

**CALL TO ORDER - 1:30 PM**

**Executive Session | Facility Governing Body Report**

- NYC Health + Hospitals | Susan Smith McKinney Nursing and Rehabilitation Center
- NYC Health + Hospitals | Henry J. Carter Specialty Hospital
- NYC Health + Hospitals | Henry J. Carter Nursing Facility

**Semi-Annual Governing Body Report (Written Submission Only)**

- NYC Health + Hospitals | Elmhurst

**OPEN PUBLIC SESSION - 3:00 PM**

1. Adoption of Minutes: December 10, 2020

**Chair's Report**

**President's Report**

**Informational Item – MetroPlus Beacon MWBE Sub-Contracting Plan**

2. **Appointing Vallencia M. Lloyd as a member of the Board of Directors of MetroPlus Health Plan, Inc. ("MetroPlus")**, a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws. (Approved by MetroPlusHealth Board of Directors: 01/08/2021)  
**VENDEX: NA EEO: NA**
3. Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute three-year contracts with each of **Greenberg Traurig LLP ("Greenberg")**, **Manatt, Phelps & Phillips LLP ("Manatt")** and **Sheppard, Mullin, Richter & Hampton LLP ("Sheppard Mullin")** to provide legal services on an as-needed basis for MetroPlus for a term of three years with MetroPlus having two options to renew each agreement for one year, for an amount not to exceed \$2,000,000 for all three firms over the potential five-year term.  
(Approved by MetroPlusHealth Board of Directors: 01/08/2021)  
**VENDEX Approved - Sheppard Mullin, Manatt - VENDEX Pending - Greenberg**  
**EEO: Approved Manatt - EEO Pending - Sheppard Mullin and Greenberg**
4. Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to **extend its contract with Milton Samuels Advertising Agency, Inc. ("MSA") to provide media buying and creative services** for an additional six months to August 12, 2021 and to increase the not-to-exceed amount by \$1,750,000 from the current not-to-exceed amount of \$19,100,000 to \$20,850,000.  
(Approved by MetroPlusHealth Board of Directors: 12/22/2020)  
**VENDEX: APPROVED EEO: APPROVED**

Mr. Pagán

Mr. Pagán

Dr. Katz  
Dr. Schwartz

Mr. Pagan

Ms. Hernandez-Piñero

Ms. Hernandez-Piñero

<p style="text-align: center;"><b><u>Committee and Subsidiary Reports</u></b></p> <ul style="list-style-type: none"> <li>➤ Audit Committee</li> <li>➤ Equity Diversity and Inclusion Committee</li> <li>➤ Strategic Planning Committee</li> <li>➤ Community Relations Committee</li> <li>➤ MetroPlus Health</li> </ul> <p>&gt;&gt;Old Business&lt;&lt; &gt;&gt;New Business&lt;&lt; &gt;&gt;Adjournment&lt;&lt;</p> <p><b>5. HHC ACCOUNTABLE CARE ORGANIZATION SOLE MEMBER ANNUAL MEETING</b></p> <ul style="list-style-type: none"> <li>➤ Adoption of Minutes: December 19, 2019</li> </ul> <p><b>Action Item:</b></p> <p><b>RESOLUTION</b> Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (“ACO”) Board of Directors in accordance with the laws of the State of New York, until such person’s successor is duly elected and qualified, subject to such person’s earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement (Present to the ACO Board on November 10, 2020)</p> <ul style="list-style-type: none"> <li>➤ Chief Executive Officer Report</li> </ul> <p>&gt;&gt;Old Business&lt;&lt; &gt;&gt;New Business&lt;&lt; &gt;&gt;Adjournment&lt;&lt;</p>	<p>Ms. Arteaga Ms. Arteaga Mr. Peña-Mora Mr. Nolan Ms. Hernandez-Piñero</p> <p>Mr. Pagán</p> <p>Mr. Pagán</p> <p>Mr. Siegler</p> <p>Mr. Siegler</p> <p>Mr. Pagán</p>
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## **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 10<sup>th</sup> day of December, 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 joined at 2:11  
Dr. Vincent Calamia  
Dr. Dave Chokshi joined at 2:16; left at 2:45  
Dr. Torian Easterling joined at 4:00  
Deputy Mayor Melanie Hartzog left at 3:20  
Dr. Gerald Cohen  
Mr. Scott French left at 4:14  
Ms. Helen Arteaga Landaverde joined at 2:35  
Ms. Barbara Lowe  
Mr. Robert Nolan  
Ms. Sally Hernandez-Piñero  
Ms. Freda Wang  
Ms. Anita Kawatra

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 3:07.

Mr. Pagán notified the Board that Scott French would be representing Steven Banks and Dr. Torian Easterling would be representing Dr. Dave Chokshi for a portion of the meeting, both in a voting capacity.

### **ADOPTION OF MINUTES**

The minutes of the meeting of the Board of Directors held on November 19, 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 November 19, 2020, copies of which have been presented to the Board, 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/Bellevue and NYC Health + Hospitals/Coler Long-Term Care and Rehabilitation Facility.

The Board also received and approved semi-annual governing body reports from NYC Health + Hospitals/Jacobi and North Central Bronx.

#### **VENDEX APPROVALS**

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to Vendex approvals. There were 15 new items on the agenda requiring Vendex approval, of which five have already received Vendex approval. There are five items from a previous Board meeting pending Vendex approval. Since the last Board meeting two Vendex approvals were received. The Board will be notified as outstanding Vendex approvals are received.

#### **ACTION ITEM 1 (Listed on the Agenda as ACTION ITEM 3):**

Dr. Katz read the resolution -:

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.

(Presented directly to the Board)

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

#### **ACTION ITEM 2:**

Dr. Calamia read the resolution:

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. (Presented directly to the Board)

#### **BOARD MEMBERS RECUSAL**

At this point in the meeting, Mr. José Pagán and Dr. Gerald Cohen recused themselves from consideration of this item on the Board agenda, and logged out of the meeting.

Dr. Katz lead the discussion and explained the importance of these affiliation agreements to NYC Health + Hospitals, by providing great physicians and other clinical faculty, empowering teaching programs for our residents, and providing research opportunities. These agreements are complicated and there is a goal to deepen and improve the relationship between Health + Hospitals and each affiliate with long-term renewals of their contracts. Due to COVID, we were unable to keep our five-year negotiation schedule and requested a six-month extension of the current agreements, which we had hoped would provide enough time to present a final agreement for Board consideration before December 31, 2020 when the current extension expired. However, due to the planning for the second surge of COVID, we are requesting a second extension of the above affiliation agreements for at least three months to continue negotiations.

Dr. Machelles Allen, Senior Vice President and Chief Medical Officer provided an update on the focus of the current discussion that includes contract management, budget and financial issues, as well as medical policy and management.

John Ulberg, Senior Vice President and Chief Financial Officer further explained to the Board that this current request is for an additional three month extension, which includes an additional five percent contingency for additional costs associated with an anticipated second surge of COVID for a total requested amount of \$397 million.

Ms. Wang requested clarification on the current spend and the contingency amount. Mr. Ulberg confirmed that the current contract is underspending and NYC Health + Hospitals is comfortable with the current ask of the contingency percentage. There was further clarification that the current authorization is for a dollar amount applied to a month-to-month continuation of the current contracts, during which period further contract negotiations will be conducted

**Follow-Up:** the Board requested a monthly update on the spend for the next three months.

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

**ACTION ITEM 4:**

Dr. Katz read the resolution:

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)

**Mr. José Pagán and Dr. Gerald Cohen rejoined the meeting at this point.**

Christine Flaherty, Senior Vice President - Office of Facilities Development and Ebone Carrington, Chief Executive Officer of Harlem Hospital presented on the need for the project, , the procurement process leading to the request to authorize this contract, the vendor's MWBE

utilization plan, vendor evaluation, and the project budget.

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

**ACTION ITEM 5:**

Mr. Pagán read the resolution:

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)

Kim Mendez, Senior Vice President and Chief Information Officer, and Jeff Lutz, Senior Assistant Vice President and Chief Technology Officer, presented an overview of the project, the procurement process, and the estimated and historical spend on these services.

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

**ACTION ITEM 6:**

Ms. Wang read the resolution:

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)

Dr. Theodore Long, Senior Vice President Ambulatory Care and Executive Director of Test and Trace, and Chris Keeley, Chief Operating Officer – Test and Trace, presented the background and current state of the test and trace initiative, the goals of the contracts under consideration, and the procurement process that led to this resolution.

There was clarification on the funding source, the City of New York, and the related memorandum of agreement with the City, as well as possible reimbursement from FEMA. Clarification on the MWBE utilization plan for each vendor was also provided.

**Follow-Up:** the Board requested the dollar amount spent on Test and Trace and the amount the City has reimbursed NYC Health + Hospitals be provided at the next meeting.

After discussion, 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.

#### **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 – Dr. Katz commended the Test and Trace Team for the implementation of rapid professional testing throughout the City, fulfilling our mission of providing healthcare regardless of patients' ability to pay. He noted that in our hospitals the COVID patient load is increasing but is not to the levels we saw in April. NYC Health + Hospitals has demonstrated that we are able to safely provide non-COVID care; therefore, our patients are continuing to seek care for non-COVID conditions, and our ICUs are filled to about 65 percent of capacity. He noted that hospitals are currently level loading and transferring patients around the System as necessary, which was not possible at the beginning at the first wave. The goal for the second wave is to maintain the same standard of care that we would under normal circumstances. Currently, there is a normal ratio of nurses to patients.



In response to questions, Dr. Katz further updated the Board on the vaccination plan, noting that Health + Hospitals is working closely with the City and State on managing the quantity of vaccines, distribution plan and sequencing of eligibility. He also acknowledge that doctors and nurses are exhausted from the first COVID surge and the System hopes to avoid mandatory overtime for clinical staff at this time. .

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

#### **Fiscal Year 2020 Annual Public Meetings Responses**

Deborah Brown, Senior Vice President - External and Regulatory Affairs, provided a summary of the issues raised in the meetings and a summary of System responses, indicating that these will be posted on the NYC Health + Hospitals public website. She further indicated that the concerns raised focused on COVID-19 resurgence and safety, facilities and equipment needs, equity and social determinants of health, programming such as behavioral health, maternal health and sickle cell, and individual issues such as meal services or employee relations.

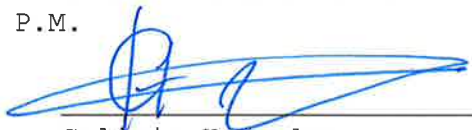
#### **Committee and Subsidiary Reports**

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**

#### **ADJOURNMENT**

Thereupon, there being no further business before the Board, the meeting was adjourned at 4:26 P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

### Capital & IT Committees Meeting - December 3, 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.

Mr. Pagán called the meeting to order at 9:05 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on November 10, 2020 were approved.

Mr. Peña-Mora joined the meeting at 9:07

### Senior Vice President's Report

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

Mrs. Flaherty noted that the agenda would include one EITS contract resolution and one construction contract resolution, a culmination of efforts by the bidding team lead by Ricky Tulloch and IT colleagues led by Kim Mendez and Jeff Lutz.

She explained that over the past week, H+H had successfully opened its first of three COVID Center of Excellence (COE) at 1920 Webster Avenue in the Bronx. Opening this site included tremendous team work with our office, Gotham Health, Supply Chain and EITS as well as tremendous great efforts from Perkins Eastman, NYC Department of Design and Construction (DDC), Gilbane and all the subcontractors. The new Center of Excellence site was designed to meet the unique needs of patients recovering from COVID-19, including specialized services like lung and heart care, radiology and diagnostic services, and mental health services. The site would also offer comprehensive primary care health services.

In addition, the preliminary phase 1 construction completion milestone for the COVID care areas was reached on 11/25/20 at the Queens COE site. Special thanks to Michelle Lewis for her leadership and also Starlene Scott for getting us across the finish line. In addition, the Planning, Design, and Construction team had started work on the Outposted Therapeutic Housing Units project, which is currently the largest value capital program in the H+H portfolio. This project would improve access to care for patients in the correctional system whose clinical condition required access to specialty and subspecialty care. The two units would be located at Bellevue Hospital and Woodhull Hospital with work currently scheduled to be completed in 2024.

The Facility Operations team continues to be busy with COVID related work to keep staff and patients safe. The team is currently working on providing as many hemodialysis tie-ins across the acute-care facilities, providing patient visualization in each of the patient rooms, and providing

high level filtration in all of the dental rooms. In addition, the team also worked with Supply Chain and Pharmacy colleagues to provide the electrical service required to power the deep freezers for the COVID vaccine. She was happy to report that every facility had a deep freezer that was ready and powered to begin storing the vaccine once it is available.

She noted that the contract team has been extremely busy and the system had seen a significant increase in the number of bid submissions from vendors per project and were averaging 15 bids per project. Due to the increased number of bidders per project, costs had decreased by an average of 17% in cost estimates.

Mrs. Flaherty read the resolution:

**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.**

Mrs. Flaherty was joined by Ebone Carrington, Executive Director, NYC Health + Hospitals / Harlem. Ms. Carrington provided a description of current status of the exterior, installation and community concern regarding the side walk shed in place, and the project benefits to the facility and community. Mrs. Flaherty provided an overview of the solicitation, background on the project, expectations for delivery and project completion and noted her efforts to reduce the number of side-walk sheds surrounding buildings throughout the system.

The Committee requested information on the status of a possible COVID Center for Excellence in Harlem that has seen high numbers of positivity, and transportation linkage from the community to the other COE. Ms. Carrington responded that Harlem does have a testing site on campus, along with community partnerships to provide care. She also informed the Committee that Harlem does have transportation services that it provides to patients.

There was also a request that information be included in MetroPlus food boxes regarding the COEs, Mrs. Flaherty will follow-up with MetroPlus on this issue.

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

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

**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.

Ms. Mendez, Senior Vice President, EITS, joined by Mrs. Flaherty and Jeffrey Lutz, Senior Assistant Vice President, Enterprise Infrastructure. Mr. Lutz reviewed the power point presentation, including; strategic overview, procurement/solicitation, estimates and historical spend used to reach the pool value being requested, plan for award (for large and small projects) and an outline of MWBE award and participation.

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 as adjourned at 9:50 AM.

**Finance Committee Virtual Meeting - December 3, 2020**

**As Reported By: Freda Wang**

**Committee Members Present:** Freda Wang, José Pagán left at 10:30, Mitchell Katz (Matthew Siegler representing Dr. Katz in a voting capacity at 10:30), Sally Hernandez-Piñero joined at 10:13, Feniosky Peña-Mora, Barbara Lowe

**H+H Attendees:** John Ulberg, Linda DeHart, Krista Olson, Michline Farag, Meg Thompson, Galit Fouks, James Cassidy, Matthew Siegler, Marji Karlin, Colicia Hercules, Janny Jose, Nina Lauro, Sonya Rubin, Chris Keeley, Ted Long, Keith Tallbe, Machel Allen, Andy Cohen

**Other Attendees:** Jessica DiLallo

**CALL TO ORDER**

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee to order at 10:06 a.m.

Upon motion passed and duly seconded the minutes of the Finance Committee meeting held on October 8, 2020 was adopted.

Ms. Wang then deferred to Dr. Ted Long to introduce the Committee's action item.

**ACTION ITEM**

Dr. Long read the resolution for Citywide Testing Capability Expansion for DOE and Mobile Unit Testing.

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 ("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.

Mr. Long provided an overview of the action item. The item seeks to ensure that the City can keep schools safe and open. The item also addresses the need to bring testing to where people are via mobile clinics.

Mr. Chris Keeley continued the presentation by providing an overview of the background of the two-part proposal. The first part is DOE testing, which T2 is tasked to manage for the City. If a school falls into the State's yellow zone, the required monthly testing shifts to weekly testing, which would require hundreds of additional visits per month especially as other grade levels are coming back to school. The current testing is done by BioReference, Fulgent Genetics, and SOMOS Community Care but to be able to scale up to meet the newly outlined requirements we need to contract with additional vendors. The second part of the proposal is related to Mobile Testing. As part of a hyper-local response, T2 has a testing strategy to flood the zones that are designated as red, orange, or yellow zones. As new COVID cases increase and more zones are designated as red, orange, or yellow, H+H needs to be able to scale-up hyper-local testing operations.

Mr. Keeley continued to present on the contract development goals for the vendors. The service level agreements include provisions that require 48-hour turnaround time for test results in order to receive payment. The DOE testing vendors are required to deploy up to, at a minimum, 20 teams daily and conduct up to 8400 tests weekly and the mobile units are required to deploy eight or more mobile units daily and conduct up to 7,000 tests weekly. For in school testing, vendors proposed budgets with a maximum of \$75 per specimen, which is an all-inclusive fee. For mobile testing, vendors were able to propose on a per-team-per-day basis or a per-test basis for their fee schedule.

Mr. Keeley provided an overview of the RFP criteria, the procurement and selection summary and a summary of the request to the Finance Committee, emphasizing that contract costs are based on the number of tests performed. There are no minimum commitments and funding is covered by the T2 MOU with the City of New York. The MWBE utilization plans are being finalized with each vendor. The request is a not-to-exceed amount of \$189,708,960.

Ms. Wang began the series of questions by asking if the slide, which says a not-to-exceed of 9 months, is accurate or if the resolution language that states 9 months with a 3-month extension option is accurate.

Mr. Keeley confirmed that the resolution was correct: it is 9 months with the potential of extending 3 months.

Ms. Wang asked if the MWBE utilization plans would be pulled together on time for the board approval next week.

Mr. Keith Tallbe, Senior Counsel replied that this was correct and elaborated on the MWBE plan. There are only two opportunities for these eight vendors to subcontract - primarily on staffing and PPE. Some of the vendors are self-performing almost entirely with their own staff. One of the vendors is eligible for MWBE certification and is going through the application process now. Of the remaining seven vendors, 3 already committed to the 30% utilization. One of the vendors is going to be around 10% because of the self-performance issue. Finally, three of the vendors are pending. There will be monthly business meetings with the vendors to continue working on this.

Mr. Pagán asked about the performance and reputation of the selected vendors.

Mr. Keeley replied that we are doing work with three of the vendors now and are satisfied with the performance and is conducting reference checks with the other vendors.

Dr. Long elaborated that with the current vendors we have done 160,000 tests which operationally was difficult to stand up but the vendors have pulled it off successfully.

Mr. Pagán commended the team for their work.

Dr. Katz commended the team for their work.

Ms. Hernandez-Piñero stated that H+H has already paid out \$235M out of an anticipated \$485M of committed expenses on testing. Ms. Hernandez-Piñero asked if the balance of what we have already incurred has been paid out to the system.

Ms. Krista Olson, Senior Assistant Vice President, Corporate Budget and Fiscal Planning replied that Ms. Hernandez-Piñero was referencing the last slide of the finance committee deck, which is incurred through October, and the action item being presented was an expense looking forward beyond the \$485M.

Ms. Hernandez-Piñero emphasized her concern for the balance we are incurring on behalf of the City's testing initiative.

Ms. Olson replied that all of the City's Test and Trace program is covered by an MOU and H+H works closely with OMB to make sure we do not get ahead of them on spending or incurred costs that they do not plan to reimburse us for. OMB has approved this contract action not-to-exceed amount. To date, the City has provided us with sufficient funding to cover expenses to date and they remain committed to doing so.

Ms. Hernandez-Piñero emphasized her concern further for the funds we have not yet been reimbursed for.

Feniosky Peña-Mora asked if the vendors do not provide test results within 48 hours, will they be paid for the test.

Mr. Keeley confirmed that is accurate and Mr. Tallbe concurred.

Mr. Peña-Mora commended the team for their work. He asked Mr. Tallbe to elaborate on the MWBE utilization plans he described previously and expressed concern that it sounded like there will not be MWBE plans before the board meeting.

Mr. Tallbe replied that we are getting commitments from each vendor but on day one go-live, it is unlikely that the vendors will meet the commitments in their plans. The vendors will have to, ongoing; make operational changes to meet the plan especially in staffing.

Mr. Peña-Mora asked if for the current vendors we have engaged, do they have MWBE participation?

Mr. Tallbe replied that BioReference has been self-performing except for a small piece of local staff and do not have MWBE utilization. H+H has asked for it and BioReference believes they could subcontract to a 10% MWBE plan. SOMOS is a not-for-profit and the City does not ordinarily place MWBE requirements on not-for-profits. However, SOMOS has a community of providers that are providing services. H+H is working to certify these firms. The majority of SOMOS business will be subcontract to MWBE firms. Fulgent has not previously done this type of work so they had a previous partner they contracted with to do this that is not MWBE certified. Because of the operational difficulty of this program, Fulgent stood up their work with the operational partners they knew despite them not being MWBE firms. H+H is working with them to find alternative vendors to meet their staffing needs.

Mr. Peña-Mora asked again if there would be a commitment and a plan for the vendors to meet the requirement.

Mr. Tallbe said yes they would all commit to a plan but they will not all be 30%. Mr. Tallbe added that if you look at the rule of contracts as a whole we would exceed the MWBE utilization plan requirements.

Ms. Barbara Lowe commended the team on their work. Ms. Lowe expressed concern over the potential increase in testing that may be required in the schools.

Ms. Hernandez-Piñero asked if the expenses that have been incurred but not yet paid to H+H include the three companies currently doing our T2 work.

Ms. Olson replied that the expenses discussed previously were through October and if they represent the full body of work under the T2 program. Most of the testing done by the three vendors occurred after the October period.

Ms. Hernandez-Piñero asked if of the three vendors that are also going to be part of the new initiative, how much of the unpaid expenses that we have incurred were incurred by the three firms.

Ms. Olson will get back to Sally with the answer.

Ms. Wang followed up to ask if for the \$485M we have funding for committed expenses.

Ms. Olson replied that we have funding for the committed expenses.

Ms. Wang commended the team for their work. Ms. Wang asked of the new vendors, are they all doing COVID testing or have other relevant experience.

Mr. Keeley replied that all the vendors have been doing COVID-testing and that we will rely on some of the vendors more than others in the school vs. mobile settings will.

Ms. Wang brought the action item up for motion.

Mr. Peña-Mora voted in the affirmative with concern for the MWBE plan to be included in the Board request.

Upon motion made and duly seconded, the Committee unanimously approved the Citywide Testing Capability Expansion for DOE and Mobile Unit Testing for presentation to the Board.

#### **FINANCIAL REPORT**

Mr. John Ulberg began the financial report for FY21 Q1. There was a closing cash balance of \$610M and we exceeded the budget by \$128M. Patient care revenue receipts came in \$169M higher than in the same period in FY20, continuing the pace of positive performance that we experience during FY20. Patient care volume is returning to pre-COVID levels in Q1, but still 12% below Q1 of FY20. Revenue base is strong, driven primarily by Medicare rate increases and the stability of VBP/sub-cap contracts. Overall, our strategic financial initiatives remain on track with our post-COVID strategies generating \$100M with a line of sight at \$370M. Staffing investments are consistent with our overall system needs and additional RN and nursing support positions to help support a second COVID surge.

Mr. Ulberg continued to report on cash receipts and volume. Outpatient volume is lower than the prior year but returning. ED treat and release volume related to lower intensity visits has reduced. Inpatient volume reduction comes partially from the closure of the detox units and shift to outpatient, but surgical discharges are close to baseline volume. The total cash variance from last year is 28%. 8% is from enhanced COVID reimbursement rates, 7% from revenue cycle and other initiatives, 3% case mix index, and 10% from Medicare rate increases.

Ms. Nina Lauro presented on the weekly volume and revenue trends in the January to September period. ED Treat & Release volume in Q1 was lower than pre-COVID, but high-severity visits make up a higher share of remaining volume, contributing to a higher average payment per visit in the period after the spring surge. Approximately 20% of inpatient and 29% of outpatient and ED volume variance for Q1 vs. pre-COVID is attributable to sub-cap patients. Outpatient volume excludes COVID community testing. After the spring COVID surge, outpatient clinic revenue lagged volume increases due in part to a lower average payment for audio-only telemedicine visits.

Mr. Ulberg presented on the risks and opportunities, stating that they remain the same since the last report.



Mr. James Cassidy presented on the FY21 cash projection. October closed with approximately \$450M cash-on-hand (20 days) and anticipate closing November with \$400M cash-on-hand (18 days), which includes the receipt of \$200M in advanced DSH funds. The system is projected to close the calendar year with approximately \$300M cash-on-hand (14 days). We are working with the State and federal government to expedite additional revenues, including DSH and FEMA funds, to help us maintain a stable cash position to withstand a second COVID surge.

Ms. Megan Thompson presented on membership growth in MetroPlus and Healthfirst's Medicaid and Essential Plan lines of business through September. MetroPlus' growth in Medicaid and EP is 58,286, and Healthfirst is 10,590. This growth is primarily due to increases in State Medicaid eligibility and a suspension on auto-disenrollments for members timing out of coverage. Through CY20 Q2, MetroPlus and Healthfirst Medicaid and EP risk pool revenues for all members, not just the new members, came in at \$102M. H+H has implemented several strategies to retain the membership growth. We are gaining access to a State Enrollment Database; we established a facility-level external referrals work group. We continue to expand our express care and telehealth services. We are working to ensure that patient PCPs on file with the managed care organizations match where they are actually receiving care. We have re-launched our MyChart Steering Committee, which increased the enrollment goal from 25% to 50% by end of year - we are at 48% as of Nov 30. We are working to convert eligible patients from Medicaid into HIV SNP or HARP.

Ms. Michline Farag presented on FY21 receipts vs. disbursements for the first quarter. Q1 closed with a positive net budget variance of \$128M where receipts.

Ms. Farag presented on the staffing levels since our full investment and staffing models implemented. Going forward we will focus on our clinical services optimization, quality of care enhancement, and patient care revenue growth.

Ms. Olson presented on the strategic initiatives scorecard. Growth and other service line improvements include patient retention initiatives and other business plans and clinical service line efforts. The revenue cycle and managed care initiatives includes accounts receivable work, documentation and coding initiatives, coverage of the uninsured, negotiations with managed care companies, and settlements. System efficiencies include overall improvements for cost savings and efficiencies. Value-based payment initiatives include HIV SNP and HARP conversions and overall enrollment and patient retention goals. We expect, at the end of the year, to achieve and exceed our current targets. Some of the lines are yellow because we are concerned about timing of payments or COVID-19 related barriers.

Ms. Olson continued by providing an overview on the strategic initiatives KPIs. Mr. Siegler highlighted the operating room and surgical volume - it will be the best year of surgical performance in H+H history. Another is

the value-based payment initiatives. H+H committed to and build the infrastructure to become a value-based payment organization.

Mr. Cassidy presented on the federal relief update. H+H has paid over \$1.2B through October and current commitments are \$1.6B. The second drawdown package for FEMA has been prepared and we have requested an expedited review. To date, H+H has received \$1.2B thus far, largely from the Hot Zone (\$754M), Safety Net (\$359M), and General Allocation Provider Relief Fund (\$69M). We anticipate receiving \$46M from the third tranche of the General Allocation Provider Relief Funds. There are still unallocated Provider Relief Funds from the initial \$175B CARES Act Allocation. We are awaiting further guidance on the distribution methodology as well as a possible future relief bill. We continue to believe that existing, unallocated funds and any new funds should prioritize high-Medicaid and safety net hospitals as well as State/local relief in order to avoid future funding cuts to H+H from these entities.

Ms. Olson presented on the test and trace financial update. Through October, H+H paid out approximately \$235 million of an anticipated \$485 million of committed expenses. The City has provided H+H with sufficient funding to cover expenses to date. The City is carefully monitoring the funds available for Test and Trace as additional programming needs arise, such as testing expenses related to school surveillance testing and targeted responses in high priority zones. No additional federal funds beyond the ELC grant and FEMA have been announced.

Ms. Hernandez-Piñero commended the team on their efforts. Ms. Hernandez-Piñero asked about projecting FY21 cash for the next quarter.

Mr. Ulberg replied that the team is closely projecting and monitoring cash going forward.

Mr. Peña-Mora commended the team on their efforts. Mr. Peña-Mora requested that future presentations show the cash trend and asked if 14 days cash-on-hand is concerning?

Mr. Ulberg replied that we do not want to go below 14 days. We are not going to rely on the City whereas in the past we would.

Mr. Peña-Mora asked if the revenue slide FY21 actuals is Q1 or year-to-date.

Mr. Farag replied that the slide shows Q1.

Mr. Peña-Mora asked for clarification on the green vs. yellow designations for the different initiatives.

Ms. Olson replied that the line-of-sight is for the full-year and is an indication of based on where we are now where we expect to land at the end of the year. FY21 is the target for the full year. The colors indicate our confidence level of achieving our FY21 revenue target.

Mr. Peña-Mora requested to see Q1 actuals vs. target for Q1 in the next report.

Mr. Peña-Mora asked for clarification on the \$1.2B we have paid out for COVID-19 expenses vs. the \$1.2B we have received thus far in federal relief.

Mr. Ulberg replied that he understands correctly and the repeat of the \$1.2B on expenses paid and receipts is a coincidence.

Ms. Lowe commented on concern for the funding level for nurses. Ms. Lowe asked what is causing the CFO concern given projections.

Mr. Ulberg replied that when concerns arise with the team we work very closely with our partners at the State, City, with our health plan partners, etc. to ensure we have adequate cash reserves.

Ms. Wang commended the team for their efforts.

#### **ADJOURNMENT**

There being no further business the meeting was adjourn at 11:27 a.m.

## SUBSIDIARY REPORT

<b>HHC ACO INC. BOARD OF DIRECTORS (Virtual)</b> <b>November 30, 2020</b>
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The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on November 30, 2020 to go over Board changes, the HHC ACO Inc. FY 2020 Financial Audit, Final 2019 Distribution Payments, and proposed changes to CMS Rules for MSSP ACOs.

The meeting of the Board was called to order by Matthew Siegler at 2:02 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the September 29, 2020 meeting without correction or modification.

Among other matters, the Board discussed the following:

- Updates on ongoing clinical initiatives;
- The ACO Reinvestment Fund; and
- The proposed CY 2021 Board Meetings.

The Board approved the following resolutions:

- Recommending that the New York City Health and Hospitals Corporation, the ACO's Sole Member, elect Nicole Jordan-Martin to serve as a Director of the ACO, until her resignation or removal in accordance with the By-Laws of HHC ACO Inc.
- Electing Andrea Cohen, Esq., to serve as Secretary of the ACO, until her resignation or removal in accordance with the By-Laws of HHC ACO Inc.
- Acceptance by the Board of Directors of the ACO of the report prepared by Grant Thornton LLP, the ACO's independent auditors, regarding the audited financial statements of the ACO for the fiscal year ended June 30, 2020.

There being no further business, Mr. Matthew Siegler adjourned the meeting at approximately 2:53 PM.

#### **CORONAVIRUS UPDATE**

New COVID-19 Center of Excellence - NYC Health + Hospitals last month opened the first of three Community Health Centers of Excellence designed to meet the unique needs of patients recovering from COVID-19, including specialized services like pulmonary and cardiology care, radiology and diagnostic services, mental health services, and on-site access to medication. The new community health center is located in Tremont, Bronx, and will serve one of the hardest-hit communities. The road to recovery for some COVID-19 survivors will unfortunately be a long one, but NYC Health + Hospitals is investing in these new Centers of Excellence for New Yorkers who need us most and we are committed to helping address any lasting health impacts from this virus. The new health center will also offer comprehensive primary care services to the community, including cancer screenings, dental and vision care, diabetes management, podiatry, pediatrics care, and much more. The other two COVID-19 Centers of Excellence are slated to open in Bushwick, Brooklyn and Jackson Heights, Queens in the next few months.

COVID-19 Vaccine - As the Mayor and Governor announced this week, NYC expects to receive the first shipment of vaccines as early as this weekend. We don't yet know the exact amount our health system will receive. NYC Health + Hospitals will follow Federal, State and City guidelines regarding who should receive the first doses, which will include nursing home residents and staff, and front-line health care workers who are at high risk of COVID-19. We hope that vaccines for patients at large will be here in early 2021 and we'll be contacting our patients as soon as we have information about who can get it and when. Our vaccine specialists are in close communication with all public health authorities on the arrival and distribution of the vaccines, and are making preparations to ensure we are ready to offer vaccines to patients and staff as supplies become available.

#### **NYC TEST & TRACE UPDATE**

As NYC Health + Hospitals marked one million COVID-19 tests performed, and as we reached a peak of more than 80,000 tests daily, the NYC Test & Trace Corps expanded testing options and enhancements to address testing site wait-times. The additions include more rapid testing sites across the City, where there are in-person contact tracers to do "accelerated" contact tracing. We have also added more mobile units including weatherized vehicles to conduct testing through the winter, test sites at school locations and transit hubs, and real-time updates from testing locations, with more administrative staff and self-test kits offered to help alleviate wait-times. Locations, hours of operation and wait-times are listed on our health system website and the Test & Trace web page.

We continue to have high response rates with our tracing work. NYC Test & Trace Corps continues to reach 90% of all cases across NYC, and completing interview with more than three quarters of New Yorkers reached.

## **STATE SURVEYS SKILLED NURSING FACILITY**

After a 5 day-long survey by the New York State Department of Health, NYC Health + Hospitals/McKinney this month emerged with a perfect, deficiency free survey. This is a huge accomplishment by our dedicated team there, and good news for our residents, especially during the pandemic and the heightened and more in-depth survey process being conducted at long-term care facilities across the State.

## **FINANCE UPDATE**

Through the first quarter of FY21, the health system had a positive net budget variance of \$128M, substantially beating the budget. This included patient care receipts coming in \$169 million higher than in the same period last year. Additionally, the System continues to implement Value-Based Payment, Managed Care, and Revenue Cycle Strategic Initiatives, generating over \$100 million in the first quarter with a full-year line of sight of \$370 million.

NYC Health + Hospitals has maintained strong, stable cash balances throughout FY21, ending September with \$610 million cash-on-hand and November with approximately \$400 million cash-on-hand. Medicaid Managed Care enrollment in MetroPlus and Healthfirst has increased by nearly 70,000 between January and September. This membership growth is driving a financial benefit of approximately \$100 million through the risk pool improvements.

Federal Relief - NYC Health + Hospitals has received \$199 million in FEMA funds as an advance related to our initial submission of \$650 million. A subsequent reimbursement package for temporary staffing is pending with FEMA, with a request for expedited approval. The COVID-19 cost estimate associated with the first wave and subsequent response continues to be estimated at \$1.6 billion. Through October, the System has paid out over \$1.2 billion. To-date, the System has received \$1.2B in CARES Act Provider Relief Funds. We anticipate receiving an additional \$46 million from the General Allocation Provider Relief Fund in the coming weeks.

## **CONTRACTS, PURCHASE ORDERS AND WORK ORDERS**

I approved a Declaration of Emergency dated March 1, 2020, which was subsequently updated and has been reissued through February 28, 2021. Summary reports of emergency procurements were provided at the April 30, 2020 and June 25, 2020 Board meetings. For the time period July through September 2020, the System entered into 9 new emergency agreements, for enhanced laboratory testing and to support the Testing and Tracing initiatives, and paid \$26,513,628. The Office of Facilities Development issued an additional 23 work orders, principally to continue facility infrastructure updates supporting critical care units, emergency departments, HVAC systems, as well as the 3 new COVID Centers of Excellence, for a maximum authorized spend of \$42,719,441. With these additional emergency agreements and work orders, and payments made during this last quarter for services provided earlier in the year, the System has now authorized a maximum spend for OFD-related work of \$266,305,615 and has paid \$856,338,119, to vendors

for other contracted services, principally supplemental staffing, through September 30, 2020.

#### **HEALTH SYSTEM NEWS**

- [NYC Health + Hospitals Launches 3-2-1 IMPACT Program; Provides Early Intervention Services to Families](#)
- [NYC Health + Hospitals Continues to Urge New Yorkers To Get Flu Vaccine](#)
- [NYC Test & Trace Corps Announces Expansion of Rapid Covid-19 Testing to Reach Communities Most in Need](#)
- [NYC Test & Trace Corps Holds 'Get Tested Tuesday' Day of Action in Queens](#)
- [NYC Test & Trace Corps Expands Testing Options And Adds Enhancements To Improve Wait Times As City Marks One Million Covid-19 Tests](#)
- [NYC Health + Hospitals/Gotham Health Opens First of Three COVID-19 Centers of Excellence in Tremont](#)
- [NYC Test & Trace Corps Launches "Validate My Tracer" Tool To Enable New Yorkers To Verify The Identity Of Their Contact Tracer](#)
- [NYC Health + Hospitals/Kings County Chief Nursing Officer Receives Sloan Public Service Award](#)
- [NYC Test & Trace Corps And Catholic Charities Of Staten Island Announce Opening Of First Covid-19 Rapid Testing Site On South Shore Of Staten Island](#)

**Follow Up to NYC Health + Health of Board of  
Directors Meeting of November 19, 2020**

**Follow Up to Beacon Contract Extension – MWBE  
Utilization**

**NYC H+H Board of Directors Meeting  
January 28, 2021**

**Dr. Talya Schwartz, MetroPlus CEO**



# Background - Beacon Workforce & MWBE Engagement

At the November 19, 2020 NYC Health + Hospitals Board of Directors Meeting

- There was an extension request for the Beacon Health Strategies, LLC to provide behavioral health management services to MetroPlus
- Not to exceed contract value of \$33,014,494; end term of September 30, 2021
- The November 19, 2020 approval request included an MWBE requirement waiver
- A verbal status of Beacon sub-contracting to MWBE was presented
- The Board requested additional written information

# Beacon's Workforce & MWBE Engagement

- Beacon's FTE dedicated to our contract represents a diversified demographic:
  - 140 of the FTEs are females (77%)
  - 76 of the FTEs are minorities (42%)
- Beacon currently contracts with 11 certified MWBEs and 8 non-certified MWBEs for its NYS contracts

# MetroPlusHealth – MWBE Policy

- As of October 15<sup>th</sup>, 2020, the Plan has added 10% of the evaluation criteria dedicated to MWBE status or MWBE utilization for solicitations, including Request for Bids and Requests for Proposals.
- MetroPlus created a new MWBE Policy & Procedure requiring that all new contracts requiring MetroPlusHealth's Board approval will comply with 30% MWBE certified contracting.
  - The policy is in effect as of December 2<sup>nd</sup>, 2020

## **RESOLUTION - 02**

**Appointing Vallencia M. Lloyd as a member of the Board of Directors of MetroPlus Health Plan, Inc.** (“MetroPlus”), a public benefit corporation formed pursuant to Section 7385(20) of the Unconsolidated Laws of New York, to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in the Bylaws.

**WHEREAS**, a resolution approved by the Board of Directors of NYC Health + Hospitals on October 29, 1998, authorized the conversion of MetroPlus Health Plan from an operating division to a wholly owned subsidiary of the NYC Health + Hospitals; and

**WHEREAS**, the Certificate of Incorporation designates NYC Health + Hospitals as the sole member of MetroPlus; and

**WHEREAS**, the Bylaws of MetroPlus authorize the Chairperson of NYC Health + Hospitals to select three directors of the MetroPlus’ Board subject to election by the Board of Directors of NYC Health + Hospitals; and

**WHEREAS**, the Chairperson of NYC Health + Hospitals has selected Ms. Lloyd to serve as a member of the Board of Directors of MetroPlus;

**WHEREAS**, on January 8, 2021, the Board of Directors of MetroPlus approved said nomination

**NOW, THEREFORE**, be it

**RESOLVED**, that the New York City Health + Hospitals Board of Directors appoint Vallencia M. Lloyd to the MetroPlus Board of Directors to serve in such capacity until her successor has been duly elected and qualified, or as otherwise provided in its Bylaws.

## **EXECUTIVE SUMMARY**

Pursuant to the Certificate of Incorporation of MetroPlus, New York City Health and Hospitals (“NYC Health + Hospitals”) has the sole power with respect to electing members of the Board of Directors of MetroPlus. The Bylaws of MetroPlus authorize the Chairperson of NYC Health + Hospitals to select three directors of the MetroPlus Board subject to election by the Board of Directors of NYC Health + Hospitals.

The Chairperson of NYC Health + Hospitals has nominated Vallencia M. Lloyd to serve as a member of the MetroPlus Board of Directors.

Ms. Lloyd has extensive knowledge of New York State’s health care delivery system and regulatory framework relating to the operation of managed care organizations, traditional indemnity insurance, and the operation of Medicaid managed care, Child Health Plus and Medicare programs. Ms. Lloyd has experience in managing the overall operation of a health insurance plan and the development and implementation of new products.

Ms. Lloyd has extensive managed care experience and MetroPlus is very pleased that she has agreed to serve on the Board and are particularly interested in the perspective that she will bring to our Board.

## **BIO for Vallencia Lloyd**

Vallencia Lloyd retired from Partners Health Plan (PHP) in New York City where she was the Chief Operating Officer and Interim Chief Executive Officer. PHP is a Fully Integrated Duals Advantage health insurance plan for individuals with intellectual and/or developmental disabilities. Prior to her employment with Partners Health Plan, Ms. Lloyd worked for the New York State Department of Health as the Director of the Division of Managed Care where she was responsible for the certification, regulation and oversight of the State's managed care industry including the Medicaid managed care program. After 34 years of State service, Ms. Lloyd retired from the Department of Health in December 2015. Ms. Lloyd has extensive knowledge of New York State's health care delivery system and regulatory framework relating to the operation Managed Care Organizations and traditional indemnity health insurance.

Vallencia grew up in Brooklyn, New York and attended SUNY Albany (SUNYA) where she received her bachelor's degree in Broadcast Communication and a Master's in Public Administration (Organizational Management). Ms. Lloyd is also a Board member of Capital Repertory Theatre Company and Mission Accomplished Transition Services which is a non-profit coaching and mentoring program for young adults.

### **RESOLUTION - 03**

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus”) to negotiate and execute three-year contracts with each of **Greenberg Traurig LLP (“Greenberg”), Manatt, Phelps & Phillips LLP (“Manatt”) and Sheppard, Mullin, Richter & Hampton LLP (“Sheppard Mullin”)** to provide legal services on an as-needed basis for MetroPlus for a term of three years with MetroPlus having two options to renew each agreement for one year, for an amount not to exceed \$2,000,000 for all three firms over the potential five-year term.

**WHEREAS**, MetroPlus is a subsidiary corporation of the New York City Health and Hospitals (“NYC Health + Hospitals”); and

**WHEREAS**, the certificate of incorporation of MetroPlus reserves to the NYC Health + Hospitals Board of Directors the sole power to approve selection of MetroPlus’ outside legal counsel; and

**WHEREAS**, MetroPlus requires specialized legal counsel experienced in serving health plans to supplement the assistance provided by the NYC Health + Hospitals Office of Legal Affairs; and

**WHEREAS**, MetroPlus issued a request for proposals for law firms to perform such work and, out of the four firms that submitted proposals, the MetroPlus Evaluation Committee determined that Greenberg, Manatt and Sheppard Mullin were the best qualified to meet MetroPlus’ needs; and

**WHEREAS**, on January 8, 2021, the Board of Directors of MetroPlus approved the proposed contracts between MetroPlus and Greenberg, Manatt and Sheppard, Mullin.

**NOW, THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. be and she hereby is authorized to negotiate and execute three-year contracts with each of Greenberg Traurig LLP, Manatt, Phelps & Phillips LLP and Sheppard, Mullin, Richter & Hampton LLP to provide legal services on an as-needed basis for MetroPlus with MetroPlus having two options to renew each agreement for one year, for an amount not to exceed \$2,000,000 for all three firms over the potential five-year term.

**METROPLUS HEALTH PLAN, INC.**  
**EXECUTIVE SUMMARY**  
**LEGAL SERVICES REQUIREMENTS CONTRACTS**  
**WITH GREENBERG TRAURIG LLP, MANATT,**  
**PHELPS & PHILLIPS LLP AND SHEPPARD, MULLIN, RICHTER& HAMILTON**


- OVERVIEW:** MetroPlus operates in the highly regulated field of managed care insurance and requires highly specialized lawyers to assist with the regulatory and legal issues encountered in such activities. MetroPlus seeks to execute three requirements contracts for a term of three years with two one-year options to renew, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$2,000,000.
- NEED:** MetroPlus requires outside counsel to: Provide specialized services for implementation of legal and regulatory requirements and new product launches; advise MetroPlus with legal matters arising from regulatory and compliance oversight activities; and assist MetroPlus in contractual arrangements with various managed care entities, including negotiating and drafting contracts and settlement agreements
- TERMS:** The professional services will be provided pursuant to the terms and conditions of the requirements contracts.
- COSTS:** Not-to-exceed \$2,000,000 per year, for all work of the three firms.
- BACKGROUND OF FIRMS:** Greenberg has substantial experience in government affairs, health care, managed care, Federal and State health care regulations and insurance law. Greenberg Traurig has experienced attorneys practicing throughout the firm's national network of offices and has a strong presence in New York City and Albany and has served MetroPlus as counsel for over 10 years.
- For 25 years, through its work for the Public Health Plan and Managed Long-Term Care coalitions, Manatt has represented the interests of New York MCOs on nearly every aspect of the state's public health insurance programs, including Medicaid, Child Health Plus and the Essential Plan.
- Sheppard Mullin has a diverse healthcare team with significant experience and skills in a wide range of areas relevant to health plans, including healthcare transactional, regulatory, health plan licensing, compliance, employee benefits, reimbursement, governance, government contracts, fraud and abuse, payor and provider contracting, antitrust, tax, not-for-profit, financing, information technology, employment, HIPAA, litigation, real estate, cybersecurity and other areas of expertise.
- MWBE:** Waiver received for each firm





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

From: Raven Ryan Solon, Esq.  
Chief Legal & Compliance Officer

DocuSigned by:  
  
AE385C9E3599484...

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

Vendor: Manatt, Phelps & Phillips LLP

Date: Monday, January 25<sup>th</sup>, 2021

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**


Waived

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: Raven Ryan Solon, Esq.  
Chief Legal & Compliance Officer

DocuSigned by:  
  
AE385C9E3599484...

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

Vendor: Greenberg Traurig LLP

Date: Monday, January 11<sup>th</sup>, 2021

---

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

**Vendor Responsibility**  
Pending

**EEO**  
Pending


**MWBE**  
Waived

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: Raven Ryan Solon, Esq.  
Chief Legal & Compliance Officer

DocuSigned by:  
  
AE385C9E3599484...

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

Vendor: Sheppard, Mullin, Richter & Hampton LLP

Date: Monday, January 11<sup>th</sup>, 2021

---

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

**Vendor Responsibility**

Approved

**EEO**

Pending

**MWBE**

Waived

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.

# Application to Enter Into Contract

Legal Services – Manatt, Phelps & Phillips LLP;  
Greenberg Traurig, LLP; and Sheppard, Mullin, Richter &  
Hampton, LLP

NYC Health + Hospitals  
Board of Directors Meeting  
January 28, 2021

Andrea Cohen, General Counsel  
Raven Ryan-Solon, Senior Counsel and Chief Compliance Officer

Thursday, January 28, 2021



# Background

- The Plan seeks to retain outside counsel to provide legal services, and H+H Board review is required under Metroplus' Certificate of Incorporation
- Current legal services contract is with Greenberg Traurig, LLP, and expires January 31, 2021
- Goal to move from 1 retained firm to 3 retained firms
- CRC reviewed and approved the procurement process
- MetroPlus Executive Committee considered and approved on January 8, 2021

## RFP Criteria & Evaluation

### Minimum Criteria

- Legal personnel assigned to perform work under the contract must be members in good standing with the New York State Bar
- The firm must employ at least 25 attorneys
- The firm must have at least 5 years' experience with a NY Managed Care Organization

### Evaluation Criteria

- Experience
- Cost and Billing & Managerial Practices
- Staff Development & Diversity
- \*\* Value-Plus Services

50%  
30%  
10%  
10%

### Evaluation Committee

- Chief Legal & Compliance Officer, MetroPlusHealth
- Senior Attorney, MetroPlusHealth
- Chief Medical Officer, MetroPlusHealth
- Chief Information Office, MetroPlusHealth
- General Counsel, NYC Health + Hospitals and Metroplus

\*\*NOTE: The MetroPlus MWBE Policy was enacted in December 2020 which allows MWBE criteria to be included in ALL solicitations

# Scope of Work Summary

- Sample legal areas to be covered under SOW
  - Advisory work related to the statutory and regulatory requirements of a PHL Article 44 health plan
  - Managed care contracting, litigation, and design of new reimbursement and risk-sharing models
  - Advisory and litigation work related to the False Claims Act, Anti-Kickback, Stark Law and other state and federal fraud and abuse laws
  - Medicare and Medicaid reimbursement, including general counseling, handling reimbursement and audit appeals, and providing updates on new developments
  - Health information privacy and security, including HIPAA and state law privacy and security rules, data use agreements, responding to OCR investigations
  - Complex compliance issues

# Cost Structure and Assignment

- Work will be assigned to firms by the General Counsel or senior attorneys for Metroplus.
- No firm will be guaranteed work under the agreement. MetroPlus may request project-specific proposals from multiple firms to determine how to award specific projects.
- Not all of the firms engaged will be expected to have deep expertise in every area. Some have more depth in certain areas.

	Hourly Rate		
	Greenberg Traurig	Manatt	Sheppard Mullin
Partner	\$ 375.00	\$ 745.00	\$ 540.00
Associates (5 or more years of experience)	\$ 350.00	\$ 620.00	\$ 435.00
Associates (1 - 4 years years of experience)	\$ 275.00	\$ 520.00	\$ 350.00
Paraprofessional	\$ 175.00	n/a	\$ 180.00
	Hourly Rate - False Claims		
	Greenberg Traurig	Manatt	Sheppard Mullin
Partner	\$ 375.00	\$ 745.00	\$ 650.00
Associates (5 or more years of experience)	\$ 350.00	\$ 620.00	\$ 500.00
Associates (1 - 4 years years of experience)	\$ 275.00	\$ 520.00	\$ 400.00
Paraprofessional	\$ 175.00	n/a	\$ 180.00

# MWBE and Diversity

- All of the firms have sought a waiver of MWBE status or MWBE utilization requirements
- We identified no firms on the State or City MWBE lists that met the eligibility criteria
- Subcontracting is not a viable approach for the type of legal services that we need
- We did carefully review the firms' submissions on diversity and inclusion and that was a component of their assessment score



## Staff Diversity & Inclusion Greenberg Traurig

- Firm provided following statistics in response to RFP
  - 35% of all attorneys are women
  - 20% of all attorneys are minorities
- The following awards have been highlighted
  - The *American Lawyer* publication has named Greenberg Traurig the
    - No. 1, Number of African American Partners and Attorneys Overall
    - No. 1, Number of Hispanic American Partners and Attorneys Overall
- The following commitments have been highlighted
  - Recruitment and Retention of Diverse Professionals
  - Inclusive Mentor Program
  - Greenberg Traurig Women's Initiative

## Staff Diversity & Inclusion

### Sheppard, Mullin, Richter & Hampton

- Firm provided following statistics in response to RFP
  - 36% of all attorneys are women
  - 23% of all attorneys are minorities
- The following awards have been highlighted
  - Minority Corporate Counsel Association's 2019 *Thomas L. Sager Award* National Winner
- The following programs have been highlighted
  - D&I Recruiting
  - Associate Retention Initiative
  - Partnership Promotion and Development
  - Women in Healthcare Leadership Collaborative

## Staff Diversity & Inclusion Manatt, Phelps & Phillips

- Firm provided following statistics in response to RFP
  - 35% of all attorneys are women
  - 19% of all attorneys are minorities
- The following accolades have been highlighted
  - Hall of Fame Honoree for “Best Law Firms for Women” by *Working Mothers 2020*
- The following statements have been provided
  - We recently made significant changes to our leadership organizational structure and internal processes, which resulted in higher representation of minority professionals in leadership. This included the elevation of Donna Wilson to CEO and Managing Partner in July 2019—one of only a handful of openly gay female law firm leaders

# NYC Health + Hospitals Board of Directors Approval Request

- Seeking to enter into contract with
  - Manatt, Phelps & Phillips, LLP
  - Greenberg Traurig, LLP
  - Sheppard, Mullin, Richter & Hampton LLP
- Effective date February 1<sup>st</sup>, 2021
- Total cost not-to-exceed \$2,000,000 over the combined five-year term (pooled not-to-exceed amount)
- MWBE waivers of 30% were submitted from all firms

## **RESOLUTION - 04**

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus”) **to extend its contract with Milton Samuels Advertising Agency, Inc. (“MSA”) to provide media buying and creative services** for an additional six months to August 12, 2021 and to increase the not-to-exceed amount by \$1,750,000 from the current not-to-exceed amount of \$19,100,000 to \$20,850,000.

**WHEREAS**, MetroPlus, a subsidiary corporation of New York City Health + Hospitals (“NYC Health + Hospitals”), is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the New York Public Health Law; and

**WHEREAS**, MetroPlus’ continued success depends on its ability to attract new members and thus advertising and brand promotion are critical elements of MetroPlus’ strategic plan; and

**WHEREAS**, MSA serves as MetroPlus’ central media buying and creative agency that helps MetroPlus promote its brand and create product recognition in its markets; and

**WHEREAS**, in 2015, MSA was selected through an RFP process, to provide advertising and marketing services to MetroPlus; and

**WHEREAS**, in January 2016 the NYC Health + Hospitals’ Board of Directors authorized MetroPlus to sign a five-year advertising contract with MSA at a total contract cost not to exceed \$17,500,000; and

**WHEREAS**, in September 2019 NYC Health + Hospitals’ Board of Directors authorized MetroPlus to increase the MSA contract’s not-to-exceed amount by \$1,600,000 to cover TV buys in the fourth year of the contract which ended February 13, 2020; and

**WHEREAS**, the current MSA contract expires February 12, 2021; and

**WHEREAS**, the current MSA spending authority for the entire term of the contract, as increased, is \$19,100,000; and

**WHEREAS**, MetroPlus requires additional time to conduct a Request for Proposal process to solicit an advertising company for the next five years while also onboarding a new Chief Brand and External Affairs Officer who will play critical role in the RFP process; and

**WHEREAS**, MetroPlus wishes to avoid any disruption of the critical advertising services now being performed by MSA during the period from November 1, 2020 to March 31, 2021 which is open enrollment season; and

**WHEREAS**, MetroPlus seeks to extend the MSA contract by six months to August 12, 2021 and seeks \$1,750,000 funding for the extension period thereby increasing the spending cap from \$19,100,000 to \$20,815,000; and

**WHEREAS**, on December 22, 2020, the Board of Directors of MetroPlus approved the proposed extension and additional funding to the contract between MetroPlus and MSA.

**NOW THEREFORE**, be it

**RESOLVED**, that the Executive Director of MetroPlus Health Plan, Inc. be and she hereby is authorized to extend the contract with Milton Samuels Advertising Agency, Inc. to provide media buying and creative services for an additional six months to August 12, 2021 and to increase the not-to-exceed amount by \$1,750,000 from the current not-to-exceed amount of \$19,100,000 to \$20,850,000.

## **EXECUTIVE SUMMARY**


### **EXTENSION CONTRACT WITH MILTON SAMUELS ADVERTISING BY SIX MONTHS AND TO INCREASE THE CURRENT SPENDING AUTHORITY BY \$1,715,000**

- BACKGROUND:** MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the New York Public Health Law. The Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the power to approve MetroPlusHealth contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000.
- In 2015, Milton Samuels Advertising Agency, Inc. (“MSA”) was selected through an RFP process, to provide advertising and marketing services to MetroPlus and in January 2016, NYC Health + Hospitals’ Board of Directors authorized MetroPlus to enter into a five-year advertising contract with MSA at an annual cost not to exceed \$3,500,000 for a total contract cost not to exceed \$17,500,000.
- The MetroPlus Board of Directors approved an increase to the first renewal year of the contract with MSA at its August 2019 meeting of an additional \$1,600,000, bringing total of contract to \$19,100,000 through term of contract on February 12, 2021.
- NEED:** MSA’s contract expires February 12, 2021, with no additional options to renew. MetroPlus needs additional time to conduct an RFP process to procure its advertising and marketing firm for the next five years and complete the onboarding of the new Chief Brand and External Affairs Officer who will play a critical role in RFP process. MSA serves as the Plan’s central media buying and creative agency that helps brand and create product recognition in its markets and creates and produces a wide range of marketing collaterals and secures ad venues on MetroPlus’ behalf, supporting the Plan in meeting regulatory requirements, as well as cost containment, quality enhancement, and marketing goals. MetroPlus cannot afford any interruption of its advertising and marketing program during the critical open enrollment period from November 1, 2020 to March 31, 2021, while enrollees can change managed care plans.
- PROPOSAL:** MetroPlus seeks authority to extend the MSA contract by 6 months to August 12, 2021 and to fund the extension period by not more than \$1,750,000 which will increase the total not-to-exceed limit on the contract from \$19,100,000 to \$20,850,000.
- MWBE:** 30% utilization plan



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

From: Raven Ryan Solon, Esq.  
Chief Legal & Compliance Officer

DocuSigned by:  
  
AE385C9E3599484...

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

Vendor: Milton Samuels Advertising (MSA)

Date: Monday, January 11<sup>th</sup>, 2021

---

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

30% Utilization Plan

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



# Application to Extend a Contract

Media Buying and Creative Services – Milton Samuels Advertising Agency

NYC Health + Hospitals  
Board of Directors Meeting  
January 28, 2021

Kathryn Soman, Director of Communications

Thursday, January 28, 2021





# Background

- The Plan seeks to extend its Media Buying/Marketing contract with the current vendor, Milton Samuels Advertising (MSA), for 6 months and to increase the spending authority by \$1,750,000
- The Plan spends \$3.5 million per contract year with MSA
- The Plan requires an outside vendor to conduct advertising, marketing, and production services as part of its overall media/marketing strategies, this is a specialized expert field that is not cost efficient to have in-house
- MSA creates and produces a wide range of marketing collaterals and subcontracts ad venues on Plan's behalf, supporting the Plan in meeting regulatory requirements, as well as cost containment, quality enhancement, and marketing goals
- MSA was awarded the contract in 2016 through an RFP process
- The current contract expires February 12, 2021
- The MetroPlus Board of Directors approved the resolution on December 22, 2020

# MSA's Past Performance Highlights

- Based on consumer research, MSA positioned MetroPlus as the “Lowest Cost Health Plan in Town” for rollout of Essential Plan campaign. This message transcended all media elements including television, radio, print, digital, subway, and collateral. Result was highest enrollment of any health plan in New York City.
- MSA rebranded and repositioned MetroPlus Gold during expansion of plan to all City agencies. This included the first MetroPlus Gold television commercial. Result was jump in membership by 45% year one and 30% year two.
- MSA recommended closer alignment with NYC Health + Hospitals in MetroPlus marketing and introduced co-branded advertising with tagline “Proud Partners - NYC Health + Hospitals.”
- MSA development and introduction of GOOD4YOU campaign, largely to support radio promotional activities as well as launch of Health Library, an interactive digital tool allowing website visitors to access a bounty of health and wellness information.

# Core Services

- MSA provides the following services:
  - Ad creation
  - Media buying
  - Brochures / Fliers
  - Content marketing
  - TV spots
  - Radio
  - Social media
  - Website redesign
- Value-added services include:
  - Focus groups
  - Event planning and support
  - Radio and other sponsorship logistics
  - Branded kiosk and other office designs
  - Virtual webinars

# Financial Overview

Category	21-Feb	21-Mar	21-Apr	21-May	21-Jun	21-Jul	21-Aug	Total
Ad creation / production <sup>1</sup>	\$8,000	\$16,000	\$16,000	\$16,000	\$16,000	\$16,000	\$8,000	\$96,000
Media buying	117,000	234,000	234,000	234,000	234,000	234,000	117,000	1,404,000
Collateral materials	17,084	34,167	34,167	34,167	34,167	34,167	17,084	205,000
Social media	3,750	7,500	7,500	7,500	7,500	7,500	3,750	45,000
<b>Total</b>	<b>\$145,834</b>	<b>\$291,667</b>	<b>\$291,667</b>	<b>\$291,667</b>	<b>\$291,667</b>	<b>\$291,667</b>	<b>\$145,834</b>	<b>\$1,750,000</b>

Notes:

1 - Includes ad creation, media buying, brochures / fliers, content marketing, TV spots, radio, social media, and website redesign

# MWBE Partners

- MSA spent 11% of contract value on MWBE partners in recent 12 months and 23% in Q4 of 2020.
- MSA 2020 total Q4 spend was \$870,000
  - MWBE total spend: \$201,080
  - Non-MWBE total spend: \$668,920
- MSA has committed to 30% MWBE subcontracting for the proposed contract extension.
- This list of MWBEs are all publishers who will carry MetroPlusHealth advertising in their papers, or digital properties and promotional activity.
- All vendors listed are certified with the City or State of New York.

## Vendor Name

Harlem Community Newspapers, Inc. – MBE/WBE
AMnews Corporation – MBE/WBE
Community News Group LLC – WBE
Impacto Latin News – MBE/WBE
NYC Community Media, LLC – WBE
Queens Latino Corporation – MBE
DBG Media Publishers of Our Time Press, Inc. – MBE
Multicultural Marketing Resources, Inc. – WBE
The Black Star Marketing Group, LLC – MBE
Jewish Press – WBE
Canarsie Courier Publications Inc. – WBE
Casa Publication Inc. – MBE

# NYC Health + Hospitals Board Approval Request

- Seeking NYC Health + Hospitals Board of Directors approval for 6-month extension with Milton Samuels Advertising for Media Buying services and to increase the spending authority by \$1,750,000
- 6-month term effective February 13, 2021 – August 12, 2021
- Not to exceed \$20,850,000 for the total duration of the contract

**HHC ACO INC.  
MINUTES OF THE  
MEMBERSHIP MEETING  
December 19, 2019  
125 Worth Street, Room 532  
New York City**

**ATTENDEES**

**MEMBERS**

Mr. José Pagán  
Dr. Mitchell Katz  
Dr. Helen Arteaga Landaverde  
Ms. Sally Piñero-Hernandez  
Ms. Freda Wang  
Mr. Feniosky Peña-Mora

**PRESENTERS**

Dr. Dave Chokshi  
Dr. Adam Aponte

**CALL TO ORDER**

The 2019 Annual Membership Meeting of HHC ACO Inc. (the “ACO”) was called to order by Mr. José Pagán, Chair of the New York City Health + Hospitals Board of Directors, at approximately 2:10 PM.

**OLD BUSINESS**

A motion was made and duly seconded to adopt the minutes from the January 24, 2019 Annual Membership Meeting, and the motion was unanimously adopted.

**NEW BUSINESS**

Mr. Pagán recognized the ACO Chief Executive Officer, Dr. Dave Chokshi, to provide a report on the activities of the Accountable Care Organization (ACO).

Dr. Chokshi and Dr. Aponte reported on the ACO’s most recent 2018 Performance Year results, historical performance, current improvement activities, and future

plans. The ACO earned \$2.9 million in shared savings from the 2018 Performance Year, thus continuing its shared savings achievement for six consecutive years. The ACO is the only participant in the shared savings program in New York State, and only one of 18 ACOs around the country to earn this distinction. Moving forward, the ACO will focus on improving its quality measures in the Care Coordination/Patient Safety Domain and will continue exploring growth options.

Discussion on this report followed. At the conclusion, Dr. Chokshi presented to the Board of Directors the following resolution.

**Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (“ACO”) Board of Directors in accordance with the laws of the State of New York, until such person’s successor is duly elected and qualified, subject to such person’s earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:**

- **Mitchell Katz, M.D.;**
- **Dave Chokshi, M.D.;**
- **John Ulberg, Jr., M.P.H.;**
- **Andrea Cohen, Esq.;**
- **Israel Rocha, Jr., M.P.A.;**
- **Hyacinth Peart, a Medicare beneficiary Director;**
- **A Director who shall be the Chief Executive Officer of Physician Affiliate Group of New York, P.C. (“PAGNY”);**
- **A Director to be named by NYC Health + Hospitals to represent physicians employed by New York University School of Medicine and providing services in NYC Health + Hospitals facilities, as specified in a writing by NYC Health + Hospitals that is delivered to the Chairman of the ACO;**
- **A Director to be named by the Icahn School of Medicine at Mount Sinai, doing business as Mt Sinai Elmhurst Faculty Practice (the “Elmhurst FPP”), as specified in a writing by the Elmhurst FPP that is delivered to the Chairman of the ACO;**
- **A Director to be named pursuant to a designation by a majority in number of the Presidents of Coney Island Medical Practice Plan, P.C., Downtown Bronx Medical Associates, P.C., Harlem Medical Associates, P.C., and Metropolitan Medical Practice Plan, P.C. (the “PAGNY FPPs”), as specified in a writing signed by such majority that is delivered to the Chairman of the ACO; and**



- **A Director to be named pursuant to a designation by a majority in number of the members of the ACO Advisory Committee, as specified in a writing signed by such majority that is delivered to the Chairman of the ACO.**

The motion was duly seconded and unanimously approved by the Board.

## **ADJOURNMENT**

There being no further business, Mr. Pagán adjourned the meeting at approximately 2:53 PM.

**RESOLUTION OF NEW YORK CITY**  
**HEALTH AND HOSPITALS CORPORATION (the “CORPORATION”) - 05**

**Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (the “ACO”) Board of Directors in accordance with the laws of the State of New York, until such person’s successor is duly elected and qualified, subject to such person’s earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:**

**Mitchell Katz, M.D.;**

**Matthew Siegler, Esq.;**

**John Ulberg, Jr., M.P.H.;**

**Andrea Cohen, Esq.;**

**Nicole Jordan-Martin, M.P.A.;**

**Hyacinth Peart, a Medicare beneficiary Director;**

**A Director who shall be the Chief Executive Officer of Physician Affiliate Group of New York, P.C. (“PAGNY”);**

**A Director to be named by NYC Health + Hospitals to represent physicians employed by New York University School of Medicine and providing services in NYC Health + Hospitals facilities, as specified in a writing by NYC Health + Hospitals that is delivered to the Chairman of the ACO;**

**A Director to be named by the Icahn School of Medicine at Mount Sinai, doing business as Mt Sinai Elmhurst Faculty Practice (the “Elmhurst FPP”), as specified in a writing by the Elmhurst FPP that is delivered to the Chairman of the ACO;**

**A Director to be named pursuant to a designation by a majority in number of the Presidents of Coney Island Medical Practice Plan, P.C., Downtown Bronx Medical Associates, P.C., Harlem Medical Associates, P.C., and Metropolitan Medical Practice Plan, P.C. (the “PAGNY FPPs”), as specified in a writing by such majority that is delivered to the Chairman of the ACO; and**

**A Director to be named pursuant to a joint designation by Community Healthcare Network, Inc., and University Physicians of Brooklyn, Inc., (the “Non-Affiliate Participants”) as specified in a writing by such Non-Affiliate Participants that is delivered to the Chairman of the ACO.**

**WHEREAS**, the ACO was established as a subsidiary to NYC Health + Hospitals, and the ACO's By-Laws designate NYC Health + Hospitals as the Sole Member of the ACO; and

**WHEREAS**, the ACO's By-Laws state that Directors of the ACO shall be elected annually by the Member.

**NOW, THEREFORE, BE IT**

**RESOLVED**, that the Member hereby authorizes that each of the following persons be elected, effective immediately except as noted below, to serve as a Director of the ACO Board of Directors in accordance with the laws of the State of New York, until such person's successor is duly elected and qualified, subject to such person's earlier death, resignation, removal, or termination of his or her employment with any entity that has executed an ACO Participation Agreement or ACO Agreement:

Mitchell Katz, M.D.;

Matthew Siegler, Esq.;

John Ulberg, Jr., M.P.H.;

Andrea Cohen, Esq.;

Nicole Jordan-Martin, M.P.A.;

Hyacinth Peart, a Medicare beneficiary Director;

A Director who shall be the Chief Executive Officer of Physician Affiliate Group of New York, P.C. ("PAGNY");

A Director to be named by NYC Health + Hospitals to represent physicians employed by New York University School of Medicine and providing services in NYC Health + Hospitals facilities, as specified in a writing by NYC Health + Hospitals that is delivered to the Chairman of the ACO;

A Director to be named by the Icahn School of Medicine at Mount Sinai, doing business as Mt Sinai Elmhurst Faculty Practice (the "Elmhurst FPP"), as specified in a writing by the Elmhurst FPP that is delivered to the Chairman of the ACO;

A Director to be named pursuant to a designation by a majority in number of the Presidents of Coney Island Medical Practice Plan, P.C., Downtown Bronx Medical Associates, P.C., Harlem Medical Associates, P.C., and Metropolitan Medical Practice Plan, P.C. (the "PAGNY FPPs"), as specified in a writing by such majority that is delivered to the Chairman of the ACO; and

A Director to be named pursuant to a joint designation by Community Healthcare Network, Inc., and University Physicians of Brooklyn, Inc., (the “Non-Affiliate Participants”) as specified in a writing by such Non-Affiliate Participants that is delivered to the Chairman of the ACO.



# NYC Health + Hospitals Accountable Care Organization

Annual Sole Member Meeting

December 10, 2020

Matthew Siegler, Esq.  
CEO of HHC ACO Inc.

David Stevens, MD  
CMO of HHC ACO Inc.



- Approve and Adopt Meeting Minutes
- ACO CMO Introduction: David Stevens, MD
- PY 2019 Performance Results
  - Outcome of MSSP Contract Renewal
  - Quality Performance
- Expenditure Comparison: ACO and Regional/National
- Role and Functions of ACO
- ACO Model for High-Risk Patients
  - Clinical Initiatives
- HHC ACO Inc. Board of Directors
  - Resolution



**David Stevens, MD has  
been appointed as the  
Chief Medical Officer  
of the ACO**

HHC ACO has earned Performance Payments for seven consecutive years, while improving the quality of care for the patients we serve

## Performance Results To Date:

	PY 2013	PY 2014	PY 2015	PY 2016	PY 2017	PY 2018	PY 2019 (Jan - Jun)	PY 2019 (Jul-Dec)	Total
Assigned Beneficiaries	12,369	13,294	12,241	10,042	10,293	10,569	11,026	9,092	
Total Savings (\$)	7,428,094	7,122,016	13,118,302	3,592,166	5,276,973	7,262,050	3,343,801	4,456,171	<b>51,599,573</b>
Quality Score (%)	100.00%	75.78%	94.16%	90.15%	84.40%	83.39%	92.17%	92.17%	
PY Earned Performance Payment (\$)	3,639,766	2,644,605	6,052,364	1,586,859	2,182,360	2,967,275	<b>1,540,960</b>	<b>3,080,377</b>	<b>23,694,566</b>
							<b>4,621,337</b>		

## Key Performance Takeaways:

- **PY 2019 Performance Payment:** \$4,621,337 - compared to \$2,967,275 in PY 2018
- **PY 2019 Quality Score:** 92.17% (adjusted)\* - compared to 83.39% in PY 2018

\*Initial Quality Score of 86.69% was adjusted in accordance with a CMS policy

- **Difference in the Number of Assigned Beneficiaries:**

- Switched the beneficiary assignment methodology to focus on improving quality performance
- CMS estimates for PY 2020 and PY 2021 seem stable



# MSSP Contract Renewal Outcome

PY 2019 Performance Payment		
ACO Track	Track 1	ENHANCED Track
Performance Period	January 1, 2019 to June 30, 2019	July 1, 2019 to December 31, 2019
Total Savings*	\$ 6,687,603	\$ 8,912,342
Base Sharing Rate	50%	75%
Quality Score	92.17%	92.17%
Final Sharing Rate	46.1%	69.1%
Shared Savings*	\$ 3,081,920	\$ 6,160,755
Performance Payment**	\$ 1,540,960	\$ 3,080,377
* Calculated based on the entire CY 2019		
** Adjusted for 6-month performance period		
Financial figures rounded to the nearest dollar		

Domain	2018 Domain Score	2019 Domain Score*
Patient/Caregiver Experience	90.63%	84.00%
Care Coordination/Patient Safety	58.86%	75.25%
Preventive Health	91.56%	95.00%
At-Risk Population	92.50%	92.50%

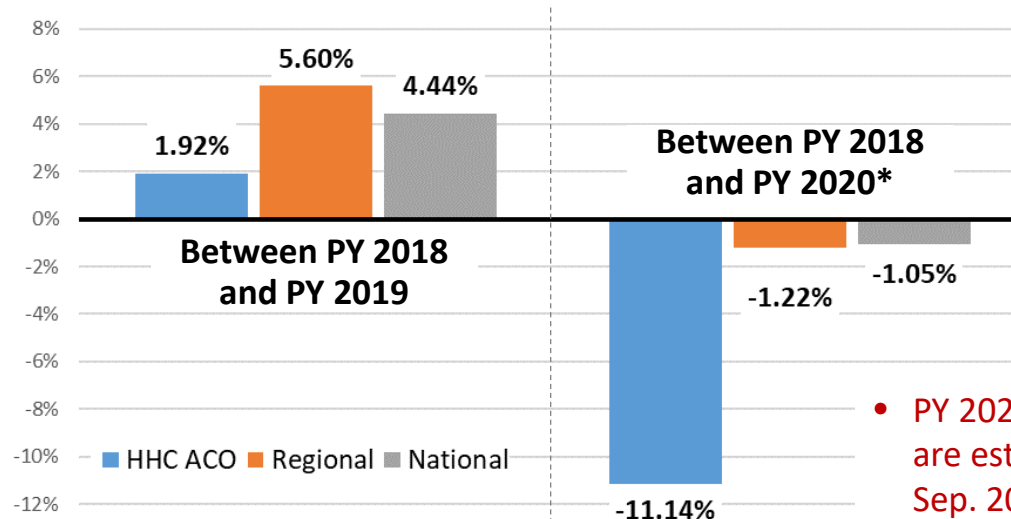
- Significant reduction in Ambulatory Care Sensitive Admissions & All-Cause Readmissions
- Continue to work on improving All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (High-Risk Patients)

- On Nov. 2020, CMS closed the requested Corrective Action Plan
  - On Oct. 2019, CMS issued a request for Corrective Action Plan
  - This was in response to the ACO failing to meet the Minimum Attainment Level on the Care Coordination/Patient Safety Domain for PY 2018.

## ACO Provides Efficient Care

**Rates of Change in Expenditures between PY 2018 and PY 2019/PY 2020\***

**\*After removing costs associated with treatment of COVID-19**

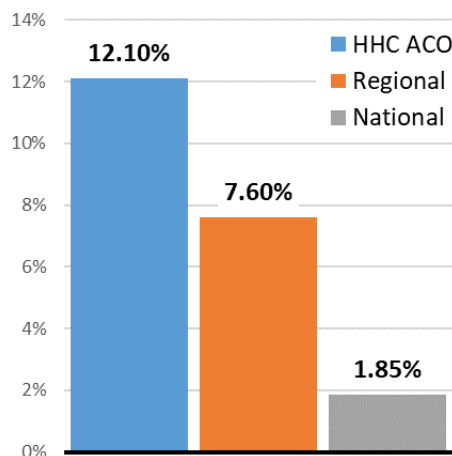


- PY 2020 Expenditures are estimated as of Sep. 2020

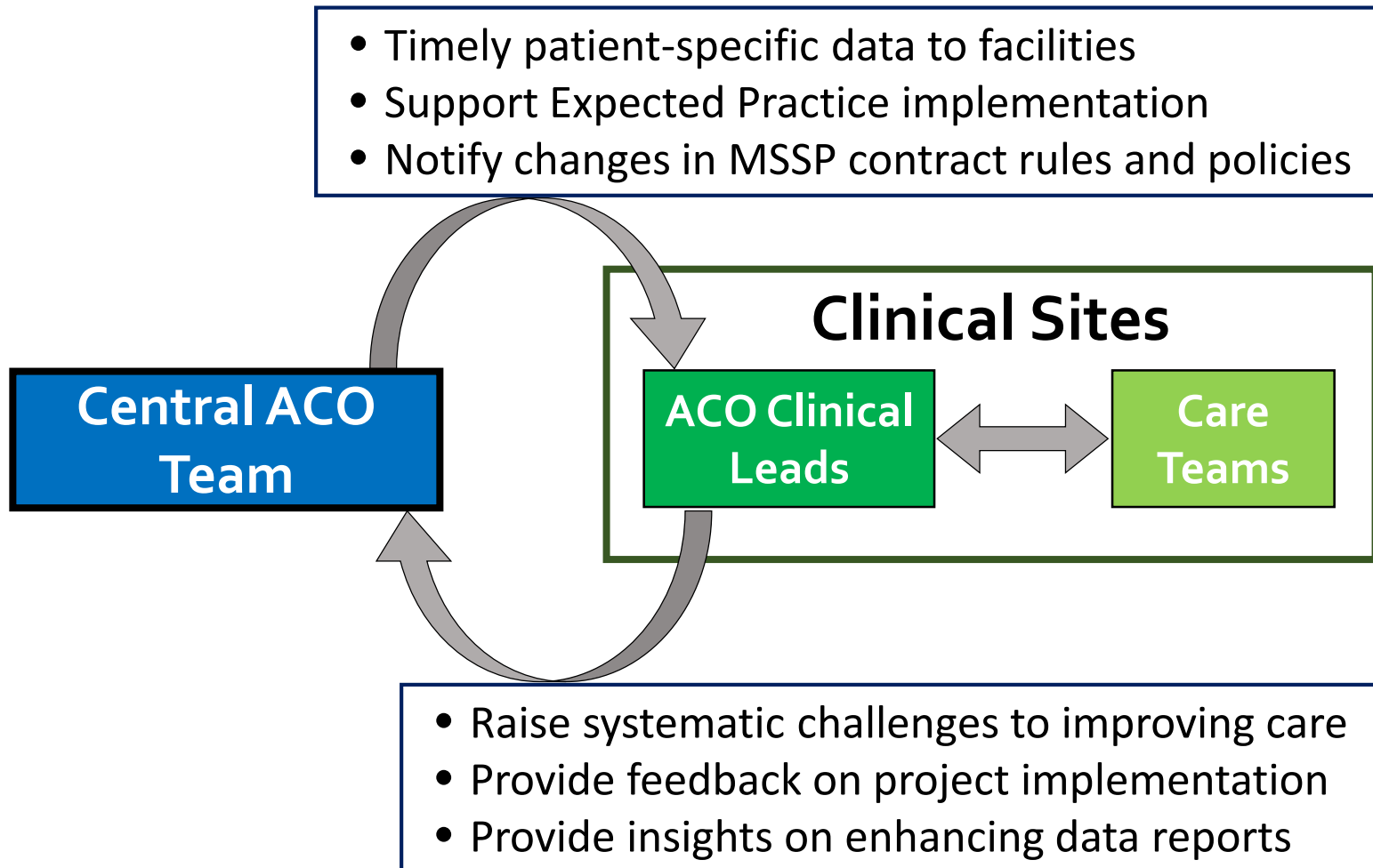
- Expenditures are not risk-adjusted

## COVID-19 Impact on Our Patients

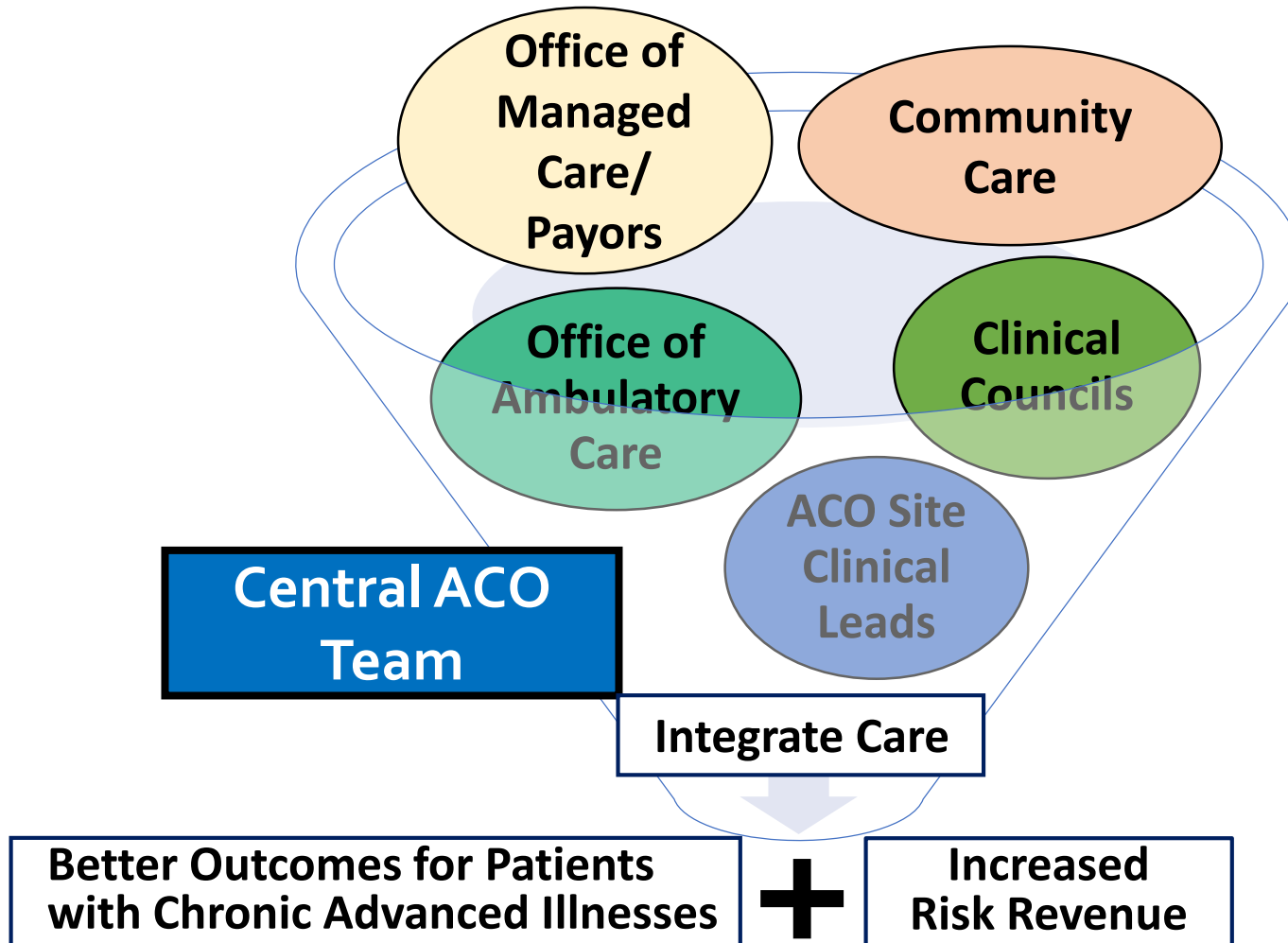
- Our patients tend to have more complex medical and socioeconomic needs
- Our patients were in need for more intensive care



**Percentage of PY 2020 Expenditures Associated with Acute Care Inpatient Services for Treatment of COVID-19**

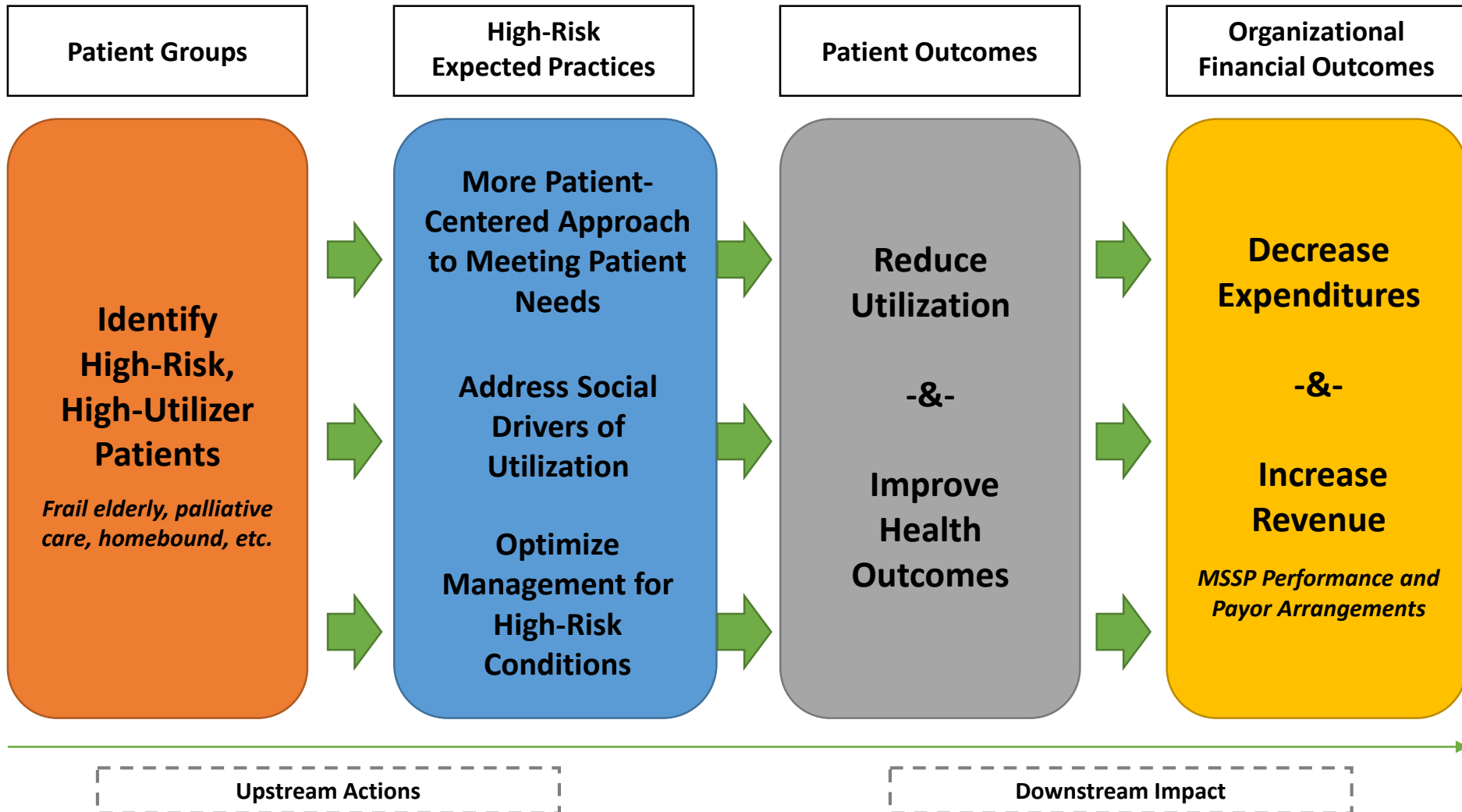


## Focus on Patients with Chronic Advanced Illnesses



## Central ACO Team

- **Expected Practices for High-Risk Patients:**
  - Develop standardized care models
  - Coaching and support for implementation at facilities
- **Quality:**
  - Identify Care Gaps
  - Develop workflows for addressing gaps
- **Data and Analytics:**
  - Provide timely data to facilities on high-risk patients including transitions in care
  - Perform analyses to identify trends and populations to be targeted with interventions
- **Administrative Support:**
  - Invest earned shared savings at care sites
  - Interpret MSSP contract policies/rules and communicate to stakeholders
  - Perform impact analysis on policy/rule changes and forecast outcomes



### High-Risk Expected Practices

More Patient-  
Centered Approach  
to Meeting Patient  
Needs

Address Social  
Drivers of  
Utilization

Optimize  
Management for  
High-Risk  
Conditions

### Annual Wellness Visit

- Partnered with Geriatrics Council to create the clinical standards
- Ambulatory Care leadership has approved our request to proceed with building a standardized Epic note template

### High-Risk Patient CBO Directory

- Compiled a preferred listing of endorsed CBOs that are most relevant to our population's SDOH needs
- Shared through an online drive to make it easy for our care teams to access at the point-of-care

### Self Management Coaching Program

- Integrate evidence-based factors (e.g. frailty, comorbidities, hospital utilization, etc.) to generate High-Risk patient lists for each care site
- Develop support tools (e.g. standardized assessments, training, etc.) for non-provider staff engaging High-Risk patients

### CHF Integrated Care Model

- Partner with Community Care and Cardiology to design and implement clinical pathways to optimize the care coordination of Heart Failure patients



**Authorizing that each of the following persons be elected, effective immediately, to serve as a Director of HHC ACO Inc. (the “ACO”) Board of Directors in accordance with the laws of the State of New York.**

NAME	GROUP REPRESENTED
Mitchell Katz, M.D.	NYC Health + Hospitals
Matthew Siegler, Esq.	NYC Health + Hospitals
John Ulberg, Jr., M.P.H.	NYC Health + Hospitals
Andrea Cohen, Esq.	NYC Health + Hospitals
Gary Kalkut, M.D.	NYC Health + Hospitals, recommended by NYU to represent their employed physicians at Bellevue, Cumberland, and Woodhull
Nicole Jordan-Martin, M.P.A.	NYC Health + Hospitals
Jasmin Moshirpur, M.D.	Mt. Sinai Elmhurst Faculty Practice
Luis Marcos, M.D.	Physician Affiliate Group of New York, P.C.
Warren Seigel, M.D.	Coney Island Medical Practice Plan, P.C., Downtown Bronx Medical Associates P.C., Harlem Medical Associates, P.C., and Metropolitan Medical Practice Plan, P.C.
Lori Donnell, M.B.A.	Non-Affiliated Participants (Community Healthcare Network and University Physicians of Brooklyn)
Hyacinth Peart	Medicare Beneficiary



*Have a safe and wonderful  
holiday season!*

*We hope to see you in person  
next year.*



# Appendix

Domain	Domain Score 2018	Domain Score 2019	Measure #	Measure Name	H+H ACO 2018	H+H ACO 2019	All ACOs 2019 Average
<b>Patient/Caregiver Experience</b>	<b>90.63%</b>	<b>84.00%</b>	ACO-1	Getting Timely Care, Appointments, and Information	78.17	75.37	85.86
			ACO-2	How Well Your Doctors Communicate	91.07	89.63	94.11
			ACO-3	Patients' Rating of Doctor	90.53	89.95	92.69
			ACO-4	Access to Specialists	75.65	78.87	81.54
			ACO-5	Health Promotion and Education	67.14	64.74	60.44
			ACO-6	Shared Decision Making	59.53	59.62	62.78
			ACO-7	Health Status/Functional Status	71.42	71.14	73.79
			ACO-34	Stewardship of Patient Resources	27.11	17.69	26.17
			ACO-45	Courteous and Helpful Office Staff		81.51	92.84
			ACO-46	Care Coordination		81.45	86.89
<b>Care Coordination/ Patient Safety</b>	<b>58.86%</b>	<b>75.25%</b>	ACO-8	Risk Standardized, All Condition Readmissions*	15.39	14.58	14.86
			ACO-38	All-Cause Unplanned Admissions for Patients with MCCs*	75.42	77.61	58.15
			ACO-43	Ambulatory Sensitive Condition Acute Composite*	1.79	1.65	1.87
			ACO-13	Falls Risk Screen	81.25	77.73	84.04
<b>Preventive Health</b>	<b>91.56%</b>	<b>95.00%</b>	ACO-14	Flu	76.23	73.41	74.77
			ACO-17	Tobacco Screen + f/u	87.18	92.59	78.04
			ACO-18	Depression Screen + f/u	87.70	88.26	70.40
			ACO-19	Colorectal Screen	71.00	72.81	70.76
			ACO-20	Breast CA Screen	75.67	76.21	73.84
			ACO-42	Statin for CVD	92.37	89.29	82.17
<b>At Risk Population</b>	<b>92.50%</b>	<b>92.50%</b>	ACO-27	Diabetes: Hemoglobin A1c Poor Control (> 9%)	19.09	18.98	13.88
			ACO-40	Depression Remission	15.52	17.54	13.58
			ACO-28	HTN control	70.57	74.32	75.04

ACO Overall Quality Score 2018	ACO Overall Quality Score 2019
83.39%	92.17%

Significant Improvement
Significant Decline
No Significant Change

- Significant reduction in Ambulatory Care Sensitive Admissions & All-Cause Readmissions
- Continue to work on improving All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions (High-Risk patients)