

<p><u>CALL TO ORDER - 2:00 PM</u></p> <p><u>Executive Session Facility Governing Body Report</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Lincoln ➤ NYC Health + Hospitals Gouverneur Nursing Facility <p><u>Semi-Annual Governing Body Report (Written Submission Only)</u></p> <ul style="list-style-type: none"> ➤ NYC Health + Hospitals Queens <p><u>OPEN PUBLIC SESSION - 3:00 PM</u></p>	<p>Mr. Pagán</p>
<p>1. Adoption of Minutes: January 28, 2021</p>	<p>Mr. Pagán</p>
<p><u>Chair’s Report</u></p>	
<p><u>President’s Report</u></p>	<p>Dr. Katz</p>
<p>2. Authorizing New York City Health and Hospitals Corporation (the “System” to sign a five-year contract with Surgical Solutions, LLC (the “Vendor”) for technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential seven-year term in the amount of \$50,551,595.55 with a 5% contingency of \$2,527,579.78 for a not-to-exceed total \$53,079,175.33. (Approved by the Medical and Professional Affairs Committee: 02/08/2021) VENDEX: Approved EEO: Approved</p>	<p>Dr. Calamia</p>
<p>3. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount not-to-exceed \$8,212,020, including a 10% contingency of \$597,318, for the planning, design, procurement, construction, construction management and project management services necessary for energy efficiency upgrades (the “Project”) at NYC Health + Hospitals/Queens (the “Facility”) (Approved by the Capital Committee: 02/08/2021) VENDEX: NA – VENDEX: NA</p>	<p>Mr. Peña-Mora</p>
<p style="text-align: center;"><u>Committee and Subsidiary Reports</u></p>	
<ul style="list-style-type: none"> ➤ Medical and Professional Affairs Committee ➤ Capital Committee ➤ Information Technology Committee ➤ HHC Capital Corporation Semi-Annual Meeting ➤ MetroPlus Health 	<p>Dr. Calamia Mr. Peña-Mora Mr. Peña-Mora Ms. Wang Ms. Hernandez-Piñero</p>
<p>>>Old Business<< >>New Business<< >>Adjournment<<</p>	<p>Mr. Pagán</p>

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 28th day of January, 2021, at 1:30 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Dave Chokshi
Mr. Phillip Wadle
Mr. Scott French
Ms. Helen Arteaga Landaverde - left at 3:56
Ms. Barbara Lowe
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra - joined at 2:13

Mr. Pagán, Chair of the Board, called the meeting to order at 1:35 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 and Phillip Wadle would be representing Deputy Mayor Melanie Hartzog - both 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 3:09.

Mr. Pagán notified the Board and the public that Scott French would be representing Steven Banks and Phillip Wadle would be representing Deputy Mayor Melanie Hartzog for this portion of the meeting, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the meeting of the Board of Directors held on December

10, 2020, were presented to the Board. Then on motion made and duly seconded, the Board adopted the minutes, with one abstention.

RESOLVED, that the minutes of the meeting of the Board of Directors held on December 10, 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/Susan Smith McKinney Nursing and Rehabilitation Center; NYC Health + Hospitals/Henry J. Carter Specialty Hospital and NYC Health + NYC Health + Hospitals/Henry J. Carter Nursing Facility.

The Board also received and approved semi-annual written governing body reports from NYC Health + Hospitals/Elmhurst.

VENDEX APPROVALS

Mr. Pagán noted that NYC Health + Hospitals approves contracts prior to Vendex approvals. There were four new items on the agenda requiring Vendex approval, of which three have already received Vendex approval. There are 10 items from previous Board meetings pending Vendex approval. Since the last Board meeting three Vendex approvals were received. The Board will be notified as outstanding Vendex approvals are received.

PRESIDENT'S REPORT

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

- COVID-19 UPDATE - the System is now dealing with a triple challenge: Hospitals are full with COVID patients with its facilities' census surpassing 400 COVID-19 positive patients. Second, as the cases increase, the Test and Trace efforts must also increase with more than 5,000 cases per day that need investigation along with testing of 100,000 persons per day. The third challenge is keeping up with vaccinations of staff that has now been extended to the Affiliates' staff, homecare workers and, as the Governor opens the eligibility for other groups such as essential workers, of people over 75 and of persons over 65, with appointments available through our website. The City reach 300,000 vaccinations per week but, unfortunately the supply of vaccines was not adequate to meet the demand. NYC Health + Hospitals offers vaccinations at all of its hospitals, Federally Qualified Health Centers, and at 24-hour vaccination sites at the Bathgate Industrial Center in the Bronx, Brooklyn Army Terminal in Brooklyn and the Vanderbilt Site in Staten

Island. NYC Health + Hospitals have completed 50,000 first vaccinations and is in the process of providing the second dose.

- Emergency Contracts Declaration - I approved a Declaration of Emergency dated March 1, 2020, which was subsequently updated and has been reissued through February 28, 2021. For the time period October 1, 2020 through December 31, 2020, the System entered into two new emergency agreements: one agreement for transportation services to move COVID-19 test kits to the testing sites throughout New York City on an as-needed basis, and one agreement for family support and child care services related to COVID-19. In addition, the Office of Facilities Development issued five work orders to continue facility infrastructure updates supporting critical care units and related services as well as for the three new COVID Centers of Excellence. These agreements and work orders have a maximum authorized spend of \$22,628,319.

Mr. Pagán thanked Dr. Katz for all his hard work on the varied of activities throughout the System to address the pandemic and move the agenda.

INFORMATIONAL ITEM - METROPLUS BEACON MWBE SUB-CONTRACTING PLAN

Tayla Schwartz, MetroPlus Health Plan, Inc. ("MetroPlus") Chief Executive Officer provided a background on Beacon Workforce and MWBE engagement per the contract approved by the NYC Health + Hospitals Board of Directors on November 19, 2020. Ms. Schwartz also informed the Board that effective December 2, 2020 MetroPlus would have a new MWBE policy and procedure for all new contracts requiring Board approval with a 30% MWBE plan, waiver or subcontracting requirement.

ACTION ITEM 2:

Mr. Pagan read the resolution

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 the MetroPlus Health Board of Directors: 01/08/2021)

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

ACTION ITEM 3:

Ms. Hernandez-Piñero read the resolution:

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 MetroPlus' Board of Directors: 01/08/2021)

Andrea Cohen, NYC Health + Hospitals' General Counsel and Raven Ryan-Solon, MetroPlus' Senior Counsel and Chief Compliance Officer presented - background information on the current state of outside legal services at MetroPlus, the RFP criteria, proposers' evaluations, scope of work summary, cost structure and MWBE and staff diversity for each firm.

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

ACTION ITEM 4:

Ms. Hernandez-Piñero read the resolution:

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 MetroPlus' Board of Directors: 12/22/2020)

Kathryn Soman, MetroPlus' Director of Communications presented background information on the request to extend the current contract with Milton Samuels for six months and to increase the spending authority for the proposed contract. Ms. Soman also addressed the vendor's past performance highlights, core services, financial overview and MWBE sub-contracting plan.

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

Committee and Subsidiary Reports

Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. He welcomed questions or

comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:03 P.M.

**NEW YORK CITY HEALTH AND HOSPITALS CORPORATION ACCOUNTABLE CARE ORGANIZATION
SOLE MEMBER ANNUAL MEETING**

A meeting of HHC ACO, Inc. Sole Member Annual Meeting of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 28th day of January, 2021, pursuant to a notice which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Dave Chokshi
Mr. Phillip Wadle
Mr. Scott French - left at 4:11
Ms. Helen Arteaga Landaverde - joined at 4:16
Ms. Barbara Lowe
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Mr. Feniosky Peña-Mora
Ms. Anita Kawatra - joined at 2:13

Mr. Pagán, Chair of New York City Health + Hospitals Board, called the meeting to order at 4:04 p.m. Mr. Pagán chaired the meeting and Ms. Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board and the public that Scott French would be representing Steven Banks and Phillip Wadle would be representing Deputy Mayor Melanie Hartzog for this portion of the meeting, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the meeting of the HHC ACO Sole Member meeting held on

December 19, 2019, were presented to the Board. On motion made and duly seconded, the Board unanimously adopted the minutes

RESOLVED, that the minutes of the meeting of the HHC ACO Sole Member meeting held on December 19, 2019, copies of which have been presented to the Board, be and hereby are adopted.

Mr. Pagán then turned the meeting over to Matthew Siegler, Chief Executive Officer of HHC ACO, Inc. to present the next items on the agenda.

Mr. Siegler read the resolution into the record:

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, NYU Physicians representative 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 Seigler, M.D.	Coney Island Medical Practice Plan, P.C., Harlem Medical Associated, 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

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

Mr. Siegler provided an update of the ACO activities during the past year. He advised that Dr. David Stevens is now the new Chief Medical Officer for the ACO. He highlighted the performance payments for 2019, the MSSP contract renewal, quality performance metrics, an expenditure comparison of the ACO to regional and national benchmarks, the ACO's evolving role with partnerships and engagements, and the ACO's clinical

model for high-risk patients.

OLD BUSINESS/NEW BUSINESS - ADJOURNMENT

After discussion - hearing of no old business or new business to bring before the HHC ACO, Inc. Sole Member Annual Meeting, the meeting was adjourned at 4:23 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

VIRTUAL - AUDIT COMMITTEE VIRTUAL MEETING - January 11, 2021

As Reported by Helen Arteaga Landaverde

Committee Members Present: Helen Arteaga-Landaverde, Mitchell Katz - left at 10:43, José Pagán, Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang - joined at 10:20

The meeting was called to order by Ms. Helen Arteaga-Landaverde, Board Chair at 10:04 A.M.

Ms. Arteaga-Landaverde asked for a motion to adopt the revised minutes of the Audit Committee meeting held on October 8, 2020 due to Ms. Freda Wang being reported as present, although she was not present. A motion was made and seconded with all in favor to adopt the minutes.

Ms. Arteaga Landaverde introduced the information item regarding the Fiscal Year 2020 Management Letter

Grant Thornton LLC was represented by Tami Radinsky, Lead Engagement Partner and Sandy Pabla, IT Manager.

Ms. Radinsky reported on the following items:

Grants Revenue Not Properly Recognized - a similar finding was noted in prior year.

Observation

In 2020, we noted the Grants Department continued to not consistently apply the accrual basis of accounting relating to grant revenue recognition. As the amount was not considered to be material to the financial statements, no proposed audit adjustment was made. We recommend that communications be enhanced between the Grants Department and the Central Office to ensure timely, proper and complete accounting for grant revenue.

Management's Response

The Comptroller's Office continues to work with the Grants Department to establish a reconciling process of expenses for revenue recognition purposes. Additionally, establishing periodic reviews by the Comptroller's Office of accruals will ensure that appropriate supporting detail exists to properly report grant receivables and related revenue.

Patient Accounts Receivable and Net Patient Service Revenue - Credit balances in patient accounts receivable

In 2020, we noted that the total credit balances continued to increase. Through the audit procedures performed, we determined that the portion of the credit balances that represented liabilities due to patients and payors was again immaterial. The credit balances primarily appear to be a result of billing adjustments. However, management has not completely reviewed and determined the proper accounting treatment for the credit balances. In addition, the root cause of the increase in the credit balances should be determined in order to

ensure that the credit balances are reduced each year rather than increasing each year.

Mr. Weinman stated that the credit balances has no impact in the Financial Statements. He agrees with the recommendations and will continue to develop processes to review and correct improper posting causing these credit balances.

Ms. Pabla reported on Information Technology - User Access Review As a result of the review this year, one minor control deficiency on the user access review was identified to help the overall IT environment. We will continue to work with the team so that this is addressed in a timely manner.

Ms. Radinsky thanked Health + Hospitals finance team for their work and cooperation.

Follow-up - the Committee requested that an update be provided at the May Audit meeting on the progress on addressing the deficiencies noted in the management letter.

Mr. Chris Telano, Chief Internal Auditor provided an Audit update and informed the Committee that:

An oversight audit by the NYC Comptroller's Office of NYC Health + Hospitals Auxiliaries is ongoing.

A review by the NYC Comptroller's Office of NYC Health + Hospitals controls over nursing homes began in August 2020 and is being done remotely. The auditors have had meetings with the Sr. Vice President of Post-Acute Care and the CEO's of the five nursing homes within the System. Documents have also been requested from the SVP of Post-Acute Care.

Internal Audits review of Year-End Inventory. The objective of this review was to verify the existence of the 90-day supply of personnel protective equipment (**PPE**) that was required to be held per New York State mandates. Verifying existence, is an accounting assertion that should be tested to ensure financial records are accurate.

Auxiliaries - the CPA firm, Bonadio, hired in June 2020 to evaluate the financial statements of the Auxiliaries, has been issuing many reports in accordance with NYS Charities Bureau regulations. Thus far, reports for 13 of the 22 Auxiliaries have been issued. 8 of the 13 reports required evaluations of two years. Overall, 8 compilations, 4 reviews and 1 audit have been completed.

Ms. Arteaga-Landaverde introduced the information item regarding Corporate Compliance.

Ms. Catherine Patsos, Chief Corporate Compliance Officer provided an update on the monitoring of excluded providers, privacy incidents and related reports, the Office of Civil Rights reports regarding HIPAA incidents, compliance reports, status update on OneCity Health independent assessor audit and compliance attestation, HHC ACO shared saving funds, HIPAA risk analysis and security assessment, Fiscal Year 2021 Corporate Compliance Work Plan and

General Compliance/HIPAA Annual Training.

Follow Up: the Committee requested that a historical comparison analysis of the reported breaches be provided so the Committee can have a better understanding how the System is doing overall.

Ms. Arteaga Landaverde requested a motion to convene an executive session to discuss confidential and privileged matters that may be related to anticipated or actual litigation, as well as certain personnel matters. A motion was made and seconded with all in favor.

Public Session:

Ms. Arteaga Landaverde reported that during the executive session the Committee reviewed and approved the fiscal year 2021 Corporate Compliance Workplan.

There being no other business, the meeting was adjourned at 11:15 A.M.

Equity, Diversity and Inclusion Committee Virtual Meeting - January 11, 2021
As Reported by: Helen Arteaga Landaverde
Committee Members Present: Helen Arteaga Landaverde, José Pagán, Mitchell Katz - joined at 11:33, Feniosky Pena- Mora,

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board of was called to order at 11:20 a.m. Upon motion made and duly second the minutes of the March 12, 2020 meeting was unanimously approved.

OFFICE OF DIVERSITY UPDATE

The Chief Diversity and Inclusion Officer, Matilde Roman, highlighted a few of the organization's diversity and inclusion milestones. Since the announcement of the Equity and Access Council in June, the Council has been building the groundwork. There were a series of dialogues and listening sessions held for employees over the summer to discuss the topic of bias and racism in the aftermath of Georg Floyd that again amplified the reality of systemic racial inequalities in our country.

Ms. Roman shared that the unconscious bias learning element was integrated into new employee orientation and annual in-service training. From July 2020 through the end of 2020, over 25,000 trainings were completed on different diversity and inclusion topics that include interreligious awareness, introduction to unconscious bias, LGBTQ affirming services, and health literacy.

In addition, the following virtual workshops were launched: (1) Having Essential Conversations, (2) How to be an Inclusive Colleague, and (3) How to be an Upstander. Ms. Roman also reported that the Office of Population Health and Behavioral Health host ECHO learning sessions aimed at improving awareness and

knowledge on the impact and intersectionality of social determinants, held two series focused on structural racism, stigma, and trauma, and the second on LGBTQ health equity.

In August, the Human Rights Campaign published the 2020 Healthcare Equality Index, and announced that all 23 qualifying sites within the System received the designation "Leader in LGBTQ Healthcare Equality" for the fifth consecutive year.

WORKFORCE DATA FOR FISCAL YEAR 2020

Ms. Roman, shared workforce data for fiscal year 2020. During the reporting cycle, there were 41,494 employees, and the data was segmented to reflect direct service jobs titles such as nursing, medical residents, employee physicians, social workers, and clerical associates. It also included administrative and leadership roles. The data excluded affiliate staff, which was planned to be presented at the next committee meeting. Ms. Roman reported that there were approximately 6,500 affiliate staff, of which fifty eight percent (58%) identified as minority and fifty five percent (55%) identified as women. Fifty six percent (56%) of affiliate physicians identified as either Black/African American, Asian, Hispanic/Latino, American Indian or Alaskan Native, or marked two or more races.

In addition, forty three percent (43%) of affiliate physicians identified as women. Ms. Roman then walked the Committee through the employee data related to race, ethnicity and gender. The employee data showed that overall NYC Health + Hospitals has been successful in ensuring workforce diversity, and highlighted the nursing titles, medical residents and employee physician data that illustrated this fact.

José Pagán, Chair of the Board of Directors, asked whether NYC Health + Hospitals compares employee data with other Systems, or with City population data to understand if we are on the right path. Ms. Roman replied that there has been some preliminary analysis made that indicates that the System is on the right path. The data is analyzed to determine if there is workforce underrepresentation, similar to how vendor workforce representation is analyzed and found no underrepresentation. Also mentioned, that the Equity and Access Council will be critical in this work and making more efforts in comparing data. Ms. Roman also shared the leadership racial, ethnic and gender breakdown, and reiterated the continued commitment to look for opportunities to improve workforce diversity. Feniosky Pena- Mora, Board Member, congratulated NYC Health + Hospitals on their diversity and inclusion efforts. The Committee Chair, Helen Arteaga Landaverde, also expressed an appreciation for the progress made.

Dr. Pagán asked if we could share information about recruitment efforts. The Vice President for Human Resources, Yvette Villanueva, shared some high-level insights of the System's recruitment strategy that includes expanding our reach to professional associations and organizations, use of ethnic media, and leveraging our internal networks to maximize touchpoints with as many diverse qualified candidates that can be considered, especially in leadership positions. Ms. Villanueva also mentioned investments in professional staff development of our diverse talent to foster growth, and

to mentor them for future succession planning purposes.

Mr. Pena-Mora asked about the official programs for leadership development. Natalia Cineas, the Chief Nurse Executive, shared that leadership development is part of the 2021 nursing plan that is currently being developed. Also mentioned was the clinical leadership fellowship program as another concrete example. Ms. Villanueva also mentioned that the System is also developing a mentorship program for finance, which is expected to launch in February. Mr. Pena-Mora inquired about programs specific to hospital administrators. Ms. Villanueva replied that the System had the American Essential Hospitals fellowship program, which allowed sponsored employees to participate in professional development training that included performing a project for the System. As a result of the pandemic, these efforts have been put on hold and other initiatives have been delayed, but the System is committed to continue to support these and other programs in the future.

Follow-up: Mr. Peña-Mora request a briefing to get a better understanding on the System wide mentorship programs.

EQUITY AND ACCESS COUNCIL REPORT OUT

The Co-Chairs of the Equity and Access Council, Dr. Nichola Davis and Natalia Cineas, reported out to the Committee on the progress made. Dr. Davis shared that since the official launch of the Equity and Access Council ("the Council"), the Council has focused on developing the structure and assessing the needs of facilities engaged in equity initiatives.

The goal of the Council is to provide strategic direction for developing programs and initiatives aimed at eliminating barriers, institutional and structural inequities, and improving the health and well-being of vulnerable and marginalized populations.

Dr. Davis shared the four pillars in the charter that will drive the activities for the Council that include evaluation and metrics and how to better use data to measure progress, workforce diversity to enhance efforts to attract diverse talent and mentorship opportunities, workforce inclusion to promote inclusive practices, and equity of care aimed at reducing racial and social inequities. The activities may include review of institutional policies that may have equity implications, creating a mechanism for system wide response to current events or disparities in outcomes related to equity. There is also interest in identifying additional projects that are related to the priority areas within the charter.

Council members will serve in an advisory and oversight role on projects agreed to in advance. Each project will be driven by an equity workgroup, comprised of five to seven interested employees selected from across facilities as well as a Council member. Each workgroup will have two project leads, and tasked to develop work plans and timelines to meet the project's goals and outcomes.

The responses from the equity and access survey that facilities were asked to complete will be instrumental in learning about innovative clinical

programs, community initiatives, or other types of equity work that is ongoing at the facilities, and help identify employees interested in working with the Council to advance this work.

The feedback from the employee voices session were also useful as we learned that employees are interested in more forums that allow for dialogue and implicit bias trainings. Employees were pleased that leadership had moved forward with these sessions and provided them with the opportunity to participate, and wanted to see a continued leadership commitment on the issue. We also learned that there were many employees interested in helping the Council to move the work forward and participate in the equity workgroups.

Next steps are to complete the analysis to define the projects, and identify the employees to participate in the workgroups. Once the workgroups have been established, we plan to host an orientation session and then begin developing the workplans, and release system wide communication to inform the system at large.

Mr. Pena-Mora stated that he liked the idea of getting staff voices and concerns for consideration and asked if there was a process for evaluating activities and metrics to measure impact. Natalia Cineas, Senior Vice President and Chief Nurse Executive, responded by saying that the Council planned to have report outs for all workgroups to track the progress of each project. Dr. Davis mentioned that where possible, we are establishing baseline data to know how we are improving, and the Council is working with the Chief Data Officer to ensure alignment with the system wide dashboards and diversity and inclusion metrics. The Committee members expressed interest in seeing the data and receiving reports from the Council on the progress being made.

MWBE PROGRAM AND POLICY UPDATE

Keith Tallbe, Senior Counsel, provided the MWBE program and policy update. Mr. Tallbe provided an overview and history, shared recent data and accomplishments, and outlined next steps for the MWBE program.

Mr. Tallbe provided background on the 1988 NYS legislation, which was intended as a fundamental tool to set goals on State contracts. NYC Health + Hospitals has participated in the program for many years. In 2017, the System formalized and adopted a new procurement policy, which established three key MWBE procurement tools. We are now allowed to conduct MWBE only solicitations, included an MWBE as a quantitative scoring in all solicitations, and able to make discretionary purchases with MWBE businesses on contracts less than one million dollars.

In 2017, the System began tracking contracted spend with vendors certified as diverse by New York State, New York City, as well as other MWBE certifications. Supply Chain Services, who is responsible for the procurement of all goods and services for the System, was able to place controls on all procurement processes, including MWBE requirements. Those tools include, ensuring all contracts are not approved without an MWBE certification or waiver, and all service contracts over one million dollars

be reviewed by the System's Contract Review Committee.

Since Supply Chain Services assumed responsibility for the MWBE program in 2017, the program has increased year-over-year utilization. The historic average utilization prior to 2017 was four percent (4%). In 2018, we had five percent (5%) utilization, in 2019 seven percent (7%), and for 2020 we are at sixteen percent (16%), with a year-to-date at eighteen percent (18%). A breakdown of this past fiscal year total contract spend that is directly with vendors is \$110,349,387 and approximately \$19,261,875 with subcontractors. This amount excludes exempt or waived spend \$813,789,805. There are 154 diverse vendors that the System conducts business with.

Thirty two percent (32%) of the spend is exclusively New York City certified vendors, twenty five percent (25%) are dual certified between the city and state, twenty five percent (25%) with New York State, eight percent (8%) with the Women Business Enterprise National Council, and six percent (6%) with the National Minority Supplier Diversity Council, which are the two main private, not-for-profit certifying agencies. The remaining four percent (4%) are other. Mr. Tallbe noted that there is an overrepresentation of non-minority women, which is consistent with the rest of the City and State's outcomes, and commonly referred to as a disparity within the disparity. The System is working to address this on a case-by-case basis on all procurements.

Mr. Tallbe walked the Committee through Supply Chain's 2020 accomplishments, which includes contracts with a New York City WBE for PPE purchases in response to COVID that resulted in \$90 million in spend. Supply Chain also contracted for pharmacy inventory management for a total contract value of \$76 million, with sixty two percent (62%) of subcontracting goals that included an award to a WBE for \$47 million. There was a system wide environmental services management company with a contract value of \$121 million, with a thirty percent (30%) goal on the contract representing an award of \$16 million. These contracts are renewed contracts that previously did not have any goals, which we deem a significant success. Mr. Tallbe also shared that the System also conducted their first large, closed pool solicitation, for MWBE businesses only. This resulted in a \$12 million-dollar award to a dual certified Hispanic and women owned vendor new to the System. Another closed pool solicitation for advertising for the Test and Trace Program resulted in an \$11.5 million-dollar award to five minority and women owned businesses. Metro plus is also leveraging those contracts.

Supply Chain is also working closely with EITS to move from a transactional approach for all the System's internet cabling to a contracted approach with one vendor that has a thirty percent (30%) goal with two MWBE vendors. In addition, the System issued a Request for Proposals (RFP) that contracted with construction management firms awarding approximately thirty different MWBEs vendors under that RFP.

Mr. Tallbe shared an outline of the proposed policy which sets a similar framework for other municipal MWBE programs with a legal basis for contract goal setting based on the New York State and New York City disparity studies. The policy incorporates tools from our procurement procedure with closed pool solicitations, discretionary purchases, and quantitative

scoring. The policy will allow for goal setting on all contracts at both the System and contract level, and provide for vendor compliance to ensure MWBE goals. Controls will be instituted in the near future that include payment confirmation to subcontractors, and penalties for vendors who are non-responsive, which may include agreement termination and assessing liquidated damages.

The policy will also include the vendor diversity program aimed at developing an education and outreach component and additional key components to support MWBE businesses interested in doing business with the System. There will be a mechanism for tracking and reporting. In addition, the System will set goals for diverse hiring when contracting with vendors that will hire on our behalf to perform services under an agreement. This will support the goal of ensuring the workforce the vendor hires is diverse. Mr. Tallbe concluded his presentation by offering a high-level overview of key next steps that included formalizing the policy, creating a manual, and dashboards to be used to measure progress and to forecast.

Mr. Pena-Mora asked how the System would be working to reach some of the subgroups that are underrepresented within MWBE contracting, mainly black and Hispanic businesses. Mr. Tallbe replied that there is currently a plan in place that entails review of each procurement on a case-by-case basis when overrepresentation is discovered. In the future, we will also review to find opportunities against the availability and set disaggregated goals for each procurement, which will lead to better compliance with prime vendors.

Mr. Pena-Mora requested that the strategy be explored and memorialized for the record.

Mr. Pena-Mora mentioned the Comptroller's grade report, where it showed no spend for NYC Health + Hospitals, and asked what steps were being taken to correct the record. Mr. Tallbe replied that only a portion of the System's spend moves through the Comptroller's Office, which is mainly capital purchases funded by the City. The majority of the System's spend and capital items funded through other sources does not go through the Comptroller's Office, and the Comptroller's report only shows spend that flows through them. Mr. Tallbe shared that all data is reported to the City directly.

Danielle DiBari, Senior Vice President for Business Operations, responded to a question clarifying that she has assumed the role of the MWBE diversity officer, which is distinct from the Chief Diversity and Inclusion Officer, who is Matilde Roman. Ms. DiBari mentioned that this separation is typical in big organizations in the nation today, and shared that her office works in partnership with the Office of Diversity and Inclusion.

Follow up: Mr. Peña-Mora asked how the new policy will be integrated into operating procedure 100-05 and requested a briefing for an in- depth understanding OP 100-05.

Helen Arteaga Landaverde asked if there was old business or new business. Hearing none, she thanked the EDI Committee, NYC Health + Hospitals staff and board members for their time and adjourned the meeting at 12:25 p.m.

Strategic Planning Committee Meeting - January 11, 2021

As Reported by: Feniosky Peña-Mora

Committee members present: Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang, José Pagán, Dr. Mitchell Katz - left at 1:02

Mr. Feniosky Peña-Mora, called the January 11th meeting of the Strategic Planning Committee (SPC) to order at 12:32 P.M.

Mr. Peña-Mora proposed a motion to adopt the minutes of the Strategic Planning Committee meeting held on November 5, 2020.

Upon motion made and duly seconded the minutes of the November 5, 2020 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEM

The meeting was then turned over to Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO to present the first quarter of fiscal year 2021, July 1st through September 30th, 2020 Performance and Strategic Planning Update. Mr. Siegler reported that this period covers much of the post COVID-19 surge period. The decline in patient volumes following the spring surge period has significant impact on key strategic measures. Updated FY21 targets and priority measures reflect updated strategic and operational priorities and Committee's input from last quarter's meeting. Early FY21 results show continued operational improvements and value of flexible, resilient strategy.

Federal, State, and City external factors will be a major factor in full year FY21 performance and FY22 strategy. Mr. Siegler stated that today's meeting goal is to highlight positive, negative and stable trends with a discussion on the external factors that are affecting our perspective and to review key metrics and performance.

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the key external factors, Federal, State and City that are affecting our system's FY21 performance and going into FY22.

Federal Update

Mr. Siegler reported that the change in the administration and the change in control of the Senate is a positive development for the finances of New York State and New York City, and by extension, Health + Hospitals.

There is still significant implementation work to be done on existing Federal relief packages. The most recent package did not include State and local relief Health + Hospitals is looking forward to a productive relationship with the Biden Administration and will reach out to friends, colleagues, contacts, including former Health + Hospitals staff who have moved to Washington to join this administration.

Mr. Siegler reported that vaccine delivery and distribution is a very high

priority for the new administration. They have established a very strong team, including some of the key people who, saved healthcare.gov during the initial challenged launch in 2013-2014. It includes a good mix of former White House officials, former HHS officials, and operational leaders from health systems around the country. There is already a change in strategy and prioritization in terms of how quickly they will release inventory, and transparency on what their plans are. In addition, they have clearly signaled the interest in expanding health access and improving health equity around the country; and COVID is a key vehicle they look at to do that. Their broader agenda around health insurance coverage and expanding and improving upon the Affordable Care Act will also be important to Health+Hospitals and our patients.

Ms. Brown reported that so much of what is needed on the State level and on the local level is tied to that necessary Federal funding, which was left out of the most recent package. She stated that the Biden Administration and others are very supportive of ongoing financial support for health care providers, as well as individuals and small businesses.

Ms. Brown reported that DSH cuts are delayed essentially until Fiscal Year 2024 and that policy continues to have good bipartisan support. Ms. Brown added that in addition to the Federal support for conventional infrastructure investment, there are some ideas floating around about health care capital investment and public health infrastructure investment. She added that a significant priority at the Federal level with the new administration is ensuring ongoing support from FEMA.

Ms. Brown stated that Leader Schumer is a real stalwart supporter of hospitals. She underscored the historic and significant work he has done for hospitals and for New York hospitals. He really understands the role Health + Hospitals plays and also its role in physician training. Ms. Brown shared with the Committee that she is in the process of drafting a welcome letter laying out all of Health + Hospitals' priorities. Health + Hospitals had and continues to have a good relationship with his office, as well as with Senator Gillibrand's Office. On the delegation side, some of the House members, with whom Health + Hospitals has been able to create relationships over the years, continue to be in leadership positions.

Health + Hospitals is very grateful for the outpouring of support from the House members; especially during the first surge of COVID.

State Update

Ms. Brown reported that the State budget process is in session. One of the things that the Governor highlighted is his support for telehealth flexibilities, which is one of our ongoing number one State regulatory priority. In addition, the State is addressing a significant budget gap. As the budget process starts, the concern is if the State will be making Across-the-Board (ATB) cut to Medicaid Payments as they have threatened previously. Health + Hospitals will continue to advocate and to do outreach meetings to the relevant stakeholders on the State side, both the legislators and the committee staff, as well as working with our Community Advisory Boards for advocacy. In the past, Michelle DiBacco, Assistant Vice

President, from the Government and Community Relations team, had spearheaded the CABS Advocacy Day in Albany. A lot of work is being done to identify new ways to remotely advocate.

Mr. Siegler reported on FY21 Q1 (July 1 to September 30, 2020) Performance: Positive Trends:

Access to Care

#of E-consults: **65,933** from 21,926

Remains a top priority initiative and measure of specialty access, and visits recovered from the pandemic, starting in July. The overall system-wide focus is on improving referral review, scheduling, and follow-up time.

NYC Care Enrollment: **35,483** from 24,335

Enrollment grew due to conscientious efforts to improve primary care capacity and continuity, providing low - or no-cost access to New Yorkers who do not qualify or cannot afford health insurance.

Financial Sustainability

Patient care revenue/expenses: **65.3%** from 61.7%

Comparison for this metric is FY20 Q1 (which is the prior year, same period):

Patient Care Revenue/Expense ratio improved by 4.3% from September 30, 2019 to September 30, 2020, mainly due to a \$193.5 million increase in Net Patient Service revenue from an increase in CMI and revenue cycle improvements. The improvement is also related to receipt of \$170.6 million of CARES Act dollars during the first quarter of FY2021.

% MetroPlus Medical Spend at H+H: **42.34%** vs 41.63%.

This % has increased due to costs decreasing because of the quarantine related to the COVID-19 pandemic, though H+H continues to obtain payment from MetroPlus from risk arrangements. This % is anticipated to not continue at the same rate it has been.

Total AR days per month: **59.2** from 65.7

Includes both inpatient and outpatient (lower is better for this measure). While the days in AR are going in the right direction, days in AR continue to be above the target and above last year due to the residual impact resulting from volume declines from COVID-19. Despite being above the target, the trend is reversing and the days in AR have declined almost 25% from the peak in April.

Information Technology

MyChart Activation: **36%** from 20%

An essential, recent goal is to increase these activations, allowing patients access to pertinent medical information while improving patients' experience with their care teams and access to health information in a simple, secure manner.

Quality and Outcomes

Post-Acute Care (PAC): All Cause Hospitalization rate: **1.32 per 1,000 care days** from 1.86 per 1,000 care days (**new measure as of FY21 Q1**)

This rate decreased in July-Sept 20 from the prior timeframe of Apr-June 20 due to COVID-19 related hospitalizations during that period. **The NYC Health + Hospitals' PAC rate of 1.32 per 1,000** care days is lower than the National average of 1.7 and the NYS average of 1.47.

Follow-up appointment kept within 30 days after behavioral health discharge **46.5%** from 43.2%. This measure has recovered slightly, and the initial decrease was attributed to the COVID-19 pandemic in part. Patients continued to not regularly attend these appointments for fear of going to health care institutions during the pandemic; however, use of telehealth visits has become a more prevalent way of maintaining continuity of care for these patients.

% Left without being seen: 3.3% from 3.8%

Increased staffing levels, improvements in patient tracking and flow, and facility management in Eds have improved performance in this measure.

Overall ED utilization continued to decline from April through August 2020, because of the COVID-19 pandemic, as compared to the rest of the year, with concomitant decreases in the % of patients who left the emergency departments without being seen.

Care Experience

Inpatient care - overall rating: **65.31%** from 63.08%

Ambulatory care - recommend provider office **84.34%** from 83.28%

Mr. Siegler reported on FY21Q1(July 1 to September 30, 2020) Performance:
Negative Trends:

Access to Care

Unique Primary Care Patients in last 12 months: **412,309** from 445,672

For this period, it is just under the target of 418,000

Period used is from October 1, 2019 through September 30, 2020. The 412,309 total includes the following: 381,177 in-person office visits and 31,132 Telehealth visits.

Financial Sustainability

of Uninsured patients enrolled in health insurance coverage or financial assistance (**new measure as of FY21 Q1**): **61.4%** vs target of 76%
Performance is below the target of 76% due to ongoing ramp up efforts to screen uninsured patients receiving outpatient services. Screening rates for patients seen in the ED and inpatient are approaching or exceeding the target.

Quality and Outcomes

HgbA1c control <8: **62.0%** from 64.2%

Since the pandemic, there are more telehealth visits and fewer in- person clinic visits, with fewer in-person visits to check Alc labs, contributing to the decreasing control rate. This remains a top priority, with nurse chronic disease coordinators working closely with patients to develop diabetes self-management skills, and using technology solutions and peer mentors to support

patients in managing diabetes between clinic visits, especially critical strategies during the pandemic.

Mr. Siegler reported on FY21Q1(July 1 to September 30, 2020) Performance: Steady Trends:

Information Technology

ERP Milestones: **80%**

This measure is expected to be removed to add some of the other IT measures discussed at the last meeting

An example of success in that program:no more large paper timesheets.

Mr. Siegler reported on FY21 Q1 (July 1 to September 30, 2020) Performance: COVID-19 Metrics

COVID-19

Total # of COVID-19 Test Administered: **412,372**

Includes PCR tests administered.

Total # of COVID-19 Positive Tests: **5,010**

Includes PCR tests administered.

Post-Acute Care COVID-19 Infection Rate (**new measure as of FY21 Q1**)

Rate is expressed per 1,000 residents within the post-acute facilities at NYC Health + Hospitals. Of note, the NYS COVID-19 infection rate from the same time period of July-September 2020 was 158.7 and the National Average was 219.3.

Mr. Siegler stated that our next report will include an update on our success at vaccinations. He reported that as of Saturday, the system administered 21,000 vaccinations. That number will start to increase as the State opens up the criteria to category 1b, which includes a large group of essential workers and anybody over age 75.

Ms. Hernandez-Piñero requested weekly COVID update to the Board on Health + Hospitals preparedness, including ICU capacity.

Mr. Siegler picked up from where the Committee left off at the last meeting and opened a discussion to talk about the Committee's strategy, the changes that are already made and the few more to be done in the IT area.Mr. Siegler recapped the following newly added measures:

- The percent of uninsured patients enrolled in coverage
- The post-acute AR days; a measure of post-acute billing success
- The post-acute hospitalization rate; a key quality measure
- The COVID measures

Mr. Siegler informed the Committee that the two information technology metrics that Dr. Mendez discussed with the group and the Board will be added next quarter to eliminate the stand-alone IT category and integrate those two. They are: the data center migration process, as part of the financial sustainability category; and the integration of bio-medical devices, as part of the quality and outcome as this metric captures how

good a job we are doing in expanding the footprint of EPIC and having all of our devices tied into one system to keep the clinical quality up.

Mr. Peña-Mora invited Committee members to look at all the Dashboard measures to ensure that the dashboard aligns well with the pillars of the system's pyramid and the foundational base of social and racial equity. The information technology metrics will remain, but they will be subsumed and reported as part of the pillars. Moreover, there needs to be some metrics on the dashboard to capture how we are performing with respect to the foundational guiding principle of racial and social equity. COVID-19 has a special category as it is an element out of the norm but we are responding and the vaccination will be added to that. Mr. Peña-Mora commented that a good way to measure both the first dose and the second is to find out how many people have gotten the first and the second dose through our system. There are concerns that there may be a drop off for the second dose because some people may choose not to follow up after the first dose. There must be a process in place to reach out to those individuals, or they may risk to expose themselves by only having one dose and not the two recommended doses.

The Committee members discussions were focused on the following:
How to embed the information technology metrics within the pillars and add the social and racial equity metrics to the dashboard.
Some of the metrics that may be able to be looked at for consideration to be added in the financial sustainability
COVID-19 metrics
Changing the reporting frequency of the unique primary care patients seen in the last 12 months as well as the overall safety grade from annually to quarterly to monitor progress.

RECOMMENDATIONS

Mr. Peña-Mora made the recommendation for Matt and Eric to have an offline discussion with Freda to look at those metrics that are in the dashboard that relates to the financial sustainability. Matt agreed to include John Ulberg, Senior Vice President, Finance, in the discussion and bring it back to this Committee to see if there is a recommended adjustment.

He also recommended an offline discussion with Sally to see what would be the best measure to capture the system's response to rising COVID cases in the city. Mr. Siegler agreed to an offline discussion but also offered the gestalt of it. The numbers are rising coming out of the holidays. It has been a linear rise throughout December and, importantly, there have been no major spikes. Finally, Mr. Peña-Mora recommended to organize the dashboard in an alphabetical order such as: Access to Care, Care Experience, Culture and Safety, Financial, then Quality; and COVID-19 at the bottom because it is a special category.

Ms. Wang asked for an update of the Hunter Contract. Mr. Siegler affirmed that there is not any urgent time pressure from a contractual and financial perspective to make the change. However, in order to do it right with the Board feedback, it is wiser to take a little bit of time,

get through the surge, and then bring it back; if that is agreeable to the board members.

Dr. Wei concluded the presentation by reminding Committee members that Health + Hospitals' priorities are to get the vaccine out there to get back to normalcy; and that he looks forward to reporting on that success in the quarter.

Mr. Peña-Mora thanked Matt and Eric as well as their colleagues and the whole team for another great quarter at Health + Hospitals.

There being no old business, no new business, the meeting was adjourned at 1:46 PM.

Community Relations Committee - January 12, 2021

As Reported by Robert Nolan

Committee Members Present: Robert Nolan, Mitchell Katz, M.D., Jose Pagan; Anita Kawatra

Mr. Nolan called the meeting of the Community Relations Committee to order at 5:01 p.m.

Quorum was established - the minutes of the Community Relations Committee meeting held on November 10, 2020 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

CHAIRPERSON REMARKS:

Mr. Nolan welcomed everyone and noted the reporting six facilities: East New York, Carter, Queens, Woodhull, Kings, and Bellevue will be presenting their annual report.

Mr. Nolan wished everyone a Happy New Year and acknowledged how the year of 2020 was very different and like no other. He added in the advent of long awaited COVID-19 vaccine, the year 2021 appears to be the light at the end of the tunnel that we have all been waiting for.

Mr. Nolan noted the launched of the COVID-19 heroes' website in honor of NYC Health + Hospitals team of over 40,000, healthcare workers for the remarkable performance, which saved countless lives during the pandemic.

In addition, Mr. Nolan expressed his gratitude for the entire team's commitment and dedication to NYC Health + Hospitals patients. He personally thanks Dr. Katz for all his support and his outstanding leadership.

Mr. Nolan noted that the first of NYC Health + Hospitals three COVID-19 Centers of Excellence in the Bronx is now open to the public, with the remaining two scheduled to open in Queens and in Brooklyn in the upcoming months. He also noted the launched of the 3-2-1 Integrated Model for Parents and Children Together (IMPACT) program, which supports the health and well-being of young children and their families by

integrating three disciplines, mental health, pediatrics, and women's health.

Mr. Nolan congratulated the Test & Trace team and recognized their high performance of conducting over one million COVID-19 tests with three out of four people reached by contract tracers completing the intake process, from only half in the first weeks of June. In addition, he added that 64% of the people who complete the intake process are sharing contact information, up from 35% in June. Notably, 18% report they did not have any contacts to share because they have not had any recent meaningful in person interactions.

PRESIDENT'S REMARKS:

Dr. Katz began his remark by thanking Mr. Nolan and the members of the Community Advisory Board. He proceeded his report by stating, in terms of the second wave resurgence, the hospitalization rate is up to approximately 450 patients across the 11 hospitals. He added that over 100 are in the ICU out of the 450 patients admitted. Dr. Katz stated, in comparison to the first COVID-19 wave the mortality is much lower. The System have sufficient PPEs and ventilators to take care of all patients. The additional 450 patients cause the public health system a strain, and there is a process in place for cancelling elective surgeries. To alleviate the overwhelming burden to the current staff members, the administration plans to bring nurses to the in-patient areas and scheduling of virtual visits for non-COVID patient care.

Dr. Katz announced, NYC Health + Hospitals is now the largest part of the City's vaccination efforts, with vaccinations at all 11 hospitals, all Federally Qualified Health Centers, including several other community sites such as the one in Bathgate that open in the Bronx on Sunday. The Mayor also announced today that there will be a vaccination site opening at Citi Field. The general public can go to the city's website which is <https://vaccinefinder.nyc.gov/> and a vaccination appointment.

Dr. Katz reported that the Test & Trace Corps passed the 100,000-test mark last week, and the majority of the test are rapid. The public continues to come forward to get tested and we continue to move around the demands.

Mr. Nolan requested a brief update on the specialty services being offered at the Centers for Excellence. Dr. Katz responded that these centers will be caring for people who were affected by COVID-19. A large percentage of people who tested positive for COVID-19 have remaining respiratory, cardiac, psychological impacts from the virus. The clinics were built especially equipped to treat the kind of radiologic and pulmonary testing. These Centers would also be conducting COVID test and hopefully vaccinations.

Mr. Nolan moved the agenda and asked the CAB Chair of Gotham Health East New York, Vera Gibbs to present her report.

NYC Health + Hospitals/East New York

Ms. Gibbs began her report by stating that Gotham Health East New York has tested over 26,000 patients since the beginning of the pandemic. This number reflects both the testing location and the mobile testing van. Education and information regarding COVID-19 and the importance of testing is being provided to the community.

The facility physical plant and equipment is under continuous upgrades. This is to ensure staff members are equipped to perform their duties effectively and efficiently. In addition, there were a partnership formed with Graffiti Free NYC - NYCCEDC to remove graffiti from the buildings. During COVID-19, patients expressed their satisfaction with the care provided by East New York Gotham.

Community issues remains to be the high rate of diabetes in the East New York Community. The Community affairs outreach has distributed over 7,000 fliers to residents, NYCHA, and small businesses. The Community Advisory Board partnered with Community Board 5 to clean up the Grace playground.

Ms. Gibbs expressed appreciation for the staff and leadership for their continued support and work in the community.

Mr. Nolan addressed the complaint issues regarding the Call Center. Ms. Gibbs mentioned that she thinks leadership is working on addressing the issues.

FOLLOW-UP - Mr. Nolan assured Ms. Gibbs the Committee will follow up with Ms. Lewis on this issue.

NYC Health + Hospitals/Henry J. Carter

Ms. LaShawn Henry, CAB Chair to Henry J. Carter noted her report was submitted into the record, however she would take the opportunity to commend Mr. Floyd Long, and staff members for their amazing work in providing COVID-19 testing of patients, staff and necessary quarantine to prevent an outbreak.

Ms. Henry noted that the facility investments in maintaining the connectivity of families and residents during COVID quarantine. The Wheelchair Charity Foundation donated iPads to connect families and patient via virtual calls. In addition, there were over 3,000 facetime calls and zoom meetings placed with the assistance of interpretation cards to provide effective communication. Lastly, the facility created a hotline number to update families about their loved one's daily care. Ms. Henry concluded her report by expressing gratitude to Dr. Katz, and the Health + Hospitals entire team for their tremendous accomplishments. She also requested a moment of silence for the 379,000 souls that lost their lives to the disease.

Mr. Nolan extended congratulations to Ms. Henry on her report and to Henry J Carter's team on accommodating the calls with family members and on securing the donations of the iPads.

NYC Health + Hospitals/Queens

Anthony D. Andrews, Jr., E.D., Chair to Queens Community Advisory Board stated his report has been submitted into the record.

Dr. Andrews highlighted that the COVID-19 cases are increasing in Queens, this was expected, and the facility has been preparing for this. The facility administration is equipped with the necessary PPE and education that was not necessarily the case in the first surge of COVID.

He further noted the facility is continuing to work on infrastructure and equipment upgrade and they recently received new CT scan machines.

Dr. Andrews mentioned there has been some complaints from patients that has cause pressure and stress, especially to Queens Hospital staff. The facility is focusing on the I-Care Customer Service model to address these issues and complaints.

Lastly, Dr. Andrews mentioned that Queens's hospital is among the high performers of televisit.

Mr. Nolan thank Dr. Andrews for his report and asked him to please provide specifics around concerns the hospital diverted resources and the performance of the televisit.

Dr. Andrews stated that there is no current concern about ensuring the hospital have the appropriate resources in place, however if it becomes an issue in the future, they will come back to the table to address. He also stated the providers has become proficient in the use of televisit and it is working well. Dr. Katz also stated that he agrees with Dr. Andrews on the importance of televisits and being able to connect quicker with his patients is always a positive outcome.

NYC Health + Hospitals/Woodhull

Ms. Julissa Hererra began her report by expressing gratitude for the amazing work of the entire Woodhull's medical and administrative team.

She recognized Woodhull have been preparing for the second surge of COVID-19 and acknowledge is has been a continuous process. The hospital in-patient and other medical surgical spaces created for the second surge remains in place. 70 beds were added to satisfy the governor's order to increase capacity by 25%. The major renovations around the hospital have eliminated the spaces used during the first surge, however the ER operations have been extended to the Express Care area, and this is functioning very well. The Ambulatory clinics are running at regular operation at about 90% visits are in-person and 10% are televisits. The clinic is now closed, and the staff will be deployed to the in-patient and emergency areas. At the moment elective surgeries have been cancelled and only emergent surgeries are performed.

In terms of behavioral health, volume and activity are less than the pre-COVID level, and relatively stable. Supplies are adequate and PPE are available to ensure the safety of Staff.

The hospital renovation continues to move forward, and a number of equipment have been upgraded. Major renovations, such as the emergency room are scheduled for February 2021. Elevators 7, 8, 9 are on schedule to be completed by June 2021. The kitchen warming systems, the outside gate repair project is scheduled to be completed early this year.

The board has heard a number of patient complaints in reference to wait time, issues with staff attitudes and property loss. Lastly, the community expressed concerns regarding specialty services not being available at Woodhull and patients being referred to Bellevue for care. There is also a shortage of staff that is currently being worked on.

Mr. Nolan thank Ms. Hererra for her report and asked if there were anyone from the capital unit within NYC Health + Hospitals that can provide an update on the capital projects listed on the report.

Follow up - Dr. Katz assured Mr. Nolan that Staff will follow up and inform the Committee on the progress of these projects.

Staff also assured the Committee that transportation is provided to patients who are referred to Bellevue for specialty care.

NYC Health + Hospitals/Kings County

Mr. Warren Berke, CAB Chair to Kings County Community Advisory Board began his report by stating there is lots of great projects being successfully implemented at Kings County including the creation of hot zone, cold zones, testing, vaccines, and ambulatory care transformation from phase 1 to phase 4. He commended the leadership for being dynamic and transparent during the process. Mr. Berke highlighted how the Community Advisory Board have successfully developed a coalition of organizations with Kings County Hospital background and the residents. In addition, there is immense collaboration with the elected officials, community boards and community stakeholders.

The infrastructure and equipment of the hospital continues to be upgraded for the safety of the patients and satisfaction. Mr. Berke stated there is an image problem and there is also a lack of marketing. He also raised that technological limitation of the community limits the participation in televisit. He noted that in the past the pharmacy area used to be a major concern, however, there has been significant improvements.

Mr. Nolan requested an example of concerns regarding profession and administrative customer services. Mr. Berke responded that a major concern is getting to the facility and the second is customer services and the treatment of patients, which create a fear and turn people away who are immigrants and who faces social determinant to health care.

NYC Health + Hospitals/Bellevue

Ms. Louise Dankberg, CAB chair at Bellevue Community Advisory Board presented her report by congratulating Mr. Hicks who was named number

41 in the City and State Power 50.

The Community Advisory Board members continue to encourage all elected officials to attend the monthly CAB meetings. This is an effort to build a stronger relationship with the district elected officials representing Bellevue.

In addition, three additional units opened for 38 ICU beds and negative pressure rooms. Bellevue performed more than 55,000 COVID test and turnaround time was less than 48 hours. Approximately over 17,065 COVID patients were treated and discharged. The staff in emergency, ICU and Patient Care have been vaccinated. The next step is to vaccinate the employees and volunteers, who are eligible for the vaccine.

In terms of infrastructure, renovation of the adult comprehensive psychiatric emergency program has been completed.

There have been many letters of compliments from patients regarding the quality of care provided at Bellevue. This is evident in the high patient satisfaction scores of 48 percentile and 52 percentiles for the hospital in despite of the pandemic. Lastly, Ms. Dankberg noted the continued partnership with Bellevue Auxiliary to offer Key Foods gift cards to all discharged patient with limited access to food.

Mr. Nolan provided his gratitude for Ms. Dankberg report and for the work of all the Community Advisory Board members and chairs.

OLD BUSINESS:

There being none.

NEW BUSINESS:

Mr. Nolan noted that the 2021 annual public meetings will be convene during March and April, the dates and locations will be published shortly. He admonished the CABs to participate in these meetings. He further noted that the next scheduled Community Relations Committee meeting will be held on March 2nd at 5:00 p.m.

ADJOURNMENT:

Meeting adjourned at 5:57 P.M

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc. Board of Directors Meeting - December 22, 2020
As reported by Ms. Sally Hernandez-Piñero

ADOPTION OF THE MINUTES

The minutes of the meeting of the Board of Directors held October 20th, 2020 were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

ACTION ITEMS

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

Approving a resolution honoring the extraordinary leadership and service of retiring member of the MetroPlus Board of Directors Lloyd A. Williams.

The Board of Directors thanked Mr. Williams for his service and wished him good luck on all of his future endeavors. Mr. Williams thanked the Board for this honor and stated that he would still remain a huge supporter of MetroPlus.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The second resolution was introduced by Mr. Ganesh Ramratan, Chief Information Officer.

Authorizing the Executive Director of MetroPlus to negotiate and execute a contract with Carahsoft Technology Corp to provide Salesforce CRM and Member/Provider Platform for a term of three (3) years with two ***options to renew solely exercisable by MetroPlus for an amount not to exceed \$9,727,165 for the entire 5-year duration.***

Mr. Ramratan stated that MetroPlus requires a Customer Relationship Management (CRM) system to help in consolidating systems and tools required for Customer Services, Sales & Marketing, Network Relations, and other business areas to elevate employee efficiency and increase member and provider satisfaction. A CRM system will allow the Plan to streamline member and provider engagement by bringing together cross-departmental goals such as resolving member & provider questions or complaints and closing gaps in care into a single interface. There was a brief discussion regarding the procurement process and vendor selection.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

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

Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"), to

authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlusHealth" or "the Plan") to extend the contract with Milton Samuels Advertising Agency, Inc. ("MSA") from the current end date of February 13, 2021 and to increase the spending authority by \$1,750,000 from the current not-to-exceed amount of \$19,100,000 to \$20,850,000.

Ms. Soman stated that the Plan seeks to extend its media buying/marketing contract with the current vendor, Milton Samuels Advertising (MSA), for 6 months. The current contract expires on February 12, 2021. The reasons for the extension were to provide time to conduct a Request for Proposal (RFP) process to obtain a new 5-year contract and to complete recruitment process for a new Chief Brand & External Relations Officer who will be an important part of the RFP process.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution for consideration by the NYC Health + Hospitals Board of Directors on January 28th, 2021.

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

Adopting the Annual Operating Budget and Expense Authority of the MetroPlus Health Plan, Inc. (the "Plan"), for Calendar Year 2021.

Ms. Leverich-Castaldo, Chief Administrative Officer and Acting Chief Financial Officer, read through the PowerPoint presentation.

Ms. Leverich-Castaldo reported that the 2021 annual budget was developed using current membership levels adjusted to reflect management growth expectations, premium income, reflective of projected marketplace trends for the 2021 fiscal year and medical expenses based upon most recent and expected trends. 2021 administrative and capital budget expense levels were developed by department managers and the Executive Staff based on their expected needs to meet volume and service changes for MetroPlus' existing lines of business. For 2021, the Plan is requesting expense authority for administrative functions in the amount of \$295.9 million and capital expenditures in the amount of \$8 million; a total of \$304.0 million.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The fifth resolution was introduced by Dr. Sanjiv Shah, Chief Medical Officer.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Council on the Environment, Inc. ("GrowNYC") to provide a Nutritional Supplemental Benefit for the Medicare Line of Business for a 1-year term for an amount not to exceed \$522,339 for the total 1-year term of the contract

Dr. Amanda Parsons read through the PowerPoint presentation. Dr. Parsons stated that CMS has approved MetroPlus adding a new supplemental benefit to its Medicare line of business as part of the 2021 bid. The benefit will provide eligible members with coupons that can be used to purchase healthy food (fresh fruits and vegetables) and is designed to support them in leading healthier lifestyles & managing chronic conditions. GrowNYC is the only qualified

partner given their unique ability to meet the requirements of MetroPlus.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The sixth resolution was introduced by Mr. Ramratan.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute a contract with Fidelus Technologies, LLC, ("Fidelus") to provide Information Technology managed services for a term of five years for an amount not to exceed \$1,805,000 for the total 5-year term of the contract

Mr. Ramratan stated that the Plan requires a Managed Services Provider (MSP) to monitor, manage and maintain all of its contact center, network and unified communications environment. Fidelus has been MetroPlus' MSP since 2017 after having been selected through a Negotiated Acquisition. Switching to any other solution will not only be expensive but will also interrupt the current workflow with the contact center and member communications.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The seventh resolution was introduced by Dr. Shah.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with VARIS, LLC to provide diagnosis-related group ("DRG") validation services for all lines of business for a term of three years with two options to renew for a 1-year term, each solely exercisable by MetroPlus, for an amount not to exceed \$700,000 per year.

Michael Martellacci, Director of Network Relations, gave the Board a detailed overview of the services that Varis provides. Varis is 65 percent woman-owned company and is eligible for MWBE status in New York City. At the request of MetroPlus, Varys has initiated the NYC MWBE certification process and has stated they meet all of the criteria and they expect to be approved.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

The eighth resolution was introduced by Mr. Robert Micillo, Chief Information Security Officer.

Authorizing the approval of the Cybersecurity Program of MetroPlus Health Plan Inc. ("MetroPlus").

Mr. Micillo gave a detailed PowerPoint presentation detailing MetroPlus' Cybersecurity Program, it's goals, what is protected and how it is done.

There being no further questions or comments. On motion by the Chairman of the Board, the Board approved the resolution.

CHIEF EXECUTIVE OFFICER'S REPORT

Dr. Schwartz's remarks were in the Board of Directors packet and a copy is attached hereto and incorporated by reference.

Ms. Lauren Leverich-Castaldo, MetroPlus' Chief Administrative Officer, provided the Board with a detailed overview of the Plan's current membership by line of business. Ms. Leverich stated that Plan's year to date membership has grown by 14 percent, driven primarily by MetroPlus' Medicaid and Essential lines of business. Child Health plus decline of 4.5 percent was experienced by all New York health plans due to parental eligibility changes.

Ms. Leverich-Castaldo gave the Board an update on COVID-19 testing. Though November 2020, there were 4,369 distinct admissions that were identified with confirmed/suspected cases of COVID-19, out of which 413 hospitalized members expired.

Ms. Leverich-Castaldo, in her role as Acting Chief Financial Officer, reported on the Plan's financial performance through September 30, 2020. Administrative expenses of \$183.7 million through September were \$32.4 million, or 15 percent under budget. Personnel Service (PS) costs of \$95.2 million were \$16.9 million or 15 percent under budget due to 218 vacant positions. Other than Personnel Services (OTPS) expenses of \$88.5 million were \$15.4 million under budget due to reduced spending in clinical services, analytics, marketing services, fulfillment, postage, administrative fees, training costs, lease of space, travel, legal fees and licenses.

Ms. Leverich-Castaldo stated that the New York State budget deficit of more than \$14.5 billion has caused uncertainty to Plan rates. In the Medicaid line of business, the April 2020 rate decrease of 1 percent compared to the January 2020 rate has a negative \$15 million impact. In the HARP line of business, the April 2020 rate increase of 3 percent compared to the January 2020 rate has a positive \$8 million impact.

Ms. Leverich-Castaldo reported that the Risk Corridor settlement has been funded by the Federal government. The settlement is for years 2014 through 2016 for the QHP line of business.

Dr. Sanjiv Shah, MetroPlus' Chief Medical Officer, provided the Board with a review on the Plan's engagement with Marwood Group Consulting. Marwood was engaged to develop a strategic plan to increase membership, provider engagement and to support retention in key lines of businesses. Marwood was able to identify lines of businesses with potential for membership growth, provide suggestions related to reducing loss of membership and evaluate benefit enhancement for certain lines of businesses. The key next steps for the Plan are to build a three year strategic plan that includes membership growth, retention and improving current and gaining new partnerships.

Dr. Shah reported on the transition of behavioral health (BH) from an outside vendor to in-house. On November 19, 2020, the NYC Health + Hospitals Board of Directors approved the Beacon contract extension and additional funding for

the contract through September 30, 2020. Currently the Plan is waiting for approval of the extension from the New York State Department of Health (NYSDOH). The Plan is in the midst of network development which includes increasing staffing for network build. The network must be submitted to NYSDOH by April 2021.

Dr. Schwartz advised the Board of the new Minority and Women-Owned Business Enterprise Program (MWBE) policy at MetroPlus. As of October 15th, 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. The Plan is finalizing its new MWBE policy and procedure requiring that all new contracts that require MetroPlus' Board approval will comply with 30% MWBE certified contracting. While the policies are being finalized, this requirement has been already put into effect.

There being no further business Ms. Hernandez- Piñero adjourned the meeting at 3:57 P.M.

**MetroPlus Health Plan, Inc. Executive Committee Meeting - January 8, 2021
As Reported by Sally Hernandez-Piñero**

CHAIRPERSON'S REMARKS

Ms. Hernandez-Piñero opened the meeting and advised the Committee that the meeting was being held to review a proposed resolution for Vallencia Lloyd's nomination to the MetroPlus Board of Directors to be submitted to New York City Health and Hospitals Corporation ("NYC Health + Hospitals") in late January. Dr. Schwartz advised the Committee that the meeting was also being held to review two additional resolutions, one for Legal Services and one for Third Party Health Insurance (TPHI) identification and recovery services.

ACTION ITEMS

The **first** resolution was introduced by Ms. Hernandez-Piñero.

Approving the submission of a resolution to be presented to the New York City Health and Hospitals ("NYC Health + Hospitals") Board of Directors to nominate 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.

Ms. Hernandez-Piñero asked the Committee if they had any questions. Mr. Siegler asked about Ms. Lloyd's bio and there was a brief discussion with Ms. Hernandez-Piñero about Ms. Lloyd's background in managed care.

There being no further questions or comments. On a motion by the Chairman of the Board, the Committee approved the resolution for consideration by the NYC Health + Hospitals Board of Directors on January 28th, 2021.

The **second** resolution was introduced by Ms. Raven Ryan-Solon, Chief Legal & Compliance Officer.

Authorizing the submission of a resolution to the Board of Directors of the New York City Health and Hospitals ("NYC Health + Hospitals"), to authorize the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus") to negotiate and execute contracts with three (3) law firms to provide legal services on an as-needed basis for MetroPlus. The firms are Greenberg Traurig LLP, Manatt, Phelps & Phillips LLP and Sheppard, Mullin, Richter & Hampton LLP. The contract shall be for a term of 3 years with two options to renew for a 1-year term each, solely exercisable by MetroPlus, for a cumulative amount not to exceed \$400,000 per year.

Ms. Ryan-Solon read through the PowerPoint presentation.

Ms. Ryan-Solon stated that more than one firm was chosen to avail MetroPlus of increased legal expertise in specific areas, giving MetroPlus the option to choose. The effective date of these agreements would be February 1st, 2021 and the pooled not-to-exceed amount between the three (3) firms is \$400,000 per year. MWBE waivers of 30% were submitted by all three (3) firms. EEO and PASSPort applications are in process for all three (3) firms.

Ms. Hernandez-Piñero asked if the Greenberg Traurig contract from 2016-2021 had the same scope of work or an expanded scope of work from what the Plan has for 2021. She also asked if MetroPlus was previously paying \$400,000 but expanded its scope of work, is the Plan paying enough to cover the expanded scope of work that it has now. Ms. Ryan-Solon stated that the current scope of work is consistent with previous years and the \$400,000 annual amount is the allocated available budget that was not reached in 2019 or 2020 and believes this annual budget is sufficient, regardless of the number of firms that MetroPlus has contracted. The only difference in the current proposal's scope of work is that it provides emphasis on the ability to perform potential False Claims Act and other Fraud, Waste & Abuse (FWA) defense programs which can occasionally cost a higher amount for services with that level of expertise. Given that MetroPlus has not reached \$400,000 annually in the past for legal services, and it does not expect to need that level of service moving forward.

Dr. Schwartz added that MetroPlus will have more need for legal services due to entering into more value-based payment (VBP) arrangements. The Plan left the budgeted amount the same because it just hired a new Deputy General Counsel (DGC), which it did not have in the past. So, MetroPlus will have a dedicated legal entity to help it with the legal matters. If the Plan had not hired someone for the DGC position, then it probably would have increased the amount. Thinking is that now the DGC can take on the more day to day issues and escalate the more complicated issues to the law firms. Therefore, \$400,000 annually should be sufficient. Ms. Hernandez-Piñero acknowledged in agreement.

Mr. Siegler noted that two (2) of the firms are on retainer for NYC Health + Hospitals and Ms. Andrea Cohen, General Counsel for NYC Health + Hospitals, was on the selection committee for this proposal. Mr. Siegler asked if Greenberg Traurig will be used for anything involving or that touches on NYC Health + Hospitals, how does the Plan navigate that. Ms. Ryan-Solon stated that would be navigated on a case by case or issue basis. MetroPlus has had a history of utilizing, when it did not have more than one counsel, if it needed to it would utilize the counsels on retainer for NYC Health + Hospitals.

MetroPlus makes sure that it documents the comfort of both parties or if it did need to utilize one of the firms that were the same, that the firm has implemented the appropriate protocols inside their firm to ensure that there is no overlap in who is working on the MetroPlus aspects versus the NYC Health + Hospitals aspects. Firms are very familiar with this type of situation and have all of the controls in place, because they can often find themselves in that type of situation. Ms. Hernandez-Piñero noted that with two new firms, MetroPlus would expect to have flexibility. Ms. Ryan-Solon acknowledged in agreement.

Dr. Schwartz stated that the firms have employed people that specialize in health insurance plans. Thus, the Plan expects to be working with those attorneys who specifically know MetroPlus' business. Mr. Siegler noted that MetroPlus and NYC Health + Hospitals can be jointly represented, and these are good law firms.

There being no further questions or comments. On a motion by the Chairman of the Board, the Committee approved the resolution for consideration by the NYC Health + Hospitals Board of Directors on January 28th, 2021.

The **third** resolution was introduced by Ms. Lauren Leverich-Castaldo, Chief Administrative Officer and Acting Chief Financial Officer.

Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with Health Management Systems, Inc. ("HMS") to provide third party health insurance (TPHI) identification and recovery services for a term of three years with two 1-year options, solely exercisable by MetroPlus, for an amount not to exceed \$6,690,708 for the total 5-year term.

Ms. Leverich-Castaldo read through the PowerPoint presentation.

Ms. Leverich-Castaldo stated the existing third party health insurance (TPHI) contract for identification and recovery services was through an RFP in 2016 and expires on February 28th, 2021. The Plan is looking for a vendor to help MetroPlus maximize the cost savings by helping to ensure that Medicaid is the payer of last resort. This vendor will enhance MetroPlus' cost avoidance efforts by providing validated insurance records from other primary insurance and perform a pay and chase recovery by engaging with primary insurance carriers, worker's compensation or other providers in the case where Medicare is primary. Ms. Leverich-Castaldo explained how the RFP selection committee for the RFP was comprised of a multi-disciplinary team. MetroPlus is looking for a vendor with a strong and quality experience in the TPHI realm, particularly in New York State. Ms. Leverich-Castaldo read through the RFP's minimum criteria and evaluation criteria as listed in the slides. Ms. Leverich-Castaldo noted in the overview of procurement that Health Management Systems (HMS) received the highest of the overall scores and is also the dominant player in New York Medicaid in comparison to the other 2 vendor proposals that were under consideration. There are fourteen (14) out of fifteen (15) New York Managed Care Organizations (MCO) that are contracted with HMS. HMS has the longest and most proven track record in terms of experience and expertise. This was a major differentiator along with the national eligibility database that HMS maintains. HMS has data exchange agreements with over 1,200 entities.

Ms. Leverich-Castaldo described the statement of work (SOW) as consisting of two major items. Existing Services which are post pay recoveries, where HMS has been billing the primary insurance carrier on MetroPlus' behalf since 2012. MetroPlus added workers compensation in 2016 and Medicare Disallowance in 2018. The New Services are for cost avoidance. Ms. Leverich-Castaldo noted that MetroPlus recently implemented the third party health insurance (TPHI) identification record program in Q4 of 2020. MetroPlus plans on continuing the existing services and the newly established services going forward.

Ms. Leverich-Castaldo reported that the financial summary is what MetroPlus anticipates based on HMS' track record. HMS' fee structure remains unchanged from their current cost. The fiscal year 2020 spend was approximately \$978,000. MetroPlus anticipates that spend will increase year over year in line with increased membership and claim expense. For post pay recoveries, MetroPlus only pays a contingency fee based on what HMS recovers and is the same as what is in its current contract. For proactive cost avoidance, or TPHI identification records, there is a flat fee per record. Since this program was just implemented, MetroPlus is conservatively estimating a 2.6 ROI (\$200 savings per record). HMS has stated that the savings could be higher. The amount of post pay recoveries should decrease as The Plan cost avoids upfront. As MetroPlus maintains mature data, it will be able to calculate the actual ROI to report to the Board. Other factors will include future membership, increased claim expense and additions to new lines of business. MetroPlus is looking to add dental services to the recovery portfolio in the new contract.

Ms. Leverich-Castaldo stated that HMS has submitted a 30% Minority & Women-Owned Business Enterprise (MWBE) utilization plan using their current contract with Broadleaf Results, Inc., who is NY State WBE certified. Broadleaf provides HMS with talent management services and audits HMS' compliance in the COB arena. Ms. Leverich-Castaldo read through the request for Board approval as documented in the slide.

Ms. Hernandez-Piñero asked if MetroPlus had a program before, or if it is just starting to use one now. Ms. Leverich-Castaldo explained that the Plan had a program in place before and now it is are going to add to the program. Prior to this, the program was a post review of the Plan's claims payments and HMS would chase after the claim and charge MetroPlus a fee. Now the Plan is doing it on a prospective basis where MetroPlus pays per record when HMS finds a member that has a third party insurance for the Plan and loads into its system.

There being no further questions or comments. On a motion by the Chairman of the Board, the Committee approved the resolution.

There being no further business Ms. Hernandez-Piñero adjourned the meeting at 2:35 PM

HHC Capital Corporation Semi-Annual Meeting - January 28, 2021 As Reported by: Freda Wang
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Ms. Freda Wang chaired the meeting of the HHC Capital Corporation Board of Directors (the "Board"). Andrea Cohen, Secretary of the HHC Capital Corporation, kept the minutes thereof.

Call to Order:

The semi-annual HHC Capital Corporation meeting was officially called to order at 1:04 p.m. by Ms. Wang.

Minutes:

Ms. Wang asked that the minutes be voted on after the presentation. Ms. Wang then introduced Ms. Linda DeHart to provide an update to the Board. Ms. DeHart referred to the HHC Capital Corporation Semi-Annual Meeting presentation to update the Board.

HHC 2020 Series A Bonds Issuance (page 1):

Page 1 of the presentation provides a summary of NYC Health + Hospitals' (the "System" or "H+H") 2020 Series A Bonds issuance ("2020 A"). Ms. DeHart reported that the System issued \$310.2 million of tax-exempt, fixed rate bonds on January 5th, 2021, with an all-in interest rate of 1.79%, and achieved net present value savings of 18.8% or \$60.5 million through fiscal year 2024. Ms. DeHart indicated that with this issuance, the System refunded all of the 2008 Series A and 2010 Series A bonds, and provided \$100 million dollars to finance new capital projects. Ms. DeHart reported that the 2020 A bonds pricing exceeded expectations despite that H+H's ratings were downgraded by two rating agencies in concert with downgrades to the City of New York's (the "City") rating. The 2020 A bonds received orders for almost five times available bonds or \$1.5 billion, of which \$387 million were from retail investors.

Ms. DeHart also reported that with the issuance of the 2020 A bonds, the Amended and Restated General Resolution adopted by H+H's Board of Directors, that modernized the authorizing and governing documents for H+H's bond financing program, were approved by a majority of H+H bond holders.

HHC 2020 Series A Bonds Issuance (page 2):

Page 2 of the presentation provides a snapshot of the 2020 A bonds financing statistics and the bond debt service requirements graph. Ms. DeHart pointed to the total bond debt service requirement graph and explained that the refunding provided H+H with over \$20 million savings in debt service per year for fiscal year 2022 to 2024.

HHC 2020 Series A Bonds Issuance (page 3):

Page 3 of the presentation provides a snapshot of the 2020 A bonds new money planned uses. Ms. DeHart reported that approximately \$100 million was issued for new capital projects, of which roughly 75% is for infrastructure projects and 25% is for medical and lab equipment purchases. Ms. DeHart also pointed out the project allocation breakout by facility.

HHC 2020 Series A Bonds Issuance (page 4):

Page 4 of the presentation shows a picture of a marquee at Times Square. Ms. DeHart pointed out that H+H's lead underwriter, Morgan Stanley, graciously celebrated the successful pricing of 2020 A bond deal on the marquee of their building, and the recognition of H+H's service to all New Yorkers.

HHC Outstanding Bond Portfolio (page 5):

Page 5 of the presentation provides a snapshot of H+H's current outstanding bonds portfolio, including the 2020 A bonds, the distribution between variable and fixed rate bonds, and the details of the letters of credit supporting the variable rate bonds. Ms. DeHart indicated that approximately 76% are fixed rate bonds

and about 24% are variable rate bonds. The variable rates bonds were supported by letters of credit from TD Bank and JPMorgan Chase Bank, which expire in 2023 and 2022, respectively. Ms. DeHart also noted that since inception, these variable rate bonds are estimated to have generated approximately \$65 million of savings compared to what the cost would have been if these bonds had been issued as fixed rate.

HHC Bonds - Issuance History (page 6):

Page 6 of the presentation provides a history of bond issuances by the System. Ms. DeHart noted that there are about \$553 million of bonds outstanding, and the newly issued 2020 A bonds comprise the largest of the existing bond portfolio.

Construction Fund Balance on the 2010 Bonds (page 7):

Ms. DeHart described page 7 which shows that snapshot of the HHC Series 2010 construction fund. Ms. DeHart reported that the 2010 bonds construction fund were completely depleted and closed out.

2010 Series A Bonds - Arbitrage Rebate (page 8):

Referring to page 8 Ms. DeHart explained that arbitrage rebate liability is required to rebate to the IRS when interest earnings on bond proceeds exceeded the tax-exempt bond yield (i.e. issuers are not allowed to make any profit when borrowing in tax-exempt debt).

Ms. DeHart informed the Board that H+H's 2010 Series A bonds incurred no arbitrage rebate liability on its 10th bond year.

Short Term Financing Program (pages 9-10):

Ms. DeHart explained that in addition to the bond program, H+H also have two short-term bank loans that provided funding for short-term projects, to bridge the gap between bond issuances. Ms. DeHart indicated that the \$60 million JPM fixed rate loan matures in July 2022, and the outstanding loan balance is \$18.6 million. The JPM loan was fully encumbered and vouched.

Ms. DeHart also indicated that the Citibank loan has two pieces, a \$30 million fixed rate loan that matures in November 2022 and a \$30 million variable rate loan matures in October 2023. The combined outstanding loan balance for the Citibank loan is \$34.4 million. There is approximately \$4 million remaining unencumbered for the Citibank loan, but certain projects were identified for this remaining balance.

Discussion:

Several Board Members commended the entire Finance team for work well done on the bond financing. Ms. DeHart acknowledged that the Finance team were heavily supported by many departments, especially Legal, Comptroller's Office, Office of Facility Development (OFD), and Mr. Siegler.

There was a brief discussion on H+H preparedness in today's challenging environment due to COVID-19. A question was asked, and confirmation was provided, that the new money borrowed would be for new urgent capital projects identified by OFD working with all the facilities. There was a question about H+H bond rating, and Ms. DeHart confirmed that H+H's ratings is strongly linked to the City's rating due to the substantial support the City provided to H+H.

Minutes:

Ms. Wang asked for a motion to adopt the minutes of the previous meeting that

was held on September 24, 2020. The Board unanimously adopted the minutes.

Adjournment:

There being no further business before the Board, Ms. Wang adjourned the meeting at 1:30 p.m.

CORONAVIRUS UPDATE

Second wave surge response -- The 11 acute care hospitals continue to perform exceptionally well as COVID-19 cases and hospitalizations increase around the city. The System's COVID-19 census has increased steadily since early November, with our facilities surpassing 400 COVID-19 positive patients on January 1 and 600 this week. The steady, linear increase (rather than the exponential increase we saw back in the spring) - has made this surge much different and more manageable. About 20-25% of the system's COVID-19 positive patients have needed care in our ICUs. Overall, the acuity of patients in this surge is lower than in the spring and this, combined with new therapeutics and other interventions, has reduced mortality significantly.

We continue to build upon the System's successful patient level loading between facilities that we began in the spring, and have transferred nearly 500 patients between our facilities since November. This is in addition to the hundreds of regular transfers of patients requiring complex care to our tertiary care facilities. This steady movement of patients has helped the System manage capacity as facilities convert units to COVID-19 only units or move into the additional surge spaces that are part of our plan.

While we continue to serve large numbers of non-COVID-19 patients, our facilities have reduced in person ambulatory care visits and non-emergent surgeries to manage the surge. We have redeployed staff from ambulatory care, perioperative services, and Central Office to help our hospital teams manage the increasing volume of COVID-19 patients.

The System has also deployed extensive new data and analytics tools to plan for and respond to this surge. In addition to daily huddles with planning and logistics leadership, we have a regular Wednesday morning system-wide incident management briefing to share intelligence and plans for the week ahead. Weekly COVID-19 staff town halls, live webinars, extensive web content, and internal communications have been important to informing and engaging the workforce in this critical surge effort.

COVID-19 Vaccine -- NYC Health + Hospitals began administering COVID-19 vaccine across all 11 of our acute-care facilities starting Wednesday, December 16th and quickly expanded vaccination efforts to include 7 NYC Health + Hospitals Gotham Health centers and 2 vaccination sites run by our NYC Test & Trace Corps. We expanded hours of operation to provide overnight appointments at our Gotham Health, Vanderbilt center on Staten Island, and in the mass vaccination sites at the Brooklyn Army Terminal and Bathgate locations. We are now preparing to open another mass vaccination site at CitiField soon.

But, as the Mayor and Governor announced last week, vaccine supplies have been dwindling. As a result, several vaccination centers across the City had to postpone appointments last week, including NYC Health + Hospitals facilities. We had to postpone some appointments for a few days through Tuesday of this week and are contacting those patients to reschedule. Thankfully we did get an additional supply that will allow us to bring back those patients and offer them priority slots for this week and next. But supplies are still limited and we can only plan week to week. We continue to prioritize vaccinations to our workforce

and our most vulnerable patients over 65, and continue to offer second doses as scheduled.

We remain hopeful that this will be a temporary situation and that the State and Federal governments will coordinate efforts to allocate additional doses to our public hospitals and health centers so we can continue to vaccinate as many eligible people as possible, particularly the most vulnerable New Yorkers under our care.

NYC Test & Trace - With the help of the NYC Health + Hospitals Test & Trace Corps, New York City has performed more than 100,000 tests in a single day on multiple occasions. Our team of 4,000 contact tracers is reaching 85% of all new cases - more than any other jurisdiction we are familiar with across the country. Despite being in a second wave resurgence of cases, we're completing interviews with 77% of all new cases, and 98% of cases that complete our intake, report having not left their home since they last spoke with us - some of our best metrics since the program began. In addition, the NYC Test & Trace Corps has opened two 24/7 COVID-19 vaccination sites - at Bathgate in the Bronx and in the Brooklyn Army Terminal.

FINANCE UPDATE

Through November, the health system had a positive net budget variance of \$269M (+5%), with patient care receipts exceeding the budget by \$202 million. Remarkably, patient care receipts are \$353 million better than last year due to increased patient acuity, higher rates, and the continued success of our revenue improvement initiatives. We closed November with \$430 million cash-on-hand but took steps in December and January to strengthen our position and anticipate closing January with approximately \$600 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.

Consistent with our Memorandum of Understanding, the City has transferred approximately \$310 million to support Test & Trace Corps spending commitments through November. The MOU has also been updated to include costs associated with vaccine distribution.

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. However, Senator Schumer and the Biden Administration have agreed that our costs will be covered at a 100% Federal matching rate, eliminating any cost sharing contribution the System would have to make.

The COVID-19 cost estimate associated with the first wave and subsequent response continues to be estimated at \$1.6 billion. Through November, the System has paid out \$1.4 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.

METROPLUS RECEIVED TOP RATINGS FOR MEDICAID HEALTH PLANS IN NYC

MetroPlus Health Plan received five-star ratings for their Medicaid and Child Health Plus plans in the State Department of Health's latest 2020 Plan Performance report, released earlier this month. MetroPlus earned the coveted

5-star rating by its membership in a number of categories and an overall rating of 5 stars, the highest possible score. More stars mean better health care. The health plan's top ratings included 5 stars in the clinical areas of Cardiovascular Care, Diabetes Care, Child and Adolescent Care, and Adult Care. This is really great news to our more than 600,000 MetroPlus members and reflects an excellent network of providers who put quality and patient satisfaction first.

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. For the time period October 1, 2020 through December 31, 2020, the System entered into two new emergency agreements: one agreement for transportation services to move COVID-19 test kits to the testing sites throughout New York City on an as-needed basis, and one agreement for family support and child care services related to COVID-19. In addition, the Office of Facilities Development issued five work orders to continue facility infrastructure updates supporting critical care units and related services as well as for the three new COVID Centers of Excellence. These agreements and work orders have a maximum authorized spend of \$22,628,319.

HEALTH SYSTEM NEWS

['Labor Hero 2020' Award Presented to Dr. Mitch Katz by the Organization of Staff Analysts - in Recognition of all system employees who helped with COVID-19 response](#)

[NYC Test & Trace Corps Expands Rapid COVID-19 Testing on Mobile Units to Reach Communities Most in Need](#)

[NYC Health + Hospitals Further Expands Telemedicine Services](#)

[Mayor Announces 24/7 Mega Vaccination Site at Citi Field - Operated by NYC Health + Hospitals Test & Trace Corps](#)

[NYC Health + Hospitals Launches "Psych DOCS4NYC" Campaign to Recruit More Psychiatry Providers](#)

[NYC Health + Hospitals First Baby of 2021 Born at NYC Health + Hospitals/Coney Island](#)

[NYC Test & Trace Corps Launches Rapid Covid-19 Testing on Mobile Units](#)

[NYC Test & Trace Corps Partners With Reach Out And Read Of Greater New York To Provide Free Books And Literacy Resources For Families In Take Care Program](#)

[NYC Test & Trace Corps Launches Rapid Covid-19 Testing At JFK Airport's Terminal 5](#)

[NYC Health + Hospitals Administers First COVID-19 Vaccines](#)

[NYC Health + Hospitals Launches Website to Honor Heroic Workforce's Response to the COVID Pandemic](#)

[NYC Test & Trace Corps Sets New Record of 500K Covid-19 Tests in a Single Week](#)

RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the “System” to sign a five-year contract with **Surgical Solutions, LLC** (the “Vendor”) **for technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support** with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential seven-year term in the amount of \$50,551,595.55 with a 5% contingency of \$2,527,579.78 for a not-to-exceed total \$53,079,175.33

WHEREAS, the System benefits from having a contractor provide technical support in the System’s laparoscopic and endoscopic procedures es; and

WHEREAS, in 2015 the System contracted with the Vendor to supply and maintain laparoscopic and endoscopic equipment and disposable parts as well as providing technical staff to support laparoscopic and endoscopic procedures in exchange for a per procedure fee paid by the System to the Vendor. The term of the original agreement was for six years with the agreement expiring on August 6, 2021;

WHEREAS, with the approval of the Contract Review Committee, the System issued a Request for Proposals for the desired services, received four proposals that were evaluated by an evaluation committee that rated the Vendor to be the company that will provide the System the best and most cost-efficient service; and

WHEREAS, the proposed agreement with the Vendor will be substantially restructured such that the System directly procures all laparoscopic and endoscopic equipment and disposable parts as well as the necessary maintenance services with the Vendor providing technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support at a fixed monthly rate; and

WHEREAS, the Senior Vice President for Supply Chain Services will manage the proposed contract.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to sign a five-year contract with Surgical Solutions, LLC for technician support for laparoscopic and endoscopic procedures, scope management, reprocessing and consultative support with two one-year options to renew the contract exercisable only by the System and with the total cost of the contract over its full potential seven-year term in the amount of \$50,551,595.55 with a 5% contingency of \$2,527,579.78 for a not-to-exceed total \$53,079,175.33.

**EXECUTIVE SUMMARY
AWARD OF CONTRACT TO
SURGICAL SOLUTIONS, LLC FOR
TECHNICIAN SUPPORT FOR LAPAROSCOPIC AND ENDOSCOPIC PROCEDURES**

BACK-GROUND: Laparoscopic and endoscopic procedures require specialized equipment including some that is reused and some that is disposable. If such equipment is not reliably supplied and readied for each procedure, patient appointments have to be cancelled with adverse impacts on patients and physician efficiency. Because of this, the System contracted with the Vendor in 2015 to supply the necessary equipment, maintain such equipment and support System physicians with specialized technicians. Because of the work of the Vendor, the System has been able to greatly increase the number of laparoscopic and endoscopic procedures thereby increasing patient services and improving physician productivity. The agreement with the Vendor is expiring which allowed the System to test the market and consider further refinements in the structure of the services.

PROCUREMENT: An RFP was issued in September 2020. It was posted in the City Record. Four firms responded with proposals. A large evaluation committee with representation from physicians, administrators and technicians who perform or support laparoscopic and endoscopic procedures across the System graded the four proposals based on experience, their technical proposal, cost and MWBE participation. The committee gave the highest scores to Vendor. The CRC approved the selection of the Vendor in early December.

TERMS: Instead of the prior structure where the Vendor obtained all equipment through equipment leases and passed the cost through to the System, in the restructured agreement, the System will source all necessary equipment directly together with any necessary maintenance. The Vendor then will only provide specialized technicians to support the actual laparoscopic and endoscopic procedures and assist with the management of the procedures. The monthly fee will start at \$575,261.00 and by the 7th year of the Term will have increased to \$629,015.27.

FUNDING: All expenses are OTPS and will be paid from operating funds.

MWBE: Vendor is self-performing through employees 94% of the work under this agreement. Vendor has committed the remaining 6% to MWBE vendors. Vendor will recruit 100% of candidates for its staff positions via MWBEs representing \$700,000.00 over 7 years (based on turnover rate). Vendor will use Rangam, a global and national staffing solutions provider for over 15 years with a focus on diversity which utilizes technology to promote meaningful employment for everyone inclusive of people with autism, various disabilities, ([SourceAbleTM](#)), and veterans ([SourceVetsTM](#)) as well as Greenlife Healthcare Staffing which is a National organization, primarily focused on recruiting healthcare professionals for over 30 years. Additionally, it will subcontract its educational and training functions representing about \$2,500,000.00 over 7 years to MWBE firm, TYW Consultants.



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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: Surgical Solutions, LLC

Date: January 26, 2021

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
5% 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.

Surgical Solutions Procedure Technician Management

Application to Enter into Contract

**Board of Directors Meeting
February 25, 2021**

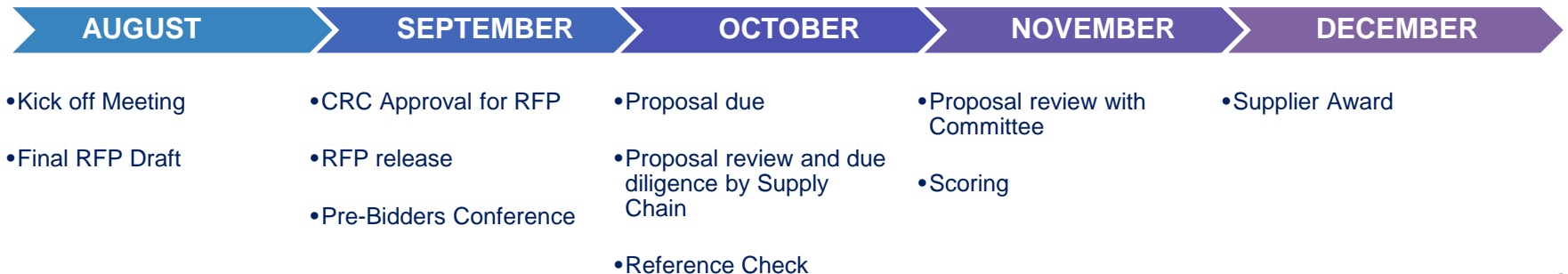
**Chris Roker – Chief Growth Officer – CEO - Metropolitan
Manish Parikh, MD – Service Line Chief of Peri-Op
Gerald Villanueva, MD – Service Line Chief of GI
Joe Wilson – Sr. AVP Supply Chain – Central Office**

Background /Current State

- In 2015, NYCH+H entered into an agreement with Surgical Solutions for procedure technician support for laparoscopic and endoscopic procedures. Currently, they support all Acute Care locations.
- Cost is based on a fee per procedure. The fee per procedure includes technician coverage 24/7, equipment leasing, repair, and disposables.
- Current program includes 76 dedicated onsite techs, management team who bring industry expertise and support with regulatory surveys.
- Surgical Solutions currently supports 50,000 laparoscopic and endoscopic cases annually.
- The contract expires August 6, 2021.
- Annualized spend with Surgical Solutions is \$11,553,398.15.

Overview of Procurement

- In 2020, NYCH+H issued a RFP to procure a vendor who can provide procedural technicians to cover all lap and endo procedures 24/7 for the Acute Care Hospitals.
- Vendor must possess knowledgeable management team to provide guidance with infection prevention, capital planning, operational excellence, and continuing education for the technicians.
- Scope of work
 - In scope: technician support for laparoscopic and endoscopic procedures, scope management, reprocessing, consultative support.
 - Out of scope: Scope lease, repair, or disposables
- Cost structure moved from fee per procedure based to a fixed monthly rate per technician.
- Four suppliers responded who met the minimum requirements to the RFP: Crothall Healthcare, Olympus, Stryker, and Surgical Solutions.



New Cost Structure

- New model provides cost transparency and ownership for each cost element.
- NYCH+H will be able to exercise its greater purchasing power with the \$4,031,741.64 for equipment and disposables to ensure newer technology and better serviced equipment.

CURRENT STATE

Surgical Solutions

Staffing

Equipment

Maintenance/Loaner

Disposables

Cost per procedure
Annualized spend:
\$11,553,398.15

FUTURE STATE

Surgical Solutions

Technician support
Scope management
Reprocessing
Consultative support

Fixed rate per Tech
Annual spend:
\$7,521,656.51

Contracted Supplier

Equipment

Maintenance/Loaner

Contracted Supplier

Disposables

Scope and Disposables
Annualized spend:
\$4,031,741.64

NYC HEALTH+ HOSPITALS Evaluation Committee & Scoring

Criteria	Weight	Surgical Solutions
1) Program Management/ Account Team	40%	11.2
2) Cost of Proposal	25%	7.75
3) Work history/References	25%	8
4) MWBE	10%	3.2
	100%	30.15

- Evaluation Committee:
 - One Acute Care facility CEO
 - One Acute Care facility Physician Assistant
 - Perioperative Services
 - Gastroenterology Services
 - Infection Prevention
 - Nursing
 - Human Resources
 - Finance

Surgical Solutions is self-performing through employees 94% of the work under this agreement. They have committed the remaining 6%, \$3,200,000.00 to MWBEs vendor.

Recruiting Firms

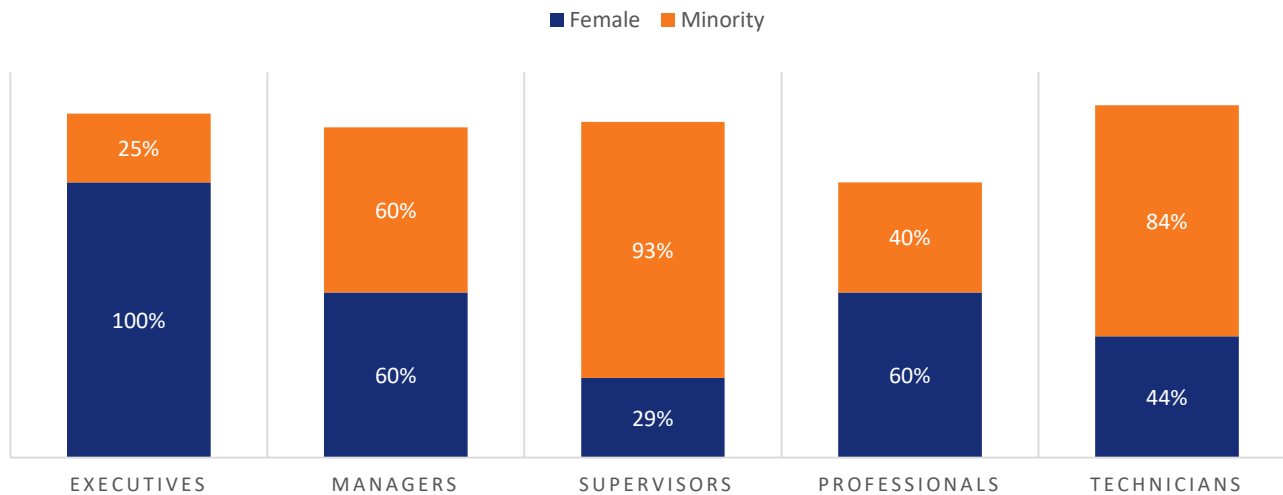
- Recruit 100% of candidates via MWBEs
- \$700,000.00 over 7 years (based on turnover rate)
- **Rangam-** Global and national staffing solutions provider for over 15 years with a focus on diversity. Utilizes technology to promote meaningful employment for everyone inclusive of people with autism, various disabilities, ([SourceAbleTM](#)), and veterans ([SourceVetsTM](#)).
- **Greenlife Healthcare Staffing-** National organization, primarily focused on recruiting healthcare professionals for over 30 years

Clinical advisory services, clinical education services, and operational advisory services

- \$2,500,000.00 over 7 years
- Surgical Solutions will subcontract its educational, clinical, and training services to a MWBE firm, TYW Consultants LLC.

Workforce Diversity

SURGICAL SOLUTIONS



Title	Total	Female	Minority
Executives	4	100%	25%
Managers	5	60%	60%
Supervisors	14	29%	93%
Professionals	5	60%	40%
Technicians	54	44%	84%

Vendor Performance Evaluation

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

Board of Directors Approval Request

- Supply Chain is seeking approval to enter into contract with Surgical Solutions for technician support, scope management, reprocessing, consultative support.
- Term for five years with two-one year options at the sole discretion of NYC Health + Hospitals.
- Agreement will allow termination for convenience in part or whole by NYC Health + Hospitals.
- Total contract value: \$50,551,595.55
- 5% contingency: \$2,527,579.78
- Not to exceed: \$53,079,175.33

Fiscal Year	Amount
FY22	\$ 6,903,132.00
FY23	\$ 7,006,678.98
FY24	\$ 7,111,779.16
FY25	\$ 7,218,455.85
FY26	\$ 7,326,732.69
FY27	\$ 7,436,633.68
FY28	\$ 7,548,183.19
Total	\$ 50,551,595.55
5% Contingency	\$ 2,527,579.78
Grand Total	\$ 53,079,175.33

RESOLUTION – 03

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a Customer Installation Commitment (“CIC”) **with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”)** for an amount not-to-exceed \$8,212,020, including a 10% contingency of \$597,318, for the planning, design, procurement, construction, construction management and project management services necessary for energy efficiency upgrades (the “Project”) at NYC Health + Hospitals/Queens (the “Facility”).

WHEREAS, DCAS has made a series of agreements with NYPA for NYPA to manage energy saving projects in City-owned buildings in which the System, with other non-Mayoral agencies, participates; and

WHEREAS, under the NYPA-DCAS agreements, individual energy savings projects are committed and documented through CICs, which function similarly to work orders off of a requirements contract; and

WHEREAS, in September 2014, the City mandated an 80% reduction in greenhouse gas emissions in City-owned properties by 2050, managed by Division of Energy Management DCAS; and

WHEREAS, the City has allocated funding under the Accelerated Conservation and Efficiency (“ACE”) program for energy savings projects at City-owned facilities in line with the PlaNYC initiative; and

WHEREAS, NYC Health + Hospitals has determined that it is necessary to address the proposed energy efficiency measures at the Facility by undertaking the Project at a not-to-exceed cost of \$8,212,020 to improve the reliability of its systems and enhance the comfort and safety of the building’s occupants; and

WHEREAS, NYPA has bid the Project under a design-build contract pursuant to the New York City Public Works Investment Act and has determined that it will cost \$8,212,020; and

WHEREAS, the Project cost will be funded under PlaNYC ACE initiative (\$5,979,244) and City’s General Obligations Bonds (\$2,232,776); and

WHEREAS, the Project will produce a total annual energy savings to the Facility of 1,482,185 kilowatt hours of electricity, and 213,322 therms of natural gas; and

WHEREAS, the overall management of the construction contract will be under the direction of the Sr. Vice President – Facility Administration.

NOW THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation is hereby authorized to execute a Customer Installation Commitment with the New York City Department of Citywide Administrative Services and the New York Power Authority for an amount not-to-exceed \$8,212,020, including a 10% contingency of \$597,318, for the planning, design, procurement, construction, construction management and project management services necessary for energy efficiency upgrades at NYC Health + Hospitals/ Queens.

EXECUTIVE SUMMARY
NYC HEALTH + HOSPITALS/QUEENS
ENERGY EFFICIENCY UPGRADES

OVERVIEW: NYC Health + Hospitals seeks approval for an energy upgrades at NYC Health + Hospitals/Queens. NYPA will manage procurement, design and construction management.

NEED: During the Comprehensive Energy Efficiency Audit of the Facility as mandated by Local Law 87, several energy efficiency measures were identified. The report identified several projects including upgrading mechanical, electrical, and plumbing systems; which have all exceeded their useful lives. Once implemented, these upgrades will enhance the reliability of the facility systems, as well as increase the comfort and safety of buildings occupants.

The Project will upgrade the existing boiler controls, install a new chiller optimization controls for the Main Building chiller plant, replace the existing inoperable exterior wind/solar hybrid lights with new wind/solar hybrid lights, replace the windows on six floors of the “N Building,” install pipe insulation and a heat pump hot water heater for the “N Building” hot water system.

SCOPE: The scope of work for the Project includes:

- ❖ Upgrade Boiler controls for three existing boilers
- ❖ Install chiller optimization controls at the Main Building chiller plant
- ❖ Replace four existing exterior pole mounted wind/solar hybrid lights
- ❖ Replace 223 windows on six Floors in “N Building”
- ❖ Install approximately 2,441 ft of pipe insulation
- ❖ Install a heat pump hot water heater for “N Building” hot water system

TERMS: NYPA competitively bid the Project. 12 bids were received. The final total Project cost will be \$8,212,020, including a \$597,318 contingency. NYPA will be fully responsible for the Project.

SAVINGS: Energy Consumption Savings (quantity): 1,482,185 kilowatt-hours (kWh)

Electrical: Annual Electric Energy Savings (dollars): \$192,684

Natural Gas: Gas Use Reduction Savings (quantity): 213,322 therms

Annual Gas Savings (dollars): \$194,243

Total Annual Estimated Savings: \$386,927

FINANCING: DCAS OneNYC Capital - \$5,979,244; and City Capital Funding - \$2,232,776.

SCHEDULE: Completion by December 2022.

MWBE: Specific MWBE firms have been identified for 71% of the Project.



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

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

Digitally signed by Tallbe, Keith
Date: 2021.02.05 13:36:54 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: New York Power Authority

Date: February 5, 2021

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Not applicable	Not applicable	71% 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.

NYC Department of Citywide Administrative Services and New York Power Authority Consumer Installation Commitment

Queens - Energy Efficiency Measures Upgrade

Board of Directors Meeting

February 25, 2021

Christine Flaherty, Senior Vice President, Office of Facilities Development

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development



Project Background

- NYC Health + Hospitals/Queens is pursuing an efficiency project at the facility, that aims to reduce energy consumption and decrease green house gas emissions.
- This energy program at Queens Hospital focuses on addressing several energy efficiency measures including upgrading mechanical, electrical, and plumbing (MEP) systems; which have all exceeded their useful lives.
- NYC Health + Hospitals/Queens Energy Efficiency Measures
 - Upgrade Boiler controls for three (3) existing boilers
 - Install chiller optimization control package (Main Building chiller plant)
 - Replace four (4) existing exterior pole mounted wind/solar hybrid lights
 - Replace (223) Windows on six (6) Floors in “N” Building (1, 2, 5, 6, 7, & 8)
 - Pipe Insulation (approximately 2,441 ft)
 - Install heat pump hot water heater for “N” Building domestic hot water (DHW) system

NYC Health + Hospitals/Queens “N” Building



Existing Conditions:

Chiller Plant



Exterior Lighting



Bldg N Windows



Steam Piping

DHW System

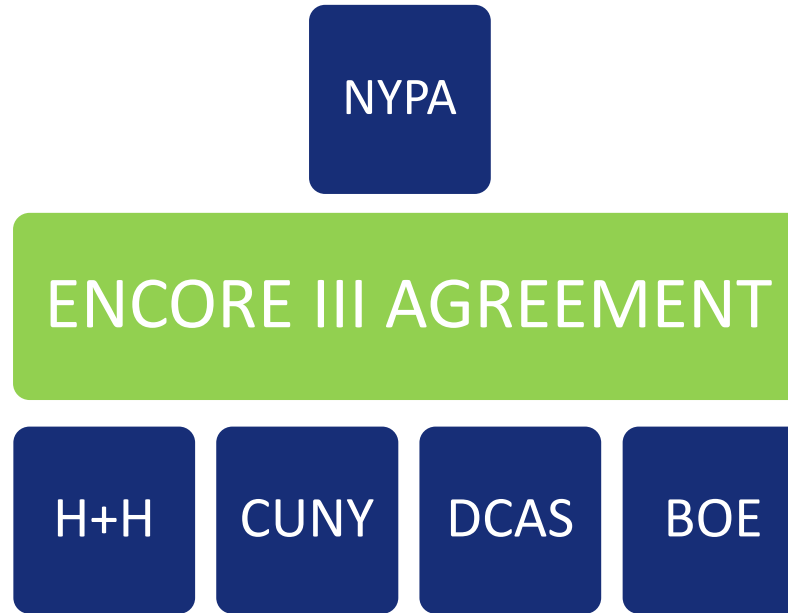
Financing & Annual Savings

➤ Financing:

- DCAS OneNYC Capital: \$5,979,244
- City Capital Funding: \$2,232,776
- Total Financing: **\$8,212,020**

Annual Savings		
Source	Savings (consumption)	Savings (dollars)
Electrical	1,482,185 kilowatt-hours (kWh)	\$192,684
Natural Gas	213,322 therms	\$194,243
Total Annual Estimated Savings (dollars)		\$386,927

Our Relationship with NYPA



- On behalf of the City, DCAS led and finalized Encore III, which is now fully executed.
- Encore III agreement has finalized and is now in effect as of January 1, 2021

NYPA Procurement Path

- NYPA has fully bid out the Project under the Design-Build contract as per New York City Public Works Investment Act (effective on December 31, 2019).
- NYPA selected Guth DeConzo Construction Management Inc (Guth DeConzo), as construction manager for this project; whose service was acquired through competitive bidding. Guth DeConzo has received an 85% approval rating based on evaluation of 234 historical projects. Evaluation criteria includes performance on feasibility study, design, CIC and construction management. Guth DeConzo is also the most cost effective of NYPAs CMs.
- Guth DeConzo oversaw the bid process following NYPA's procurement guidelines.
- The subcontractors for this project are:
 - Interstate Mechanical
 - Automated Logic Corporation
 - ABLE Company
 - Candela Systems Corporation*
 - Whitestone Construction**
- NYPA has an active supplier diversity program, and has set forth a 30% MWBE goal to satisfy NYC MWBE guidelines. This project is currently at a 15% MWBE utilization plan and is expected to increase to 71%, pending MWBE certification applications currently in queue.

*Self-performing MWBE certified subcontractor as of January 25, 2021.

**Self-performing MWBE certification currently pending as of January 25, 2021.

MWBE Summary

PROJECT	PRIME	SUBCONTRACTOR	MWBE CERTIFICATION	SERVICE/SUPPLIES	UTILIZATION PLAN	DOLLAR VALUE
Heat Pump	Interstate Mechanical	Celtic Sheetmetal	WBE	Services	7.10%	\$ 34,910.70
		Multiphase Electric	WBE	Services	7.60%	\$ 37,369.20
		IAR Insulation	MBE	Services	1.40%	\$ 6,883.80
		Independent Testing & Balancing	MBE	Services	0.30%	\$ 1,475.10
TOTAL CONTRACT AMOUNT	\$ 491,700.00	TOTAL MWBE SPEND	\$ 80,638.80			
		MWBE %	16%			
Chiller Optimization	Automated Logic Corporation	Emelec Electric	MBE	Services	13.50%	\$ 68,040.00
TOTAL CONTRACT AMOUNT	\$ 504,000.00	TOTAL MWBE SPEND	\$ 68,040.00			
		MWBE %	14%			
Boiler Control Upgrades	Associated Boiler Line Company	OHM's Electrical Corporation	WBE	Services	18%	\$ 221,670.36
		Turtle & Hughes	WBE	Supplies	5%	\$ 61,575.10
		Definitive Piping	MWBE	Services	8%	\$ 98,520.16
TOTAL CONTRACT AMOUNT	\$ 1,231,502.00	TOTAL MWBE SPEND	\$ 381,765.62			
		MWBE %	31%			
Exterior Lighting	Candela Systems	NA	MBE	Self-Perform	100%	179,368
TOTAL CONTRACT AMOUNT	\$ 179,368.00	TOTAL MWBE SPEND	\$ 179,368.00			
		MWBE %	100%			
Window Replacement	Whitestone Construction Corp.	Citywide Environmental Services	WBE	Services	3.6%	\$ 121,572.00
		Park Avenue Building Supplies	MBE	Supplies	1.0%	\$ 33,770.00
TOTAL CONTRACT AMOUNT	\$ 3,377,000.00	TOTAL MWBE SPEND	\$ 155,342.00			
		MWBE %	5%			
TOTAL VALUE OF ALL CONTRACTS	\$ 5,783,570.00					
TOTAL OVERALL MWBE SPEND	\$ 865,154.42					
OVERALL MWBE %	15%					

- **MWBE 15% subcontractor utilization plan presented**
 - Whitestone Construction is in process with MWBE certification and anticipates being certified by March 2021
 - **Whitestone will self-perform remaining value of their project, bringing total MWBE utilization plan from 15% (\$865,154.42) to 71% (\$4,086,812.42),**
- Contract amount is \$5,783,570
- Current MWBE amount is \$865,154.42
- Projected completion is December 2022

Project Budget

Queens – Energy Efficiency Measures Upgrade

(1) Construction	\$ 5,923,181
(2) Remediation	\$ 5,000
(3) Professional Services	\$ 45,000
(4) Contingency (10% of (1) + (2) + (3))	\$ 597,318
(5) Design	\$ 52,045
(6) Environmental	\$ 83,207
(7) Construction Management (7% of (1) + (4))	\$ 458,535
(8) NYPA – Project Management (12% of Lines (1) - (7))	\$ 859,714
(9) Interest During Construction (3% of (1))	\$ 188,019
TOTAL	\$ 8,212,020



Board of Directors Approval Request

- Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a Customer Installation Commitment (“CIC”) with the New York City Department of Citywide Administrative Services (“DCAS”) and the New York Power Authority (“NYPA”) for an amount not-to-exceed \$8,212,020, including a 10% contingency of \$597,318, for the planning, design, procurement, construction, construction management and project management services necessary for the energy efficiency measures upgrade (the “Project”) at NYC Health + Hospitals/Queens (the “Facility”).