

<u>CALL TO ORDER - 2:00 PM</u>	Mr. Pagán
<u>Executive Session Facility Governing Body Report</u>	
<ul style="list-style-type: none"> ➤ NYC Health + Hospitals Bellevue ➤ NYC Health + Hospitals Coler Long-Term Care and Rehabilitation Center 	
<u>Semi-Annual Governing Body Report (Written Submission Only)</u>	
<ul style="list-style-type: none"> ➤ NYC Health + Hospitals Jacobi ➤ NYC Health + Hospitals NCB 	
<u>OPEN PUBLIC SESSION - 3:00 PM</u>	
1. Adoption of Minutes: November 19, 2020	Mr. Pagán
<u>Chair's Report</u>	
<u>President's Report</u>	Dr. Katz
<u>Annual Public Meeting Responses</u>	Ms. Brown
>> <u>Action Items</u> <<	
<p>2. Authorizing New York City Health and Hospitals Corporation (the "System") to authorize funding to continue the terms of its current affiliation agreements (the "Affiliation Agreements") with each of (i) NYU Grossman School of Medicine ("NYU"); (ii) Icahn School of Medicine at Mount Sinai ("Mt. Sinai"); and (iii) Physician Affiliate Group of New York, P.C. ("PAGNY")), each made for the provision of general medical care and behavioral health services, 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:</p> <p>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 \$117,253,104;</p> <p>Mt. Sinai: Elmhurst Hospital Center and Queens Hospital Center - for an amount not to exceed \$83,557,970;</p> <p>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 \$197,032,971;</p> <p>With an overall total not to exceed \$397,844,045 for the period, which includes a 5% add-on for enhanced staffing relating to an expected COVID-19 patient surge and a 10% contingency per Affiliate. (Being presented directly to the Board)</p> <p>Vendex: All Pending – EEO: All Pending</p>	Dr. Calamia
<p>3. Approving the New York City Health and Hospitals Corporation annual Board committee assignments effective January 1, 2021, as set forth in the Appendix attached until such time as any changes are approved by the Board, and</p> <p>Further authorizing the appointment of Freda Wang to be the Vice Chair of the Board until such time as a change is approved by the Board. (Being presented directly to the Board)</p>	Mr. Pagán

<p>4. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Rising Sun Construction, LLC (the “Contractor”) for an amount not to exceed \$12,425,781.30 for construction services necessary for the reconstruction of the exterior façade rehabilitation at NYC Health + Hospitals / Harlem Hospital Center (the “Facility”) with a 15% contingency of \$1,866,453 for unexpected changes in scope yielding a total authorized expenditure of \$14,292,234. (Presented to the Joint Capital and Information Technology Committees – 12/03/2020) Vendex: Pending – EEO: Approved</p> <p>5. Authorizing New York City Health and Hospitals Corporation (the “System” to execute a three-year requirements contracts with each of G-Systems, Inc. (“G-Systems”), Coranet Corp. (“Coranet”) and Mason Technologies, Inc. (“Mason”) for information technology cabling services with the System with two one-year options to renew such contracts with each firm and with the total cost of all three contracts over their full potential five-year terms not to exceed \$75.5M. (Presented to the Joint Capital and Information Technology Committees – 12/03/2020) Vendex: All Approved – EEO: All Pending</p> <p>6. Authorizing New York City Health and Hospitals Corporation (the “System” to sign 9-month requirements contracts with the following eight firms (together, the “Vendors”): Rapid Reliable Testing, LLC - Ambulnz (“Rapid”), Somos Healthcare Providers Inc. d/b/a Somos Community Care (“Somos”), BioReference Laboratories, Inc. (“BRL”), Fulgent Genetics (“Fulgent”), North Shore Medical Labs, Inc. (“NSL”), MedRite LLC (“Medrite”), Premier Assist (“Premier”); Mako Medical Laboratories, LLC (“Mako”) for COVID-19 testing services in schools operated by the NYC Department of Education (“DOE”) and at mobile testing sites with the System holding one 3-month option to extend each contract and with the total cost of all eight contracts over their full potential one-year terms not to exceed \$189,708,960. (Presented to the Finance Committee – 12/03/2020) Vendex Approved: Rapid and BioReference Vendex Pending – Somos, BRL, Fulgent, NSL, Medrite, Premier, Mako EEO: All Pending</p>	<p>Mr. Peña-Mora</p> <p>Mr. Peña-Mora</p> <p>Ms. Wang</p>
<p style="text-align: center;"><u>Committee and Subsidiary Reports</u></p> <p>➤ Joint Capital and Information Technology ➤ Finance ➤ HHC Accountable Care Organization</p> <p>>>Old Business<<</p> <p>>>New Business<<</p> <p>>>Adjournment<<</p>	<p>Mr. Peña-Mora & Pagán Ms. Wang Mr. Siegler</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 19th day of November, 2020, at 2:00 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 participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Dave Chokshi joined at 2:16
Deputy Mayor Melanie Hartzog joined at 3:12; left at 4:55
Mr. Scott French left at 2:45
Ms. Helen Arteaga Landaverde joined at 2:35
Ms. Barbara Lowe
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Mr. Feniosky Peña-Mora left at 4:57
Ms. Anita Kawatra left at 3:26 rejoined at 4:44
Ms. Freda Wang left at 4:24 rejoined at 4:50

Mr. Pagán, Chair of the Board, called the meeting to order at 2:06 p.m. Mr. Pagán chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Scott French would be representing Steven Banks in a voting capacity during the executive session.

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, patient medical information and collective bargaining matters.

The Board reconvened in public session at 3:10.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on October 29, 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 October 29, 2020, copies of which have been presented to this meeting, be and hereby are adopted.

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/Harlem and Henry J. Carter Specialty Hospital. The Board also received oral and written report from Henry J. Carter Nursing Facility.

The Board received and approved semi-annual governing body written report from NYC Health + Hospitals/Metropolitan and Woodhull.

Mr. Pagán rearranged the agenda and moved to the presentation of the action items.

ACTION ITEM 1 (Listed on Agenda as ACTION ITEM 12):

BOARD MEMBER AND STAFF RECUSAL

At this point in the meeting, Mr. Feniosky Peña-Mora recused himself from participating in consideration of the next items on the Board agenda, and he logged out of the meeting. In addition, Ms. Christine Flaherty, Senior Vice President - Office of Facilities Development, recused herself and left the room.

Mr. Pagán read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with seven Construction Management ("CM") consulting firms **namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC.**, to provide professional Construction Management services; on an as-needed basis at various facilities throughout the Corporation. 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 \$10,000,000 for services provided by all such consultants. (This item was presented to the Capital and Information Technology Committee - 11/05/2020)

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development, presented an overview on the need for construction management services and the current state of the contracts. He also reviewed the RFP criteria, provided an overview of the procurement process, highlighted the selected firms for their performance evaluation and MWBE status. For those firms that are not MWBE he presented an MWBE subcontracting plan.

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

At this point Mr. Peña-Mora logged back into the virtual session and Ms. Flaherty re-entered the room.

ACTION ITEM 2 (Listed on the Agenda as Action Item 4):

Dr. Calamia read the resolution:

Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the "System") at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the "Agreement") with the **Physician Affiliate Group of New York, P.C. ("PAGNY")** for the **furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction ("DOC")**, a copy of which is attached hereto, to restate the not-to-exceed amount for the remaining two, two-year terms of the Agreement exercisable solely by the System, as \$420,000,000.

(This item was presented to the Medical and Professional Affairs and Finance Committee - 11/05/2020)

Patricia Yang, Senior Vice President, Correctional Health Services, presented an overview of the current state of these services and the rationale for exercising the remaining options to renew the current contract, as well as information on the services being provided, and a financial overview of the FY 16 - FY 20 budget vs payments.

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

ACTION ITEM 3 (Listed on the Agenda as Action Item 2):

Dr. Calamia read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten-year agreement with **Omniceil, Inc** ("Omniceil") to provide Omniceil® medication automated dispensing machines ("ADMs") for the System's acute care facilities and Carter LTACH, anesthesia work stations ("AWS") and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed \$75,651,031.

(This item was presented to the Medical and Professional Affairs and Finance Committee - 11/05/2020)

Joe Wilson, Senior Assistant Vice President - Strategic Sourcing, presented the background on the use of automated dispensing machines throughout the system, the market state, future state, an overview of the procurement, and the MWBE utilization plan.

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

ACTION ITEM 4 (Listed on the Agenda as Action Item 3):

Dr. Calamia read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with two one year-renewals, solely at the System's discretion, with **Crothall Healthcare, Inc.** ("Crothall") to provide environmental management services for all of the System's facilities for an amount not to exceed \$121,273,900.

(This item was presented to the Medical and Professional Affairs and Finance Committee - 11/05/2020)

Paul Albertson, Vice President of Supply Chain presented a background of environmental services throughout the System, the RFP criteria, an overview of the procurement, Crothall performance evaluation STAR ratings, an overview of the proposed agreement and an MWBE subcontracting plan.

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

ACTION ITEMS 5 AND 6:

Mr. Peña-Mora read the resolutions:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with **QTS Investment Properties Piscataway, LLC** ("Owner") for the System's use and occupancy of space at 101 Possumtown Road, Piscataway, NJ, 08854 in Owner's data storage facility (the "PDC") which shall be sufficient for 100 data storage racks or cabinets with the provision of 450 kW of power after ramp up with the right to expansion space and power, the

right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed \$14,820,000.

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with Cervalis LLC, a subsidiary of **CyrusOne** ("Owner") for the System's use and occupancy of space at 6 Norden Pl, Norwalk, CT 06855 in Owner's data storage facility (the "NDC") which shall be sufficient for 100 data storage racks or cabinets with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed \$17,160,000.

(These items were presented to the Capital and Information Technology Committee - 11/05/2020)

Kim Mendez, Senior Vice President, EITS, and Jeff Lutz, Assistant Senior Vice President and Chief Technology Officer, EITS, presented the System's data center and connectivity overview, a background and summary of its current state. They presented on the recommended strategy for the System's data center, based in part on a Gartner study on the existing data centers, and outlining the benefits to moving to a cloud-based system. They reviewed the two proposed new sites and their benefits, presented CyrusOne's current staffing diversity plan, details of the agreement for both vendors, with a cost analysis, proposed three-year plan, and the data center migration plan.

The Board requested assurance that QTS would provide a similar diversity plan as the one presented by CyrusOne. Mr. Lutz assured the Board that QTS has committed to providing information on a diversity plan by the end of calendar year 2021.

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

ACTION ITEM 7:

Mr. Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute five successive one year revocable license agreements with the **New York City Human Resources**

Administration ("HRA") for the use and occupancy of approximately 9,930 square feet space at 114-02 Guy Brewer Boulevard, Borough of Queens, known as the South Jamaica Multi-Service Center to operate various ambulatory health care services managed by Gotham Health ("Gotham") and a Women, Infants, and Children program (the "WIC Program") managed by NYC Health + Hospitals/Queens Hospital Center (the "Facility") at an occupancy fee of \$25 per square foot, a \$2 per square foot utility surcharge, a \$1 per square foot seasonal cooling charge for a total of \$203,094.25 per year and a five year total of \$1,015,471.25 for the Gotham space and \$67,497.25 per year and a five year total of \$337,486.25 for the WIC program space.
(This item was presented to the Capital and Information Technology Committee - 11/05/2020)

Dean Mihlatses, Interim Chief Executive Officer - NYC Health + Hospitals/Queens; Theodore Long, Senior Vice President - Ambulatory Care; and Christine Flaherty, Senior Vice President - Office of Facilities

Development, presented background information on the WIC program with NYC Human Resources Administration and the lease agreement with the landlord, the program overview of services provided at this site, explanation of the occupancy fee, and a map showing the distance between Queens Hospital and the WIC Center.

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

ACTION ITEM 8:

Feniosky Peña-Mora read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a one-year lease extension with **Dr. Mikhail Kantius** (the "Landlord") for the use of approximately 4,000 square feet of space at **79-18 164th Street, Borough of Queens** to operate a Supplemental Food Program for Women, Infants and Children (the "**WIC Program**") managed by **NYC Health + Hospitals/Queens Hospital Center** (the "Facility") at a base rent of \$137,360 per year, or \$34.34 per square foot plus a Common Area Maintenance ("CAM") charge of \$14,199.96 per year and real estate taxes of approximately \$38,416.00 per year for a total annual occupancy cost of \$189,975.96 or \$47.49 per square foot; provided the system will hold an option to renew the lease for an additional four years.

(This item was presented to the Capital and Information
Technology Committee - 11/05/2020)

Dean Mihlatses, Interim Chief Executive Officer - NYC Health + Hospitals/Queens, and Christine Flaherty, Senior Vice President - Office of Facilities Development, presented background information on the WIC program with NYC Human Resources Administration and the lease agreement with the landlord, the program overview of services provided at this site, explanation of the occupancy fee, and a map showing the distance between Queens Hospital and the WIC Center.

The Board expressed concerns regarding the appearance of the current façade of the proposed site and requested an update when physical improvements are made.

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

ACTION ITEM 9:

Feniosky Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the **New York City Department of Citywide Administrative Services ("DCAS")** and the **New York Power Authority ("NYPA")** for an amount not-to-exceed \$27,714,280, including a 10% contingency of \$2,040,842, for the planning, design, procurement, construction, construction management and project management services necessary for Phase II - energy efficiency upgrades (the "Project") at **NYC Health + Hospitals/Lincoln** (the "Facility").

(This item was presented to the Capital and Information
Technology Committee - 11/05/2020)

Christine Flaherty, Senior Vice President - Office of Facilities Development, presented a project background, a history of NYC Health + Hospitals' relationship with New York Power Authority, the procurement path, a summary of the MWBE subcontracting plan and a project budget.

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

ACTION ITEM 10:

Feniosky Peña-Mora read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the **New York Power Authority** ("NYPA") for an amount not-to-exceed \$12,622,632, including a 10% contingency of \$969,582, for the planning, design, procurement, construction, construction management and project management services necessary for the chiller plant upgrade (the "Project") **at NYC Health + Hospitals/Metropolitan** (the "Facility").

(This item was presented to the Capital and Information Technology Committee - 11/05/2020)

Christine Flaherty, Senior Vice President - Office of Facilities Development, presented a project background, a history of NYC Health + Hospitals' relationship with New York Power Authority, the procurement path, a summary of the MWBE subcontracting plan and a project budget.

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

ACTION ITEM 11:

Sally Hernandez-Piñero read the resolution:

Authorizing the Executive Director of **MetroPlus Health Plan, Inc. ("MetroPlus")** to negotiate and execute an extension to the existing contract with **Beacon Health Strategies, LLC** ("Beacon"), to provide behavioral health management services through September 30, 2021; and Authorizing additional funding of \$30,960,000 to cover the existing contract period and the extension contract period; and \$2,054,494 for additional program and run-out costs for one additional year for a total not to exceed addition to the contract of \$33,014,494

(This item was presented to the MetroPlus Board of Directors - October 20, 2020)

Talya Schwartz, Chief Executive Officer - MetroPlus presented an explanation of current mental health and substance use disorder services and scope of services being provided by Beacon. She also provided a history of MetroPlus's relationship with the vendor with an explanation that the current ask is for an extension of the current agreement term with the current in-scope services through September 30, 2021, in order for these services to be transitioned in-house, an explanation of the service oversight during the transition, and an explanation of the extension and pricing factors.

The Board requested information on the MWBE plan as none was

included in the presentation. Dr. Schwartz provided an outline of a plan and the Board asked that the plan be presented to the Board at the next meeting as a follow-up item.

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

CHAIR'S REMARKS

Mr. Pagán thanked Ms. Lowe for participating in the Joint Commission Exit session at Henry J. Carter Specialty Hospital. Ms. Lowe provided positive feedback received from the Surveyors and added her own positive feedback for the leadership and staff of the facility.

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to Vendex approvals. There were 11 new items on the agenda requiring Vendex approval, of which six have already received Vendex approval. There are two items from a previous Board meeting pending Vendex approval. Since the last Board meeting no Vendex approval was received. The Board will be notified as outstanding Vendex approvals are received.

PRESIDENT'S REPORT

Dr. Katz commenced his remarks by noting that his written report was included in the materials, however he highlighted a few important points:

- COVID Update - We are working very hard to prevent a second wave. We are very concerned about a second wave and doing all we can to prepare for the possibility. The numbers are still relatively low compared to March and April but continue in a steady uptick. NYC Health + Hospitals is closely monitoring data across the City and the health system looking for signals of potential patient surges to ensure we can be prepared to respond.
- New Testing Policy for Pregnant Patients - It is the policy and practice of NYC Health + Hospitals to treat substance use disorders (SUD) as medical conditions, not moral problems. As of September 2020, NYC Health + Hospitals has adopted a new universal policy and procedure for substance use disorder (SUD) screening and testing for pregnant patients. The new policy requires all pregnant patients seeking

care at any of our health care facilities to be notified of the policy and be given a verbal SUD screening to help providers identify risk factors.

- Toxicology testing should be provided only when necessary, and with written consent from the patient, or in an emergency when clinically indicated for diagnosis or treatment.

Dr. Katz responded to Board Members' clarification questions on current COVID-19 positive patients' treatment regarding the use of ventilators, testing in schools and delayed medical care due to risk of COVID infection fears in a hospital setting.

Mr. Pagán thanked Dr. Katz for the report and his responses to fellow Board members moved to the next item on the agenda.

Committee and Subsidiary Reports

Mr. Pagán noted to the Members that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record, and welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

Mr. Nolan updated the Board that he checked with the CEO of Jacobi and there is no impact to the facility and services regarding the action items 5 and 6 - DATA centers proposal. He further requested that the moves are implemented he would like an update on the employment impact to the City and the Bronx in particular.

ADJOURNMENT

Thereupon, there being no further business before the Board, the meeting was adjourned at 5:01 P.M.

A handwritten signature in blue ink, appearing to read 'Colicia Hercules', is written over a horizontal line.

Colicia Hercules Corporate Secretary

COMMITTEE REPORTS

Capital & Information Technology Committees Meeting

November 10, 2020

As reported by Feniosky Peña-Mora/José Pagán

Committee Members Present: José Pagán, Feniosky Peña-Mora, Freda Wang, Sally Piñero-Hernandez, Scott French representing Steven Banks in a voting capacity, Barbara Lowe, Mitchell Katz left at 9:47, Matthew Siegler joined at 9:47 representing Dr. Katz in a voting capacity

Mr. Peña-Mora called the meeting to order at 9:07 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on October 8, 2020 were approved.

Senior Vice President's Report

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

Mrs. Flaherty began by noting that Healthcare Facilities and Engineering week was celebrated the previous week, for which staff were acknowledged for their work in supporting crucial hospital operations. She thanked staff within the hospitals and central office for their tireless efforts and accomplishments. She highlighted energy projects being completed throughout the system, including a project at Kings County with a cost saving efficiency of \$1.4M over the past years and reducing carbon emissions.

Mrs. Flaherty advised that Kim Mendez, Senior Vice President, Enterprise Information Technology Services (EITS) Administration, would be partnering in presenting two items on the agenda related to EITS and thanked her and her team for their efforts and support.

Mrs. Flaherty announced that during the month of November the system would celebrate the opening of the first COVID Center of Excellence, located in the Bronx. She noted that leaders in many of the contributing departments were women and it was impressive to see the success and accomplishment of those leaders, and their success in meeting all necessary benchmarks and deadlines.

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

Scott French recused himself due to possible conflict from the following item.

Mrs. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute five successive one year revocable license agreements with the New York City Human Resources Administration ("HRA") for the use and occupancy of approximately 9,930 square feet space at

114-02 Guy Brewer Boulevard, Borough of Queens, known as the South Jamaica Multi-Service Center to operate various ambulatory health care services managed by Gotham Health ("Gotham") and a Women, Infants, and Children program (the "WIC Program") managed by NYC Health + Hospitals/Queens Hospital Center (the "Facility") at an occupancy fee of \$25 per square foot, a \$2 per square foot utility surcharge, a \$1 per square foot seasonal cooling charge for a total of \$203,094.25 per year and a five year total of \$1,015,471.25 for the Gotham space and \$67,497.25 per year and a five year total of \$337,486.25 for the WIC program space.

Mrs. Flaherty was joined by Theodore Long, MD, Senior Vice President, Office of Facilities Development. Dr. Long reviewed the associated power point presentation summarizing background for the site; services, response to COVID, and occupancy fee.

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

Scott French rejoined the meeting.

Ms. Mendez read the resolutions - the following two resolutions are for consideration by the Joint Capital and IT Committees:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with QTS Investment Properties Piscataway, LLC ("Owner") for the System's use and occupancy of space at 101 Possumtown Road, Piscataway, NJ, 08854 in Owner's data storage facility (the "PDC") which shall be sufficient for 100 data storage racks or cabinets with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed \$14,820,000.

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year and three-month lease agreement with four two-year renewal options, solely at the System's discretion, with Cervalis LLC, a subsidiary of CyrusOne ("Owner") for the System's use and occupancy of space at 6 Norden Pl, Norwalk, CT 06855 in Owner's data storage facility (the "NDC") which shall be sufficient for 100 data storage racks or cabinets with the provision of 450 kW of power after ramp up with the right to expansion space and power, the right to reduce the System's use of space and power and service terms as detailed in the summary of Economic Terms attached hereto at a cost not to exceed \$17,160,000.

Ms. Mendez, Senior Vice President, EITS, joined by Mrs. Flaherty and Jeffrey Lutz, Senior Assistant Vice President, Enterprise Infrastructure, reviewed the power point presentation, including; strategic overview, background on existing sites, efforts and studies that contributed to

decisions in relocating to the new sites, structure of the new agreements, cost of projects, equipment, and anticipated time lines.

After discussion, and upon motion duly passed and seconded the resolution was approved for consideration by the Board of Directors conditional upon answers to questions about MWBE opportunities.

Mrs. Flaherty read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a one year lease extension with Dr. Mikhail Kantius (the "Landlord") for the use of approximately 4,000 square feet of space at 79-18 164th Street, Borough of Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Queens Hospital Center (the "Facility") at a base rent of \$137,360 per year, or \$34.34 per square foot plus a Common Area Maintenance ("CAM") charge of \$14,199.96 per year and real estate taxes of approximately \$38,416.00 per year for a total annual occupancy cost of \$189,975.96 or \$47.49 per square foot; provided the system will hold an option to renew the lease for an additional four years.

Mrs. Flaherty was joined by Dean Mihaltzes, Interim Chief Executive Officer, NYC Health + Hospitals / Queens. Mr. Mihaltzes provided background on the WIC program, the site itself, services provided, term of the agreement and occupancy fee, grant funding, and future plans.

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

Mrs. Flaherty read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a one year lease extension with Dr. Mikhail Kantius (the "Landlord") for the use of approximately 4,000 square feet of space at 79-18 164th Street, Borough of Queens to operate a Supplemental Food Program for Women, Infants and Children (the "WIC Program") managed by NYC Health + Hospitals/Queens Hospital Center (the "Facility") at a base rent of \$137,360 per year, or \$34.34 per square foot plus a Common Area Maintenance ("CAM") charge of \$14,199.96 per year and real estate taxes of approximately \$38,416.00 per year for a total annual occupancy cost of \$189,975.96 or \$47.49 per square foot; provided the system will hold an option to renew the lease for an additional four years.

Mrs. Flaherty was joined by Dean Mihaltzes, Interim Chief Executive Officer, NYC Health + Hospitals / Queens. Mr. Mihaltzes provided background on the WIC program, the site itself, services provided, term of the agreement and occupancy fee, grant funding, and future plans.

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

Mrs. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the New York City Department of Citywide Administrative Services ("DCAS") and the New York Power Authority ("NYPA") for an amount not-to-exceed \$27,714,280, including a 10% contingency of \$2,040,842, for the planning, design, procurement, construction, construction management and project management services necessary for Phase II - energy efficiency upgrades (the "Project") at NYC Health + Hospitals/Lincoln (the "Facility").

Mrs. Flaherty was joined by Marcus Lewis, Assistant Director, Office of Facilities Development. Mrs. Flaherty reviewed the project details included in the associated power point; project background, relationship with New York Power Authority (NYPA), solicitation, MWBE commitment, project budget, anticipated timeline and expected savings.

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

Mrs. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to execute a Customer Installation Commitment ("CIC") with the New York Power Authority ("NYPA") for an amount not-to-exceed \$12,622,632, including a 10% contingency of \$969,582, for the planning, design, procurement, construction, construction management and project management services necessary for the chiller plant upgrade (the "Project") at NYC Health + Hospitals/Metropolitan (the "Facility").

Mrs. Flaherty was joined by Marcus Lewis, Assistant Director, Office of Facilities Development. Mrs. Flaherty reviewed the project details included in the associated power point; project background, relationship with NYPA, solicitation, MWBE commitments, project budget, and anticipated timeline.

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

Feniosky Peña-Mora recused himself for the balance of the meeting due to possible conflict and José Pagán Chaired the balance of the meeting.

Mrs. Flaherty recused herself for the balance of the meeting due to possible conflict.

Mr. Gonzalez read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to negotiate and execute requirements contracts with seven Construction Management ("CM") consulting firms namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, JACOBS Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC., to provide professional CM services; on an as-needed basis at various facilities throughout the Corporation. 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 \$10,000,000 for services provided by all such consultants.

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development presented an overview of Health + Hospitals construction management services, the RFP criteria, an overview of the procurement, highlights of the firms selected, and MWBE plans for each vendor.

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 adjourned at 10:37 PM.

Virtual Strategic Planning Committee - November 5, 2020

As Reported by Feniosky Peña-Mora

Committee members present: Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang, José Pagán, Eric Wei representing Dr. Katz in a voting capacity.

Mr. Feniosky Peña-Mora, called the November 5th meeting of the Strategic Planning Committee (SPC) to order at 10:46 A.M.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on July 16, 2020.

Upon motion made and duly seconded the minutes of the July 16, 2020 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEM

The meeting was then turned over to Dr. Eric Wei to present the fourth quarter of fiscal year 2020, April 1st through June 30th, 2020. Dr. Wei reminded the Committee that due to the COVID-19 surge, this period was a very difficult time for New York City Health + Hospitals, and New York City. There was significant decline in non-COVID-19 volumes: inpatient volumes actually dropped by 64% as they were replaced by COVID patients and utilization patterns were shifted across the system. In addition, there were all City and State budget challenges, which are still in new operational priorities in this post-COVID pre-vaccine period.

Dr. Wei reported that the system's Fiscal Year 21 budget reflects focused, interim post-COVID-19 strategy; and early results show continued operational improvements and value. He informed the Committee that today's presentation is intended to: give an update of the system's performance, organizational health; outline planning and monitoring processes; and reassess priority measures for the Board.

As a follow-up to the last committee meeting in which it was discussed to incorporate equity and access into the system's strategic pyramid, it is integrated into our vision statement as follows: "to be a fully integrated equitable health system that enables all New Yorkers to live their

healthiest lives." And, opposite of the vision statement, a foundation to the bottom of the pyramid is added (in the dark blue) that shows *social and racial equity* to show how important it is to all of our strategic pillars, and everything that is above it in the pyramid. All the Board members present agreed that the revised strategic pillar reflects their discussion at the last meeting, and like the foundation of social and racial equity.

Mr. Peña-Mora

thanked Dr. Wei, Mr. Siegler and their team for listening carefully and ensuring that this pyramid captures who we are and what we are all about, and how we believe to best serve the health of our patients and our communities. Dr. Wei thanked Mr. Peña-Mora, acknowledged the work of the Equity and Access Council for integrating all the feedbacks received and honored the Communications team for the graphics art behind this colorful pyramid.

Mr. Peña-Mora commented that during pre-pandemic visits he conducted with the Committee Board members at the facilities, he noted that the system's strategic pyramid was placed in prominent places. He asked about the plan to replace these pyramid posters with the new layout and disseminate it systemwide. Dr. Wei informed the Committee members that the goal is to follow the same strategy when it was launched two years ago, sharing it with the CEOs and facility leaders, with screen savers and all different types of formats, so that it can be shared widely, within the leadership meetings down to the unit departmental huddles. Mr. Peña-Mora requested to also include the Community Advisory Boards (CABs) in the distribution list.

Dr. Wei moved to the NYC H+H System-wide Strategic Planning: Background slide which shows how key system operational teams and processes feed into the organizations strategic planning and up to the Board.

Dr. Wei reported that there are four kind of major processes or governance structures that feed into not only Dr. Katz's strategic planning committee, but also this strategic planning subcommittee. All four of them touch on all five pillars of the pyramid. They are:

1. The Annual Finance Plan and Facility Budget Process: led by John Ulberg, Finance and Matt Siegler, Patient Growth. Financial stability is the key pillar for this structure.
2. Capital and IT Planning: led by Christine Flaherty, Kim Mendez. The key pillars are all cross-cutting for this structure.
3. Stakeholder Feedback, and Community Health Needs Assessment: brought to the board by OneCity Health, and M&PA. Also, Deb Brown, External and Regulatory Affairs, plays a major part in this process, or a lead. The key pillars here are Access to Care, Care Experience.
4. The clinical Services Planning: led by Dr. Machel Allen, M&PA. This process is also cross-cutting, including: Access to Care, Care Experience, Quality and Outcomes, and Culture of Safety.

As noted above, all four processes flow into this meeting, as well as Dr. Katz's Senior Leadership Strategic Planning Committee.

Mr. Peña-Mora exulted the creative minds on the graphics of the background slide and made the recommendation for the graphic designers to come up with a way to aesthetically align the pillars of the pyramid to these operational strategies so that a person can immediately see the interconnection and how we are making real those values and those pillars into actionable items.

Dr. Wei turned the meeting over to Matt Siegler, Senior Vice President for Managed Care and Patient Growth and CEO of the H+H ACO and OneCity Health to report on the key findings of NYC H+H System-Wide FY21 Strategic Plan.

Mr. Siegler reported that the system has achieved great things in recent years with a focus on five strategic pillars:

1. Quality and Outcome
2. Care Experience
3. Financial Sustainability
4. Access to Care
5. Culture of Safety

In addition, the system leadership identified the following key successes:

- **EHR** (clinical, financial, labs) go lives at acute, ambulatory, correctional health, and post-acute facilities
- **Financial improvements** from better billing, contracting, budgeting, insurance enrollment, partnership with MetroPlus, and overall management
- **Improving culture** through changes to quality assurance/improvement, Helping Healers Heal, empowering clinical staff, changes to central office/facility relationships, improved relations with City Hall, community advocates, and other stakeholders
- Shifting system focus to **primary care** which enabled successful launch of NYC Care
- **Clinical standardization or regionalization** in labs, imaging, stroke, peds trauma, bariatrics, blood bank, and rehab
- Progress on **key initiatives** like e-Consult (160K consults completed), ExpressCare (successful at Lincoln and Elmhurst), and a single system-wide transportation system
- Innovation and city-wide leadership in **behavioral and correctional health**
- **Managed COVID-19 surge and helped other systems in the process**

Lessons learned from the strategic initiatives that were not as successful are:

- Go further and setting clear ownership, defined roles and accountability for projects
- Push even further on empowering, engaging, and developing front line staff at facilities
- Build on structure of business planning and work
 - Better define executive ownership, business owner, clinical owner, and other roles

- o Build business plans into facility budgets, more frequent engagement with facility leadership in budget reviews
- o Integrate IT/facilities into business planning process early, update prioritized IT projects
- o Use clinical services planning meeting for broader regionalization efforts
- Completed three years of work in three months during COVID-19 surge. Remove barriers and keep that level of speed and effectiveness

Mr. Siegler reported on NYC H+H System-wide FY 21 Strategic Priorities (not listed in order of importance). They are:

- Lead Test & Trace Program (T2)
- Improve OR efficiency and grow OR volume and revenue
- Enhance VBP via primary care panels and business retention
- Patient care revenue growth in managed care and revenue cycle
- Nursing and physician workforce improvements
- Enhance and optimize ExpressCare
- Enhance data and analytics governance
- Invest in pharmacy inventory management system and enhance pharmacies
- Invest in special populations, specifically behavioral health, foster care, homeless, and justice-involved
- Manage design and construction projects and optimize real estate/physical plant
- Reduce unnecessary administrative costs
- Improve in quality of care

Mr. Siegler stated that in spite of the COVID-19 surge period in May, the strategic plan in late 2019 was working but must adjust to new reality fewer in-person visits, challenging State/City fiscal picture, and our central role in COVID-19 response.

The presentation continued with the highlighting of positive, negative and steady trends on the System Dashboard – November 2020; reporting period – Q4 FY 20 (April 1st through June 30th 2020). Change reflected from the Prior Period, which was Q3 FY20 (January 1 to March 31, 2020).

Mr. Siegler reported on Q4 Performance: Positive Trends:

Access to Care

1. Unique Primary Care Patients in last 12 months: **445,672** exceeds target of 418,000
3. #NYC Care: **24,335** from 20,000
 - Launched city-wide in 2020.

Financial Care Revenue/Expenses

4. Patient care revenue/expenses: **74.2%** from 61.6%
6. % MetroPlus Medical Spend at H+H: **41.63%** vs 39.2%
 - This % has increased due to costs decreasing significantly because of the quarantine related to the COVID-19 pandemic, but H+H

continues to obtain payment from MetroPlus from risk arrangements. This % is anticipated to not continue at this rate.

7. Total AR days per month: **65.7** from 68
- Excludes days where patient remains admitted (lower is better for this measure). The days in AR are above the target of 45 days due to the rapid decline in revenue, beginning in March, resulting from COVID-19, as well as a temporary impact from the December EPIC Go-live. While above the target, the trend is reversing, and the days in AR have reduced by 18% from the peak in April.

Quality and Outcomes

13. % Left Without Being Seen in the ED: **3.8%** from 7.84%
- Increased staffing levels, improvements in patient tracking and flow, and facility management in Eds have improved performance in this measure. It is also important to note that overall ED utilization decreased in April through June 2020 because of the COVID-19 pandemic, as compared to the rest of the year, with concomitant decreases in the % of patients who left the emergency departments without being seen.

Information Technology

8. MyChart Activation: **20%** from 14% (new measure as of Q3 FY 20 reporting)

Mr. Siegler reported on Q4 Performance: Negative Trends:

Access to Care

2. # of e- Consults: **21,926** from 51,544:
- Decreased during Q4 FY20 due to the impact of less visits as a result of the COVID-19 pandemic.
 - Moving to universal e- Consult for internal referrals; overall system-wide focus on improving referral review, scheduling, and follow-up time.

Financial Sustainability

5. # Insurance Applications Submitted: **6,228** from 18,146
- This metric continues to decline since Me3troPlus and Healthfirst staff stationed at H+H facilities enrolled patients remotely rather than in-person, resulting in the inability to quantify # of applications from March 2020, onwards.

Quality and Outcomes

11. Follow-up appointment kept within 30 days after behavioral health discharge
43.2% from 56.8%
- This decrease was attributed to the COVID-19 pandemic, in part.
 - Also, there was a transition from PDMS to EPIC in April 2020, and staff must be trained on how to consistently use the new system for documenting follow-up appointments.
12. HgbA1c control <8: **64.2%** from 66.1%

Care Experience

14. Inpatient care - overall rating: **63.08%** from 63.6%

15. Ambulatory care - recommend provider office **83.28%** from 84.5%

Mr. Siegler reported on Q4 Performance: Steady Trends:

Information Technology

9. ERP Milestones: **80%**

Quality and Outcome

10. Sepsis 3-hour Bundle: **64.9%** (prior period: 65%)

- This is based on CYQ4 2019 data, which is the most recent timeframe of completed data, due to postponements in reporting sepsis data to NYSDOH because of the COVID-19 pandemic.

With a minute left on the duration of the meeting, the next item on the agenda was a Proposal for Metric Updates or Changes, based on feedback obtained from a sub-set of metric Executive Sponsors, as of November 22, 2020. The Committee members agreed that they would need to convene for at least 90 minutes in a different setting just to look at the metrics and the priorities and the interconnection; and, that relationship between priorities, metrics, pillars and goals. They expressed the need for a separate forum for a deeper discussion. Ms. Colicia Hercules, Corporate Secretary and Chief of Staff, Office of the Chair, advised that such a discussion must be part of a public session with the Board members. Ms. Hercules will follow-up with the Committee for the appropriate format and timing.

There being no old business nor new business, the meeting was adjourned at 11:35 A.M.

Virtual - Joint Medical and Professional Affairs and Finance Committees - November 5, 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 - he left at 1:10, Sally Hernandez-Piñero left at 1:15, Freda Wang, Matthew Siegler representing Dr. Mitchell Katz at the start of the meeting in a voting capacity; Dr. Katz joined at 12:30.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 11:41 AM. On motion the Committee voted to adopt the minutes of the June 11th, 2020 Medical and Professional Affairs Committee.

CHIEF MEDICAL OFFICER REPORT

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

The Office of Behavioral Health actively supports the facility behavioral health services in issues related to COVID-19. Behavioral Health continues to provide ongoing acute care and ambulatory services, including telehealth services. During the acute COVID phase, many inpatient units were converted to medical/ICU beds. Currently all units have been returned to behavioral health units. We are currently preparing for the potential second wave of COVID.

Special Unit status:

1. OPWDD (Developmental Disabilities) unit at Kings County: This unit provides specialized services to this population with developmental disabilities and mental illness. The unit has been very successful in treating, stabilizing, and returning the patient to home or community based programs.
2. Extended Care unit for homeless individuals at Bellevue: This unit will provide inpatient treatment on an extended basis to this population who often need a longer hospitalization to achieve the level of stability and recovery needed to live and participate in community living situations. The unit had 21 discharges. Sixteen (16) of these have secured short-term or permanent housing and are attending outpatient treatment programs. Five are still working with staff for housing.

The Office of Behavioral Health continues to operate the following programs:

1. Mental Health Service Corp.
2. Family Justice Centers (domestic violence mental health centers) in all 5 boroughs
3. Maternal Depression Screening occurring in all maternal health and pediatric facilities
4. Behavioral health/primary care presence in Meyer shelter
5. Expansion of primary care screening for substance use disorders (SUD)
6. Establishment of CATCH teams to identify SUD at risk in general care areas, especially for opiate use and potential overdose in six hospitals with high opioid use rates.
7. Establishment of ED Leads teams in Emergency Department to screen, identify, and engage those at risk for Opiate overdose and other SUD.
8. Expansion of buprenorphine prescription in EDs, Primary Care, and behavioral health, including establishment of Buprenorphine/Bridge clinic for buprenorphine prescription.
9. Use of ECHO project to mentor primary care, ED, and behavioral health providers is use of buprenorphine.
10. Transition of Mobile Crisis Teams response time to 2 hours.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

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

Culture of Safety

COVID/Nursing Education

Quality and Outcomes

Nursing Clinical Ladder Program

- Nursing Clinical Ladder application period closed on June 19th with 1700 approved applications across the health system

- Clinical Ladder Program was adjusted to incorporate COVID 19 related activities including a reflective writing statement, SWOT analysis and COVID 19 related PDSA cycles
- A total of 22 virtual coaching sessions with over 600 registrants were held with the CLP nurses to provide support and on the program
- All document submissions for the 2020 program cycle was due Oct 1st. The folder review process is underway and the CLP nurses will be notified of their approval or denial by mid Nov

Nursing Leadership retreats

- The 2020 nursing leadership retreat was divided into 2 parts:
- **Journey to Nursing Excellence**- The nursing excellence retreat was held virtually in August with over 150 participants across the health system.
- Representation included CNOs, Nursing Directors, NYSNA leadership and co-chairs from the nursing shared governance councils across the system
- The retreat featured a keynote speaker from ANCC- Lynn Newberry DNP, who serves as the Magnet and Pathway to Excellence program education manager
- The retreat objectives focused on identifying the structures needed to achieve nursing excellence designations such as the AACN Beacon designation and ANCC Magnet and Pathway to Excellence designation.

Nursing Survey's

- OPCC rolled out two nursing survey's this year (between Sept and Nov) to gather baseline data on the following:
 - **Pathway to Excellence Designation Site Assessment Survey**- OPCC administered an electronic survey to all sites across the health system (with the exception of King's County and CHS) to assess the organizational readiness for the PTE designation process.
 - Each site was given 2 weeks for staff to participate in the survey, and the survey results will be reviewed by Shakira Daley, Dr. Cineas and the site CNO
 - The survey results will also be incorporated into the November leadership retreat discussions
 - Shakira Daley is working closely with our ANCC liaison Dr. Lynn Newberry to support the facilities through this journey

2020 Nursing Excellence Awards

This year the Office of Patient Centered Care received over 300 nominations for the 2020 Nursing Excellence Awards. This year's honorees also almost doubled in number, a total of 29 honorees based on criteria updated to recognize "system-based" categories and "facility- based" accomplishments. OPCC created a facility award entitled the "Structural Empowerment Awards" which was awarded to NYC Health + Hospitals/ Queens. Honorees represent the entire system, the 11 acute hospitals, Post-Acute, Gotham, Correctional Health and Community Care.

This year the nursing champion award was renamed in honor of former board member and nursing champion Ms. Josephine Bolus. This year's 2020 Josephine Bolus Nursing Champion is Catherine Alicia Georges, EdD, RN, FAAN,

Professor and Chairperson of the Department of Nursing at Lehman College of the City University of New York (CUNY).

The non-profit organization that was founded by Ms. Bolus and her son will contribute an annual award in the name of the nursing champion in conjunction with the annual awards event. In addition a \$1,000 donation will be made by the organization Holidays with Heroes, Inc, to a NYC profit organization that supports minority nursing development in underserved areas of the city.

To address Covid-19 and social distancing this year's Nursing Excellence Awards will be virtual. Award presentations and speeches are being recorded over the course of a few days. The footage will be edited to produce a video to be premiered late November, early December. Welcome messages will be made by Dr. Cineas, Dr. Katz, and Dr. Allen to introduce the event. In addition members of the community will be recording messages and testimonies to recognize Ms. Bolus. Messages will be recorded by her son and daughter, Michael and Sabrina Bolus, US Representative Hakeem Jeffries and NYS Senator Persaud. A message will also be recorded by Board of Directors member, Mr. Robert Nolan.

MetroPlus Health Plan, Inc.

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

Regulatory Highlights

COVID-19: The pandemic resulted in a significant number of regulatory changes that continue to impact MetroPlusHealth. Disenrollment moratoriums for our Medicaid, Essential Plan, and subsidized-Child Health Plus members continue, as of this writing, through December 31, 2020. We have generally seen an additional month extension, each month, and expect to see this continue through the public health emergency. Members in these lines of business will only be disenrolled either at their choice, because they moved out of NY, or if they are deceased.

NY is continuing to mandate no cost-sharing for COVID-19 testing and telehealth visits through November 9, 2020; we also expect to see this timeline extended.

Well-Duals Default Enrollment Program: NYS in conjunction with CMS has developed a new program allowing healthy MetroPlusHealth Medicaid/HARP members aging into Medicare to be automatically and seamlessly enrolled in our Medicare Advantage D-SNP. State DOH is requiring eligible MCOs to participate in this program, but it has no official start date. Instead, participation is on a rolling basis in accordance with approval from CMS and State DOH, and organizational readiness. Because it requires significant operational efforts and poses challenging coordination of benefits (COB) determinations, MetroPlusHealth is targeting the end of Q1 2021 for our go-live. Default enrollment is expected to grow our Medicare line of business significantly (approximately 40%).

COVID Impact

Hospitalizations: There have been 2,543 admissions of confirmed COVID-19 (admissions are underestimated based on under-reported diagnoses codes). Among those admissions, 374 members have expired (15%). Majority of admissions occurred for members that reside in Queens (34%), Brooklyn (29%) and the Bronx (24%). Based on claims data, the peak of COVID admissions were in April and have continually decreased since mid-May.

Testing: According to latest claims data available, approximately 72,000 members were tested for COVID and 61,000 members tested for antibodies.

Membership

MetroPlusHealth membership has increased 10.8% since January 2020 and is on track to reach 600,000 members by year end. Most of the growth is occurring in the Medicaid and Essential Plan lines of business. Membership growth is occurring due to sustained inflow of new members and dramatic decrease in involuntary disenrollment due to the moratorium on disenrollment.

Additionally, premium payment grace period is in effect for subsidized Child Health Plus and Essential Plan members, which precludes disenrollment due to non-payment. These terms are expected to continue, at a minimum, through the end of the year.

Between January and August 2020, NYC mainstream Medicaid has grown roughly 250,000 lives, of which MetroPlusHealth was able to capture 20%.

MetroPlusHealth has increased its market share by 0.02% and continues to retain third place standing in total Medicaid membership.

Influenza: The Public Health Emergency has emphasized to all the importance of influenza vaccination. The Plan has added a reward for members who receive the flu vaccine as part of our Member Rewards program. In addition, the Plan is promoting flu vaccine by: Member Website posting, Flu mailings, Text/IVR messages and Customer Service hold messaging.

Medicare 2021 Star Ratings Program Performance: The Plan's Medicare program achieved 3.5 Stars for Stars 2021, Measurement Year 2019 (MY19), thus qualifying for rebates for supplemental benefit enhancement. Due to the Public Health Emergency, HEDIS/CAHPS measures were rotated, reflecting Star 2020 (MY18) performance. CMS proceeded to make planned methodological changes such as increasing the weight for CAHPS/Health Plan Operations measures despite COVID-19. The Plan improved dramatically in several measures including Health Risk Assessment, Medication Adherence and Medication Therapy Management. However, the Plan declined in the 5X weighted measures. The Plan believes this is a result of the COVID pandemic, as data for these measures was collected from mid-February to June of 2020.

Medicaid Incentive Results: NYS recently released measurement results 2018 NYS DOH Quality Incentive Award. The Plan has the second highest quality score in NYS and was placed in the second tier (of five) with respect to the incentive premium award. Of note, there were no Tier 1 ranked Plans.

Despite ranking second in quality, the Plan had a slight decline in performance compared with MY 2017. The domain of measures that showed inferior performance was related to Behavioral Health/Substance Use. The Plan believes its decision to assume behavioral health service operations during 2021 as well as continuing to work closely with H+H will improve performance in these measures. Of note, the Plan's Compliance score (which reflects regulatory reporting and performance and is an important determinant for the Quality Incentive award) improved compared with MY 2017.

Benefits: New Gold benefits, that went into effect on July 1st, now include \$0 copay for generic medications and new reimbursement for weight loss programs in addition to gym reimbursement.

Medicare 2021 benefits will offer \$1,500 in over the counter card, Green Market vouchers, gym reimbursement and increase in non-emergency transportation.

ACTION ITEMS:

Paul Albertson, Vice President, Supply Chain, Joe Wilson, Senior Assistant Vice President, Supply Chain, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a ten-year agreement with Omnicell, Inc ("Omnicell") to provide Omnicell® medication automated dispensing machines ("ADMs"), for the System's acute care facilities and Carter LTAC, anesthesia work stations ("AWS") and associated inventory management equipment and software, diversion detection, predictive analytic software and sterile product preparation with total amount not to exceed of \$75,651,031.

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

Matthew Siegler, Senior Vice President for Managed Care, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to amend the contract with Hunter Ambulance ("Hunter") to expand the scope of the contract to cover rates for additional services, including livery and emergency management transportation services and to increase the not-to-exceed expense cap from \$12,070,896 to \$36,333,516 over five years to account for higher than expected costs and new additions to the scope of the contract.

The resolution was duly made and seconded, after discussion the resolution was approved for presentation to the Board at a future date pending the vendor adherent to a condition to meet MWBE target percentage.

Patsy Yang, Senior Vice President, Correctional Health Services presented to the committee on the following:

Amending the resolution approved by the Board of Directors of the New York City Health and Hospitals Corporation (the "System") at its October 2015 meeting authorizing the System to negotiate and enter into an agreement (the "Agreement") with the Physician Affiliate Group of New York, P.C. ("PAGNY") for the furnishing of staff required to provide physical and behavioral health services to persons in the custody of the New York City Department of Correction ("DOC"), a copy of which is attached hereto, to restate the not-to-exceed amount for the remaining two, two-year terms of the Agreement exercisable solely by the System, as \$420,000,000.

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

Paul Albertson, Vice President, Mercedes Redwood, Assistant Vice President, Supply Chain, presented to the committee on the following:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a three-year agreement with two one-renewals, solely at the System's discretion, with Crothall Healthcare, Inc. ("Crothall") to provide environmental management services for all of the System's facilities for an amount not to exceed \$121,273,900

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

There being no further business, the meeting was adjourned 1:23 PM.

Community Relations Committee - November 10, 2020

As Reported by: Robert Nolan

Committee Members Present: Robert Nolan, Mitchell Katz, M.D. joined at 5:44, Jose Pagan

Mr. Nolan noted that quorum has not been established, therefore the approval of the minutes would be deferred until quorum has been established and called the meeting to order at 5:15 p.m.

CHAIRPERSON REMARKS:

Mr. Nolan welcomed everyone and noted on today's agenda we will hear reports from Harlem, Jacobi, North Central Bronx, McKinney, Coler, and Sydenham.

He acknowledged some of the incredible initiatives happening across NYC Health + Hospitals in response to COVID-19, and building a future for the communities we serve. Mr. Nolan expressed a deep appreciation for the front-line workers, for their dedication and commitment to protect and heal our communities. 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 of these times.

Mr. Nolan also thanked some of the unsung heroes -- our Facilities and Engineering champions. He noted Health + Hospitals recently marked *Facilities and Engineering Week*, and it could not have been more timely this year. He stated that Health + Hospitals had engineered the Emergency Departments and clinics across the system to provide safe care after the COVID-19 surge. The 11 emergency departments had undergone physical changes to maximize distance between patients in waiting rooms and care areas; and new spaces for isolation and negative pressure rooms were created to help protect from infections like COVID-19. This was all on top of the herculean work they did during the height of the COVID surge in the spring. Mr. Nolan expressed gratitude for their technical skill and their tireless work.

He noted that in September, Health + Hospitals launched virtual expresscare services, to further ensure New Yorkers have convenient, one-click access to the most appropriate care where they are safest. New Yorkers in need of non-emergency urgent care can connect to a provider in 200+ languages for an evaluation by going to expresscare.nyc on any device with a camera. He noted the system's virtual ExpressCare launch builds on the public health system's recent expansion of telemedicine offerings. He stated that he believed this would be an important support for our patients and our communities.

Mr. Nolan also acknowledged and thanked CAB members who participated in the annual public hearings held in September and October. He informed them that the 2021 hearings are tentatively scheduled for the spring.

Mr. Nolan encouraged the CAB Chairs to begin weighing in with their State legislators for funding given that the State Legislature will reconvene in Albany in January. He also encouraged the CABs to weigh in with their City Council representatives for expense and capital funding in January and February.

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

NYC Health + Hospitals/Harlem

William Hamer reported this would be his last official act in capacity as Chair of Harlem Hospital's Community Advisory Board. He will continue on the Community Advisory Board for another year and support Ms. Karen Dixon, who is the new Chair of the Harlem Community Advisory Board. The full report is included in the records.

Mr. Hamer reported that Ms. Carrington has done an excellent and outstanding job during the pandemic. She has been transparent, kept the CAB informed of hospital conditions, and responsive to complaints or concerns that they have channeled back to her from the community through the CABs, which serve in the role of ambassadors in the Harlem community. He also provided an updated on Harlem Hospital COVID-19 response and preparedness, a list of infrastructure and equipment upgrades and patient safety and satisfaction.

Mr. Hamer also informed the Committee that there were some concerns and complaints raised by patients regarding care, communication between patients/family and staff, and the attitude of staff.

Ms. Carrington indicated that there are corrective action plans in place to address the concerns such as tracking and trending of complaints and bringing the information to the frontline staff and starting daily nurse leader rounds and briefs with front line staff.

Ms. Carrington also thanked Mr. Hamer for his work and all that he's done for Harlem Hospital Center.

NYC Health + Hospitals/Jacobi

Ms. Sylvia Lask reported that the COVID-19 crisis had a major impact in NY and in the Bronx community during the peak months from March to May, and continues to present challenges. As a major public hospital in the Bronx, Jacobi's response to the pandemic included the following: ICU units and medical units expanded to treat COVID-19 patients; 13 patient rooms were built in the same day surgery area to keep sick COVID patients who needed isolation. There were changes made to the building maintenance system to allow for more outside air in the building and increased number of air exchanges per hour. The full report is included in the records.

She noted that the most frequent complaints raised included wait time in the ER for relatively minor complaints and patient access to care. Ms. Lask noted that ER wait times have been greatly improved--from improved staffing and changes to the patient flow. Currently the average wait time from arrival to seeing a physician is 30 minutes.

Ms. Lask thanked Mr. Mastromano for being open with the Community Advisory Board, and keeping them aware of everything happening at Jacobi.

NYC Health + Hospitals/North Central Bronx

Ms. Esme Sattaur-Lowe reported on North Central Bronx COVID-19 response during the period of March 1, 2020 to June 13, 2020, patient experience and staff engagement. The full report is included in the records.

Ms. Lowe reported that while there was a decrease in the numbers of complaints and grievances in the 2nd quarter of 2020 as compared to the previous quarter. There were a number of initiative implemented - such as the "The Art of Waiting" project was designed to set proper expectations and create positive perceptions for every patient that arrives in the outpatient clinic, by improving the communication of wait times starting at point of entry and various intervals during the patients visit.

Mr. Nolan asked Ms. Contreras about the FaceTime interactions made available for patients, and he was pleased with the initiative. He was also pleased to read about hospital's visitation pilot program, which has expanded by now. Ms. Contreras reported that she was pleased that NCB was

able to grant the opportunity for family members to visit as long as they met the safety guidelines.

Mr. Nolan requested clarification on *Art of Waiting* and how it is working at NCB. Ms. Contreras responded that it was working effectively because it is designed to set proper expectations. It creates a positive perception of every patient that arrives in the outpatient clinic. Let's the patient know what to realistically expect regarding wait times.

NYC Health + Hospitals/McKinney

Mr. Jean- Pierre reported that under the clinical leadership of Dr. Robert Holland (Chief Medical Officer) and Ann Whyte-Akinyooye, RN (Chief Nurse Officer) clinical plans were put into place to help diagnose and successfully treat many residents with COVID-19. He also updated the Committee on infrastructure and equipment upgrades, and resident safety and satisfaction. The full report is included in the meeting materials.

There were two concerns raised at the Annual Public meeting: protection from staff layoffs and onsite meal preparation. Mr. Weinstein responded and informed Mr. Jean Pierre that that was no intent to layoff staff, and McKinney has been planning for enhanced dining experience for residents. A major objective is to provide meals without the traditional tray - serve each course one at a time (similar to restaurant). This was the plan in early 2020, until COVID-19 restricted social gathering of residents in communal dining. Ms. Benjamin from the Auxiliary asked about virtual gratitude and empowerment classes. She was informed about the Helping Healers Heal (H3) program, and that staff participated. It was also reported that David Weinstein conducts townhall meetings to keep staff informed.

Mr. Nolan asked about the clarification of the 1:1 meetings. Mr. Weinstein responded - in terms of social distancing, McKinney is very mindful of setting up protocols around the building for staff and residents. He reported that family visits have been brought inside. They are socially distant - there is a monitor in the room to ensure that there is no hugging or kissing of families. Family and resident are situated 6-feet apart and wear masks. Families present negative COVID test within 7 days of visiting McKinney. Residents are testing weekly. We are in safe zone, but are maintaining social distancing when it comes to families.

NYC Health + Hospitals/Coler

Ms. Judy Berdy reported that throughout the COVID-19 pandemic, Coler's administration worked closely with the post-acute care and system leadership, as well as following all CDC, CMS and NYS DOH guidelines to ensure the alignment of infection control and other clinical practices. . Ms. Berdy also updated the Committee on the successful partnership with NYC Emergency Management for placement of HESCO barriers, the constructed of a new four (4) chair dialysis unit during the COVID emergency declaration, and is operating at near capacity, and the selection of Coler as one of NYC Health+ Hospitals facilities to participate in partnering with PlaneTree, an organization guiding healthcare facilities in building patient-centered care and enhancing patient experience.

She highlighted that resident complaints raised during this time included concerns about the inability to go out of the facility or leave their unit due to COVID restrictions. The facility addressed this by expanding the hours the courtyard is available for the residents for outdoor time, during the day and evenings, each day of the week. Therapeutic Recreation also continued to provide additional unit-based programming to meet the needs of the residents during this time. Other complaints concerned the enhanced cleanings that needed to occur at resident bedsides and the handling of resident's property.

To address these concerns it was decided that cleanings are prescheduled 48 hours in advance and resident notification is made. In addition, supervision is provided for these cleanings, which are conducted with the resident's participation.

Dr. Katz thanked Ms. Berdy for all her efforts, and is pleased to announce WIFI coming to Coler with much higher frequency - thanks to Kim Mendez and Jeffrey Lutz in the IT department.

Mr. Nolan asked about plans to accommodate residents who want to meet with loved ones, as weather gets colder. Mr. Hughes reported that there are still limits on family visits; however, at Coler they are able to have family visits because they have not had a COVID19 positive test in a while. Coler has just finished constructing a tent in the front of Coler and heat is being installed, and as such, they will be able to continue having outdoor visits for families and residents.

Mr. Hughes thanked Ms. Berdy and CAB members for being available for routine conference calls, where he was able to provide update.

NYC Health + Hospitals/Sydenham

Mr. Everett Person thanked Sydenham and Gotham's senior leadership for supporting the CAB and making the environment more beautiful, provided, and update on the facility COVID-19 response, infrastructure and equipment upgrade and patient safety and satisfaction. The full report is included in the meeting materials.

Frequent complaints raised by patients was the call-in system. It was a major dissatisfaction for the CABs and patients. Sometimes patients have to wait a long time to receive a callback. It is being corrected and staff is being trained to answer the phone and provide patients with support.

He also reported the facility needed six blood pressure machines which, will be purchased by Sydenham Auxiliary - as mentioned at the Annual Public meeting in Manhattan, and that the ultrasound unit for the Women's Health program could be purchased by combination of H+H funds, fundraising from the Auxiliary, and capital funds from elected officials.

Mr. Everett reported that regarding outreach, Sydenham is in contact with NYCHA tenant association at St. Nicholas and Dyckman Houses to let them know the clinics are available for tenants. And that outreach in the community includes working with small businesses and local radio stations.

Mr. Nolan thanked everyone for their reports and as quorum has been established – upon motion made and duly seconded the minutes of the June 9, 2020 Community Relations Committee was approved.

PRESIDENT’S REMARKS:

Mitchell Katz, M.D.

Dr. Katz reported the following:

- Thanked the CAB for all they do for Health + Hospitals facilities, and that our patients and residents need advocates now, especially during COVID-19 pandemic.
- Given that that the COVID-19 infection rate is increasing, there are parts of the City that will need to be shut down. He reassured everyone that while it is a difficult period now, it is always darkest before the dawn, and the major message is hope.
- The President Elect Joe Biden has already put together a COVID-19 Taskforce, and we have positive news about a vaccine, which is 90% effective in early clinical trials.
- Additionally, the FDA granted emergency authorization for the use of an antibody treatment, which is very similar to the treatment that both President Trump and former Governor Chris Christie received. Both men both fall into high-risk group because of their weight, being male, and are older. While antibody treatment is not used in those who are the sickest, they are used to prevent people from getting sicker.
- Across the country, while there are many hospitalizations, fortunately the mortality is markedly lower because of better treatment, wearing masks, and remaining socially distant.
- Dr. Katz ended his remarks by assuring the CABs – that while it will be a couple of difficult months, he urged everyone to take care of themselves, find ways to celebrate the holidays without bringing large numbers of people in the same room and to wear masks indoors with family and friends.

NEW BUSINESS / OLD BUSINESS

There being none.

ADJOURNMENT: Meeting adjourned at 6: 25 p.m.

SUBSIDIARIES REPORT

ANNUAL MEETING OF HHC INSURANCE COMPANY, INC. (Virtual)
November 5, 2020
As Reported by Dr. Machele Allen

A meeting of the Board of Directors of the HHC Insurance company, (hereinafter, the "HHCIC") was held in the Board Room - Room 532 located at 125 Worth Street, New York, New York 10013 on the 5th day of November 2020 at 01.PM EST, pursuant to a notice which was sent to all the Directors of the Company and which was provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The meeting had virtual access with the link posted on the internet site. The following Directors were present in person/virtually, constituting a quorum:

Mitchell Katz, M.D. (virtually)
John Ulberg, Jr. (virtually)
Andrea Cohen, Esq. (virtually)
Machele Allen, M.D. (in boardroom)

Dr. Vincent Calamia was unable to attend. Also present were Executive Director David Cheung (virtually), Director of Claims Mary B. Boland, NYC H+H board member Frida Wang (virtually); James Linhart (virtually). Nancy Gray and Daniel Scott of Aon Insurance Managers (AIM) attended virtually. Dr. Machele Allen chaired the meeting and the minutes were taken by Mary Boland.

The meeting was called to order at 01:35 PM by Dr. Allen. At her request, David Cheung provided a brief overview of both subsidiary companies including the formation and history of the captive insurance company and the physicians purchasing group. The excess insurance pool was explained, including the extent of the excess policy coverage (claims made). The regulatory requirements of the Department of Financial Services for captive insurance companies were briefly reviewed. S

The following resolutions were presented to the Board by Dr. Allen:

The minutes of the November 7, 2019 Annual Meeting of the Board were reviewed. A motion to approve the amended minutes was made by Dr. Katz, seconded by Ms. Cohen and approved unanimously

The following were unanimously approved following a motion to approve made by Dr. Katz, seconded by Ms. Cohen:

- the re-appointments of Dr. Vincent Calamia, Dr. Mitchell Katz, Andrea Cohen, Esq., Dr. Machele Allen and John Ulberg, Jr. as members of the Board of Directors.
- the appointment of Dr. Vincent Calamia as Chairman of the Board (4) A motion to approve was made by Dr. Katz, seconded by Ms. Cohen and approved unanimously

- the Election of the following Officers for the HHC Insurance Company, Inc.:

Vincent Calamia, M.D.	President
Machelle Allen, M.D.	Vice-President
Andrea Cohen, Esq.	Secretary
John Ulberg, Jr.	Treasurer

Dr. Allen introduced seven action items/resolutions into the record. Then on motion by Dr. Katz, seconded by Ms. Cohen, the following resolutions were approved unanimously by the Board:

- A) David C. Cheung was re-appointed to as the Executive Director of the Company.
- B) Mary B. Boland was re-appointed Director of Claims of the Company.
- C) The issuance of primary insurance policies to members of the HHC Physicians Purchasing Group.
- D) The appointment of Dana Wilson of Grant Thornton as the company auditor.
- E) The re-appointment of Jo Ellen Cockley of Aon Risk Consultants as the Actuary of the Company.
- F) The loan back of premium in an amount up to \$3.0 million to the parent corporation, the NYC Health + Hospitals (the System), was approved.
- G) The approval of the Audited Financial Statements as of December 31, 2019 was delayed until after the presentation and review of the unaudited financial statements for 2020. There were no questions from the members following the presentation by Daniel Scott and the 2019 statements were approved unanimously.

Daniel Scott presented the following seven (7) information items:

1. New applications for coverage have been received from 27 Obstetricians/Gynecologists and Neurosurgeons. As of 9/30/2020, there are 312 active physicians in the program. Primary policies have been issued for the current policy year. Applications for excess coverage through MMIP beginning July 1, 2020 were filed for 251 H+H physicians through the Purchasing Group with 230 physicians deemed eligible to receive excess coverage. It was determined during the application process that 53 physicians already had excess coverage under the Plan through other hospitals. Twenty-seven physicians have been wait-listed for excess coverage. Once the final number of physicians in the pool has been determined, these additional excess policies will be issued and will be retroactive to the application date.
2. In 2007, the Company was required to sign up as a Plan or Pool participant of the Medical Malpractice Insurance Pool. The Company opted to be a Pool participant. The September 30, 2020 cession statement from the Pool indicates that the Company has a net equity in the Pool of \$1,720,212.00.
3. The September 30, 2020 interim financial statements were reviewed. As of September 30, 2020, HHC Insurance Company has total assets of \$95,501,104. Of that balance, there's an intercompany receivable of \$90,625,173. There is a premium receivable of \$1.7 million which would be cleared before year-end, and rolled into the intercompany loan receivables. There is an MMIP receivable of \$3,173,746. The total

liabilities, as of 9/30, are \$13,692,558. A large component of the liabilities is the outstanding loss in LAE (expense) reserves as well as the reserves for IBNR (incurred but not reported loss). The total net assets, as of 9/30, is \$81,808,546 which is an increase of \$76,126,000 from 2019.

4. The Business Continuity Plan (BCP) was provided to the members prior to the meeting. They were advised that it is the BCP implemented by the System with an effective date of March 2020. It is reviewed annually.
5. Sedgwick CMS has reported 90 open files and 526 closed files for the underwriting years 2005-2020. Of the closed files, 41 were closed with payment and 485 files were closed without payment.
6. The company business plan has been approved by the Department of Financial Services (DFS). All Regulatory matters are current. The next examination of the company by the DFS will take place in 2021. Dr. Allen asked a question about the DFS COVID-19 inquiries. She was advised by Daniel Scott and Nancy Gray that these inquiries were sent to all insurance companies and referred to the management of health and other insurance policies in relationship to premiums and coverage. Dan Scott will provide Mary Boland with a copy of the responses sent by the HHCIC to the DFS in regard to the captive's handling of their policies.

There are no outstanding requests or approvals pending from the Department of Financial Services.

No additional new business matters were brought up.

ADJOURNMENT:

There being no further business before the Board, the meeting was adjourned at 2:00 PM EST.

HHC PHYSICIANS PURCHASING GROUP, INC.(Virtual) November 5, 2020 As Reported by Dr. Machele Allen

A meeting of the Board of Directors of the HHC Physicians Purchasing Group, Inc., (hereinafter, the "PPG") was held in the Board Room - Room 532 located at 125 Worth Street, New York, New York 10013 on the 5th day of November 2020, Company and which was provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The meeting had virtual access with the link posted on the NYC Health + Hospitals internet site. The following Directors were present in person/virtually, constituting a quorum:

Mitchell Katz, M.D. (virtually)
John Ulberg, Jr. (virtually)
Andrea Cohen, Esq. (virtually)

Machelle Allen, M.D. (in boardroom)

Dr. Vincent Calamia was unable to attend. Also present were Executive Director David Cheung (virtually), Director of Claims Mary B. Boland, NYC H+H board member Frida Wang (virtually); James Linhart (virtually). Nancy Gray and Daniel Scott of Aon Insurance Managers (AIM) attended virtually. Dr. Machelle Allen chaired the meeting and the minutes were taken by Mary B. Boland.

The meeting was called to order at 02:00 PM. Dr. Allen. The following resolutions were presented to the Board by Dr. Allen, and upon motion by Dr. Katz, seconded by Ms. Cohen, were unanimously approved by the Board:

1. Approval of the minutes of the November 7, 2019 annual meeting;
2. The confirmation/acknowledgment of the appointment of the current Board of Directors with the appointment of Dr. Calamia as the Chairman; and,
3. The appointment of the following officers of the HHC Physicians

Purchasing Group Inc.:

Vincent Calamia, M.D.	President
Machelle Allen, M.D.	Vice-President
Andrea Cohen, Esq.	Secretary
John Ulberg, Jr.	Treasurer

INFORMATION ITEMS:

Daniel Scott presented two information items:

- (1) The PPG has been registered and approved by the New York State Department of Financial Services to act as a purchasing group within the State. The business of the PPG is to obtain on behalf of its members, who are employees of NYCHHC's affiliates, primary insurance for medical malpractice from the HHC Insurance Company ("HHCHC", a captive insurance company).
- (2) The physician members of the group have obtained primary medical malpractice insurance coverage in the amount of \$1.3 million per occurrence/\$3.9 million in the aggregate from HHCIC for 2020. Insurance policies have been issued for the PPG by the HHCIC. The members of the PPG have also received excess coverage in the amount of \$1 million per occurrence/\$3 million in the aggregate from MMIP (unless they have coverage through another excess carrier which would then write the excess coverage for the covered physician).

ADJOURNMENT:

There being no further business before the Board, the meeting was adjourned at 2:04 PM.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
November 19, 2020

CORONAVIRUS UPDATE

Fighting Back a Possible Second Surge

We are working very hard to prevent a second wave. We are very concerned about a second wave and doing all we can to prepare for the possibility. The numbers are still relatively low compared to March and April but continue in a steady uptick. NYC Health + Hospitals is closely monitoring data across the city and the health system looking for signals of potential surges to ensure we can be prepared to respond. We are in regular and close contact with each of our facility leadership teams on the front lines to monitor and manage staff, space and other resource needs. We have real-time data and multiple dashboards that give us visibility to the volume of patients in every emergency room and ICU across our system. We'll be prepared to adopt an improved patient level-loading process, open up flex spaces, and meet our staff resource demands. And we are keeping a close eye on the flu season to ensure we aggressively follow influenza testing strategies.

NYC Test & Trace

To fight against rising COVID-19 case counts, the NYC Test & Trace Corps has expanded its fleet of mobile testing vans with a new weatherized model that will allow us to reach even more New Yorkers during the winter season. The retrofitted mobile units will allow for patients to utilize a large service window to safely share their information and provide a safe environment for our mobile teams to continue serving New Yorkers through cold, winter months. As part of this initiative, more than 10 of these next-generation mobile units will bring testing to communities identified as COVID cluster areas. The first vehicle in this new fleet was deployed last week to the Bangladeshi American Community Development & Youth Service (BACDYS) in Ozone Park, Queens.

In addition, we are also expanding the availability of COVID-19 rapid testing in Queens and on Staten Island. The rapid tests, which can be analyzed for traces of the coronavirus quickly, will be accompanied by on-site contact tracing, which offers a greater chance of having effective and timely communication and acting quickly to find those contacts, and direct people to the resources they need. The on-site contact tracing is available in multiple languages. The City has opened approximately 240 testing locations since the pandemic struck New York in March, and since last week has been able to complete more than 60,000 tests a day.

CITY, STATE, FEDERAL UPDATE

Federal

As Washington DC continues to emerge from Election Day and into the Presidential transition, NYC Health + Hospitals is returning to advocacy efforts in support of additional COVID and FEMA relief and ongoing regulatory flexibility. Our health system also continues to focus on staving off Medicaid DSH cuts, which are again due to go into effect on December 11. The opposition to these cuts remains a bipartisan priority, and we and many hospital partners continue to advocate for another delay, if not a complete elimination of the cut. In addition, we are working with our Congressional champions and association partners to make a necessary technical fix to the enhanced Federal Medical Assistance Percentages provided as part of COVID relief, so it does not have an unintentional negative impact on our DSH funding.

State

NYC Health + Hospitals continues to work with our State colleagues to implement the UPL transaction and behavioral health centers of excellence/special population arrangements. In addition, we are advocating actively against any Medicaid or other budget cuts at the state level.

NEW TESTING POLICY FOR PREGNANT PATIENTS

It is the policy and practice of NYC Health + Hospitals to treat substance use disorders (SUD) as medical conditions, not moral problems. As of September 2020, NYC Health + Hospitals has adapted a new universal policy and procedure for substance use disorder (SUD) screening and testing for pregnant patients. The new policy requires all pregnant patients seeking care at any of our health care facilities to be notified of the policy and be given a verbal SUD screening to help providers identify risk factors. Toxicology testing should be provided only when necessary, and with written consent from the patient, or in an emergency when clinically indicated for diagnosis or treatment. If the patient has a positive screen or self-admits to having a SUD, they are referred to our social workers who can ensure they receive additional support. This support includes counseling about the risks to their health and the potential risks to the fetus and newborn, referral to the appropriate treatment for the identified substance dependency - whether alcohol, nicotine or other substances. In addition, the support offered may include a full psycho-social assessment related to parenting behaviors. This is an important new practice that reinforces our commitment to equity in our clinical practices, and creating a supportive environment focused on the patient's health needs.

JOINT COMMISSION SURVEY KUDOS FOR NYC HEALTH + HOSPITALS/CARTER

On November 12th, NYC Health + Hospitals/Carter LTACH successfully completed a 3-day Joint Commission Triennial Accreditation Survey involving 3 Surveyors who reviewed a wide range of clinical, operations and environmental standards, including Infection Prevention and Control, Medication Management, Quality Assurance / Performance Improvement,

Emergency Management, Environment of Care and more. The Joint Commission surveyors were particularly impressed by the facility's Infection Control and Emergency Management practices, and our team's exceptional COVID-19 response and outcomes. The surveyors also shared kudos for our staff's commitment to provide quality care, effective communications, and work collaboratively to serve our residents and their families. Congratulations to the team at NYC Health + Hospitals/Carter.

RECOGNIZING FACILITIES MANAGEMENT AND ENGINEERING STAFF

This past week was Facilities Management week and I would like to take a moment to thank all of our Facilities Management staff, including our Directors of Engineering and trade staff, for all the great work they do each day to ensure our facilities can operate safely and continue to provide excellent service to our patients. Our trade staff were essential in keeping our staff, patients and buildings safe during the initial period of the COVID pandemic and they continue to work to ensure our buildings can provide a safe environment for patients and staff in the event of a second COVID surge. They are an indispensable part of our workforce and I am deeply appreciative of all the work they have done and continue to do.

HEALTH SYSTEM NEWS

- November 13 - [System Expands Remote Services for Management of Chronic Diseases During Pandemic](#)
- November 12 - [NYC Test & Trace Corps Announces New Covid Testing Mobile Units](#)
- November 12 - [NYC Test & Trace Corps Announces Partnership with Etta Salon To Provide Mobile Covid-19 Testing In Brooklyn](#)
- November 10, - [New York City Announces New Mental Health Teams to Respond to Mental Health Crises](#)
- November 3 - [Test & Trace Corps Partners With Essen Health Care To Increase Testing In The Bronx](#)
- November 2 - [Coney Island Receives \\$2.6M in Capital Funding for Robotic Surgery Equipment](#)
- November 2 - [Employees Graduate from Data Analytics Academy at LaGuardia Community College](#)
- October 30 - [NYC Test & Trace Corps Partners With ParCare To Provide Free Covid-19 Testing To The Orthodox Jewish Community](#)
- October 29 - [NYC Test & Trace Corps Records Strongest Performance Since Start of Program While Simultaneously Addressing Clusters of Covid-19](#)

Fiscal Year 2020 Annual Public Borough Meetings Responses

**Board of Directors Meeting
December 10, 2020**

**Deborah Brown
Senior Vice President, External and Regulatory Affairs**





Fiscal Year 2020 Annual Public Meetings

In accordance with §7384(10) of the HHC Enabling Act the Board of Directors of the New York City Health + Hospitals facilitated the Fiscal Year 2020 Annual Public Meetings in all five boroughs of NYC:

- Manhattan - September 8, 2020 via teleconference/videoconference
- Brooklyn - September 15, 2020 via teleconference/videoconference
- Queens - September 22, 2020 via teleconference/videoconference
- Bronx - October 13, 2020 via teleconference/videoconference
- Brooklyn - October 20, 2020 via teleconference/videoconference

The President and CEO informed the public on the programs and plans of the NYC Health + Hospitals and afforded the public an opportunity to present oral and/or written testimony concerning the NYC H+H performance to the Board of Directors.



Compilation of questions and responses

- NYC H+H recorded the individual questions/ concerns from each of the public meetings.
- This deck contains a comprehensive listing of those questions/ concerns and responsive information will be posted on the:
<https://www.nychealthandhospitals.org/public-meetings-notices/>
- Each slide is identified with the name of the borough in which the question/ concern was raised.
 - When a specific facility was referenced in the question/ concern, it is also included on the slide.



Main Focus of Concerns Raised by the Public

COVID-19
Resurgence, Safety

Facility/
Equipment

Equity/ SDOH

Programming:
Behavioral Health,
Maternal Health,
Sickle Cell

Individual Issues



Manhattan: NYC Health + Hospitals

Public Concern:

- Community member asked about provisions being made and policies and procedures to manage a resurgence of COVID-19.

Response:

- NYC Health + Hospitals has been preparing for a potential resurgence for months, working through an incident command structure and intensive data monitoring to guide these critical preparations.
- NYC Health + Hospitals has continued to treat COVID-19 patients and partner closely with the Test + Trace Corps, DOHMH, the Mayor's Office, and other partners for the duration of the pandemic. We have not halted in this work.



Public Concern (continued):

- Community member asked about provisions being made and policies and procedures to manage a resurgence of COVID-19.

Response:

- We have identified surge plans for up to 2,800 COVID-19 cases within our system utilizing flex space, NYC Health + Hospitals/Roosevelt Island Medical Center, new ICU beds at NYC Health + Hospitals/North Central Bronx, cross training of staff, and additional staffing.
- Other surge preparations include improved patient level-loading process, improved home monitoring with pulse oximeters, stockpiling PPE and critical equipment, and additional communication and training strategies.



Public Concern:

- Community member inquired about historic changes to health care facilities.

Response:

- In case of any disruption of health care services due to Covid-19 or otherwise, Health + Hospital follows relevant regulatory requirements and works to ensure patients are informed that they have options for health care at Health + Hospitals or elsewhere.



Public Concern:

- Community member inquired about the expectation of the Sydenham Auxiliary during the pandemic.

Response:

- Continue to sponsor independent fundraising efforts;
- Act as an agent for the facility in receiving and administering funds received from fundraising efforts, gifts, bequests, donations, revenue sources other than direct patient service, interest on trusts funds or Auxiliary accounts;
- Distribute funds for activities or programs/projects that enhance the facility's capacity to provide quality patient care;
- Continue to improve the image and perception of the facility and expand community outreach efforts; and
- Continue to support and participate in the Health + Hospitals Central Council of Auxiliaries Quarterly meeting.



Public Concern:

- Community member seeking increased community outreach in Harlem and follow-up appointments at Sydenham.

Response:

- Sydenham is working on expanding outreach efforts in the Harlem community, including at Gotham Health Centers at the NYCHA - St. Nicholas and Dyckman housing development.
- Sydenham will also increase its outreach activities to small businesses in the community to offer access to primary care services and COVID-19 testing.
- Additionally, Sydenham is in the process of upgrading its telecommunications system using voice over IP that would support the redirection of calls to the call center in order to provide enhanced round the clock availability to patients to support their needs.



Public Concern:

- Community member requested the acquisition of six blood pressure machines and an ultrasound unit for the Women's Health Program.

Response:

- Sydenham's Auxiliary plans to purchase the six blood pressure machines, on behalf of the health center.
- Sydenham plans to purchase the ultrasound unit by requesting funding from Health + Hospitals, elected officials and fundraising through the Auxiliary.



Public Concern:

Community member would like staff to be educated on mask use and for Bellevue to address homeless and mental health.

Response:

- Bellevue Hospital has educated its staff and patients on the importance of wearing a mask.
- They have signage throughout the hospital including elevators, email blasts, screensavers, waiting areas and slides on plasma screens.
- Supervisors remind and review with staff at staff meetings and weekly operations meeting. In addition for visitors who do not have face masks, they are handed out at information and reception desks.
- Bellevue's Safety Net Clinic in Ambulatory Care provides medical and mental health care for homeless patients.
- They have a Code Blue designation and provide shelter for the homeless when the temperature drops to 32 degrees Fahrenheit or lower, provide a warm place overnight and connect them with NYC Department of Homeless Services.



Public Concern:

Harlem Hospital staff nurse is concerned that nurse seniority is not being recognized at Harlem when request for special accommodations are made; and community member expressed concern regarding the demolition of historic buildings on the Harlem Hospitals campus.

Response:

- The provision of special accommodations for staff fall under the umbrella of Equal Employment Opportunity (EEO) and are being managed accordingly.
- The demolition of the Women's Pavilion building is a part of a larger NYC Capital Project. The Women's Pavilion is not deemed a historic landmark.



Public Concern:

- Community member is seeking information on emergency room expansion and renovations to accommodate the volume of patients

Response:

- Funding secured. Expansion/renovation has started with projected completion date of February 2021.

Public Concern:

- Community member seeking repairs to the facade to improve the physical plant and safety.

Response:

- Funding secured and project approved by the Board. Work to begin soon.



Public Concern:

- Community member request repair and upgrade to the elevators, which they fear are now unreliable and dangerous.

Response:

- Funding secured and renovation in progress with projected completion by June 2021.

Public Concern:

- Community member request upgrades to the medical equipment include the MRI, security monitoring system and HVAC system.

Response:

- Upgrades are ongoing.



Public Concern:

Community member seeking the continuity of behavioral health services.

Response:

No plans to reduce behavioral health services. Outdated inpatient detox has been discontinued and replaced by more comprehensive outpatient detox and services. Woodhull has kept up with the need/demand for behavioral health services.



Brooklyn: NYC Health + Hospitals/McKinney

Public Concern:

- Community member seeking: protection from staff layoffs; onsite meal prep; provision of gratitude and empowerment classes; and transparency from senior leadership.

Response:

- McKinney leadership has confirmed there was never an intent to lay off staff.
- McKinney has been planning for an enhanced dining experience for our residents. One major objective is to provide meals without the traditional tray, in other words, serving each course one at a time, similar to a restaurant. McKinney was planning on deploying the initiative in early 2020 until COVID restricted social gathering of residents for communal dining. The staff is looking forward to getting back to their plans as soon as restrictions are lifted.
- McKinney continues to hold debriefing sessions with all staff, through the Helping Healers Heal (H3) initiative and they are very responsive. They also hosted townhall meetings where system changes were explained to staff and where staff has been given the opportunity to email the CEO with any and all concerns.



Public Concern:

- Community member seeking Level I Trauma Center at Coney Island Hospital.

Response:

- While the cost associated with a Level I Trauma Center is prohibitive at this time due to the requirement of 24/7 trauma surgery and anesthesia coverage, Coney Island Hospital is able to care for hundreds of traumatically injured patients per year in its fully prepared resuscitation rooms.
- The hospital has a trauma response team on standby for any incoming codes and performs multiple drills to be ready for patients that are brought in for care. In addition, the hospital recently appointed an EMS and Disaster Fellowship trained Director for Trauma and Prehospital Medicine to ensure preparedness and quality.



Public Concern:

- Community expressed concern about increasing violence in community; social equity, and food and financial insecurity.

Response:

- NYC Health + Hospitals/ Kings County has used the following evidence-based strategies to address these issues including:
 - Enhanced screening for social determinants such as food insecurity, legal, or financial needs and providing support to patients to address social needs.
 - The Kings Against Gun Violence (KAGV), which is a non-profit youth-serving organization with a mission to prevent and eliminate interpersonal violence from the lives of young people through advocacy, peer leadership, community mobilization, and social justice.



NYC HEALTH+ HOSPITALS Brooklyn: NYC Health + Hospitals/Kings County

Public Concern:

- Community member concerned about ethnic disparity among clinical staff at Kings County, specifically the clinical residents and a request to expand the clinical residency programs to encourage the inclusion of minority groups, specifically African Americans.

Response:

- The residents and students at NYC Health + Hospitals/Kings County are primarily sponsored by SUNY Downstate. We work closely with this institution to ensure recruitment of as vast and diverse a range of trainees that will reflect the community we serve.

- As evident from the data below, our efforts are showing results. Our goal is to establish a program aimed at appealing to minority candidates to select Kings County as their future career choice, starting as early as high school.

For the whole house, current diversity of residents and fellows:

44% Female / 56% Male

From 94 countries, 56% not from United States

Ethnic Identity	
American Indian or Alaskan Native	0.4%
Asian	38.3%
Black or African American	12.2%
Hispanic or Latino	8.7%
Native Hawaiian or Other Pacific Islander	0.2%
Other	9.5%
White	35.0%

Ethnic Identity adds up to more than 100% because some identify with more than one group.

Percentage data of current diversity of residents and fellows at SUNY Downstate based on a denominator of 998 for gender and 1048 for the country of origin ethnicity – as some identify with more than one group.



Public Concern:

- Community member seeking improvement to the system to address inequity.

Response:

- NYC Health + Hospitals' ongoing effort to promote racial and social equity is fundamental to our organization's strategy.
- The system has implemented several initiatives to address this concern:
 - Creation of an Equity and Access Council
 - In July, NYC Health + Hospitals created the Equity and Access Council, which serves as an advisory group to support the Office of Diversity and Inclusion in developing strategies and initiatives to promote equity and optimize the delivery of care and health outcomes for diverse populations.
 - Incorporated equity into the system's strategic goals.



Public Concern (continued):

- Community member seeking improvement of the system to address inequity.

Response:

- NYC Health + Hospitals has used the following evidence-based strategies to address health disparities including:
 - Utilizing data to monitor disparities.
 - Continual treatment of underlying health conditions such as diabetes and hypertension, which is prevalent in communities of color.
 - Expanding the use of telehealth and improving access to remote monitoring devices such as home blood pressure monitors and remote peer support for diabetes.
 - Enhanced screening for social determinants such as food insecurity, legal, or financial needs and providing support to patients to address social needs.



Queens: NYC Health + Hospitals/Queens & Elmhurst

Public Concern (continued):

- Community member seeking improvement of the system to address inequity.

Response:

- In the spring, the Mayor empaneled a Taskforce on Racial Inclusion and Equity, which announced three new NYC Health + Hospitals/Gotham Health sites that will provide comprehensive care to support recovering COVID-19 patients, including pulmonary care, radiologic and diagnostic services, mental health services, on-site medication, and retail pharmacies.
- These sites – Bushwick (in Brooklyn), Jackson Heights (in Queens), and Tremont (in the Bronx) – are opening in communities of color hardest-hit by the COVID-19 pandemic.



Queens: NYC Health + Hospitals/Queens & Elmhurst)

Public Concern (continued):

- Community member seeking improvement of the system to address inequity.

Response:

- In September, Health + Hospitals expanded NYC Care in Manhattan and Queens, which will now guarantee health care to all NYC residents, especially those in underserved communities.
- Health + Hospitals has made two e-learning modules available to staff on the **Impact of Unconscious Bias on a Culture of Inclusion, and Diversity and Inclusion: A Business Imperative**.
 - This year, 15,000 Health + Hospitals direct care and service employees completed the e-learning modules.
 - Unconscious bias and cultural sensitivity content was also embedded into annual in-service that is mandatory for all employees.



Public Concern (continued):

- Community member seeking improvement of the system to address inequity.

Response:

- NYC Health + Hospitals has engaged **Perception Institute**, a leading organization who translates innovative mind science research on race, gender, ethnic, and other identities into workable solutions to reduce bias and discrimination, and promote belonging. Health + Hospitals began training NYC Health + Hospitals Board of Directors and senior leadership last fall.
- NYC Health + Hospitals offers free language services 24 hours a day, 7 days a week, 365 days a year in over 200 languages and dialects.
- In FY 2018, NYC Health + Hospitals facilities received more than 1 million requests for interpretation services that yielded 13 million interpretation minutes.
- NYC Health + Hospitals translate key patient documents, such as consent forms and patient education materials, into the top 13 languages requested by limited English proficient (LEP) New Yorkers.



Public Concern:

- Community member would like to see safe return of patients to ambulatory care services and infection prevention and control precautions.

Response:

- NYC Health + Hospitals has been able to bring patients back to in-person care safely.
- NYC Health + Hospitals has re-engineered its Emergency Departments and clinics across the system to provide safe care after Covid-19 surge.
- The 11 EDs have undergone physical changes to maximize distance between patients in waiting rooms and care areas; new spaces for isolation and negative pressure rooms were created to help protect from infections like COVID-19.
- NYC Health + Hospitals is also adapting similar physical changes in the out-patient care clinics, which will also increase their capacity to offer safe in-person care visits across the system's 11 hospitals and 30 Gotham Health sites.



Public Concern (continued):

- Community member would like to see safe return of patients to ambulatory care services and infection prevention and control precautions.

Response:

- Most appointments will still be offered and encouraged over televisits, which the system quickly ramped-up access to during the initial weeks of COVID to make sure New Yorkers were accessing the care they needed when they need it – and from the comfort of their home.
- Operating departments across the public health system's 11 hospitals also increased capacity to perform more scheduled medically necessary surgeries for existing patients.
- To ensure everyone's safety, physical care spaces implement a number of safety protocols, including mandatory temperature and symptom checks for all patients, visitors and staff upon arrival, the requirement of face masks to be worn by all, updated signage to remind everyone of social distancing, and more.



Public Concern (continued):

- Community member would like to see safe return of patients to ambulatory care services and infection prevention and control precautions.

Response:

- Health + Hospitals recently launched virtual Expresscare services, to further ensure New Yorkers have convenient, one-click access to the most appropriate care where they're safest.
- New Yorkers in need of non-emergency urgent care can connect to a provider in 200+ languages for an evaluation by going to Expresscare.nyc on any device with a camera.
- The system's virtual ExpressCare launch builds on the public health system's recent expansion of telemedicine offerings.



Public Concern (continued):

- Community member would like to see safe return of patients to ambulatory care services and infection prevention and control precautions.

Response:

- Health + Hospitals recently announced its expansion of remote services during the COVID-19 pandemic to improve monitoring of chronic diseases and enhance connection to wrap-around services from home.
- Led by the system's Office of Population Health, access to a diabetes peer mentoring program was expanded at NYC Health + Hospitals/Elmhurst to help patients monitor sugar levels.
- Over 2,000 at-home blood pressure monitors have been distributed to patients across the system. The expansion of remote monitoring resources allows patients to eliminate some in-person clinic visits, while still being proactive about chronic diseases management and necessary interventions.



Public Concern:

- Staff nurse/community member seeking expansion of dialysis and geriatric care at NCB; behavioral health educators for NCB and Jacobi; extended support for nursing education; and educating staff on the expectations regarding the use of PPE.

Response:

- Though there are currently no plans to develop an outpatient dialysis service, we are now better equipped to provide dialysis services to patients admitted to our facility as a result of the surge capacity improvements made at NCB.
- We are glad to announce that we have recently hired a director of nursing education with a great passion for nurse education. His years of experience empowering nurses through education will be a great asset to the facilities.
- We have also hired a nurse educator for behavioral health services who is scheduled to start soon as well.
- NCB and Jacobi have educated its staff on the expectations regarding the proper use of PPE.



Public Concern:

- Staff nurse/community member seeking allocation of resources towards modalities of care, the treatment of sickle cell, maternal health, and mental health.

Response:

- NYC Health + Hospitals recently received a grant for \$1.25 million per year and is renewable, pending funding availability, for 2 years (3 years total). Health + Hospitals plans to create a Sickle Cell Center of Excellence at H+H/Queens with expanded research throughout the H+H system, including Jacobi.



Public Concern (continued):

- Staff nurse/community member would like to address disparities in health care related to sickle cell, maternal health, and mental health.

Response:

- In 2018, the Mayor's Office, NYC DOHMH, NYC H+H collaborated to develop a comprehensive Maternal Health program for the specific purpose of maternal mortality reduction. At NYC H+H that funding was applied to four different initiatives:
 - **Simulation Laboratory:** On Sept 4, 2020, H+H announced expansion of 6 new simulation mini-labs at the largest acute care sites; they are in close proximity to the Labor & Delivery suites so that medical staff can have access to trainings more frequently and regularly.
 - **Maternal Medical Home:** Care coordinators help to provide management, enhanced screening and navigation for NYC H+H patients. They screen patients for depression, clinical conditions, trauma, social determinants of health, and psychosocial conditions, to help patients during pregnancy that are predisposed to adverse outcomes.



Public Concern (continued):

- Staff nurse/community member would like to address disparities in health care related to sickle cell, maternal health, and mental health.

Response (continued):

- **Internal Pregnancy Optimization Program:** The pregnancy optimization program is for primary care teams to identify patients that are intending to get pregnant within the next year; they can get referred to services to help optimize patient health in planning for pregnancy.
- **Mother - Baby Coordinated Visits:** The program coordinates maternal care to ensure that while mom brings her baby for wellness checks, her postnatal care is also accomplished during the same visit.



Public Concern (continued):

- Staff nurse/community member would like to address disparities in health care related to sickle cell, maternal health, and mental health.

Response:

- Since the pandemic hit, NYC H+H has worked tirelessly to ensure our doors remain open so that patients can access BH care safely and continuously. This includes telehealth for psychiatry and substance use services, as well as face-to-face sessions for those who need more intensive care, or cannot access technology to be treated remotely.
- During and after the COVID-19 pandemic peak in the spring of 2020, NYC Health + Hospitals continued to offer in- and out-patient behavioral health care to new and existing patients at all facilities. The public health system utilized all modalities, including in-person, telephonic, video calls, home visits, and mobile crisis outreach, to provide care.
- NYC Health + Hospitals' Office of Behavioral Health works hand-in-hand with the NYS Office of Mental Health to ensure coordination among all available behavioral health beds across all hospitals.



Public Concern:

- Community member is seeking capital funding for the repair of the sidewalks and trees outside of and around the entire perimeter of Lincoln Hospital.

Response:

- NYC Health + Hospitals/ Lincoln is finalizing the pricing and purchase order with a construction company and expects the work to be completed by the end of the calendar year.
- The NYC Department of Parks is engaged and assisting with work related to the trees.



Public Concern:

- Community member is seeking expansion of health care services in Staten Island and at NYC Health + Hospitals/Seaview.

Response:

- NYC Health + Hospitals/ Seaview is looking to expand its services by building an onsite hemodialysis center.
- NYC Health + Hospitals/ Seaview is also looking to incorporate telemetry services on its sub-acute unit, which will provide an enhanced ability to monitor a patients vital signs should they be out of bed or attending physical therapy, or off the unit in general, etc.



RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the “System”) to authorize funding to continue the terms of its current affiliation agreements (the “Affiliation Agreements”) with each of (i) **NYU Grossman School of Medicine (“NYU”)**; (ii) **Icahn School of Medicine at Mount Sinai (“Mt. Sinai”)**; and (iii) **Physician Affiliate Group of New York, P.C. (“PAGNY”)**, each made for the provision of general medical care and behavioral health services, 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 \$117,253,104;

Mt. Sinai: Elmhurst Hospital Center and Queens Hospital Center - for an amount not to exceed \$83,557,970;

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 \$197,032,971;

With an overall total not to exceed \$397,844,045 for the period, which includes a 5% add-on for enhanced staffing relating to an expected COVID-19 patient surge and a 10% contingency per Affiliate.

WHEREAS, the System has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provided general medical care and behavioral health services at System facilities; and

WHEREAS, the current Affiliation Agreements with NYU, Mt. Sinai and PAGNY (together, the “**Affiliates**” and individually, each an “**Affiliate**”) were approved by the System’s Board of Directors at its meeting held on June 18, 2015, for terms to each expire on June 30, 2020 for \$6,751,844,238, and the System’s Board of Directors at its June 25, 2020 meeting authorized the System to extend the terms of the Affiliate Agreements through December 31, 2020 for \$722,603,371; and

WHEREAS, the System is continuing to negotiate multi-year renewals of these Affiliation Agreements with each of the Affiliates with the goal of having such new agreements ready for presentation to the System’s Board of Directors and for execution, but the COVID-19 epidemic continues to divert the attention of the parties; and

WHEREAS, the proposed funding authorization will keep substantially the current terms of each Affiliation Agreement in place for approximately 3 months to provide sufficient time to conclude negotiations of new agreements for authorization and execution prior to the expiration of funding authority.

NOW, THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation (“the System”) be and hereby is authorized to continue to operate under 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 (“**Mt. Sinai**”); and (iii) Physician Affiliate Group of New York, P.C. (“**PAGNY**”), each made for the provision of general care and behavioral health services, with the System facilities served by each of such 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 \$117,253,104.

Sinai – Elmhurst Hospital Center and Queens Hospital Center - for an amount not to exceed \$83,557,970.

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 \$197,032,971.

With an overall total not to exceed \$397,844,045 for the period, which includes a 5% add-on for enhanced staffing related to the COVID surge and a 10% contingency per Affiliate.

**EXECUTIVE SUMMARY
EXTENSION OF MEDICAL AFFILIATION
AGREEMENTS WITH
NYU GROSSMAN SCHOOL OF MEDICINE
ICAHN SCHOOL OF MEDICINE AT MOUNT SINAI, AND
PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C.**

BACKGROUND: The System has long obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations including NYU Grossman School of Medicine, the Icahn School of Medicine at Mount Sinai and Physician Affiliate Group of New York, P.C. (the “Affiliates”). The contracts for each of these Affiliates were approved by the System’s Board of Directors at its meeting held on June 25, 2020, were extended through December 31, 2020. The urgent need to respond to the COVID-19 pandemic has continued to cause delays in the renegotiation of the Affiliation Agreements. Accordingly, the System seeks authorization to extend funding to continue the terms of each of the Affiliation Agreements, on a month-to-month basis, for approximately three months to allow time for the conclusion of such negotiations, authorization to execute, and final execution of the agreements.

TERMS: The current Affiliation Agreements will remain in place during this negotiation period. The System facilities serviced by each of the Affiliates are as follows:

Sinai	NYU	PAGNY
Elmhurst Hospital Center Queens Hospital Center	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 D&TC	Lincoln Medical & Mental Health Center Morrisania D&TC Segundo Ruiz Belvis D&TC Jacobi Medical Center North Central Bronx Hospital Harlem Hospital Center Renaissance Health Care D&TC Metropolitan Hospital Center Coney Island Hospital Kings County Hospital Center.

FUNDING NOT TO EXCEED AMOUNTS	Money to pay the costs of extending the operation of the existing Affiliation Agreements will come from the System’s general operating funds and the costs will not exceed the following amounts.
--------------------------------------	---

Mt. Sinai	\$83,557,970
NYU	\$117,253,104
PAGNY	\$197,032,971
Total	\$397,844,045

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe, Keith
Office of Legal Affairs Date: 2020.12.08 10:22:43 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Icahn School of Medicine at Mount Sinai

Date: December 8, 2020

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

Vendor Responsibility
Pending

EEO
Pending

MWBE
Exempt

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



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.12.08
10:22:23 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: NYU Grossman School of Medicine

Date: December 8, 2020

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

Vendor Responsibility

Pending

EEO

Pending

MWBE

Exempt

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



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by Tallbe, Keith
Office of Legal Affairs Date: 2020.12.08 10:23:01 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Physician Affiliate Group of New York, P.C. ("PAGNY")

Date: December 8, 2020

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

Vendor Responsibility
Pending

EEO
Pending

MWBE
Exempt

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.

**Affiliation Agreements Resolution on Spending
Authority with
Mount Sinai School of Medicine
NYU Grossman School of Medicine
Physician Affiliate Group of New York, PC
Board of Directors Meeting
December 10, 2020**

Dr. Machelles Allen, SVP and System CMO

Deborah Brown, SVP, External and Regulatory Affairs

Andrea Cohen, SVP and General Counsel

John Ulberg, SVP and System CFO



Budget Authorization Request

- NYC Health + Hospitals contracts with medical schools, voluntary hospitals, and a physician professional corporation for most of its physician workforce, certain other advanced practice providers, and some technical and administrative staff
- 5 year agreements with the 3 largest affiliates — the NYU Grossman School of Medicine, the Mount Sinai School of Medicine, and PAGNY — were set to expire on June 30, 2020, and the parties expressed interest in negotiating renewals
- On June 25, 2020, the Board authorized extension agreements for 6 months, until December 31, 2020, due to the impact of the COVID-19 pandemic on time for planning and negotiations
- Substantial planning work and negotiations have been underway during the extension period, but the resurgence of COVID and the intricacies of desired contract improvements require additional time to finalize agreements
- Accordingly, we are seeking funding authorization to continue existing agreements on a month-to-month basis for approximately three months
- Formal Affiliate extension agreements will not be required
- Requested funding authorization assumes 3 months of spending with a 5% add-on for COVID-19 surge staffing expenses and a typical 10% contingency for other unanticipated costs



Established principles will serve as guide for successful contract negotiations with the Affiliates

- 1 Develop overarching governance and management structure.**
 - An overarching governance and management structure needs to be established to ensure decisions are made efficiently, consistent with the Shared Principles.
- 2 Align financial incentives with Affiliates and physicians.**
 - Financial incentives and values between physicians and H+H need to be better aligned as insurers move to at-risk/value-based payment for quality outcomes (versus volume) and H+H requires improvements in H+H network utilization and member attrition, as foundation to financial alignment
- 3 Enhance patient care model.**
 - Care needs to be better coordinated between facilities and specialty and primary care physicians to ensure patients receive the right care at the right time.
- 4 Establish attractive career opportunities for new and existing providers, especially for primary care and advanced practice practitioners.**
 - Expanding physician supply, especially primary care, is critically important as care needs shift and the workforce ages. (Approximately 25% of H+H physicians are over the age of 60. This means approximately 750 physicians could retire within the next few years).
 - Each affiliate must develop a five year physician workforce and succession plan for H+H approval
- 5 Maintain sustainable compensation and benefit packages in consideration of H+H service expectations and resource constraints.**
 - Physician compensation packages need to be fair and affordable considering both monetary and in-kind services, employment benefits, and malpractice insurance value.
- 6 Achieve financial and operational reporting transparency.**
 - Greater reporting transparency is needed between Affiliates and H+H to ensure performance metrics and other shared objectives are achieved.
- 7 Develop clear and enforceable contract terms, flexible to innovation and changing care needs.**
 - Contract terms need to be clear and enforceable to ensure accountability and fairness, yet flexible to allow for innovation and adaptation to changing care needs.
- 8 Develop contract provisions to allow for H+H and Affiliates to effectively engage in research and medical education.**
 - Contract terms should include provisions allowing for H+H and Affiliates to participate and advance research and medical education programs with appropriate reimbursement received to cover in-facility program costs incurred by H+H.



Major New Elements Under Discussion

Contract Management

- New contemporary master agreement form.
- Improved oversight structure for Affiliate contract management.

Budget and Financial

- Engage Affiliates to complete workforce plans to inform budget and new program development.
- Opportunities to establish FPPs at H+H Teaching Amendment facilities.

Medical Policy and Management

- Enhance system-wide definitions for clinical, administrative, and teaching roles to inform workforce planning efforts.
- Align physician incentives to provide value-based care.



Budget Authorization Elements

Extension Period

Affiliate	6-Month Extension (7/1/20 - 12/31/20)	3-Month Extension	10% Contingency	5% COVID Contingency	New Approval Total
NYU	\$212,804,261	\$101,959,221	\$10,195,922	\$5,097,961	\$117,253,104
Mt. Sinai	\$151,651,039	\$72,659,104	\$7,265,910	\$3,632,955	\$83,557,970
PAGNY	\$357,603,371	\$171,333,018	\$17,133,302	\$8,566,651	\$197,032,971
Total	\$722,058,671	\$345,951,344	\$34,595,134	\$17,297,567	\$397,844,045

FY 16 - 20 Contract Period

Affiliate	FY16-FY20 Base Budget (7/1/15 - 6/30/20)	25% Contingency (7/1/15 - 6/30/20)	FY16-20 Request Total (7/1/15 - 6/30/20)
NYU	\$1,688,679,033	\$422,169,758	\$2,110,848,791
Mt. Sinai	\$1,150,620,692	\$287,655,173	\$1,438,275,865
PAGNY	\$2,562,175,665	\$640,543,916	\$3,202,719,581
Total	\$5,401,475,390	\$1,350,368,848	\$6,751,844,238



Board of Directors Request

- Seeking authorization to continue operating under existing Affiliation Agreements while renewal negotiations, authorization, and final execution of agreements are completed, with a cost of continued operations not to exceed as follows:
 - Mount Sinai School of Medicine: \$83,557,970
 - NYU Grossman School of Medicine: \$117,253,104
 - Physician Affiliate Group of New York, PC: \$197,032,971
 - NTE Extension Budget Authorization Total: \$397,844,045
 - **With a Total Contract Value of \$7,872,291,654**
 - June 2015 Board Approval - \$6,751,844,238
 - June 2020 Extension - \$722,603,371
 - Current Extension Request - \$397,844,045



RESOLUTION - 03

Approving the New York City Health and Hospitals Corporation annual **Board committee assignments effective January 1, 2021**, as set forth in the Appendix attached until such time as any changes are approved by the Board, and

Further authorizing the appointment of **Freda Wang to be the Vice Chair of the Board** until such time as a change is approved by the Board.

WHEREAS, Article VI, Section 1(c) of the By-Laws of New York City Health and Hospitals Corporation provides that the Chairperson of the Board shall annually appoint, with the approval of the majority of the Board, the members of the standing committees of the Board; and

WHEREAS, Article V, Section 1 of the By-Laws of the New York City Health and Hospitals Corporation provides that the officers of the Board of Directors shall be a Chair of the Board and a Vice-Chair of the Board with the Chair of the Board to be the Administrator of Health Services of the City of New York and the Vice-Chair to be chosen by the Board from among themselves and to be elected annually; and

WHEREAS, the Chairperson has proposed the appointments set forth in the Appendix attached hereto and

WHEREAS, the members of the Board of Directors wish to elect Freda Wang to serve as Vice Chair of the Board of Directors.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation Board of Directors hereby approves the appointments of the members to the standing committees as set forth in the Appendix attached hereto effective January 1, 2021 until such time as any changes are approved by the Board; and

BE IT FURTHER RESOLVED THAT, Freda Wang be and she hereby is appointed as Vice Chair of the Board, which appointment shall be effective from January 1, 2021 until such time as a change is approved by the Board.

Standing Committees
Committee Assignments

STANDING COMMITTEES OF THE BOARD	
<u>Executive</u>	Chair: José Pagán Members: Steven Banks Vincent Calamia, MD Mitchell Katz, MD Feniosky Peña-Mora Melanie Hartzog
<u>Audit</u>	Chair: Helen Arteaga Landaverde Members: Feniosky Peña-Mora Freda Wang Sally Hernandez-Piñero Anita Kawatra José Pagán Mitchell Katz, MD
<u>Capital</u>	Chair: Feniosky Peña-Mora Members: Sally Hernandez-Piñero Mitchell Katz, MD José Pagán Freda Wang Robert Nolan
<u>Community Relations</u>	Chair: Robert Nolan Members: Helen Arteaga Landaverde Mitchell Katz, MD José Pagán Anita Kawatra
<u>Equity, Diversity and Inclusion (EDI)</u>	Chair: Helen Arteaga Landaverde Members: Feniosky Peña-Mora Mitchell Katz, MD José Pagán
<u>Finance</u>	Chair: Freda Wang Members: Sally Hernandez-Piñero Mitchell Katz, MD Barbara A. Lowe, RN José Pagán Feniosky Peña-Mora
<u>Governance</u>	Chair: José Pagán Members: Ms. Helen Arteaga Landaverde Vincent Calamia, MD Freda Wang Mitchell Katz, MD Dave Chokshi, MD

STANDING COMMITTEES OF THE BOARD *(cont'd)*

<p style="text-align: center;"><u>Information Technology (IT)</u></p>	<p>Chair: Feniosky Peña-Mora Members: Steven Banks Vincent Calamia, MD Mitchell Katz, MD Barbara Lowe, RN José Pagán</p>
<p style="text-align: center;"><u>Medical & Professional Affairs (M&PA)</u></p>	<p>Chair: Vincent Calamia, MD Members: Mitchell Katz, MD Barbara Lowe, RN José Pagán Hillary Kunins Sally Hernandez-Piñero</p>
<p style="text-align: center;"><u>Quality Assurance/Performance Improvement (QAPI)</u></p>	<p>Chair: Mitchell Katz, MD Members: Helen Arteaga Landaverde Dave Chokshi, MD Barbara Lowe, RN Sally Hernandez-Piñero José Pagán</p>
<p style="text-align: center;"><u>Strategic Planning</u></p>	<p>Chair: Feniosky Peña-Mora Members: Dave Chokshi, MD Sally Hernandez-Piñero Mitchell Katz, MD Anita Kawatra José Pagán Freda Wang</p>

ASSIGNMENTS BY MEMBER (COMMITTEE & SUBSIDIARY)

<p style="text-align: center;"><u>José A. Pagán</u> <u>Chair of the Board</u></p> <p>Member to All Committees Chair: Executive – Governance –</p> <p>Member: HHC Capital Corporation (subsidiary)</p>	<p style="text-align: center;"><u>Mitchell Katz, MD</u> <u>President and CEO</u></p> <p>Ex-officio Member to All subsidiary boards and Committees Except Governance and is a Member of Audit and serves as ex-officio</p> <p>Chair: Quality Assurance HHC ACO (Accountable Care Organization (Subsidiary))</p>
<p style="text-align: center;"><u>Helen Arteaga Landaverde</u></p> <p>Chair: Audit – Equity, Diversity and Inclusion (EDI) Member: Community Relations Governance Quality Assurance/Performance Improvement</p>	<p style="text-align: center;"><u>Steven Banks</u></p> <p>Member: Executive Information Technology (IT)</p>
<p style="text-align: center;"><u>Dave Chokshi, MD</u></p> <p>Member: Governance Quality Assurance/Performance Improvement Strategic Planning</p>	<p style="text-align: center;"><u>Hillary Kunins, MD, MPD, MS</u></p> <p>Member: Medical and Professional Affairs</p>
<p style="text-align: center;"><u>Vincent Calamia, M.D.</u></p> <p>Chair: M&PA (Subsidiary) HHC Insurance Company / Physicians Purchasing Member: Governance IT Executive</p>	<p style="text-align: center;"><u>Freda Wang</u> <u>Vice Chair of the Board</u></p> <p>Chair: Finance HHC Capital Corporation (subsidiary) Member: Capital Audit Strategic Planning Governance</p>
<p style="text-align: center;"><u>Anita Kawatra</u></p> <p>Member: Audit Strategic Planning Community Relations</p>	<p style="text-align: center;"><u>Barbara A. Lowe, MS, RN</u></p> <p>Member: Finance IT Quality Assurance/Performance Improvement M&PA</p>
<p style="text-align: center;"><u>Feniosky Peña-Mora</u></p> <p>Chair: Capital; Strategic Planning; Information Technology Member: Executive Finance HHC Capital Corporation (subsidiary) Audit Equity Diversity and Inclusion</p>	<p style="text-align: center;"><u>Robert F. Nolan</u></p> <p>Chair: Community Relations Member: Capital Committee HHC Capital Corporation (subsidiary)</p>
<p style="text-align: center;"><u>Melanie Hartzog</u></p> <p>Member: Executive Committee</p>	<p style="text-align: center;"><u>Sally Hernandez-Piñero</u></p> <p>Chair: MetroPlus Health Plan, Inc. (subsidiary) Member: Quality Assurance/Performance Improvement Audit Finance Strategic Planning Capital Medical and Professional Affairs</p>

RESOLUTION - 04

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Rising Sun Construction, LLC** (the “Contractor”) for an amount not to exceed \$12,425,781.30 **for construction services necessary for the reconstruction of the exterior façade rehabilitation at NYC Health + Hospitals / Harlem Hospital Center** (the “Facility”) with a 15% contingency of \$1,866,453 for unexpected changes in scope yielding a total authorized expenditure of \$14,292,234, with a total project budget of \$16,527,512.

WHEREAS, the MLK Building and the Kountz Pavilion were constructed in 1969 & 1950 and their facades are currently classified as “unsafe” requiring the installation of an extensive side walk shed until the façade work is completed; and

WHEREAS, all of the joint sealants and gaskets between the steel-paneled façades have deteriorated and are in need of replacement; and

WHEREAS, bricks have cracked and mortar joints have deteriorated; and

WHEREAS, Corten steel siding, soffit and column panels have deteriorated; and

WHEREAS, to comply with the requirements of the City’s Façade Safety & Inspection Program and to maintain safety for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible; and

WHEREAS, completion of the exterior façade reconstruction will remove the listed unsafe conditions; and

WHEREAS, this Capital Project for reconstruction of the exterior façade totals \$16,527,512 of which \$12,425,781.30 is allocated for the proposed contract; and

WHEREAS, the balance of the \$16,527,512 budgeted will be spent on other contracts associated with this project including design, design contingency, construction management and other professional fees; and

WHEREAS, this project will be completed during 2022.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation be and hereby is authorized to execute a contract with Rising Sun Construction, LLC for an amount not to exceed \$12,425,781.30 is for construction services necessary for the reconstruction of the exterior façade at NYC Health + Hospitals / Harlem Hospital Center with a contingency of \$1,866,453 for unexpected changes in scope yielding a total authorized expenditure of \$14,292,234, with a total project budget of \$16,527,512.

EXECUTIVE SUMMARY
BUILDING EXTERIOR RESTORATION
NYC HEALTH + HOSPITALS / HARLEM HOSPITAL

- OVERVIEW:** NYC Health + Hospitals seeks to reconstruct the exterior façade of the MLK Building and Kountz Pavilion at NYC Health + Hospitals / Harlem. The exterior façade rehabilitation was designed, estimated and bid in accordance with the NYC Health + Hospitals’ Operating Procedure 100-5. The contract is for an amount not-to-exceed \$12,425,781.30.
- NEED:** The MLK Building and the Kountz Pavilion were constructed in 1969 & 1950 respectively. The facades of the buildings are currently classified as “unsafe” and an extensive sidewalk shed had been required to be installed and maintained until the façade rehabilitation work is completed. The facades of the MLK Building and Kountz Pavilion are comprised of steel panels. Completion of the façade rehabilitation will remove the listed unsafe conditions and will meet the requirements of the City’s Façade Safety & Inspection Program.
- PROCUREMENT:** Publicly bid.
- SCOPE:** Work shall consist of: Sheet metal panel enclosures at existing marble columns cladding, lintel rehabilitations, gravel stop fascia repairs, window glazing replacement; sealant replacement at window/doors and wall expansion joints; replacement of stone cladding with metal panel cladding; railing repairs, stacked spandrel panels and at brick masonry wall; remove and replace broken window glass panels.
- COSTS:** Total project budget is \$16,527,512. Base bid of \$12,425,781.30. \$1,866,453 in construction contingency.
- FINANCING:** General Obligation Bonds.
- SCHEDULE:** The project is scheduled for completion in 2022.
- MWBE:** 31% subcontractor utilization plan.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe,
Keith
Date: 2020.11.19
16:01:00 -05'00'

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Rising Sun Construction, LLC

Date: November 19, 2020

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

31% 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.



Rising Sun Construction, LLC
NYC H+H / HARLEM
MLK Building and Kountz Building Exterior
Façade Restoration

Board of Directors Meeting
December 10, 2020

Ebone Carrington, Executive Director, NYC Health + Hospitals / Harlem
Christine Flaherty, Senior Vice President, Office of Facilities Development



Project Background

- The MLK Building and the Kountz Pavilion were constructed in 1969 & 1950. The facades of these buildings are currently classified as “unsafe” and an extensive side walk shed has been installed until the façade work is completed.
- The sidewalk shed was installed to protect the public and remains an ongoing concern from multiple community stakeholders
- Repair of spalled concrete and deteriorated reinforcement of exterior balconies
- Masonry units have cracked and needs to be removed and replaced
- Replacement of stone cladding with metal panel cladding
- There are several windows with broken glass creating unsafe conditions and leading to air and water infiltrations.
- A number of railings have become loose and unsafe and must be restored.



Project Background, cont.

- In order to comply with the requirements of Façade Safety & Inspection Program (FISP), and to maintain a safe environment for staff, patients and the surrounding community, the above referenced reconstruction must be completed as soon as possible
- Completion of the exterior façade reconstruction will remove the listed unsafe conditions



Construction Contract

- Sourced via public bid
- Rising Sun Construction Corporation was the lowest of sixteen (16) bidders
- MWBE 31% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %
City Scaffolding	MBE	Services	16%
CMC Environment	WBE	Services	9%
KS Construction	MBE	Services	6%

- Contract amount is \$12,425,781.30
- MWBE amount is \$ 3,850,000
- Since the contractor did not work with any NYC Agency, no MOCs Evaluation was available. However during the reference checks of work performed for USPS and the MTA, all indicate that they would recommend the company for future work.
- Projected completion in 2022



Project Budget

Harlem Façade Restoration	
Construction	\$ 12,425,781
Asbestos Abatement	\$ 50,000
Construction Contingency	\$ 1,866,453
Architectural/Engineering Fees	\$ 1,166,156
Architectural/Engineering Contingency	\$ 106,045
Construction Management	\$ 913,077
TOTAL	\$ 16,527,512



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Rising Sun Construction, LLC (the “Contractor”) for an amount not to exceed \$12,425,781.30 for construction services necessary for the reconstruction of the exterior façade rehabilitation at NYC Health + Hospitals / Harlem Hospital Center (the “Facility”) with a 15% contingency of \$1,866,453 for unexpected changes in scope yielding a total authorized expenditure of \$14,292,234, with a total project budget of \$16,527,512.



RESOLUTION – 05

Authorizing New York City Health and Hospitals Corporation (the “**System**” to execute a three-year requirements contracts with each of G-Systems, Inc. (“**G-Systems**”), Coranet Corp. (“**Coranet**”) and Mason Technologies, Inc. (“**Mason**”) **for structured cabling services and rack/cabinet solutions** with the System with two one-year options to renew such contracts with each firm and with the total cost of all three contracts over their full potential five-year terms not to exceed \$75.5M.

WHEREAS, the System has frequent need of cabling services as it continually upgrades its information technology equipment, renovates its facilities and constructs new facilities; and

WHEREAS, it is not cost efficient for the System to perform such cabling services with its own forces due to the episodic and intermittent nature of the work; and

WHEREAS, in the past, the System has obtained such services through individual project-based agreements; and

WHEREAS, the System has determined that having cabling services available from several vendors under standby requirements contracts will result in more orderly contracting with structured open competition and predictable pricing; and

WHEREAS, with the approval of the Contract Review Committee, the System issued a Request for Proposals for the desired services, received seven proposals that were evaluated by an evaluation committee that rated G-Systems, Coranet and Mason the highest; and

WHEREAS, the Senior Vice President for Enterprise Information Technology Services will manage the proposed contracts.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to execute a three-year requirements contracts with each of G-Systems, Inc., Coranet Corp. and Mason Technologies, Inc. for structured cabling services and rack/cabinet solutions with the System with two one-year options to renew such contracts with each firm and with the total cost of all three contracts over their full potential five-year terms not to exceed \$75.5M.

EXECUTIVE SUMMARY
AWARD OF REQUIREMENT CONTRACTS FOR
IT CABLING SERVICES TO
G-SYSTEMS, CORANET CORP. AND MASON TECHNOLOGIES, INC

- BACK-** Every construction project the System undertakes and most IT projects involve IT cabling
- GROUND:** including structured cabling services and rack/cabinet solutions. It is not cost efficient for the System to perform such cabling services with its own forces due to the episodic and intermittent nature of the work. In the past IT cabling services were obtained through project-based agreements. This approach required frequent procurement and contracting that was inefficient and sometimes required hurried procurement and contracting with inconsistent degrees of competition among prospective firms. The System determined that it would be more efficient to contract with several firms on a stand-by, requirements basis.
- PROCURE** An RFP was issued in September 2020. It was posted in the City Record as well as being
- MENT:** sent directly to four firms. Seven firms responded with proposals. An 8-person evaluation committee with representation from across the System graded the seven proposals based on experience, their technical proposal, cost and MWBE participation. The committee gave the highest scores to G-Systems, Coranet and Mason. The CRC approved the issuance of the RFP and the selection of the three highest scoring proposers.
- NEED:** Over FY 19 and FY 20, the System spent approximately \$20M and \$13M respectively on IT cabling services.
- TERMS:** Work will be given out to the three firms pursuant to Work Orders that will specify the scope of work, duration and total price based on the rates that each contractor commits under the proposed requirements contracts. Work Orders will be given out based on mini-bids conducted for each project. No work is committed to any contractors in advance.
- FUNDING:** All necessary funding will be secured on a project by project basis. In some cases, capital funds will be used whereas expense funds will be used in other cases depending on the nature of the projects. Some work will be funded with the System's operating funds whereas other work will benefit from dedicated funding based on the project.
- MWBE** Both Coranet and Mason are MWBE firms. G-Systems has presented a plan for 30% MWBE participation.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe,
Keith
Date: 2020.11.24
11:17:32 -05'00'

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: G-Systems, Inc.

Date: November 24, 2020

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

Vendor Responsibility

Approved

EEO

Pending

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.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.11.24
11:17:01 -05'00'

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Coranet Corp.

Date: November 24, 2020

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

Vendor Responsibility
Approved

EEO
Pending

MWBE
NYC WBE

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

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.11.24
11:17:15 -05'00'

Re: Vendor responsibility, EEO and MWBE status or Board review of contract

Vendor: Mason Technologies, Inc.

Date: November 24, 2020

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

NYC WBE

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

G-Systems, Coranet Corporation and Mason Technologies Structured Cabling Agreement

**Board of Directors Meeting
December 10, 2020**

**Jeffrey Lutz, Senior Assistant Vice President, Chief Technology Officer,
Enterprise IT Services**



Overview

- Application to enter into contracts with three vendors to provide all labor, equipment and materials necessary for structured cabling services and rack/cabinet solutions in order to establish a network connection between devices and LAN/WAN Systems throughout the enterprise.
- Provide services for both project and maintenance needs with a not to exceed of \$75.5M. Estimates based on historical spend as well as projects such as Network Refresh and BioMed and work associated with moves/adds and changes.
- EITS issued an RFP in September 2020.
- Contract term- three years with two one-year renewal options with all necessary funding deriving from previously approved budgets and/or budgets to be approved during the contract term.
- Projected to starting utilizing the contract starting fiscal year 2021 to ensure quick delivery of service at the sites to meet demands.
- Large projects will be awarded based on mini-bids. Smaller projects will be awarded at the discretion of H+H in order to allow for more participation and development of the less experienced vendors.
 - Mini-bid criteria based on pricing and ability to meet timelines



Procurement (RFP Criteria)

➤ Minimum criteria:

- MWBE Utilization Plan, Waiver, or MWBE Certification
- Experience: 5 years providing cabling services of similar size and scope in healthcare facilities, including acute post-acute care environments
- Technical Resources: personnel must have all certifications necessary to install the equipment
- Financial Capacity: must have operating revenues of at least \$10 million annually for the 3 preceding years

➤ Substantive Criteria

- Experience 35%
- Technical Proposal 30%
- Cost 25%
- MWBE Utilization 10%

➤ Evaluation Committee:

- Sr. Director, Unified Communications
- Director, Office of Facilities Development
- Office of Facilities Development
- Sr. Director, EITS Finance
- Senior AVP / Chief Technology Officer, EITS
- Sr. Network Architect, EITS Networking
- Sr. Networking Engineer/Architect, EITS Networking
- Director Unified Communications/VOIP, EITS Unified Communications



Overview of Procurement

- 5/12/20: CRC approved an application to issue RFP
- 9/22/20: RFP sent directly to 4 vendors and posted to City Record
- 9/25/20: Pre-proposal conference call
- 10/9/20: Proposal deadline, 7 proposals received
 - Three certified MWBE organizations and remainder agreed to 30% MWBE utilization
- 10/13/20: Evaluation committee reviewed proposals and completed scoring
- G-Systems, Coranet (MWBE), Mason(MWBE) were the highest scoring vendors



Estimates & Historical Spend

Estimated Spend

Fiscal year	Expense	Capital (current)	Capital (New Needs)	Total
2021*	\$1,050,000	\$4,000,000	\$9,000,000	\$14,050,000
2022	\$3,150,000	\$4,000,000	\$9,000,000	\$16,150,000
2023	\$2,100,000	\$4,000,000	\$9,000,000	\$15,100,000
2024	\$2,100,000	\$4,000,000	\$9,000,000	\$15,100,000
2025	\$2,100,000	\$4,000,000	\$9,000,000	\$15,100,000
Total	\$10,500,000	\$20,000,000	\$45,000,000	\$75,500,000

- * FY21 Expense amount is prorated for 6 months with the difference moved to FY22
- Capital funded through the Network Refresh Infrastructure Capital Project
- Expense funded through the Operating budget

Historical Spend

	Fiscal Year	Capital	COVID	Operating	Total
G-Systems	FY19	\$15,504,447	\$0	\$3,252,765	\$18,757,212
Mason	FY19	\$989,554	\$0	\$379,861	\$1,369,415
	FY19 - Total	\$16,494,002	\$0	\$3,632,626	\$20,126,627
G-Systems	FY20	\$6,078,988	\$2,100,000	\$1,977,947	\$10,056,936
Mason	FY20	\$2,498,365	\$0	\$836,589	\$3,334,954
	FY20 - Total	\$8,577,353	\$2,100,000	\$2,814,536	\$13,391,889
	FY19 & FY20 Total	\$25,071,354	\$2,100,000	\$6,447,162	\$33,518,517

- * Mason is a NYC registered MWBE
- G-Systems has meeting or exceeding 30% MWBE utilization since 2019
 - All materials for job are purchased through Network Building Technologies LLC, which is in excess of 30% of the total dollar value for the job.
- Both vendors have been very important to the support of H+H including Epic, Point Click Care and COVID related response



Board of Directors Approval Request

- EITS seeks approval to enter into a contract with G-Systems, Coranet Corporation and Mason Technologies for Cabling Services
 - Term: Three year contract with two, one year renewal options
 - Estimated cost for the contract term: \$75.5M
 - Payment will be based on actual services performed pursuant to a work order signed by Health + Hospitals and the vendor
 - Termination for convenience
 - No requirement of a minimum payment to the vendors
 - MWBE Status:
 - G-Systems has submitted a M/WBE Utilization plan to satisfy the 30% criteria through a NYC M/WBE Certified subcontractor, Network Building Technologies LLC.
 - Coranet and Mason are certified NYC M/WBE organizations



RESOLUTION - 06

Authorizing New York City Health and Hospitals Corporation (the “**System**” to sign 9-month requirements contracts with the following eight firms (together, the “**Vendors**”): Rapid Reliable Testing, LLC/Ambulnz (“**Rapid**”), Somos Healthcare Providers Inc. d/b/a Somos Community Care (“**Somos**”), BioReference Laboratories, Inc. (“**BRL**”), Fulgent Genetics (“**Fulgent**”), North Shore Medical Labs, Inc. (“**NSL**”), MedRite LLC (“**Medrite**”), Premier Assist (“**Premier**”), Mako Medical Laboratories, LLC (“**Mako**”) **for COVID-19 testing services in schools operated by the NYC Department of Education (“DOE”) and at mobile testing sites** with the System holding one 3-month option to extend each contract and with the total cost of all eight contracts over their full potential one-year terms not to exceed \$189,708,960.

WHEREAS, the City of New York (the “City”) has assigned the System a lead role in the City’s efforts to combat and contain the COVID-19 epidemic; and

WHEREAS, testing for the virus is a key component of the City’s COVID-19 program; and

WHEREAS, over the last 2 months, the System has been conducting COVID-19 testing in DOE schools through the services of Somos, BRL and Fulgent with which the System entered into contracts on an emergency basis; and

WHEREAS, with the CRC’s approval, the System selected the eight Vendors for contracts out of a total of 16 firms that responded to the Request for Proposals; and

WHEREAS, each of the Vendor will be available to perform both DOE and mobile testing except for Premier that will conduct only DOE testing; and

WHEREAS, the contracts will be requirements contracts with no Vendor being promised any volume of work but with all being available for assignments and assignments to be given out to the Vendors according to their costs, availability, links to particular neighborhoods and language/ethnic groups; and

WHEREAS, the Senior Vice President Ambulatory Care who is heading the System’s Test + Trace unit, will manage the proposed contracts.

NOW THEREFORE, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and is hereby authorized to sign 9-month requirements contracts with the following eight firms: Rapid Reliable Testing, LLC/Ambulnz, Somos Healthcare Providers Inc. d/b/a Somos Community Care, BioReference Laboratories, Inc., North Shore Medical Labs, Inc., Fulgent Genetics, MedRite LLC, Premier Assist; and Mako Medical Laboratories, LLC for COVID-19 testing services in schools operated by the NYC Department of Education and at mobile testing facilities with the System holding one 3-month option to extend the contracts with each Vendor and with the total cost of all eight contracts over their full potential one-year terms not to exceed \$189,708,960.

EXECUTIVE SUMMARY
AWARD OF REQUIREMENT CONTRACTS FOR
COVID-19 TESTING TO
EIGHT FIRMS

- BACK-GROUND:** The City of New York (the “City”) has assigned the System a lead role in the City’s efforts to combat and contain the COVID-19 epidemic. Testing for the virus is a key component of the City’s COVID-19 program. Over the last 2 months, the System has been conducting COVID-19 testing in DOE schools through the services of Somos, BRL and Fulgent with which the System entered into emergency contracts. These three vendors have performed well but the System requires additional testing capacity as the City wishes to increase the frequency of the tests.
- PROCUREMENT:** The original BRL, Somos and Fulgent agreements were made on an urgent, emergency basis. With the need for testing services continuing for months to come, the System issued an RFP to provide a more solid foundation for contracts and to draw-in other potential testing companies to help achieve the substantially increased testing volume required by the City. The proposed issuance of the RFP was approved by the Contracts Review Committee (the “CRC”). The RFP was posted in the City Record and the System sent the RFP to all the laboratories it knew of in the area. Sixteen firms responded with proposals. An 8-person evaluation committee with representation from across the System evaluated the proposals based on experience, ability to scale up their program, data management facility, community/language expertise and MWBE proposal. The CRC approved the selection of eight of the nine highest scoring proposers, after one of the high-scoring vendors retracted their application due to financial considerations.
- NEED:** Testing is a key element in the City’s COVID response plan.
- TERMS:** Work will be given out to the eight firms pursuant to Work Orders that will specify the scope of work, duration and total price based on the rates that each contractor commits under the proposed requirements contracts. Work Orders will be given out based on capacity, pricing, community/language expertise and past performance. No work is committed to any contractors in advance. All eight firms are able to perform COVID-19 tests at DOE schools and all but for Premier are available for mobile testing work.
- FUNDING:** Federal sources and covered by MOU with the City of New York.
- MWBE** Given the expedited nature of the RFP process and the need to implement the testing on this large scale, the vendor MWBE utilization plans are in the formulation process and will be provided at a subsequent meeting.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Rapid Reliable Testing NY, LLC (Ambulnz)

Date: December 7, 2020

Digitally signed by Tallbe, Keith
Date: 2020.12.07
07:56:50 -05'00'

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

Vendor Responsibility
Approved

EEO
Pending

MWBE
30% MWBE 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.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.12.07
07:55:23 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: SOMOS Healthcare, Inc.

Date: December 7, 2020

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

Vendor Responsibility
Pending

EEO
Pending

MWBE
30% MWBE 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.



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

From: Keith Tallbe Talibe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.12.07
07:56:17 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: BioReference Laboratories, Inc.

Date: December 7, 2020

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

Vendor Responsibility
Approved

EEO
Pending

MWBE
10% MWBE 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.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.12.07
07:55:06 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Fulgent Genetics. Inc.

Date: December 7, 2020

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

Vendor Responsibility

Pending

EEO

Pending

MWBE

15% MWBE 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.



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

From: Keith Tallbe Tallbe, Keith Digitally signed by Tallbe, Keith
Senior Counsel Date: 2020.12.07 07:57:07 -05'00'
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: North Shore Medical Labs, Inc.

Date: December 7, 2020

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

Vendor Responsibility

Pending

EEO

Approved

MWBE

MBE certification pending

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



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: MedRite, LLC

Date: December 7, 2020

Digitally signed by Tallbe, Keith
Date: 2020.12.07
07:55:46 -05'00'

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

Vendor Responsibility
Pending

EEO
Pending

MWBE
30% MWBE 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.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.12.07
07:56:34 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Premier Assist, LLC

Date: December 7, 2020

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

Vendor Responsibility
Pending

EEO
Approved

MWBE
30% MWBE 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.



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

From: Keith Tallbe Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Digitally signed by Tallbe, Keith
Date: 2020.12.07
07:56:01 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Mako Medical Laboratories, LLC

Date: December 7, 2020

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

Vendor Responsibility
Pending

EEO
Pending

MWBE
30% MWBE 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.

**City-wide Testing Capability Expansion: DOE and
Mobile Unit Testing**

**Request for Contract Approval with Rapid/
Ambulnz, Somos, BRL, NSL, Flugent, Medrite,
Premier, Mako**

**Board of Directors Meeting
December 10, 2020**

**Dr. Theodore Long, Senior Vice President
Ambulatory Care and Executive Director of Test &
Trace Corps**

Chris Keeley, COO - Test & Trace Corps



- New York State's new approach to zoning communities into 'red/orange/yellow' districts has significant impact on Test & Trace (T2), requiring an increasingly robust and nimble testing capacity
- To meet this demand, T2 has solicited proposals to expand the COVID-19 testing done at the NYC schools and through mobile testing
- DOE testing: All of NYC's have required monthly testing; T2 is tasked to manage this. Now, when schools fall into the State's 'yellow zone' they shift from monthly to weekly testing, requiring hundreds of additional visits per month

Mobile Testing: As part of its "hyperlocal" response, T2 'flood the zones' in 'red/orange/yellow' areas

- DOE testing
 - Currently executed by BioReference (BRL) Labs, Fulgent Genetics, and SOMOS Community Care and each of these vendors has performed adequately
 - \$4.1 million invoiced to date
- Mobile Testing
 - Currently via BRL teams and in-house H+H teams, with affiliated teams under DOHMH



Contract Development Goals

- Scope of work is based on current and anticipated need, including through the experience of the existing vendors with dozens of teams in the field every day and from program leadership
- Service Level Agreements
 - Turnaround time: Provide result to patient within 48 hours of specimen collection
 - DOE testing: deploy up to 20 teams daily and conduct up to 8400 tests weekly
 - Mobile units: deploy 8+ mobile units daily and conduct up to 7000 tests weekly
- Fee structure:
 - For In-School testing, vendors proposed budgets with a maximum of \$75 per specimen forecasted to be collected. This fee had to be all-inclusive, including the cost of staffing, collection, transport, and processing of the specimens and the reporting of results.
 - For mobile testing, testing vendors were able to propose on a per-team-per-day basis or per-test basis.
- Operational changes:
 - Ability to quickly expand testing capacity in schools and communities across the city based on zone designation



RFP Criteria

➤ Minimum criteria:

- Proven success in providing large scale COVID-19 testing in relevant settings
- Ability to begin work and scale quickly

➤ Substantive Criteria:

- 25% Cost
- 25% Relevant Experience
- 15% Ability to Scale
- 15% Data management
- 10% Community/language expertise
- 10% MWBE

➤ Evaluation Committee:

- T2 COO
- Vice President, Clinical Operations
- Senior Director, DOE Testing
- Assistant Director, Facilities
- Director, T2
- Data Manager, T2
- Senior Director, Ambulatory Care and T2
- Clinical Director
- Senior Analyst, Finance and T2



Procurement and Selection Summary

- On 11/2/20 the CRC approved the T2 leadership request to solicit proposals for its expanded Testing responsibilities.
 - The RFP was posted on City Record and submitted to 16 vendors, with the intent of selecting up to ten vendors for in-school testing and community-based testing.
 - 16 vendors submitted proposals; the Evaluation Committee selected eight with whom to contract based on their reviews. No MWBE firms submitted a proposal.
 - 7 of these vendors are able to do both in-school and community-based testing; one can do only in-school testing.
 - References have rated each vendor satisfactory or excellent
- Selected vendors:
 - Rapid Reliable Testing NY, LLC
(Ambulnz)
30% MWBE plan
 - BioReference Laboratories, Inc.
10% MWBE plan
 - Fulgent Genetics, Inc.
15% MWBE plan
 - Mako Medical Laboratories, Inc.
30% MWBE plan
 - MedRite, LLC
30% MWBE plan
 - North Shore Medical Labs, Inc.
MBE certification pending
 - Premier Assist, LLC
30% MWBE plan
 - SOMOS Healthcare, Inc.
30% MWBE plan



Board of Directors Request

- The contract costs are based on the number of tests performed; various algorithms have been constructed based on number of potential tests/day, potential days of testing, etc., to determine a maximum cost
- There is no minimum commitment
- Funding is covered by the Test and Trace Memorandum of Understanding with the City of New York.
- The request is to approve Rapid/Ambulnz, Somos, BRL, Flugent, NSL, Medrite, Premier and Mako to perform testing at the DOE schools and/or in Mobile units for a period not to exceed 12 months and for an amount not to exceed \$189,708,960.

