

CALL TO ORDER - 1:30 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Metropolitan

2020 Performance Improvement Plan and Evaluation (Written Submission Only)

- NYC Health + Hospitals | East New York Diagnostic & Treatment Center- Gotham

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Coney Island
- NYC Health + Hospitals | Sea View Nursing and Rehabilitation Center

Mr. Pagán

OPEN PUBLIC SESSION - 3:00 PM

1. Adoption of Minutes: March 25, 2021

Dr. Katz

Chair's Report

Dr. Calamia

President's Report

2. Authorizing New York City Health and Hospitals Corporation (the "System") to amend six agreements for **neighborhood canvassing as part of the System's response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc.** (the "Vendors") previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.
 (Presented to the Joint Medical and Professional Affairs and Information Technology Committees: 04/12/2021)
VENDEX: Approved: AM LLC, Mosaic Sales Solutions US Operating Co. LLC, ReServe Elder Services LLC, Connective Strategies Associates, Janoon Inc.
VENDEX: Pending: Full Contact LLC
EEO: All Pending
3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute **Job Order Contracts ("JOCs") with three firms: Volmar Construction Inc.; BA Global Construction, Inc.; and Carefree Improvements Inc.** (the "Contractors"), that were selected through the System's public bid process, to provide general construction services on an as-needed basis at various facilities throughout the System with each contract to be for a term of two years, for an amount not to exceed \$10,000,000 for each contract for a total authorized value of \$30 Million.
 (Presented to the Capital Committee: 04/12/2021)
VENDEX: All Approved / EEO: All Approved
4. Authorizing New York City Health and Hospitals Corporation (the "System") to sign a three-year best interest renewal contract **with Change Healthcare Inc (the "Vendor") for an enterprise-wide radiology diagnostic management solution** 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 five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.
 (Presented to the Joint Medical and Professional Affairs and Information Technology Committees: 04/12/2021)
VENDEX: Pending / EEO: Approved

Dr. Calamia

Mr. Peña-Mora

Mr. Peña-Mora

Committee and Subsidiary Reports

- Governance Committee
- Joint Medical and Professional Affairs and Information Technology
- Equity Diversity and Inclusion
- Strategic Planning Committee
- Capital Committees
- MetroPlus Health

>>**Old Business**<<
>>**New Business**<<
>>**Adjournment**<<

Mr. Pagán

Mr. Pagán
Dr. Calamia/Mr. Peña-Mora
Mr. Peña-Mora
Mr. Peña-Mora
Mr. Peña-Mora
Ms. Hernandez-Piñero

Mr. Pagán

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 25th day of March, 2021, at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated via teleconference/videoconference:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Dr. Myla Harrison
Mr. Phillip Wadle
Mr. Scott French
Ms. Barbara Lowe
Mr. Robert Nolan
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Mr. Feniosky Peña-Mora

Mr. Pagán, Chair of the Board, called the meeting to order at 2:04 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Mr. French would be representing Mr. Banks and Mr. 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 involving personnel, patient medical information and collective bargaining matters.

The Board reconvened in public session at 3:13.

Mr. Pagán gave notice that Mr. French would be representing Mr. Banks and Mr. Wadle would be representing Deputy Mayor 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 meeting held on February 25, 2021 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 February 25, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

CHAIR'S REPORT

Mr. Pagán gave notice that during the Executive Session, the Board received and approved governing body oral and written reports from NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Coler Nursing Facility.

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

During the Executive Session the Board reviewed and unanimously approved the Governance Committee recommendation to appoint Yvette Villanueva as Senior Vice President for Human Resources.

Mr. Pagán advised that the first of five 2021 Annual Public meetings for each Borough was held virtually on Tuesday, March 16, 2021 for Staten Island. The remaining scheduled meetings are noted below. A determination will be posted on the public web site in the future whether they will be convened virtually or in-person. The meetings are scheduled as follows:

Manhattan	-	Tuesday, April 20
Queens	-	Tuesday, May 25
Bronx	-	Tuesday, June 8
Brooklyn	-	Tuesday, June 15

VENDEX APPROVALS

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

In the interest of time the meeting advanced to the presentation of the action items.

ACTION ITEM 3:

Vincent Calamia, MD read the resolution

Authorizing funding for New York City Health and Hospitals Corporation

(the "System") to continue to operate under the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. ("PAGNY") made for the provision of general care and behavioral health services for a period of up to six months with the System facilities served by PAGNY to be as indicated below:

Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center and Kings County Hospital Center

With an overall cost of the extension not to exceed \$364,938,066, which includes a 10% contingency of \$33,176,188
(Being Presented Directly to the Board)

Dr. Katz presented the next steps, justification and budget to extend the current affiliation agreement with PAGNY for six months, with a not-to-exceed amount of \$364,938,066 including a 10% contingency.

Hearing no discussion and upon motion made and duly seconded, the Board unanimously approved the resolution.

PRESIDENT'S REPORT

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

COVID-19 UPDATE - this represents one year since our health System admitted its first patient with COIVD 19. Our emergency departments have managed more than 108,000 COVID-19 patient visits and more than 54,000 hospitalized patients with COVID-19 have been safely discharged. New Yorkers trusted our hospitals and clinics with their care.

There have been more than 3.8 million COVID-19 tests. Our tracing operation has consistently reached more than 90 percent of the cases, more than any other jurisdiction in the country, and have completed more than 500,000 interviews and generated more than 650,000 contacts. And we have helped more than 12,000 guests to safely isolate in our free hotels to keep their families and communities safe.

We are so proud to be a significant part of the City's vaccination efforts, focusing first on our employees and our most vulnerable patients, as the state eligibility permitted. Despite the challenges of an unreliable

source of vaccine supply, we continue to offer vaccines at every hospital, post-acute care facility and Gotham Health center, and are actively reaching out to our eligible patients to get them in for their vaccine. We also extended hours, added more staff, and created new mass vaccinations sites managed by our NYC Test & Trace Corps, and so far, have put vaccine into more than 300,000 arms, and are not letting up.

Our ambulatory care teams are serving more than 26,000 patients who had COVID-19. Many of them will face a range of long-term health effects. We will continue to serve such patients System-wide including at the three COVID Centers for Excellence.

CONDEMNING ATTACKS AGAINST ASIAN AMERICANS - In recent weeks, we have witnessed a disturbing trend of violent acts of racism and hate committed against Asian Americans and Pacific Islanders across our country and in New York City. My own daughter, who is Vietnamese, asked me last week why people hate Asians. You can imagine how heartbreaking this is.

I know I speak for the entire NYC Health + Hospitals family in condemning these racially motivated attacks that are counter to our values of inclusion, respect and tolerance, and our mission to promote and protect the health, welfare, and safety of the people of the City of New York.

Our dedicated workforce has always recognized that our diversity is our strength. It is a source of pride and strength for all of us. And we work hard every day to bring these values to life in every patient encounter and how we treat each other in our workplaces.

More than ever, we must continue to set an example of love and respect, and reaffirm our commitment to create a safe and welcoming environment for every New Yorker in need of quality, compassionate health care.

Government Affairs - I testified at the City preliminary budget hearing on March 22. The City budget process will continue over the next few months, as the fiscal year continues until June 30. We commend the Biden administration for the elimination of the Public Charge rule, and its negative impact on needed medical care.

Emergency Contracts Declaration - I issued a Declaration of Emergency dated March 1, 2020 related to emergency contracts and procurement, which was subsequently updated and reissued through February 28, 2021. There is currently no Declaration of Emergency for contracting in effect.

The health system has entered into three new emergency agreements not covered in our prior reports. Two of the new agreements are for temporary staffing for the hotels we are managing on behalf of the City, our acute-care facilities, post-acute care facilities, as well as temporary staffing for the expanded vaccination program. One agreement was executed in December 2020 and the other in January 2021.

The third new agreement is for building security services at the COVID-19 testing sites. The Department of Buildings had procured and held this

agreement, but our health system manages these COVID-19 testing sites and so we agreed to an assignment of the agreement to us in February 2021. The total spend through February 2021 is \$104,000,000.

The agenda was moved to the discussion of Action Item 2.

Board Members Recusal: Mr. Pagán and Mr. Peña-Mora both recused themselves and left the meeting.

Vice Chair Freda Wang presided over the meeting in Mr. Pagán absence.

ACTION ITEM 2:

Voting Members on the Resolution are:

1. Dr. Mitchell Katz
2. Dr. Vincent Calamia
3. Dr. Myla Harrison
4. Mr. Phillip Wadle
5. Mr. Scott French
6. Ms. Barbara Lowe
7. Mr. Robert Nolan
8. Ms. Sally Hernandez-Piñero
9. Ms. Freda Wang

Vincent Calamia, MD read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to **execute amended and restated affiliation agreements (the "Affiliation Agreements") with each of (i) NYU Grossman School of Medicine ("NYU"); and (ii) Icahn School of Medicine at Mount Sinai ("Sinai");** each made for the provision of general health care and behavioral health services for a period to end on June 30, 2025, with the System facilities served by each such medical affiliate and with the cost of each such Affiliation Agreement not to exceed the amounts as set forth below:

NYU: Bellevue Hospital Center, Gouverneur Healthcare Services, Coler Rehabilitation and Nursing Care Center, Henry J, Carter Specialty Hospital and Nursing Facility, Woodhull Medical and Mental Health Center, Cumberland Diagnostic & Treatment Center - for an amount not to exceed \$2,008,589,842, including a 10% contingency of \$182,599,076;

Mt. Sinai: Elmhurst Hospital Center, Queens Hospital Center, and certain neighborhood and school-based health center sites affiliated with Cumberland D&TC and Morrisania D&TC - for an amount not to exceed

\$1,416,148,570 including a 10% contingency of \$128,740,780;
For an overall total not to exceed amount of \$3,424,738,412.
(Being Presented Directly to the Board)

Andrea Cohen, Senior Vice President and General Council, Dr, Machelie Allen, Senior Vice President and Chief Medical Officer, Deborah Brown, Senior Vice President, External and Regulatory Affairs and John Ulberg, Senior Vice President and Chief Financial Officer presented an overview of the affiliate arrangements with NYU and Mt, Sinai, the history of the affiliation agreements since 1970 at NYC Health + Hospitals, the approach driven by the guiding principles, key governance and management terms, key financial terms, moving towards workforce planning, NYU 2-year affiliate rolling budget illustration, Mt. Sinai 2-year affiliate rolling budget illustration, key medical and professional affairs terms, and proposed approach to increase diversity of providers.

The Board commended the team for its hard work and innovative thinking in keeping the guiding principles and mission the focal point of these new improved agreements.

Follow Up: The Board requested an annual accounting of the expenditure of each contract.

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

Mr. Pagán and Mr. Peña-Mora rejoined the meeting. Mr. Pagán resumed his position presiding over the meeting.

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 4:02 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Community Relations Committee - March 2, 2021

As Reported by Robert Nolan

Committee Members Present: Robert Nolan, Mitchell Katz, M.D., Jose Pagan; Sally Hernandez-Piñero

Mr. Nolan called the meeting of the Community Relations Committee to order at 5:03 p.m.

Quorum was established - the amended minutes to reflect the attendance of Jacqueline Narine of the Community Relations Committee meeting held on January 12, 2021 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

CHAIRPERSON REMARKS:

Mr. Nolan welcomed everyone and noted the reporting facilities: Seaview, Coney Island, Belvis and Morrisania will be presenting their annual report.

Mr. Nolan informed everyone to mark their calendars for the Board of Director's Annual Public Meetings for Fiscal Year 2021. He encouraged CAB members to attend and provide testimony. These meetings will begin at 6pm on the following dates and locations:

- For Staten Island: **Tuesday, March 16, 2021** at Sea View
- For Manhattan: **Tuesday, April 20, 2021** at Bellevue
- For Queens: **Tuesday May 25, 2021** at Elmhurst Hospital
- For the Bronx: **Tuesday, June 8, 2021** at Jacobi
- For Brooklyn: **Tuesday, June 15, 2021** at Kings County

Speakers are asked to register in advance by writing or calling:

Ms. Colicia Hercules, Secretary to the Corporation, at 212-788-3360

Lastly, please note that appointments for Testing and Vaccinations is available at all NYC Health + Hospitals locations. For appointments by phone, call 1-877-VAX-4NYC or 1-877-829-4692. Online appoints can be made by using this link. <https://www.nychealthandhospitals.org/covid-19-vaccines/>

PRESIDENT'S REMARKS:

Dr. Katz began his remark by thanking Mr. Nolan and the members of the Community Advisory Board for support. He proceeded his report by stating Health + Hospitals is still very much focused on COVID, dealing with the second resurgence. For the first time, we have seen the hospital numbers decrease within the second resurgence, however, the hospitals are still at historically high census because unlike in the first surge, patients have continued to come for other conditions, which is a positive and shows they trust the safety of our hospitals. As well, we have only had limited success in getting additional nurses and intensivists physicians from

registry, because there is a high demand for doctors and nurses across the country during the second wave, New York was not as hard hit as other parts of the country.

We are providing people with the antibody treatments, the Monoclonal antibody treatments often in the Emergency Room. We are also treating patients with steroids, putting them in the prone position, face down while minimizing the use of intubation. All of those things are resulting in markedly lower loss of life than what we experienced in the first horrible wave.

We are doing vaccination in all of our hospitals and our federally qualified health centers as well. Offering both first and second shots of Pfizer and Moderna at all of the hospitals. The federally qualified health centers are all offering Moderna vaccination. In addition, Health + Hospitals is running three of the mass vaccination sites: at Brooklyn Army Terminal, The Bathgate site in the Bronx, Citi Field in Queens and Vanderbilt in Staten Island is a 24 -hour site. We believe that by vaccinating people, we will be able to prevent a further wave of COVID.

Dr. Katz further mentioned that we are conducting a number of events in conjunction with our labor partners, 1199 SEIU, the State Nurses Association, the Building and Construction Trade Unions, to promote vaccination. We also are continuing to do testing and tracing. We had more than 100,000 tests done on a single day for three days in a row in January. We continue to believe that testing with our ability to quarantine or isolate people is effective to help prevent the spread of COVID. Dr. Katz stated that, we continue to be very aggressive at recruiting for psychiatry positions. We recognize a huge part of our mission is Mental Health Care. Mr. Nolan moved the agenda and asked Okenfe Lebarty, Senior Director for Community Engagement to report on last meeting follow-up.

FOLLOW UP TO LAST MEETING:

Okenfe Lebarty, Senior Director of Community Affairs, provided information on the follow up items from the Committee meeting on January 12, 2021:

- long wait times for the call centers at Woodhull & East New York
 - The Department of Patient Relations will continue to monitor those issues.

- Woodhull, - wait-times, staff attitude and property loss
 - A Lost Property Subcommittee was launched that is working to streamline the better workflow. Inpatient nursing, inpatient escorts, and Emergency Department staff will be trained on conducting property check and documentation in Epic. The process is hopefully going to ensure accountability and real-time recovery of property and valuables. They have since seen a reduction in the number of properties and valuable complaints over the last four months.

- o The Emergency Department wait time has improved. These statements were supported by Julissa Herrera, Chair of Woodhull CAB, and Cheryl Jones, CAB Liaison at Gotham Health East New York.

Mr. Nolan moved the agenda and asked the CAB Chair of Coney Island Hospital, Theresa Scavo to present her report.

NYC Health + Hospitals/Coney Island

Ms. Theresa Scavo, Chair of Coney Island's CAB, reported that Coney Island has been the hardest hit hospital in the H+H family, located in a Brooklyn zip code with the highest positivity rate of 15.14%. In just 10 short days, on March 12th, Coney Island will be remembering the one-year anniversary of the first positive COVID case at Coney. During that time, there were over 114 ventilators in use. When visitation was suspended, there were over 300 contact phone calls a day, whether it be via Skype, Facetime or just a phone call facilitated by the Comfort Team and the Patient Relations workers. What they learned from Phase One helped us to prepare for the eventual Phase Two. With lessons learned, they improved both staff and patient safety, while utilizing every available space in the hospital. Today they are educating, performing testing, trace and administering the vaccine.

As far as our infrastructure, our new critical services structure is projected for occupancy in June of 2022. The main building will be reimagined with the state-of-the-art facility for ambulatory care services. They are always prepared for trauma cases, but after many years of advert advocating for a Level One Trauma Center, the City is saying the cost to maintain it are prohibitive, but they still advocate daily for a Level One Trauma Center of Coney. Coney is now performing interventional cardiac procedures. Complaints are focused on not being able to visit loved ones. As far as issues impacting our community, questions asked are, "How do I get a COVID vaccine? How can I get an appointment?" Patients and the community are also concerned regarding the long wait time for appointments. However, there is strong outreach effort by the facility to the patients and community, with a focus on our seniors.

NYC Health + Hospitals/Seaview

Matthew Levy, CEO of Seaview, presented for the hospital, due to technology connectivity issues with the CAB representative. He explained that COVID certainly presented Seaview with challenges, however, the residents are doing well and the staff continue to do well. Residents are tested on a weekly basis and staff get tested for COVID-19 twice per week. Currently, two residents at Seaview are positive with COVID-19. They are both asymptomatic and are doing well. A vaccination program was launched in conjunction with our vendor pharmacy, PharmScript, they came on-site for three different clinics, and managed to immunize over 200 residents, and over close to 175 staff. They are working diligently with PharmScript to see when they can schedule additional clinics. The facility had multiple Department of Health inspections, focus infection control surveys. All of which have been extremely successful and yielded zero deficiencies.

Resident satisfaction remains at a high number. They are working diligently to keep their families engaged. As a facility, they hold a weekly COVID-19 Town Hall Meeting with their staff and with their patient's families, with over 100 families on that call weekly. And they're given an opportunity to speak with the CEO directly for about a half hour. COVID updates are provided and discuss how they can improve facility to better serve the patients.

NYC Health + Hospitals/Belvis

Gabriel DeJesus, Chair of Gotham Health-Belvis CAB, reported that Belvis has been able to test over 30,000 patients since the beginning of this pandemic. These numbers reflect both testing location and mobile testing. The clinical team provided patients with the most updated information regarding the pandemic, and provide education on the importance of getting tested. This has resulted in an increase in walk-in testing. Vaccinations, Belvis is currently vaccinating upwards of 80 patients daily. And they hope to increase those numbers as time goes by.

They continue to upgrade equipment as necessary to ensure that staff have the necessary resources to perform their jobs effectively and efficiently. Modernization of both elevators is a capital project and have been approved by the executive leadership. The pharmaceutical freezer/refrigerator and industrial freezer installed in the pharmacy to house COVID vaccines at the appropriate temps have been set. Body temperature cameras being installed for quick/accurate temperature readings at the facility entrance for all patients and staff entering the building.

Belvis has installed temporary sneeze guards throughout the building to protect both staff and the patients. Cellphone charging and sanitizing stations have been installed for patient and staff use in the Waiting Area on the first floor. Most frequent patient complaints is having to wait for vaccine appointments. And during the next COVID-19, patients expressed their satisfaction with the care provided by Gotham providers and staff. Community Affairs has distributed over 7,000 flyers to residents, New York City Housing Authorities, small businesses and community partners on the importance of getting COVID-19 testing done.

The report from NYC Health + Hospitals/Morrisania was postponed to next meeting as there were no representative present.

ADJOURNMENT:

Meeting adjourned at 5:52 P.M

VIRTUAL - AUDIT COMMITTEE TALKING POINTS - March 15, 2021
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As Reported by: Sally Hernandez-Piñero

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

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 10:04 A.M.

Ms. Hernandez-Piñero asked for a motion to adopt minutes of the Audit Committee meeting held on January 11, 2021. A motion was made and seconded with all in favor to adopt the minutes.

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

1. An oversight audit by the NYC Comptroller's Office of NYC Health + Hospitals Auxiliaries is ongoing.
2. 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. Most recently, they discussed the processes involved regarding the ordering, receiving, storing and using of medical surgical inventory, including Personal Protective Equipment, with the Corporate Supply Chain Services Sr. Vice President and nursing home CEO's.
3. 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. Overall, reports for 17 of the 22 Auxiliaries have been issued. 12 of the 17 reports required evaluations of both 2018 and 2019. 10 compilation, 6 review, and 1 audit report have been completed (see listing on the next page of this presentation).

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.

There being no other business, the meeting was adjourned at 10:40 A.M.

Finance Committee Virtual Meeting - March 15, 2021

As Reported By: Freda Wang

Committee Members Present: Freda Wang, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Feniosky Peña-Mora - left at 12:02, Barbara Lowe

H+H Attendees: John Ulberg, Krista Olson, James Cassidy, Michline Farag, Linda DeHart, Marji Karlin, Tasha Philogene, Megan Thompson, Salema Tyler, Machelles Allen, Ana Marengo, Colicia Hercules, Sonya Rubin, Matthew Siegler

CALL TO ORDER

Ms. Wang called the meeting to of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 11:02 a.m.

Upon motion passed and duly seconded the minutes of Finance Committee meeting held on December 3, 2020 was adopted.

Ms. Wang then deferred John Ulberg to begin the financial report.

FINANCIAL REPORT

Mr. John Ulberg began the financial report for FY-21 Q2 by emphasizing that overall H+H finances are stable. Externalities have a large effect on H+H's current financial position. Recently it was announced that the DSH cuts would be delayed, which has a positive impact on H+H. Additionally, FEMA cost sharing was set at 100%. Other outside forces include the DSH glitch which is an error that was made in the FMAP calculations for H+H, but this was fixed in the American Rescue Plan. The American Rescue Plan has significant relief for the City and State. The State is negotiating their budget due April 1. The last item we are working on is our response to FEMA. Internally we closed February with a cash balance of \$400M. We achieved a positive net budget variance of \$115M, outpacing budget projections by 2%. Direct patient care receipts came in at \$398M higher than Q2 FY-20. Volume is down. Strategic initiatives are staying on track.

Mr. James Cassidy reported that we closed February with \$400M cash-on-hand (18 days). We are working with the State to receive our next DSH payment of \$511M during the month of March. The installment will enable us to close March with nearly \$650M cash-on-hand (29 days). Even with the receipt of the DSH funds, we will continue to face cash flow challenges by the end of the fiscal year. To mitigate these challenges we have written a letter to FEMA requesting expedited processing of our next reimbursement package. We have requested approximately \$330M to be received in April.

Ms. Salema Tyler provided a summary of our cash receipts. Although our outpatient, inpatient, and emergency department volume is down, our total cash receipts are up. We are doing well on cash for a number of reasons, including case mix index (CMI) increases, continued revenue cycle and managed care contracting enhancements, and unbudgeted testing revenue.

Mr. Cassidy reported on managing external risks - the check mark on the slide means the risk has been averted. Those include FEMA reimbursement at 100% Federal and Federal DSH cut 3-year delay. The work in progress symbol applies to the Federal DSH eFMAP glitch, State/H+H/City Medicaid Initiatives, and State/City budget risks. The Federal DSH eFMAP glitch is fixed in the House/Senate reconciliation bill, but we are waiting for official guidance and funds to be allotted and we expect this to be checked off soon. The State/H+H/City Medicaid Initiatives are a work in progress because we are finalizing MOU and MCO rates for our supplemental Medicaid lines in the financial plan. Finally, State/City Budget risks include a one-time \$212M debt service cut, the Governor's budget could impact H+H by nearly \$500M over two years.

Mr. Feniosky Peña-Mora asked Mr. Cassidy if the City's \$212M debt service cut means that the City was not previously charging H+H for the debt service and now they are.

Mr. Cassidy clarified that we were paying debt service to the City until FY-16. As of FY-16 through FY-20, the City forgave us the obligation so we would not have to pay.

Ms. Michline Farag reported on the FY-21 through Q2. December FYTD closed with a positive net variance of \$115M where receipts exceeded budget by \$252M (\$204M in Patient Care) due to COVID patients, Medicare rates, and catch-up risk payment; disbursements are better than budget by \$39M in non-COVID OTPS spend due to lower volume and costs associated with COVID. There is COVID not offset amount of \$129M which will be offset when additional Federal Relief funds are received. Year over year, patient care receipts are up \$480M due to increased patient acuity including COVID patients, increased rates, a higher Medicare advance, as well as revenue cycle, managed care, and other revenue improvement initiatives. CMI is up by 22% from 1.17 in FY20 to 1.49 in FY-21. Disbursements overall are \$69M higher mainly due to COVID spending that was not offset.

Ms. Wang asked if the disbursements exceeding budget by \$39M.

Ms. Farag replied by clarifying the top half of the graph is better than budget and the bottom half is worse than budget; therefore, the \$39M disbursements that exceeded the budget are better than what was budgeted.

Ms. Farag reported on the H+H staffing mix. H+H fully invested in core staffing mix and is now focused on clinical services optimization, quality of care enhancement, and patient care revenue growth. The slide shows the investments made through FY-21 Q2 and investments since the start of FY-19. 877 full time nursing and nursing support positions have been added since FY-19. Since the start of FY21, we are up 122 FTEs, including 82 nurses, 25 physicians/residents, 4 funded business plans, 14 revenue cycle initiatives, 51 clericals, and 62 others which include techs/specs, EVS/FAN, managers, and other.

Ms. Farag reported that the FY-21 patient care revenue is \$480M higher than FY-20 actuals. Patient revenue improvements year-over-year can be attributed to a combination of increased patient acuity including COVID patients, increased rates, continued improvement on strategic initiatives, COVID testing revenue, and MetroPlus risk payment timing. CMI is up by 22% from 1.17 in FY-20 to 1.49 in FY-21.

Ms. Krista Olson reported on the strategic initiatives financial update for Q2. H+H is doing well compared to our risk adjusted targets that are in the financial plan and we monitor internally against higher targets. Compared to last quarter the line of sight has increased substantially with the increase being primarily in the revenue cycle and managed care initiatives category. Specific improvements include the AR recovery, one time managed care settlements, enrolling the uninsured, and capturing high cost outliers. Our focus now is on assessing whether these amounts are recurring, what additional opportunities there are, and assessing COVID related risks.

Ms. Olson reported that we are measuring an array of metrics associated with the various initiatives, which include both higher and lower performing items that are listed on the slide. One particular category that

is performing very well includes the revenue cycle and managed care contract negotiations initiatives.

Mr. Ulberg outlined the considerations for the FY-22 budget development. Those included building on VBP success, retaining and maximizing attributed membership growth, growing primary care panels, doubling down on access and efficiency gains, patient access improvements, telemedicine and express care, reducing denials and boosting insurance screening, leveraging MyChart, and focusing on COVID readiness and flexibility.

Ms. Linda DeHart reported on the American Rescue Plan Act. This was signed into law on March 11. The healthcare related provisions include the DSH glitch which was already discussed, this restores \$893.6M for H+H through FY-22. State and Local relief that can be used for lost revenue and budget shortfalls included \$12.6B for NYS and \$4B for NYC. Funding for COVID public health response activities including vaccine distribution and promotion (\$7.5B), testing (\$47.8B), data sharing, and contact tracing (\$47.8B) which may provide funds to NYC for support of T2. There is nursing home infection control and outbreak management allocation of \$700M. Funding for public health workforce initiatives (\$7.8B), strengthening mental health and substance abuse services (\$3.9B), community health centers (\$7.6B), rural hospitals (\$8.5B), and various other public health investments. Medicaid eligibility and coverage enhancements, including mandated COVID vaccine and treatment coverage largely with no cost sharing. Health insurance subsidy enhancements and expansion, including incentives for adoption of Medicaid expansion and additional enhanced federal matching rates for certain services.

Ms. Olson reviewed the T2 FY-20 and FY-21 budget. The T2 budget has increased to \$2.1B due to program expansions reflective of local policy changes, a prolonged second surge, and new inclusion of vaccine. This includes expenses for testing, tracing, take care, admin data and evaluation, and public awareness.

Additionally, there's the added expense of three vaccine distribution sites. H+H expects to receive a significant allocation of the ELC funding from the December COVID19 relief bill. FEMA will reimburse eligible T2 costs at 100%.

Ms. Wang polled the board members for questions. Mr. José Pagán and Dr. Mitchell Katz commended the finance team for their work but did not have any questions.

Ms. Sally Hernandez-Piñero asked if the 877 nurses we have hired since FY-19 includes COVID, and whether this is a stable number now.

Mr. Ulberg replied that there are two views - one is the growth from the beginning of the FY and the other is the growth since FY-19 which demonstrates growth in line with our strategic plan. With respect to nurses, when you add the two together is 877 between nurse and nurse support. We have built out the nurse staffing model, which is what is driving this growth. We are comfortable with this level of nurse staffing and its being operationalized despite the volatility of the current times.

Ms. Hernandez-Piñero asked in regards to the American Rescue Act how long until we will know how much funding for mental health and substance abuse services will come to H+H.

Ms. DeHart said we do not know yet but we hope they will take action quickly and they may add funds to existing grants to make funds flow easier.

Mr. Peña-Mora asked a clarifying question about the vaccine expense in the budget for T2. It is not clear the scale of this within the context of the larger City vaccination effort.

Ms. Olson confirmed the value on the slide is for the three vaccination sites that T2 is operating. She further elaborate that vaccines offered at our facilities and Gotham sites focused on our staff and patients are not included in this budget. Also not included here is the larger City vaccination effort.

FOLLOW UP: Mr. Peña-Mora would like to see the total vaccination budget even if they are in different offices to better understand the magnitude of the citywide effort.

Ms. Hernandez-Piñero asked a question on the T2 slide related to the \$179M for public awareness. She asked if this would be reimbursed by FEMA.

Ms. Olson said that public awareness is FEMA eligible but FEMA looks at each piece individually to determine but we expect it to be FEMA eligible. This includes activities managed both by T2/H+H but also DOHMH and other city agency expenses.

Ms. Wang went back to Mr. Peña-Mora's request about the larger vaccination costs for H+H for clarification.

Mr. Peña-Mora feels the data presented today is not a full line of sight into the H+H expenses for vaccinations because it does not include the acute facilities and Gotham expenses.

Ms. Olson said she can follow up and provide this number.

Ms. Barbara Lowe ask that two vulnerable populations of school children and nursing home patients needs to be considered in the COVID initiatives.

Mr. Ulberg commented that our skilled nursing facilities are very exceptional and we have done a great job at vaccinating staff at the facilities.

Mr. Siegler commented on our broader staffing model in pediatrics. We have good access in our pediatric clinics overall. We are seeing demand for pediatric services in key areas. One is in adolescent pediatric psychiatry, which we are scaling up to meet demand across the system. The second is a multi-generational pediatric clinical model that targets high risk mothers

and their children call the IMPACT program - H+H is looking at sustainable funding sources to try to scale it. Finally, the success that Dr. Long and the T2 team have had in scaling up testing and tracing in schools.

Ms. Lowe emphasized concerns about children returning to school and the school system preparedness for this.

Ms. Wang commended the team on their work and introduced Mr. James Cassidy to review the informational item related to the January Financial Plan.

INFORMATIONAL ITEM

Mr. Cassidy reviewed the January 22 cash plan, which was released in February. Generally two cash plans are released but last year we only released one plan due to COVID. There was a lot of volatility related to COVID but overall the closing cash balance we project for the next few years is strong or in a similar place to our historical levels. Projecting that we will close this year around \$550.5M.

Mr. Cassidy reviewed the major factors that influence the bottom line. This includes the already discussed DSH eFMAP glitch fix; supplemental Medicaid adjustments, including a large number in FY-21 due to cash payment timing and DSH cut delays; City Changes including the debt service item noted before; COVID is negative in FY-21 but increases in out years because we anticipate FEMA and other Federal Relief to start coming in; one-time MetroPlus changes to risk pool payment timing and one-time COVID clawback; SFY:20-21 State Budget risks (enacted back to April 2020); affiliate contract changes which include investments not previously included; and other revenue/expense changes.

Mr. Peña-Mora asked about the investments made to our facilities for COVID testing and vaccinations and whether FEMA is going to cover the expenses for these.

Mr. Cassidy replied that anything T2 related will be covered in our MOU with the City and therefore H+H is not at financial risk for those expenses.

Mr. Peña-Mora asked about the vaccine expenses and the COVID Centers of Excellence.

Ms. Olson said there are different components to the COVID Centers of Excellence. Those sites were in the works before COVID but now some pieces of these sites will be dedicated to COVID and thus will be FEMA eligible. Two have opened. In terms of an operating function, they are not covered by T2 because they are part of Gotham. Any COVID related expenses for them will be FEMA.

Dr. Katz added that the vaccine comes to H+H for free but that we do bill insurance for the administration fee. There is an open question whether the uninsured administration fees can be claimed to FEMA.

Mr. Peña-Mora asked if we are still using our FEMA consultant that we have used previously.

Mr. Ulberg confirmed that yes we are.

Ms. Hernandez-Piñero asked about the reduction in about \$2B in PS and OTPS. Mr. Cassidy said that this includes one-time T2 and COVID costs which, between the two, is about \$2.1B. This is offset by City services, grants lines and the net difference is shown in the plan adjustments slide. For COVID we are down about \$350M this year but we have positives in the later years.

Dr. Katz praised the H+H team for the DSH eFMAP glitch fix efforts, especially praising Deborah Brown and her team.

ADJOURNMENT

There being no further business the meeting was adjourn at 12:06 p.m.

SUBSIDIARY REPORT

HHC ACO INC. BOARD OF DIRECTORS (Virtual)
February 26, 2021

The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on February 26, 2021 to go over CEO Updates on Shared Savings and Care Team Fund Distributions, discuss the ACO's Evolving Role, and elect officers into the Board.

The meeting of the Board was called to order by Mitchell Katz, MD at 3:02 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the November 30, 2020 meeting without correction or modification.

Among other matters, the Board discussed the following:

- Updates on ongoing clinical initiatives
- The ACO Performance Prospect; and
- The proposed CY 2021 Board Meetings

The Board approved the following resolution:

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

<u>Name</u>	<u>Office</u>
Mitchell Katz, MD	Chairman
Matthew Siegler	Chief Executive Officer
Gary Kalkut, MD	Vice President
Andrea Cohen, Esq.	Secretary
John Ulberg	Treasurer

There being no further business, Mitchell Katz, MD adjourned the meeting at approximately 3:29 PM.

**Mitchell H. Katz, MD - PRESIDENT AND CHIEF EXECUTIVE OFFICER
NYC HEALTH + HOSPITALS
REPORT TO THE BOARD OF DIRECTORS
March 25, 2021**

ONE YEAR WITH COVID-19

One year ago this month, our health system admitted its first patient with COVID-19. Our heroic front-line care teams faced the unimaginable. We quickly came together as one unified health system to support and keep each other safe, and to save lives in every community across the city. It is nothing short of a miracle that in just one year, there are now multiple vaccines and the end of the suffering is in sight.

While there is much hope ahead thanks to our hard work, we still grieve the friends, relatives and coworkers lost to this pandemic. And over the past few weeks, we have come together with moments of silence at live webinars and memorials all over our System to honor those lost and reflect on the last year.

The COVID-19 pandemic has shown how necessary New York City's public health system and its employees truly are. We have proven that there is no challenge we cannot overcome when it is about protecting the health of the most vulnerable New Yorkers under our care.

Thanks to our heroic workforce - their sacrifices and readiness to answer a higher calling over the last year -- NYC Health + Hospitals has been there for our patients and all New Yorkers at every stage of this: healing, testing, vaccinating and helping patients recover.

Healing - Our hospitals and post-acute care facilities have provided quality, compassionate care to thousands who were gravely ill and saved so many lives. Our emergency departments have managed more than 108,000 COVID-19 patient visits and more than 54,000 hospitalized patients with COVID-19 have been safely discharged. New Yorkers trusted our hospitals and clinics with their care.

Testing, Tracing, Taking Care - We prioritized testing since the early months of the first surge, setting up tents and launching the country's most successful test and trace operation. In the last year, our hospitals, Gotham Health Centers, Correctional Health Services and NYC Test & Trace Corps testing sites have done more than 3.8 million COVID-19 tests. Our tracing operation has consistently reached more than 90 percent of the cases, more than any other jurisdiction in the country, and have completed more than 500,000 interviews and generated more than 650,000 contacts. And we have helped more than 12,000 guests to safely separate in our free hotels to keep their families and communities safe. Through all these efforts, thousands of New Yorkers experienced for the first time the dedication and passion of the employees in our health system.

Vaccinating - We are so proud to be a significant part of the City's vaccination efforts, focusing first our employees and our most vulnerable

patients, as the state eligibility permitted. Despite the challenges of an unreliable source of vaccine supply, we continue to offer vaccine at every hospital, post-acute care facility and Gotham Health center, and are actively reaching out to our eligible patients to get them in for their vaccine. We also extended hours, added more staff, and created new mass vaccinations sites managed by our NYC Test & Trace Crops, and so far have put vaccine into more than 300,000 arms, and are not letting up.

Recovering - Our ambulatory care teams are serving more than 26,000 patients who had COVID-19 - many of them will face a range of long-term health effects. Our investment to open three new COVID-19 Centers of Excellence in communities hardest hit will ensure access to the specialized care New Yorkers will need to address long-term respiratory, cognitive and cardiac conditions caused by the virus. At these sites, we will be with our patients at every step of their recovery.

We remain aware of how this pandemic worsened the inequities in health care. It created fissures in almost every other part of society too -- from education to the economy. These inequities are already having a disproportionate effect on the health of the patients and communities we serve. That is why we must intensify our commitment to health equity, diversity and inclusion in every aspect of our work - from clinical care to language access services.

One year with COVID-19 has shown us the strength of our health System and employees, the incredible humanity we have lost, and the way to move forward but not forget. I am so proud and grateful to our entire health system family for all they have done and continue to do for the thousands of New Yorkers who call NYC Health + Hospitals their health care home.

CONDEMNING ATTACKS AGAINST ASIAN AMERICANS

In recent weeks, we have witnessed a disturbing trend of violent acts of racism and hate committed against Asian Americans and Pacific Islanders across our country and in New York City. My own daughter, who is Vietnamese, asked me last week why people hate Asians. You can imagine how heartbreaking this is.

I know I speak for the entire NYC Health + Hospitals family in condemning these racially motivated attacks that are counter to our values of inclusion, respect and tolerance, and our mission to promote and protect the health, welfare, and safety of the people of the City of New York.

Our dedicated workforce has always recognized that our diversity is our strength. It is a source of pride and strength for all of us. And we work hard every day to bring these values to life in every patient encounter and how we treat each other in our workplaces.

More than ever, we must continue to set an example of love and respect, and reaffirm our commitment to create a safe and welcoming environment for every New Yorker in need of quality, compassionate health care.

EXTERNAL AFFAIRS UPDATE

State - The State legislature is in the midst of its annual budget negotiations. NYC Health + Hospitals has been actively advocating against a series of cuts that would be harmful to our System, most notably an across the board Medicaid cut, a cut to the public Indigent Care Pool, and a capital cut. These cuts were proposed in the Governor's Executive Budget, and we and many colleagues and advocacy partners have been fighting to eliminate them. Fortunately, both the State Senate and Assembly did reject these cuts. We are grateful to the Assembly and Senate leadership and Health Chairs, our partners at City Hall, our Community Advisory Boards, and many advocacy champions for this initial success. Even more encouragingly, on March 22, the Governor announced that better than expected revenues and additional Federal aid will negate the need for cuts proposed in his budget. NYC Health + Hospitals will continue our advocacy to ensure that these cuts are eliminated. The budget process should be resolved by April 1.

City - I testified at the City preliminary budget hearing on March 22. The City budget process will continue over the next few months, as the fiscal year continues until June 30.

Community - We are pleased that the Office of External and Regulatory Affairs has initiated a weekly digest to keep our community stakeholders informed of health System activities and priorities. The Digest already has over 500 subscribers, and we look forward to continue growing its readership and contents.

I understand that there continues to be interest in our previous work to establish temporary emergency hospital beds in unused space of NYC Health + Hospitals/Coler. Please permit me to provide relevant information here. In the spring of 2020, NYC Health + Hospitals developed temporary hospital beds to help accommodate the enormous surge of COVID-19 patients in our system, with State approval. This temporary surge resource was placed within long-unused space in the NYC Health + Hospitals/Coler campus.

The temporary surge location - called the Roosevelt Island Medical Center or RIMC -- was situated in distinct portions of Buildings A and C of the Coler complex, in separate wings and floors from those used by Coler. We selected a new leadership team and new staff was brought in to serve the temporary RIMC beds. As volume increased, there were two separate entrances for patients, one for RIMC and one for Coler. Staff did go through one common entrance in order to receive their daily health screenings, and there were common elevators for the two spaces.

At all times, both Coler and the temporary RIMC facility maintained strict infection control policies, and staff removed any PPE before entering into any common spaces. The long-term residents at Coler did not interact with the patients in the temporary hospital space. Patients were required to stay in the rooms or on their units to avoid COVID spread. The RIMC beds were used only as long as needed during the first wave of the pandemic and operations were concluded in July. NYC Health + Hospitals did not subsequently reactivate the RIMC beds during the fall and winter surge.

FINANCE UPDATE

Through December, the health System had a positive net budget variance of \$115M (2%), with patient care receipts exceeding the budget by \$121.8M (6%). Remarkably, patient care receipts are \$397M (21%) better than last year due to increased patient acuity, higher rates, and the continued success of our revenue improvement initiatives. The system closed February with approximately \$400 million cash-on-hand (18 days).

Medicaid Managed Care enrollment in MetroPlus and Health First has increased by nearly 76,228 between January and December. Based on Medicaid Managed Care performance as a whole (not just net new membership), we anticipate receipts of \$64M through CY20 Q3. Consistent with our Memorandum of Understanding, the City has transferred over \$500 million to support T2 spending commitments through December. The MOU also has been updated to include costs associated with vaccine distribution.

Federal Relief - We are pleased to report that the American Rescue Plan Act signed by President Biden fixes the DSH eFMAP glitch, which will offset nearly \$800 million in losses in FY21 and FY22. We continue to advocate for expedited FEMA approval of our subsequent reimbursement package and are drafting a formal letter to FEMA in coordination with the City on this request. The COVID-19 cost estimate associated with the first wave and second wave is estimated at \$1.9 billion. Through January, the System has paid out \$1.5 billion. To-date, the system has received \$1.2B in CARES Act Provider Relief Funds and \$199M in FEMA reimbursement advances.

THE END OF THE PUBLIC CHARGE RULE

NYC Health + Hospitals was happy to learn last week that the US Department of Justice would stop defending the Trump Administration's public charge policy in a case that was set to go before the Supreme Court. This means a lower court's decision is now in effect and the harmful rule can no longer be applied anywhere in the country. At NYC Health + Hospitals, we are celebrating the end of this damaging and cruel policy that caused immigrant families to avoid seeking essential health care services, access to which is more important than ever during the COVID-19 pandemic.

While the rule only applied to a small subset of New Yorkers who are immigrants and officially covered only a small set of public benefits, it instilled fear and confusion throughout immigrant communities and this "chilling effect" could impact immigrant New Yorkers for years to come. Our frontline providers and staff have seen the impact of the public charge rule in action - patients have disenrolled from critical health care and benefits programs for which they are eligible and have avoided seeking essential care. This has likely exacerbated the disproportionate devastation caused by the COVID-19 pandemic among New Yorkers of color in neighborhoods with large immigrant communities.

As we celebrate the end of the public charge rule, we underscore the message we have repeated throughout these past four years amidst a changing immigration policy landscape: NYC Health + Hospitals has always encouraged

all New Yorkers to seek care without fear, and has welcomed all patients at NYC Health + Hospitals, no matter their immigration status or ability to pay. That is our commitment. It will never change.

CONTRACTS, PURCHASE ORDERS AND WORK ORDERS

I issued a Declaration of Emergency dated March 1, 2020 related to emergency contracts and procurement, which was subsequently updated and reissued through February 28, 2021. There is currently no Declaration of Emergency for contracting in effect.

The health system has entered into three new emergency agreements not covered in our prior reports. Two of the new agreements are for temporary staffing for the hotels we are managing on behalf of the City, our acute-care facilities, post-acute care facilities, as well as temporary staffing for the expanded vaccination program. One agreement was executed in December 2020 and the other in January 2021.

The third new agreement is for building security services at the COVID-19 testing sites. The Department of Buildings had procured and held this agreement, but our health system manages these COVID-19 testing sites and so we agreed to an assignment of the agreement to us in February 2021. The total spend through February 2021 is \$104,000,000.

HEALTH SYSTEM NEWS

- [NYC Health + Hospitals Arts in Medicine Program Expands Community Murals Project to Another Nine Facilities](#)
- [Dr. Eric Wei Named to Crain's "40 Under Forty" Distinguished New Yorkers](#)
- [NYC Health + Hospitals Supports City's Tele-Mental Health Services to Address Impact of Pandemic](#)
- [NYC Health + Hospitals Adopts ABIM Foundation Guidelines to Further Reduce Potential Spread of COVID](#)
- [NYC Health + Hospitals' "Early Steps" Inpatient Mobility Program Reduces Length of Hospital Stays in Med/Surge Patients](#)
- [Statement of Mitch Katz, in Response of JAMA Discussion on structural racism](#)
- [Virtual ExpressCare Introduces "Save My Spot" Function, Expands Range of Services](#)
- [Nearly 1K CUNY Nursing Students to Support System's COVID Vaccination Operation](#)
- [NYC Test & Trace Corps Partners with Alpha Phi Alpha Fraternity, Inc., to Promote Day of COVID-19 Testing](#)
- [New CEOs Appointed to Metropolitan and Lincoln Hospitals](#)
- [COVID Center of Excellence Opens in Jackson Heights, Queens](#)
- [NYC Test & Trace Corps Hosts Day of Action to Reach JFK Airport Workers with Covid Testing](#)
- [System Recognizes 30 Nurse Professionals in Annual Nursing Excellence Awards](#)
- [NYC Care Reaches Milestone of 50,000 Enrolled Members](#)

- [NYC Test & Trace Corps Take Care Program Helps More Than 10,000 Guests Safely Separate in Free Hotel Rooms](#)
- [System Administers 100,000th COVID-19 Vaccine Dose to Employee](#)

RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the “System”) to amend six agreements for **neighborhood canvassing as part of the System’s response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc.** (the “Vendors”) previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

WHEREAS, the City of New York (the “City”) assigned the System a lead role in the City’s response to the COVID-19 pandemic which the System’s Test + Trace Corps has assumed; and

WHEREAS, an important part of the Test + Trace program has been focusing on City neighborhoods with COVID-19 outbreaks by having canvassers in the neighborhoods to knock on doors and otherwise engage with the residents to spread critical public health messages about the virus; and

WHEREAS, eventually the canvassing program expanded to include following up with people who arrive at City airports and train stations from out of State to ensure that quarantine rules were being followed and also to disseminating information about COVID-19 vaccines; and

WHEREAS, from March, 2020 through February, 2021 the System operated under its President’s Declarations of Emergency permitting contracts to be signed without complying with every Operating Procedure 100-5 process and without the specific contract approval of the System’s Board of Directors; and

WHEREAS, the System in August, 2020, in response to an urgent imperative, signed six-week agreements with Full Contact Communications LLC and Connective Strategies Associates, Inc. for canvassing work;

WHEREAS, the System in September and again in November 2020 engaged in due diligence investigations of available firms available to immediately engage in the canvassing work and on the basis of those investigations then extended the agreements for six-eight-week terms; and

WHEREAS, while the canvassing work continued, the System issued an RFP in December 2020, for canvassing firms and, under the supervision of a Contract Review Committee, selected the Vendors and issued contracts to the Vendors for approximately 6 months for a total of up to \$20M under the authority of the Emergency Declaration;

WHEREAS, the canvassing work continues to expand with a heavier emphasis on vaccine education and scheduling and it is necessary to increase the budget to \$60M; and

WHEREAS, with no Presidential Emergency Declaration for procurement in effect, the approval of the System’s Board is sought to authorize the increase in funding for the Vendor agreement.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation be and it hereby is authorized to amend six agreements for neighborhood canvassing as part of the System’s response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc. previously signed under emergency authority to increase the total spending authority from \$20M to \$60M

EXECUTIVE SUMMARY
AMEND SIX AGREEMENTS FOR NEIGHBORHOOD CANVASSING
INCREASE NTE FROM \$20M - \$40M

BACK-GROUND: City of New York (the “City”) assigned to the System a lead role in the City’s response to the COVID-19 pandemic which the System’s Test + Trace Corps has assumed. An important part of the Test + Trace program has been focusing on City neighborhoods with COVID-19 outbreaks by having canvassers in the neighborhoods knock on doors and otherwise engage with the residents to spread public health messages about the virus. The canvassing program expanded to include following up with people who arrive at City airports and train stations from out of State to ensure that quarantine rules were being followed and to also disseminating information about COVID-19 vaccines. Now the canvassing program is adding a major focus on vaccine education and scheduling and it is necessary to increase the budget for the six Vendors from \$20M to \$60M.

PROCUREMENT: from March, 2020 through February, 2021 the System operated under its President’s Declaration of Emergency permitting contracts to be signed without complying with all provisions of Operating Procedure 100-5. However, while during the most intense period of the epidemic, the System could not follow all of its normal procurement rules, the System attempted to build back in as much procurement process as the time pressures of the times allowed. Accordingly, while the System started with 6-week contracts with Full Contact Communications LLC and Connective Strategies Associates, Inc. based on due diligence investigations but without CRC review, as soon as time permitted and once it was apparent that the work would continue for months, it conducted a full RFP for canvassing services and complied with all the rules of the Contract Review Committee. That RFP resulted in contracts with the 6 Vendors. Now that it is apparent that the work of the Vendors will expand to focus more on vaccine education and scheduling it is necessary to increase the funding for the 6 Vendors from \$20M to \$60M. With the end of the Emergency Declaration and with the time to do so, the System seeks the Board’s authority for the increase in funding.

TERMS: None of the Vendors is promised any work. Instead, as assignments are given out, the System can choose among the 6 Vendors based on capacity, ties to the particular neighborhood where the work is focused and price. The Vendors offer the following pricing structures:

Proposer	Cost per canvasser per 8-hour day (unless otherwise noted)
AM LLC	\$232.32
Full Contact	\$318 (6hr)- \$420.00 (8hr)
Mosaic	\$281-\$464 Depending on length of assignment
ReServe	\$285.36
Connective Strategies Associates	\$375-\$420 depending on number of staff deployed
Janoon	\$299.00

MWBE: Connective Strategies and Janoon are MWBE. AM Trace LLC, ReServe and Full Contact, each submitted 30% WMBE utilization plans. Mosaic Sales Solutions is entirely self-performing with salaried employees and so received a waiver.

FUNDING: CDC or FEMA.

VENDEX: **Approved:** AM LLC, Mosaic Sales Solutions US Operating Co. LLC, ReServe Elder Services LLC, Connective Strategies Associates, Janoon Inc.

Pending: Full Contact LLC



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

From: Keith Tallbe **Talbe, Keith** Digitally signed by Tallbe,
Senior Counsel Keith
Office of Legal Affairs Date: 2021.04.06
06:42:09 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: AM LLC

Date: April 6, 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>
Approved	Pending	30% Utilization Plan

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



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

From: Keith Tallbe Tallbe, Keith Digitally signed by Tallbe,
Senior Counsel Keith Date: 2021.04.06
Office of Legal Affairs 06:43:31 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Full Contact LLC

Date: April 6, 2021

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

Vendor Responsibility
Pending

EEO
Pending

MWBE
30% Utilization Plan

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



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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Mosaic Sales Solutions US Operating Co. LLC

Date: April 6, 2021

Digitally signed by Tallbe, Keith
Date: 2021.04.06
06:46:01 -04'00'

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>
Approved	Pending	Full Waiver

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



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

From: Keith Tallbe Tallbe, Keith Digitally signed by Tallbe,
Senior Counsel Date: 2021.04.06
Office of Legal Affairs 09:24:28 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: ReServe Elder Service Inc.

Date: April 6, 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>
Approved	Pending	30% Utilization Plan

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



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

From: Keith Tallbe **Tallbe, Keith** Digitally signed by Tallbe,
Senior Counsel Keith
Office of Legal Affairs Date: 2021.04.06
08:51:13 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Connective Strategies Associates

Date: April 6, 2021

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

Vendor Responsibility

Approved

EEO

Pending

MWBE

NYS Dual Certified

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



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

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

Digitally signed by Tallbe,
Keith
Date: 2021.04.06
06:53:55 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Janoon Inc.

Date: April 6, 2021

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

Vendor Responsibility
Approved

EEO
Pending

MWBE
NYC MBE

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.

Request to Increase NTE for Test & Trace Canvassing Firms

Contracted firms:

- 1) AM Trace LLC
- 2) Full Contact Communications
- 3) Mosaic Sales Solutions
- 4) ReServe, a Member of the FedCap Group
- 5) Connective Strategies Associates Inc.
- 6) Janoon Inc.

Board of Directors Meeting April 29, 2021

Dr. Ted Long, Executive Director, T2
Jonathan Viguers, Director, Campaign, T2



Background / Current State

- Test + Trace (T2) is meeting the COVID-19 epidemic in many ways, one of which is extensive community outreach to educate the public about ways to stay safe from the virus, what to do if a person is infected or comes into contact with an infected person, and how incoming travelers are to comply with NY State guidance.
- This work currently involves community engagement activities aimed at disseminating public health messages about COVID-19, as well as direct scheduling of vaccine appointments.
- An RFP and CRC approval process was conducted to solicit vendors to expand the capacity of COVID-19 outreach and meet the speed, scale, cost, and reliability standards required for this work
- 6 firms are now contracted with an NTE of \$20M



Approval Request

- Given the growing need for vaccine-related outreach and appointment scheduling, T2 seeks to increase the NTE for the canvass firms currently contracted to conduct outreach
- Canvassers are currently playing a pivotal role in facilitating access to vaccines in neighborhoods designated by the Mayor's Taskforce on Racial Inclusion and Equity (TRIE) with significant racial and economic health disparities and areas with low vaccination rates.
- Current canvassing levels will exhaust the \$20M NTE by mid-May.
- We are seeking approval to increase the NTE from **\$20M** to **\$60M** across AM LLC, Full Contact, Mosaic, ReServe, Connective Strategies, and Janoon to provide staffing for COVID-19 community outreach related to vaccines and general public health messaging regarding the pandemic.
 - Current number of canvass shifts: 460 daily (250 vaccine, 210 testing)
 - Projected number of canvass shifts: 1060 daily (700 vaccine, 360 testing)

Financial Considerations

- All canvassing work is included under the H+H/OMB MOU
 - Test & Trace Corps canvassing is CDC ELC eligible
 - Vaccine canvassing is anticipated to be FEMA eligible
- OMB has fully reimbursed H+H canvassing work to date and will do so moving forward
 - H+H has paid \$4M for canvassing conducted in February and OMB is currently transferring funds accordingly
- H+H has committed \$14M for canvassing work from February through the end of April within the current \$20M of approved funding
- NTE increase will cover expanded canvassing work through the end of September 2021

- **The current performance of the vendors has been satisfactory**
 - 547,000 commitments to get tested
 - 7+ million masks distributed
 - More than 70,000 vaccine appointments scheduled to date
 - Highest concentration of vaccine appointments made for TRIE community residents
 - If approved, will have capacity to do more than 30,000 vaccine appointments per week, with majority being in TRIE communities
 - 15% decrease in no-show rates at vaccine sites staffed by T2 canvassers
 - 25% increase in scheduling rates at NYCHA vaccine sites staffed by T2 canvassers
 - All firms submit data to T2 daily on the metrics above as well as total number of shifts deployed and number of conversations
 - More than half of all staff hiring is of individuals from TRIE neighborhoods
 - Vendors' historical performance informs the assignment of future work

Overview of Procurement

- RFP was posted in City Record and content was approved by the CRC
- 16 Firms responded. Six were selected.
- NYC Health + Hospitals has entered into contract with AM LLC, Full Contact, Mosaic, ReServe, Connective Strategies, and Janoon to provide staffing for Covid-19 community outreach and traveler communication across the 5 boroughs
- Current NTE: \$20M
- Requested Increased NTE: \$60M

Terms & Assignment of Work

Work is Primarily Assigned to one firm or another based on the following considerations:

- Geographic footprint
- Language skills
- Capacity
- Ability to scale

Pricing is inclusive of:

- Transportation costs
- Supervision/overhead costs
- PPE costs

This contract will be under the supervision of the Senior Vice President of Ambulatory Care and Executive Director of Test and Trace.

Shift assignments will be at the discretion of the contract manager at NYC Health + Hospitals

Contracted Vendor	Cost per canvasser per 8 hour day
AM LLC	\$232.32
Full Contact	\$318 (6hr) - \$420.00 (8hr)
Mosaic	\$281-\$464 depending number of consecutive weeks T2 can commit to deploying staff
ReServe	\$285.36
Connective Strategies Associates	\$375 - \$420 depending on number of staff deployed
Janoon	\$299.00

Recap of Procurement Process

MWBE status

- Janoon Inc. (NYC and NYS) : **Current MWBE**
- Connective Strategies Associates Inc. (NYS) **Current MWBE**
- Mosaic Sales Solutions – **Committed to 30%**
 - Previous waiver granted
 - Program team is working with the vendor on the selection of the sub-contractor
- ReServe - **Committed to 30%** - sub-contracted with Alpha Business Solutions
 - Total payment to date: \$134,832
 - MWBE subcontractor payment to date \$74,013.49 (55%)
- AM LLC - **Committed to 30%**. Sub-contracted with Donia, LLC
- Total payment to date: \$1,138,368.00
 - MWBE subcontractor payment to date: \$53,125.31 (4%)
 - Program team is working with the vendor to improve this metric. They are currently using an MWBE staffing agency and have committed to use another MWBE for logistics and delivery needs to reach 30%
- Full Contact (previously known as BMG) – **Committed to 30%** - sub-contracted with Morris Alsop, Sykes Global Communications and Meridian Strategies
 - Total payment to date: \$5,358,936
 - MWBE subcontractor payment to date: \$1,423,211 (27%)

- **Evaluation Committee:**
 - Deputy Director, Campaign
 - Chief Operating Officer
 - Assistant Director of Finance
 - Senior Director, Travel Advisory
 - Grant Analyst
 - Director, Campaign

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

Board of Directors Request to Increase NTE for Test & Trace Canvassing Firms

Authorizing New York City Health and Hospitals Corporation (the “System”) to amend six agreements for neighborhood canvassing as part of the System’s response to the COVID-19 pandemic with: AM Trace LLC; Full Contact Communications LLC; Mosaic Sales Solutions; ReServe; Connective Strategies Associates, Inc.; and Janoon, Inc. (the “Vendors”) previously signed under emergency authority to increase the total spending authority from \$20M to \$60M.

RESOLUTION – 03

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute **Job Order Contracts (“JOCs”) with three firms: Volmar Construction Inc.; BA Global Construction, Inc.; and Carefree Improvements Inc,** (the “Contractors”), that were selected through the System’s public bid process, to provide general construction services on an as-needed basis at various facilities throughout the System with each contract to be for a term of two-years, for an amount not to exceed \$10,000,000 for each contract for a total authorized value of \$30 Million.

WHEREAS, the facilities of the System require, from time to time, construction services; and

WHEREAS, the System has determined that such needs can best be met by utilizing outside firms, on an as-needed basis, through JOCs; and

WHEREAS, the System published a request for bids for general construction services, bids were received from 17 companies, and were publicly opened on February 24, 25, and 26 2021, and the System determined that the three Contractors are the lowest responsible bidders for these contracts; and

WHEREAS, the Contractors have met all, legal, business and technical requirements and are qualified to perform the services as required in the contract documents.

NOW, THEREFORE, be it

RESOLVED, the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute Job Order Contract with three firms: Volmar Construction, Inc.; BA Global Construction, Inc.; and Carefree Improvements Inc that were selected through the System’s public bid process, to provide construction services on an as-needed basis at various facilities throughout the System with each contract to be for a term of two-years, for an amount not to exceed \$10,000,000 for each contract for a total authorized value of \$30 Million.

EXECUTIVE SUMMARY

CONSTRUCTION SERVICES - JOB ORDER CONTRACTS

**VOLMAR CONSTRUCTION SERVICES
BA GLOBAL CONSTRUCTION, INC.
and
CAREFREE IMPROVEMENT, INC**

OVERVIEW: The New York City Health and Hospitals Corporation (the “**System**”) seeks to execute three Job Order Contracts (“**JOCs**”) for a term of two years each, for individual amounts not-to-exceed \$10,000,000, to provide general construction services on an as-needed basis at any System facility. The total authorized to be spent under these contracts is \$30 Million.

JOCs work off of fixed prices for thousands of materials utilized in typical construction projects. The prices are derived from widely published construction reference works to which the System subscribes that are updated at frequent intervals. Contractors awarded JOCs under the proposed resolution will be invited to submit proposals for particular projects. JOCs contractors submit proposals based upon acceptance of the fixed material prices and a multiplier based on such material costs to determine their labor cost proposals. For example, if a material to be installed is priced at \$10.00, and the contractor’s labor multiplier to install that material is 1.0, the cost of that material and labor is \$10.00, inclusive of overhead and profit. If the multiplier is 1.2, then the cost of that material and labor is \$12.00, inclusive of overhead and profit.

This format has been used in previous System JOCs, and is used by the New York City School Construction Authority, the Dormitory Authority of the State of New York State, the New York City Department of Design and Construction, the New York City Department of Environmental Protection, the United States Postal Services and others.

NEED: The various facilities of the System are likely to require general construction services that vary in frequency, size and urgency, which cannot be timely and cost effectively completed through a dedicated design, bid and award process. Due to fluctuating demands, the System has determined that these needs can often best be met by outside firms on an as-needed basis through requirements contracts.

TERMS: The construction services will be provided via a work order system within a two year period, each for an amount not to exceed \$10,000,000.

COSTS: Not-to-exceed \$10,000,000 over two years, for each of the three contracts for a total of \$30 Million.

FINANCING: Job Order contracts provide a pre-qualified approved mechanism for facilities to access construction services. The facilities establish funding sources such as capital funds from bond proceeds, grants or expense (Other Than Personnel Services - OTPS) funds.

SCHEDULE: Upon contract execution these contracts shall be in effect for two years or until funds are exhausted.

SIMILAR EXPERIENCE:

VENDOR	PROJECT/CONTRACT	STATUS	AMOUNT
Volmar	General Construction	Completed 2019	\$10,000,000
Volmar	Heating and Ventilation	Completed 2018	\$6,000,000
BA Global Construction	Façade Restoration at Woodhull	In Progress	\$7,143,946
Carefree Improvements	General Construction Work	Completed	\$1,200,000
Carefree Improvements	OM Properties – Building Upgrade	Completed	\$2,300,000
Carefree Improvements	Momut Group – General Construction	Completed	\$3,000,000

EVALUATION SCORES: Volmar had a **96.5%** rating by users throughout the system (rated by 4 facilities on 20

ON PRIOR WORK GC projects). Volmar completed 4 HVAC projects at 3 facilities and received a 95% rating.

This is **BA Global’s** first JOCS Contract. However, they were awarded an Exterior Restoration Contract at Woodhull which is in progress. Three private entities with whom BA Global had recently worked gave the firm excellent references when we inquired. .

Carefree Improvements had an **87%** rating by contract users throughout the system (rated by 4 facilities on 6 GC projects). Completed 6 projects at 4 facilities.

MWBE UTILIZATION: Volmar presented a 31% utilization plan. BA Global presented a 45% utilization plan. Carefree will self-perform 60% of the work and presented a 10% utilization plan for a total utilization plan of 70%.

VENDEX: Approved.

EEO: Approved.

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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Volmar Construction Inc.

Date: March 31, 2021

Digitally signed by
Tallbe, Keith
Date: 2021.03.31
06:47:00 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

31% Utilization Plan

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

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

From: Keith Tallbe Tallbe,  Digitally signed by
Senior Counsel Keith Tallbe, Keith
Office of Legal Affairs
Date: 2021.03.31
06:48:27 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: BA Global Construction Inc.

Date: March 31, 2021

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
45% Utilization Plan

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

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

From: Keith Tallbe Tallbe, Digitally signed
Senior Counsel Keith by Tallbe, Keith
Office of Legal Affairs Date: 2021.03.31
06:51:14 -0400

Re: Vendor responsibility, EEO and MWBE status

Vendor: Care Free Alarms Inc.

Date: March 31, 2021

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
NYC MBE
10% 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.

General Contracting(GC) Job Order Contracts - Volmar Constuction; BA Global Construction and CareFree Improvements

Board of Directors Meeting

April 29 , 2021

Christine Flaherty, Senior Vice President, Office of Facilities Development



Background / Current State

- Job Order Contracting (JOCs) are Construction Contracts that are awarded based on public bid, whereby bidders use a multiplier, against an itemized catalog of services, to establish their base bid. Solicitation and award in alignment with NYC Health + Hospitals Operating Procedure 100-5.
 - Enable contractors to complete a substantial number of individual projects with a single bid
 - Tasks based on competitively-bid, preset prices

- Current General Construction (GC) contracts were awarded in 2019 will expire in June 2021.

- Proposals for work related to these contracts are created using pricing from the Gordian itemized catalog of services and the vendors multiplier

- Gordian maintains RSMeans data and annually updates a proprietary price book which is based on published CCI (NYC ENR)

- JOCs contracts are deployed across all facilities to quickly move into construction within a defined scope for smaller scale and urgent projects

Current GC JOCs Firm

Contractor	Multiplier	Original Contract Award	Work Issued to Date	Remaining	MWBE Spend to Date	MWBE %	Contract Expiration
Rashel Construction (MBE)	0.8342	\$10,000,000	\$6,973,565	\$3,026,435	\$4,397,538	63%	6/12/2021
Carefree Improvements (MBE)	0.9	\$10,000,000	\$3,899,849	\$6,100,151	\$3,899,849	100%	6/12/2021
Jemco	0.9382	\$10,000,000	\$9,893,265	\$106,735	\$2,588,658	26%	6/12/2021

- Bids received by up to 6 discreet firms
- Three vendors available for facilities to utilize as projects arise

Procurement

- Public bids opened on February 24th, 25th and 26th of 2021 for three contracts, each for \$10M, to provide General Construction services. The contracts will be for a two year term. Bids were received by 17 discreet firms

- Volmar Construction was the lowest responsible bidder for GC1
 - Lowest multiplier submitted by Volmar – 0.7980
 - 17 bids submitted
 - MOCs Evaluation - Satisfactory
 - **Volmar H+H User rating – 96.5% (4 facilities on 20 projects valued at \$9,980,214.00)**

- BA Global Construction was the lowest responsible bidder for GC2
 - Lowest multiplier submitted by BA Global – 0.7844
 - 11 bids submitted
 - Private references - Excellent
 - **BA Global H+H User rating - 1 new contract with H+H valued at \$7,143,946.00**
 - Recently awarded
 - Currently in design
 - Work to date has been satisfactory

- Carefree Improvements (MBE) was the lowest responsible bidder for GC3
 - Lowest multiplier submitted by Carefree – 0.7869
 - 9 bids submitted
 - MOCs Evaluation – No evaluations within the last three years
 - **Carefree H+H User rating - 87% (4 facilities on 6 GC projects valued at \$2,685,291.00)**
 - More recent evaluations reflect improved performance

MWBE Utilization Plans

➤ Volmar: 31% MWBE Utilization Plan

Subcontractor	Certification	Supplies/Services	Utilization Plan
Infinity Contracting	MBE	Heating and Ventilation	10%
Eastern Plumbing	WBE	Plumbing	7%
American Building Contractors Association	MBE	Milwork Fabrication	4%
ANR Mechanical		Refrigeration, A/C, Mechanical	5%
RJ Green	MBE	Piping	
Duetscher & Daughter	MBE	Site Work	2%
	MBE	Carpentry	3%
TOTAL			31%

➤ BA Global*: 45% MWBE Utilization Plan

Subcontractor	Certification	Supplies/Services	Utilization Plan
Kensington Park Mechanical	MBE	Mechanical	15%
AV Steel	MBE	Steel and Structure	7.5%
Robert Parchment	MBE	Plumbing	12.5%
Lvest Electrical	WBE	Electrical	10%
TOTAL			45%

➤ Carefree Improvements (MBE) – 70% MWBE Utilization Plan

➤ Will self perform 60% of work

Subcontractor	Certification	Supplies/Services	Utilization Plan
JH Electric	WBE	Electric	10%
TOTAL			70%

* Pending NYC MWBE Certification

Board of Directors Request

- Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute Job Order Contracts (“JOCs”) with three firms: Volmar Construction Inc.; BA Global Construction, Inc.; and Carefree Improvements Inc, (the “**Contractors**”), that were selected through the System’s public bid process, to provide general construction services on an as-needed basis at various facilities throughout the System with each contract to be for a term of two years, for an amount not to exceed \$10,000,000 for each contract for a total authorized value of \$30 Million.

RESOLUTION – 04

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to sign a three-year best interest renewal contract with **Change Healthcare Inc (the “Vendor”)** for an **enterprise-wide radiology diagnostic management solution** 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 five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

WHEREAS, the System benefits from having a Vendor provide technical maintenance and support in the System’s radiology diagnostic operations; and

WHEREAS, in 2016 the System contracted with the Vendor to implement an enterprise solution for PACS, Dose Management, Dictation, Workflow Intelligence, and Practice Management Solutions with a five-year term to expire July 22, 2021;

WHEREAS, under OP 100-5, the System can renew an agreement where it is in the System’s best interest provided it receives the approval of the Contract Review Committee; and

WHEREAS, the System has made a significant investment in implementing the multiple platforms provided under the Vendor’s existing agreement over the past five years, and switching to another service would involve abandoning such investment to a cost prohibitive and operationally undesirable extent; and

WHEREAS, the Senior Assistant Vice President for Radiology 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 three-year best interest renewal contract with Change Healthcare Inc for PACS, Dose Management, Dictation, Workflow Intelligence, and Practice Management Solutions 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 five-year term of \$15,875,046.00 with a 10% contingency of \$1,587,505.00 for a total expense not to exceed \$17,462,551.00.

**EXECUTIVE SUMMARY
AWARD OF CONTRACT TO
CHANGE HEALTHCARE INC FOR
ENTERPRISE WIDE RADIOLOGY DIAGNOSTIC MANAGEMENT SOLUTION**

- BACK-** In February 2016, the Board of Directors approved a contract between NYC Health + Hospitals and McKesson Technologies Inc., now known as Change Health Care (“CHC”). CHC implemented a standard enterprise-wide radiology diagnostic management solution to drive patient outcome, quality of care, and efficiency improvements by establishing radiology network connectivity across the entire NYC Health + Hospitals system, enabling a cross-facility radiology imaging sharing protocol, optimizing radiology practice management, and generating transparent performance metrics in such a way that services, quality and productivity are improved. CHC also provided an enterprise diagnostic viewer that consolidated eleven siloes of diagnostics viewers (“PACS”) into an enterprise diagnostic viewer standard across all the facilities, eliminating independent separate and/or end of life systems. This consolidation enhanced and simplified radiology cross-facilities interpretation of images and image management workflows and reduced the need for complex connections between multiple systems. This standardization furthered enhanced quality and delivery of care, supported enterprise clinical standards, best practices, improvement of the timeliness of interpretation and greatly decreased abnormal and critical result reporting processes. Additionally, the single platform allowed innovative new techniques for breast cancer screening leveraging 3D mammography images of the breast (formally known as digital breast tomosynthesis) and orthopedic digital pre-operative planning and templating software as two examples.
- PROCURE
MENT:** Proposed renew is on the basis of its being in the System’s best interest. The best interest case was presented to the Contract Review Committee which approved of the renewal.
- TERMS:** The Vendor will provide software maintenance and technical support for the term of the agreement. The Vendor will also provide integration support for future product enhancements. The annual fee of \$3,699,694 for the first year includes upgrade and maintenance, and then changes to \$3,043,838 in years two through five. There is no price increase to the maintenance cost.
- FUNDING:** All expenses are OTPS and will be paid from operating funds.
- MWBE:** The Vendor is self-performing through employees for 90% of the work under this agreement. The Vendor has committed the remaining 10% (\$1.6MM) to MWBE vendors. Vendor will recruit 100% of the professional services via MWBEs representing \$328,000 over 5 years (based on the annual rate). The Vendor will use Atria Consulting, a New York State certified woman owned business.



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

From: Keith Tallbe Tallbe, Keith Digitally signed by
Senior Counsel Date: 2021.03.31
Office of Legal Affairs 08:24:11 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Change Healthcare, Inc.

Date: March 31, 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>
Pending	Approved	10% 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.

**Change Healthcare (formerly McKesson)
Application for Best Interest Contract Renewal
Radiology Transformation Program**

**Board of Directors Meeting
April 29, 2021**

**Michael Ambrosino, MD – Co-Chair of Radiology Directors
Council, Chairman – Bellevue Radiology**

David Shi – Sr. AVP Radiology – Central Office

Alfred Garofalo, DPM – Sr. AVP EITS – Central Office

Background/ Current State

- In 2016, NYC Health + Hospitals entered into an agreement with Change Healthcare Inc (CHC) (previously McKesson Technologies Inc.) for a fully integrated Radiology Picture Archiving and Communication System (PACS) with a Practice Management Solution. The agreement was Board approved with a not to exceed amount of \$23,353,125.94.
- The scope of the agreement includes license, software maintenance, implementation of PACS, Vendor Neutral Archiving solutions (Dose Management, Dictation, Workflow Intelligence), and Practice Management Solution (Business Analytics, Concierge Service).
- NYC Health + Hospitals generally performs 1.5M Radiology cases annually.
- The PACS system has been implemented at all Acute Care, Gotham, and Carter.
- The current contract expires July 22, 2021.
- Total current spend against the agreement is \$22,001,210.00.
- We are requesting to renew the agreement for 3 years with 2 one year options.

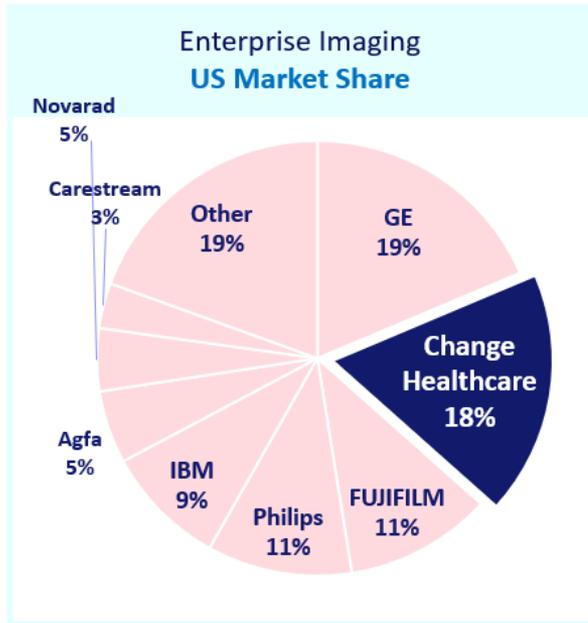
Best Interest Renewal (1/2)

- Under the System's procurement operating procedure, OP 100-05, where it is in the System's best interest and where supported by a cost-benefit analysis the System may renew a contract rather than re-procure.
- The Vendor's solution is providing substantial benefits through its software and services, and continues to perform well.
- There is a lack of opportunity in the market were the System to switch vendors.
 - Solution: CHC is the top provider of enterprise imaging solutions to large healthcare systems, such as Northwell Health and Montefiore
 - The price for the services has not increased on a per unit basis since being competitively procured five years ago
 - Market analysis shows no price savings to be gained based on industry pricing benchmarks

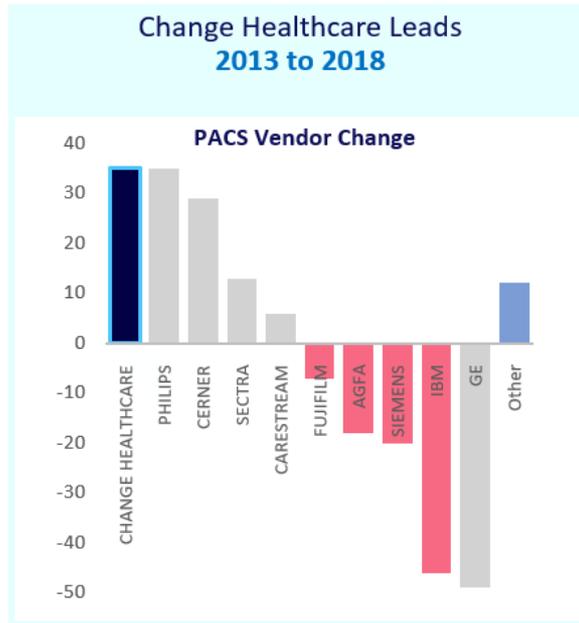
Best Interest Renewal (2/2)

- Switching vendors now would necessitate:
 - Deconstruction of the gains achieved over the previous 5 years which include:
 - A single PACS system
 - A Vendor Neutral Archiving (VNA) system for image repository
 - A single enterprise work list
 - A single clinical viewer
 - Full integration of the imaging system with the EMR
 - A fully integrated dictation system
 - An enterprise wide business intelligence and analytics system
 - A concierge system for delivery of critical results to the ordering provider
 - Lost investments made over the previous 5 years
 - Loss of 5 years worth of labor
 - Loss of an additional 2 years, for a new vendor to rebuild what CHC has already built
 - Require new investments: approximately \$16 m
 - Present NYCH+H a tremendous set back in losing our place among NYC health care systems in the domain of imaging services
- Given the above, the cost-benefit analysis supports renewing the contract rather than re-procuring and we are seeking approval to renew the agreement as a best interest renewal under OP 100-05.

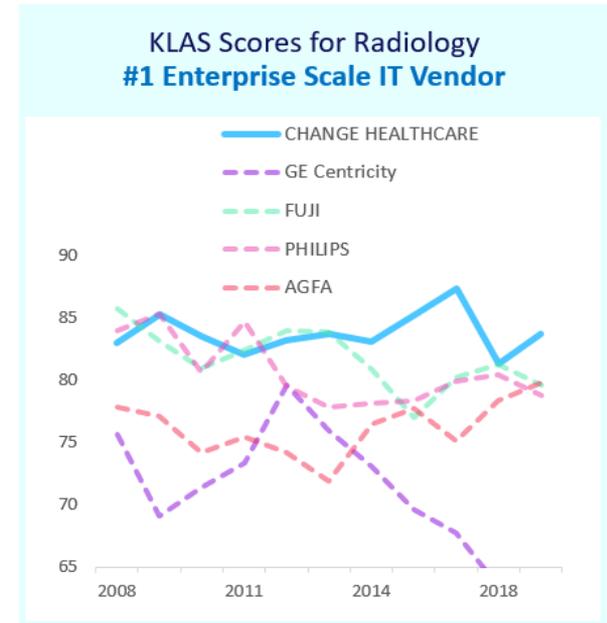
Market Landscape



Source: PACS Share (Definitive Healthcare), 2019



Source: HIMSS Analytics, 2013 - 2018



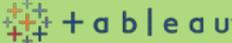
Source: KLAS, 2008 - 2019

Northwell Health and Montefiore also utilize the Change Healthcare platform.

Accomplishments Over Five Years

Radiology Transformation Vision

“A system where any image can be read at any site within NYC Health + Hospitals using a single platform and generating transparent performance metrics, in such a way that service quality and efficiency are improved.”

	PRIOR	CURRENT
EMR		
Result Communication	DID NOT EXIST	 Radiology Concierge Service
Business Intelligence	DID NOT EXIST	
Radiation Dose Management	DID NOT EXIST	
Dictation	 	
Vendor Neutral Archive	DID NOT EXIST	
Enterprise Worklist	DID NOT EXIST	
PACS		

Transformation Progression

Year 1- 5 (Initial Contract Term)

Year 6-10 (Renewal Term)

Enterprise EMR Integration - Complete

Voice (PowerScribe 360) Dictation - Complete

(PACS) Integration - Complete

Clinical Viewer For Providers - Complete

Radiology Worklist Intelligence For Radiologist - Complete

Radiology Business Intelligence/Analytics - Complete

Concierge Service by CHC → Conversion to NYCHH - Complete

Business Intelligence by CHC → Conversion to NYCHH - Complete

Enterprise Image Repository → VNA Integration (Radiology) - Ongoing Migration

Enterprise system upgrades

NYCH+H Technical Support Training and Knowledge Transfer

ChangeHealth Enhancements

- DynaCad Cancer Screening Integration (Breast/Lung)
- EMR - VNA Integration (Cardiology, Dental, Gastroenterology, Ophthalmology, Ultrasound)
- Advanced Voice and Collaboration Tools
- Advanced Clinical Viewer for Providers
- Advanced Artificial Intelligence (AI) with Clinical Algorithms to align with relevant priors identified and displayed

MWBE Plan

	Spend	MWBE	Percent
Renewal Total Contract Spend	\$ 15,875,046		
Self Performed Products and Services (Core Software & Maintenance)	\$ 14,235,046	\$ -	
Program Management (eligible to be sub-contracted)	\$ 1,640,000	\$ 1,640,000	10% of contract value, 100% of MWBE sub- contracting opportunity

- Renewal Agreement (Years 6-10):** Under the proposed renewal agreement, of the \$15.8M, \$14.2M is software/license and maintenance cost. All provided by or self-performed by Change Healthcare. Change Healthcare will commit the remaining opportunity (\$1.64M), representing **Program Management**, to its MWBE partner, Atria Consulting LLC, a NYS certified Women Owned Business.
- Original Agreement (Years 1-5):** Change Healthcare had a 10% MWBE utilization plan. This 10% was met by subcontracting the **Concierge Services** through Atria Consulting.

Change Healthcare Imaging Workforce Diversity

Data representative of Change Healthcare's US based employees in March 2021:

Total WW employment: 14,485

US employment: 13,131

US data:

71% of all employees are women

34% of all employees are Persons Of Color

- 17% Black
 - 9% Hispanic / Latino
 - 8% Asian
 - 2% two or more races
 - 1% Native American / Alaska Native or Native Hawaiian or Pacific Islander
-
- Director of Talent Management and **Diversity & Inclusion**
 - **Supplier Diversity** is embedded in the “Supplier Code of Conduct” through the procurement division
 - **Corporate Social Responsibility Initiatives** sit within the procurement division

Change Healthcare Corporate Social Responsibility Initiatives

Diversity, Equity & Inclusion

- At Change Healthcare we have four pillars that help guide our diversity, equity, and inclusion strategy across the organization to maximize success: (i) People; (ii) Environment; (iii) Business; and (iv) Compliance. Our pillars enable us to have a comprehensive approach that helps tackle behavioral, process, and cultural transformation
- At Change Healthcare, we understand that diversity, equity, and inclusion are at the very core of our culture. By celebrating diversity and fostering an inclusive environment we enrich our team member experience, broaden our thinking, and increase our ability to innovate and grow in an ever-changing healthcare industry. Organizations with inclusive cultures are six times more likely to be innovative and to anticipate change and respond effectively, and twice as likely to meet or exceed financial targets

Vendor Performance Evaluation

**Department of Supply Chain
Vendor Performance Evaluation
Change Healthcare**

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 extend applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Continued Development
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?	N/A
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?	N/A
Performance and Overall Quality Rating Satisfactory	Good

Continuous Development Process

- After program implementation, NYC Health + Hospitals realized a need for additional ongoing technical support from the vendor. Under the proposed agreement, Change Healthcare will provide a dedicated support team.
- The governance and oversight of the continuous improvement process is the responsibility of the Radiology Directors Council (RDC).
- Change Healthcare attends the RDC meetings, and provides a monthly status report.
- As needed, the RDC will engage other departments such as EITS, Finance, and Supply Chain to help address the issues.
- The RDC implements the solution, and communicates the resolution at the facility level.

Board of Directors Approval Request

- M&PA and EITS are seeking approval to enter into a best interest renewal for the agreement with Change Healthcare for system license maintenance, program management, and technology support.
- Proposed renewal term is three years with two one-year renewal options at the sole discretion of NYC Health + Hospitals. This contract allows for termination for convenience.
- Cost will remain at the same rate from the previous contract.
- Proposed term of the agreement is 7/23/2021 through 7/22/2026.

- Renewal agreement cost: \$15,875,046.00
- 10% contingency: \$ 1,587,505.00
- Proposed total renewal agreement cost: \$17,462,551.00