. Visitors will be advised to perform meticulous hand hygiene, be required to wear appropriate personal protective equipment (PPE), and undergo symptom and temperature checks upon entering the hospital.

New COVID-19 Centers of Excellence

The global public health community anticipates uncovering the long-term impacts of COVID-19 for generations to come. However, NYC Health + Hospitals is proactively establishing COVID-19 Centers of Excellence to begin caring for those who have already been impacted by this vicious virus. Three new NYC Health + Hospitals/Gotham Health sites will open this fall in communities of color that have been hardest-hit by the COVID-19 pandemic and provide the foundation for long-term health recovery. These new health centers in Bushwick, Jackson Heights, and Tremont, will specifically provide pulmonary care, radiologic and diagnostic services, as well as mental health services to help address anxiety, depression, post-traumatic stress disorder, and psychological distress. When it comes to the novel Coronavirus, the global medical community is at an unprecedented

disadvantage of not knowing all of the facts and what to expect, but New York City won't wait around to start assessing the long-term health impacts of this pandemic.

Success of Telehealth Expansion in Response to COVID-19

Earlier this month we marked an important milestone in our efforts to keep patients connected to care through our telehealth services. Within a week of documented community spread of the virus in NYC, we were able to convert all routine face-to-face visits to televisits, or scheduled telephonic visits. We quickly scale up, going from just 500 billable virtual visits in the month prior to the COVID-19 pandemic, up to nearly 57,000 in the first three weeks of the pandemic, and more than 235,000 televisits to-date. We also handled approximately 13,000 patient messages over six weeks during the pandemic through our MyChart patient portal, which allows patients to directly communicate with their care teams. Our transformation work over the past two years and our smart investments -- to expand telehealth services and adopt a unified electronic medical record system -- really served to lay the groundwork for this success.

NYC TEST & TRACE CORPS UPDATE

This month, the NYC Test & Trace Corps launched more testing sites and mobile testing vans serving the hardest-hit communities. Widespread testing remains our best defense against the virus and we are building capacity to reach 50,000 tests per day by July.

We also began our Trace work and have attracted and quickly onboarded a cadre of talented, passionate and trained professionals committed to improving public health -- many from NYC neighborhoods hardest hit by COVID-19 -- who have joined NYC Health + Hospitals to serve as Contact Tracers under the NYC Test & Trace Corps. They play a critical role in supporting New Yorkers who test positive for COVID-19 and identifying their close contacts to help prevent the spread of the virus. The work of our Trace team has already yielded great results:

- The Test & Trace Corps is actively monitoring 6,395 cases.
- They have reached 97% of cases with a phone number, and 84% of those were reached within 24 hours.
- Of those who completed an interview, 74% offered at least one contact.
- Through these efforts the Test & Trace Corps identified 652 symptomatic contacts. We estimate that assisting these New Yorkers to separate safely has potentially prevented more than 2,000 additional new Covid-19 infections.
- New Yorkers are taking advantage of the Resource Navigators. These navigators assist with food and pharmacy delivery among other services. More than 2,000 have taken advantage of this program.

UNITED IN SILENT REFLECTION AGAINST HATE

2020 has been an extremely challenging and devastating year for our country with the disparaging effects of COVID-19 especially on Black and Brown communities, the biased attacks against Asians and other ethnic groups, 40+ million Americans unemployed, and the recent horrific police abuse that caused the death of George Floyd.

Health care professionals across the country and in NYC this month joined the 'White Coats for Black Lives' movement in solidarity with thousands of Americans who have taken to the street to protest the repeated injustices.

I want to thank Dr. Allen and Natalia Cineas for sharing their solidarity, personal perspective and support for members of our workforce who have experienced the pain of injustice. I was particularly proud to support our staff in standing firm against racism and violence at a June 9 demonstration and moment of silence outside our facilities to honor the life and memory of George Floyd. The demonstration observed 8 minutes and 46 seconds of silence.

Staff all across our health system donned their masks, kept 6ft apart and shared the moment of silent reflection together as a powerful symbol of our unity, our values and our respect for our staff, patients and community.

We are taking additional action to support NYC Health + Hospitals' ongoing efforts to promote racial and social equity. Our Human Resources Office of Diversity and Inclusion will be offering unconscious bias training to all employees - to recognize and address the effects of bias, and learn strategies to mitigate against implicit bias in the workplace. And next month we will launch a series of anti-racism dialogue sessions to hold real time, anonymous conversations with employees on the topic of implicit bias and racism.

FINANCE UPDATE

NYC Health + Hospitals is targeting to close the fiscal year with approximately \$600M cash-on-hand, which includes major transactions that are in process including, State UPL and DSH payments, CARES Act funding, and a FEMA reimbursement advance.

- The system is still losing approximately \$23M per week due to volume declines, however, we have begun to see an uptick in recent weeks (OP visits are up 4%, IP admissions up 2%) and will continue to improve as NYC enters Phase 2.
- Medicaid enrollment has increased nearly 5% which is expected to provide some financial benefit since these members will be enrolled in VBP arrangements.
- H+H is continuing to develop its three-phased budget strategy for FY21 which will include major themes such as continued move to VBP, implementation of initiatives endorsed by the MRT II, and increasing access to telehealth services in a post-COVID environment.
- We signed an MOU with the City of New York related to the Test & Trace program and held its first interagency working group aimed at

coordinating policy and financial resources among the involved City agencies.

NYC Health + Hospitals has updated its claim submission to FEMA from the initial value of \$650M up to over \$1B. The change encompasses the increased scope that the system undertook including setting up the field hospitals (Billie Jean King Tennis Center and Brooklyn Cruise Terminal) and higher-than-anticipated contracted staffing commitments for nursing and respiratory therapists due to greater levels of staff absences and higher patient volume.

Thanks to our ongoing advocacy efforts, the health system received an additional \$277.6M from the \$10B CARES Act safety-net hospital allocation, bringing the total CARES Act relief received by the system to \$1.1B. We are continuing to assess the distribution methodology for this payment to ensure that we received the appropriate allocation.

HEALTH SYSTEM NEWS ANNOUNCEMENTS

- [Health System Eases Restrictions on Visitors for First Time Since COVID-19 Peak](#)
- [Health System Re-Engineers Clinic Space to Provide Safe Care After COVID-19 Surge](#)
- [Mayor De Blasio Expands NYC Health + Hospitals COVID-19 Testing Sites Citywide and Opens Mobile Units](#)
- [Mayor De Blasio Updates New Yorkers on New Testing Goals and Tracing Progress To Date](#)
- [NYC Health + Hospitals Will Offer New On-Site Hemodialysis Treatment for Post-Acute Residents](#)
- [Mayor De Blasio Announces Expansion of NYC Care to Manhattan and Queens](#)
- [NYC Health + Hospitals Will Open Three New COVID-19 Centers of Excellence](#)
- [NYC Health + Hospitals Announces Success of Telehealth Expansion During COVID-19 Pandemic](#)
- [City Opens Testing to All New Yorkers as Test & Trace Corps Officially Launches](#)
- [Mayor De Blasio Announces 'Take Care Initiative' to Help New Yorkers Safely Separate](#)
- [Annabel Palma Appointed NYC Test & Trace Corps' Lead Equity Officer](#)

- [3 Public Hospitals Ease Restrictions on Visitation as Part of State Pilot Program](#)
- [Mayor's Office of Media & Entertainment Launch "Music for the Soul"](#)
- [Modern Healthcare Names Katz, Cineas to "50 Most Influential Clinical Executives" List](#)

RESOLUTION – 02

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute an agreement with **NorthStar Recovery Services, Inc.** (“NorthStar”) to provide as needed emergency incident recovery services to the System over a three-year term with two one-year renewal options exercisable solely by the System.

WHEREAS, disasters such as Superstorm Sandy require immediate disaster recovery services; and

WHEREAS, in the immediate aftermath of a major disaster there is not enough time to properly procure such recovery services and there is a risk that the services that can be engaged at the time will be overpriced; and

WHEREAS, it is better practice to competitively procure in advance standby disaster recovery services that will be available to the System if there is a major disaster at pre-determined rates; and

WHEREAS, after approvals by the Contract Review Committee, the System issued a request for proposals, evaluated three proposals and determined to award a contract to the highest-rated proposer named Belfor Property Restoration, Inc. (“Belfor”); and

WHEREAS, an application to enter into contract with Belfor was approved by the Board of Directors at their meeting on June 20, 2019; and

WHEREAS, In August, 2019, six federal entities jointly released, “Managing Solid Waste Contaminated with Category A Infectious Substances” that includes guidance for healthcare facilities; and

WHEREAS, in reviewing our system-wide approach to all-hazards emergency incident recovery services, specifically Category A waste remediation, Belfor does not have the capabilities to meet our needs.; and

WHEREAS, NorthStar, the second highest rated proposer, has safely and effectively provided Category A waste remediation services to NYC Health + Hospitals / Bellevue since 2013, including during its care of NYC’s single, confirmed Ebola patient.; and

WHEREAS, no funds are allocated to the proposed contract because the amount of money needed cannot be predicted and will have to be provided based on the circumstances upon a declaration of emergency by the President of the System; and.

WHEREAS, the contract can be utilized only following a declaration of emergency by the President of the System; and

WHEREAS, the proposed agreement will be managed by the Senior Vice President - Chief Quality Officer on behalf of the President of the System.

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized execute an agreement with NorthStar Recovery Services, Inc. to provide as needed emergency incident recovery services to the System over a three-year term with two one-year renewal options exercisable solely by the System.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH NORTHSTAR RECOVERY SERVICES, INC.
FOR AS NEEDED DISASTER RECOVERY SERVICES

BACKGROUND: Superstorm Sandy necessitated the System to retain a vendor to provide immediate disaster recovery services such as pumping out water, providing emergency generators, making emergency electrical repairs, etc. Under the pressure of the disaster, it was impossible to conduct a proper competitive procurement for such services. Signal Restoration, engaged as a subcontractor through Crothall for immediate service following Superstorm Sandy, was paid \$131.4M between October 2012 and November 2013. FEMA ultimately accepted the appropriateness of such arrangement but, from Sandy, the System learned the potential benefits of procuring such services in advance to be available if and as needed. Accordingly, in December 2013 the System awarded a 3 year contract with one 2-year renewals to LVI Services as a result of an RFP. LVI changed its name to Northstar Recovery services following a merger. The current contract expired November 30, 2018 and was extended to September 30, 2020.

PROCUREMENT: The System issued a Request for Proposals on March 08, 2019. Walk-throughs of six facilities were conducted on March 25, 2019 and March 26, 2019. Three proposals were received, evaluated and scored. Through this process the Selection Committee evaluated the proposals on the basis of (1) resource mobilization and response time, (2) experience, (3) cost, (4) preventative recommendations and (5) MWBE utilization plan. Belfor Property Restoration was selected on these criteria but subsequently determined to be unwilling and unable to meet our needs as they pertain to “Managing Solid Waste Contaminated with Category A Infectious Substances” as jointly released by 6 federal entities in August 2019.

NorthStar scored highest in ‘Experience’ and ‘Preventative Recommendations’, tied with Belfor in ‘Resource Mobilization / Response Time’, but scored less favorably in ‘Cost’ and ‘MWBE Utilization’ plan. NorthStar has since committed to a 30% utilization plan.

BUDGET: Budget authorization is contingent on a declaration of emergency by the President of the System. The amount of money that would be needed to respond to an emergency cannot be estimated in advance and will have to be evaluated at the time.


MWBE: NorthStar has committed to 30% utilization of MWBE services

TERM: The term of the proposed agreements is three years with two one-year options to renew solely exercisable by the System.

CONTRACT TERMS: As part of the RFP process, NorthStar committed to prices for an extensive list of goods and services that might reasonably be expected to be needed following a disaster. In awarding the contract to NorthStar, the cost component was based on these committed prices. The proposed contract does not commit the System to use NorthStar but the firm is available to provide services if and when needed. The services to be provided would be defined in a work order issued following a Declaration of Emergency issued by the System’s President. The proposed agreement with Belfor requires adherence to System policies for the procurement of any goods or services not already priced by the vendor in the contract and adherence to FEMA policies such that FEMA reimbursement is assured to the extent possible.

VENDEX: Approved

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: NorthStar Recovery Services, Inc.

Date: June 25, 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.

Emergency Incident Recovery Services

NorthStar Recovery Services, Inc.

Board of Directors Meeting

July 30, 2020

Eric Wei, Senior Vice President and Chief Quality Officer
Christine Flaherty, Senior Vice President, Facilities Development
Paul Albertson, Vice President, Supply Chain
Madeline Tavarez, Senior Director, Emergency Management



Background

- In August, 2019, six federal entities jointly released, “Managing Solid Waste Contaminated with Category A Infectious Substances” that includes guidance for healthcare facilities, noting that:
 - Category A infectious substances are capable of causing permanent disability or life-threatening or fatal disease in otherwise healthy humans or animals when exposure occurs.
 - Viral hemorrhagic fevers (e.g., Ebola, Lassa, Marburg) and Monkeypox, Nipah and Smallpox, amongst others, may generate Category A waste in patients who test positive for these diseases.
- Vis a vis these recommendations, in reviewing our system-wide approach to all-hazards emergency incident recovery services, specifically Category A waste remediation, Belfor inability to meet our needs.
- NorthStar Recovery Services, Inc., the second highest rated proposer, has safely and effectively provided Category A waste remediation services to NYC Health + Hospitals / Bellevue since 2013, including during its care of NYC’s single, confirmed Ebola patient.
- NorthStar scored highest in ‘Experience’ and ‘Preventative Recommendations’, tied with Belfor in ‘Resource Mobilization / Response Time’, but scored less favorably in ‘Cost’ and ‘MWBE Utilization’ plan.



Procurement Process

- Application to issue RFP approved by CRC on 3/05/19
- RFP was issued 3/8/2019 for an all-hazards recovery services contract
 - Sent directly to 9 vendors
 - Published to City Record
- Facility walk-throughs were conducted on 3/25/2019 and 3/26/2019 for vendors to gain awareness with the diverse infrastructure
 - Gouverneur, Bellevue, Metropolitan, Lincoln, Coley, and Coney Island
- 4 vendors participated in walk-throughs, led by Emergency Management and Directors of Engineering
- Proposals were due on 4/5/2019 and 3 responsive proposals received
- Belfor was subsequently selected as the NYC H+H Emergency Incident Recovery Services partner, approved by the Finance Committee and Board in June 2019



NorthStar Current State

- Superstorm Sandy necessitated H+H to retain a vendor skilled in emergency management to recover from such a large and severe incident
- Signal Restoration, engaged as a subcontractor through Crothall, was engaged for immediate service following Superstorm Sandy, was paid \$131.4M between October 2012 and November 2013
- In December 2013, LVI Services was awarded 3-year contract, with one, 2-year renewal, as a result of an RFP (LVI changed its name to NorthStar Recovery Services following a merger)
- Cost of NorthStar for the 5 years (12/1/13 – 11/30/18) is \$2,501,061 for Ebola
- The contract with NorthStar extended, via Amendment, which expires 9/30/20



Contract Operations Overview

- **Who:** Contract can only be activated following a Declaration of Emergency by NYC Health + Hospitals' President & CEO
 - Managed by Central Office Emergency Management via established Incident Assessment & Activation Matrix
 - Assumes incident impacts have exhausted all internal and third party resources (e.g., current vendor contracts)
 - Contract does not commit System to use NorthStar, but assures firm's availability on an as-needed basis
- **When:** Forecasted Emergency Incident (e.g., weather event)
 - NorthStar will provide pre-planning details to COEM at least 72 hours before forecasted incident onset & coordinate immediate pre-arrival and pre-positioning of resources.
 - Acute Emergency Incident (e.g., fire)
 - Within 1 hour of notification by COEM, NorthStar will confirm receipt and provide on-site ETA.
 - NorthStar will arrive at impacted sites within 12 hours of initial communication; average response time is <2hours.
 - Within 24 hours of initial response, COEM will provide NorthStar with initial Task Order.
- **Why:** "Overpreparedness" fallacy
 - Mitigation and preparedness costs (life, property and reputation) are always significantly less than recovery costs.
 - Negotiating and securing competitive procurements during "blue skies" always more cost-effective.
 - Ensures, to th extent possible, FEMA-compliant reimbursement documentation.



NorthStar COVID-19 Response

- NorthStar played key role in delivering increased surge capacity at H+H
 - 350 new beds for Coler (Roosevelt Island Medical Center)
 - Dialysis dens at Carter and Coler
 - Increasing flex ICU beds at Bellevue, Lincoln and Elmhurst
 - Supplied critical labor during peak of surge (test fit, decedent management & supplies)

- NorthStar has demonstrated an ability to utilize MWBE partners during COVID-19
 - Across 30 emergency task orders 5 MWBE's utilized with anticipated expenditures of over \$14M, representing over 23% utilization (inclusive of supply and specialized non construction labor task orders)

- NorthStar's MWBE opportunity will slightly vary based upon type of emergency.



MWBE Utilization Plan

- NorthStar has since committed to meeting the 30% MWBE spend on sub-contracting

SUBCONTRACT PARTNER	CERTIFIED	AGENCY	SCOPE
Akcel Systems, Inc.	MBE	NYC	HVAC Controls, Instrumentation & Controls, Building Automation Systems.
AMG Demolition, Inc.	WBE	NYS	Selective Demolition, General Trade Labor and Cleaning
GRR Cooling Experts Inc.	WBE	NYC	HVAC and Sheet Metal, A/C and Heating Install
Cardoza Plumbing Corp.	MBE	NYC	Furnish and Install Plumbing Piping, Fixtures and Equipment
Eurotech Construction Corp.	WBE	NYC	Specialty Trades, Drywall, Concrete, Masonry, Plastering, Lath & Acoustics



NorthStar Financial Considerations

- NorthStar Recovery Services has stated no FEMA claim has ever been denied by a commercial insurance carrier for labor, equipment, or supply pricing rates.
- NorthStar Recovery Services has stated its rates are regularly reviewed by all major property insurance carriers to ensure price competitiveness.
- These same commercial insurance rates are afforded to NYC Health + Hospital's via contract.
- NorthStar Recovery Services must pay prevailing wage for all labor for this contract.



VENDOR PERFORMANCE EVALUATION

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?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
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 Satisfactory	Satisfactory



Need to Manage Category A Waste

- NYC Health + Hospital's role as the City's municipal healthcare delivery system demands our readiness to safely manage "all hazards", including highly infectious diseases and any Category A waste that is generated.
- Managing Category A waste was published in August 2019, as a new federal healthcare guideline, with which H+H is obligated to demonstrate compliance.
- The new federal guideline was published after NYC H+H had concluded its RFP for an Emergency Incident Recovery Services partner. Due to the selected vendor's (Belfor) inability to provide Category A waste remediation service, we are seeking approval to enter into a contract with NorthStar Recovery Services, to provide Emergency Incident Recovery Services



Board of Directors Request

- Given our need to expand the scope of system-wide emergency incident recovery services to include Category A waste remediation, we are seeking approval to enter into contract with NorthStar Recovery Services:
 - 3 year contract with two 1-year options to renew
 - \$0 cost
 - NorthStar agrees to conduct annual readiness assessments and associated deliverables at no cost to NYC Health + Hospitals



RESOLUTION - 03

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a revocable 5-year license agreement with **Eyes and Optics, Inc.** (“Licensee”) for its continued occupancy of space for optical stores at NYC Health + Hospitals/Harlem (“Harlem”), NYC Health + Hospitals/Lincoln (“Lincoln”), NYC Health + Hospitals/Metropolitan (“Metropolitan”), NYC Health + Hospitals/Bellevue (“Bellevue”), NYC Health + Hospitals/Jacobi (“Jacobi”), NYC Health + Hospitals/Kings (“Kings”), NYC Health + Hospitals/Woodhull (“Woodhull”), NYC Health + Hospitals/Gouverneur (“Gouverneur”) and NYC Health + Hospitals/Queens (“Queens”) at occupancy rates of \$65.62/ft. at Harlem, \$40.73/ft. at Lincoln, \$82.59/ft. at Metropolitan, \$88.25/ft. at Bellevue, \$75.63/ft. at Jacobi all to be to be annually escalated by 2.5% and \$35.82/sf at Kings, 56.65/sf at Woodhull, \$52.16/sf at Gouverneur and \$57.00 at Queens all to be annually escalated by 3% a total annual fee of \$214,852.50 for a 5 year total of \$1,136,474.71.

WHEREAS, in April 2010, the System’s Board authorized a license agreement with the Licensee’s predecessor to continue operation of optical stores on at Harlem, Lincoln, Metropolitan, and Bellevue and in December 2017 the Board authorized a license agreement for Jacobi; and

WHEREAS, the System’s Board adopted resolutions authorizing Licensee’s continued operation of optical stores as follows: in November 2019 at Kings, in July 2018 at Woodhull, in July 2017 at Gouverneur and in February 2020 it authorized a new store at Queens; and

WHEREAS, Licensee provides inexpensive optical services, including filling new prescription eyeglasses, examining eyes, prescribing and fitting contact lenses, and selling contact lens supplies, and;

WHEREAS some of the stores have operated under the “Cohen Optical” name, some under the “GVS” name and some under the “Eyes and Optics” name, however all were managed by the same principles with the Cohen and GVS stores being franchises; and

WHEREAS, in the future all the stores will be operated by under the Eyes and Optics name; and

WHEREAS, to simplify administration it is proposed to put all sites in a single agreement so they expire at once though some were recently approved and are not now due to expire; and

WHEREAS, Licensee’s stores have benefited the hospital patients and communities served.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to sign a revocable 5-year license agreement with Eyes and Optics, Inc. for its continued occupancy of space for optical stores at NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Lincoln, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/Bellevue, NYC Health + Hospitals/Jacobi, NYC Health + Hospitals/Kings, NYC Health + Hospitals/Woodhull, NYC Health + Hospitals/Gouverneur and NYC Health + Hospitals/Queens at occupancy rates of \$65.62/ft. at Harlem, \$40.73/ft. at Lincoln, \$82.59/ft. at Metropolitan, \$88.25/ft. at Bellevue, \$75.63/ft. at Jacobi all to be to be annually escalated by 2.5% and \$35.82/sf at Kings, 56.65/sf at Woodhull, \$52.16/sf at Gouverneur and \$57.00 at Queens all to be annually escalated by 3% for a total annual fee of \$214,852.50 and a 5 year total of \$1,136,474.71.

**EXECUTIVE SUMMARY
LICENSE AGREEMENT
EYES AND OPTICS, INC.**

**NYC HEALTH + HOSPITALS/HARLEM, NYC HEALTH + HOSPITALS/LINCOLN,
NYC HEALTH + HOSPITALS/METROPOLITAN, NYC HEALTH +
HOSPITALS/BELLEVUE AND NYC HEALTH + HOSPITALS/JACOBI
NYC HEALTH + HOSPITALS/KINGS, NYC HEALTH + HOSPITALS/WOODHULL,
NYC HEALTH + HOSPITALS/GOUVERNEUR AND NYC HEALTH + HOSPITALS/QUEENS**

OVERVIEW: Authorizing the System to execute a revocable license agreement with Licensee for its continued use of space to operate optical stores at Harlem, Lincoln, Metropolitan, Bellevue, Jacobi, Kings, Woodhull, Gouverneur and Queens.

In April 2010, the Board of Directors authorized license agreements with Licensee to operate optical stores at Harlem, Lincoln, Metropolitan and Bellevue. In December 2017 the System's Board authorized license agreements with Licensee, or its predecessor, for the operation of optical stores as follows in December 2017 at Jacobi, in November 2019 at Kings, in July 2018 at Woodhull, in July 2017 at Gouverneur and in February 2020 at Queens for a new store. The stores at Bellevue, Harlem, Metropolitan and Lincoln have been operated as GVS/Cohen franchises. Going forward, these stores will be operated as Eyes and Optics stores. The stores located at Woodhull, Kings and Gouverneur have always been operated as Eyes and Optics stores. The store to be opened at Queens Hospital Center will be an Eyes and Optics store. All of such stores have always been operated by the same principals whereas the GVS/Cohen stores were franchises, the Eyes and Optics stores were not.


**NEED/
PROGRAM:** The optical services provided by Licensee's stores have benefited the patients and the communities served by the hospitals. Licensee will provide low cost optical services including filling new prescription eyeglasses, examining eyes, prescribing and fitting contact lenses, selling contact lens supplies.

TERMS: Licensee will be granted the use of approximately 3,220 square feet of space at the nine hospitals. Licensee will pay a total annual occupancy fee of approximately \$215,852 for the nine sites. The occupancy fees at each facility are the fair market value rate. The locations operated under Board authorizations adopted since 2017 continue at the FMV and annual increases set at the time of their original authorizations. The locations whose licenses are due to expire soon have been set at new FMV rates set according to opinions of value recently prepared and attached. Licensee will pay an occupancy fee of \$65.62/ft. at Harlem, \$40.73/ft. at Lincoln, \$82.59/ft. at Metropolitan, \$88.25/ft at Bellevue and \$75.63/ft. at Jacobi to be escalated by 2.5% per year. The Licensee will pay \$35.82/sf at Kings County, \$56.65/sf at Woodhull, \$52.16/sf at Gouverneur, and \$57.00/sf at Queens to be escalated by 3% per year. The total fee for the five-year term will be approximately \$1,136,475.

The license agreement will be for five years and shall be revocable by either party upon 30 days' notice. Terminations may be made on a site by site basis.

VENDEX: Approved

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: Eyes & Optics

Date: January 23, 2020

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

Vendor Responsibility

Approved

EEO

N/A

MWBE

N/A

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

SAVITT PARTNERS

July 17, 2020

Mr. Dion Wilson
 Legal Affairs – Office of the General Counsel
 NYC Health + Hospitals Corporation
 125 Worth Street
 New York, NY 10013

Bellevue, Metro, Harlem, Lincoln
 Re: Eyes & Optics – Lease Extensions and Renewals

Dear Dion:

You have asked us to update the fair market value rents and the projected increases in rents for the following optical “stores” within the following hospital centers:

GVS/Cohen’s Fashion Optical
 Bellevue Hospital Center
 Metropolitan Hospital Center
 Harlem Hospital Center
 Lincoln Medical Center

We had previously evaluated the GVS/Cohen’s Fashion Optical locations for their optical stores at Bellevue Hospital Center, Metropolitan Hospital Center, Harlem Hospital Center, and Lincoln Medical Center with leases either due or coming due. Those locations were evaluated throughout May 2015, and each respective report was finalized on May 10, 2015. It is also our understanding that these four locations will be rebranded under the Eyes & Optics designation, a provider of optical services to other NYC Health + Hospitals locations. We understand that the principal owners of both Eyes & Optics and GVS/Cohen’s Fashion Optical are the same.

The following chart illustrates the breakdown of the stores by location, size, current rent and rent escalations. It is intended that these four locations will have a 2.5% escalator as the leases are extended going forward. This 2.5% escalator is consistent with current market values and conditions.

					Year 1	Year 2	Year 3	Year 4	Year 5	
Facility	Current Rent	Escalator	Sq Footage	PSF	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	Total
Bellevue	\$86.10	2.5%	457	\$88.25	\$40,330.25	\$41,338.51	\$42,371.97	\$43,431.27	\$44,517.05	\$211,989.04
Metropolitan	\$80.59	2.5%	700	\$82.59	\$57,813.00	\$59,258.33	\$60,739.78	\$62,258.28	\$63,814.73	\$303,884.12
Harlem	\$64.02	2.5%	100	\$65.62	\$6,562.00	\$6,726.05	\$6,894.20	\$7,066.56	\$7,243.22	\$34,492.03
Lincoln	\$39.74	2.5%	600	\$40.73	\$24,438.00	\$25,048.95	\$25,675.17	\$26,317.05	\$26,974.98	\$128,454.16
Total			1,857		\$129,143.25	\$132,371.83	\$135,681.13	\$139,073.16	\$142,549.98	\$678,819.35

It would be inappropriate to evaluate the value of these referenced spaces purely as retail. Despite the obvious benefit of the readily available retail client base, these spaces do not have the one most important value to be considered retail: street presence. Therefore, these spaces must be assessed as commercial property with a retail buildout and operation. Our assessment of the value of the tenant improvement for an optical, retail operation within the hospital at these specific locations would be that it is dramatically less than the cost for a typical store front optical store. These spaces are usually open (minimal walls or partitions) with extensive area for display cases.

It is apparent that proximity within these hospital complexes is attractive to this tenant. The provision of tenant services that are uncommon for retail facilities, i.e., 24-7 access and the provision of full-time services such as HVAC, repairs and maintenance, security, etc. must also be factored in this evaluation. However, when assessing the value, the fact that the client base is limited to foot traffic within these hospitals impacts the success of the tenant. The tenant has no opportunity to promote their presence and the average pedestrian walking by the building would not be aware of these retail operations.

As stated, we have been advised that these four locations may be combined with the other Eyes & Optics locations under one master lease. As the principals of both companies are the same, we are comfortable with that ownership's ability to maintain these locations and provide the proper services to its customers/patients.

I am a licensed real estate broker in New York and am familiar with current market rates for professional and commercial spaces near these properties.

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

Very truly yours,

A handwritten signature in black ink, appearing to read "Michael Dubin". The signature is fluid and cursive, with a long, sweeping underline.

Michael Dubin
Partner

Comparables**Bellevue Hospital Center** - 462 1st Avenue, New York, NY 10016

Address	Cross Streets	Square Feet	Price Per SF
421-427 Second Ave.	24 th St. & 25 th St.	500	\$96.00
455 Second Ave.	25 th St. & 26 th St.	834	\$100.00
533 Second Ave.	29 th St. & 30 th St.	1,400	\$100.00
365 First Ave.	21 st St. & 22 nd St.	2,500	\$76.00

Metropolitan Hospital Center - 1901 First Avenue, New York, NY 10029

Address	Cross Streets	Square Feet	Price Per SF
1824-1838 Second Ave.	94 th St. & 95 th St.	1,300	\$70.00
1810 Third Ave.	100 th St. & 101 st St.	866	\$80.00
1867 Second Ave.	96 th St. & 97 th St.	1,000	\$90.00
1956-1962 First Ave.	101 st St. & 102 nd St.	1,082	\$39.00

Harlem Hospital Center - 506 Malcolm X Blvd, New York, NY 10037

Address	Cross Streets	Square Feet	Price Per SF
123-125 W. 35 th Street	Adam Clayton Powell Jr. Blvd. & Malcolm X Blvd.	713	\$75.00
2254 Fifth Avenue	137 th St. & 138 th St.	1,000	\$72.00
541 Malcolm X Blvd.	137 th St. & 138 th St.	680	\$58.00
553-559 Lenox Avenue	138 th St. & 139 th St.	540	\$100.00

Lincoln Medical Center - 234 East 149th St, The Bronx, NY 10451

Address	Cross Streets	Square Feet	Price Per SF
245 E. 149 th Street	Morris & Park	4,700	\$38.00
321 E. 149 th Street	Courtlandt & Morris	3,600	\$40.00
293 E. 149 th Street	Courtlandt & Morris	1,000	\$30.00

Eyes and Optics

License Agreement – NYC H+H/Bellevue, Lincoln, Jacobi, Harlem,
Metropolitan, Gouverneur, Woodhull, Kings, Queens

Board of Directors
July 30, 2020

Presented by Christine Flaherty
Senior Vice President
Office of Facilities Development



NYC HEALTH+ HOSPITALS **Current State**

- Since 2002, optical stores have occupied space at H+H to compliment care and provide low cost options to patients and staff.
 - In November 2019 and February 2020, this Board approved separate resolutions for Eyes and Optics to occupy space at Kings County and Queens Hospital respectively.
 - Eyes and Optics also operates stores at Gouverneur, Jacobi and Woodhull.
 - Bellevue, Harlem, Lincoln and Met have expiring agreements in July 2020.
- This new resolution combines all nine sites into a single license on a single cycle to reduce Board time on renewals. The license will maintain facility autonomy so terminations can happen on a site by site basis.

Facility	Start	End
Bellevue	Jul-15	Jul-20
Harlem	Jul-15	Jul-20
Lincoln	Jul-15	Jul-20
Metropolitan	Jul-15	Jul-20
Gouverneur	Sep-17	Aug-22
Jacobi	Jan-18	Jan-23
Woodhull	Jan-19	Jan-24
Kings	Jul-20	Jul-25
Queens	<i>Agreement Pending Execution</i>	



Current State

- The stores located at Bellevue, Harlem, Lincoln, Metropolitan and Jacobi hospitals were operated as Cohen Fashion Optical or General Vision Service stores. In the future they will be operated as Eyes and Optics stores managed by the same principal that owns the GVS/Cohen stores.



Benefits to Patient and Staff

- Eyes and Optics complements the services provided by the hospitals' Ophthalmology practices.
- The stores are convenient for patients and staff.
- One-stop-shop to fill prescriptions for eye glasses, protective goggles, contact lenses and other related products.
- Offers moderate and low cost options for adults and children. They offer a low-cost option, \$20.00 for frames and lenses, and payments can be made in installments.
- Rental fees provide a modest source of revenue for the facilities.



Lease Terms and Revenue

- This combined agreement for nine sites will have a five year term expiring in 2025.
- Harlem, Lincoln, Metropolitan, and Bellevue new rates are 2.5% higher than current rates of their expiring July 2020 agreement. These are set at fair market value.
- Gouverneur, Jacobi, Queens and Kings will maintain their current rates from their original agreements.

				Year 1	Year 2	Year 3	Year 4	Year 5	
Facility	Escalator	Sq Footage	PSF	ANNUAL	ANNUAL	ANNUAL	ANNUAL	ANNUAL	Total
Harlem	2.5%	100	\$ 65.62	\$ 6,562.00	\$ 6,726.05	\$ 6,894.20	\$ 7,066.56	\$ 7,243.22	\$ 34,492.03
Lincoln	2.5%	600	\$ 40.73	\$ 24,438.00	\$ 25,048.95	\$ 25,675.17	\$ 26,317.05	\$ 26,974.98	\$ 128,454.16
Metropolitan	2.5%	700	\$ 82.59	\$ 57,813.00	\$ 59,258.33	\$ 60,739.78	\$ 62,258.28	\$ 63,814.73	\$ 303,884.12
Bellevue	2.5%	457	\$ 88.25	\$ 40,330.25	\$ 41,338.51	\$ 42,371.97	\$ 43,431.27	\$ 44,517.05	\$ 211,989.04
Jacobi	2.5%	675	\$ 75.63	\$ 51,050.25	\$ 52,326.51	\$ 53,634.67	\$ 54,975.54	\$ 56,349.92	\$ 268,336.88
Kings Cty.	3%	140	\$ 35.82	\$ 5,014.80	\$ 5,165.24	\$ 5,320.20	\$ 5,479.81	\$ 5,644.20	\$ 26,624.25
Woodhull	3%	308	\$ 56.65	\$ 17,448.20	\$ 17,971.65	\$ 18,510.80	\$ 19,066.12	\$ 19,638.10	\$ 92,634.86
Gouverneur	3%	100	\$ 52.16	\$ 5,216.00	\$ 5,372.48	\$ 5,533.65	\$ 5,699.66	\$ 5,870.65	\$ 27,692.45
Queens	3%	140	\$ 57.00	\$ 7,980.00	\$ 8,219.40	\$ 8,465.98	\$ 8,719.96	\$ 8,981.56	\$ 42,366.90
Total		3,220		\$ 215,852.50	\$ 221,427.11	\$ 227,146.43	\$ 233,014.24	\$ 239,034.43	\$ 1,136,474.71



Capital Committee Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a revocable 5-year license agreement with Eyes and Optics, Inc. (“Licensee”) for its continued occupancy of space for optical stores at NYC Health + Hospitals/Harlem (“Harlem”), NYC Health + Hospitals/Lincoln (“Lincoln”), NYC Health + Hospitals/Metropolitan (“Metropolitan”), NYC Health + Hospitals/Bellevue (“Bellevue”), NYC Health + Hospitals/Jacobi (“Jacobi”), NYC Health + Hospitals/Kings (“Kings”), NYC Health + Hospitals/Woodhull (“Woodhull”), NYC Health + Hospitals/Gouverneur (“Gouverneur”) and NYC Health + Hospitals/Queens (“Queens”) at occupancy rates of \$65.62/ft. at Harlem, \$40.73/ft. at Lincoln, \$82.59/ft. at Metropolitan, \$88.25/ft. at Bellevue, \$75.63/ft. at Jacobi all to be to be annually escalated by 2.5% and \$35.82/sf at Kings, 56.65/sf at Woodhull, \$52.16/sf at Gouverneur and \$57.00 at Queens all to be annually escalated by 3% a total annual fee of \$214,852.50 for a 5 year total of \$1,136,474.71.

