

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

- NYC Health + Hospitals | Bellevue

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Jacobi
- NYC Health + Hospitals | North Central Bronx

OPEN PUBLIC SESSION - 3:00 PM

Mr. Pagán

1. Adoption of Minutes: November 18, 2021

Chair's Report

Informational Item: T2 Memorandum of Agreement Update

Mr. Ulberg and Dr. Long

2. Authorizing the New York City Health and Hospitals Corporation (the "System") to sign a 2-year contract with **Rapid Reliable Testing NY, LLC** (the "Vendor") to operate, maintain, and supply mobile healthcare units to provide primary care services to homeless individuals living on the street through its Street Health Outreach and Wellness ("SHOW") program with two 1-year options to renew that can be exercised only by the System at a cost not-to-exceed \$21,806,323 over the potential four-year term
(Presented to the Finance Committee: (12/07/2021)
VENDEX: Approved / **EEO:** Approved
3. Authorizing the New York City Health and Hospitals Corporation (the "System") **to increase the funding for the 12 vendors listed in Annex A attached to this Resolution (each a "Vendor" and together, the "Vendors") from the \$250,480,410 set in July 2021 when the Board of Directors authorized contracts for the Vendors to perform COVID testing both in schools and in the community** on an as-needed basis by \$205,000,000 to bring the total amount for all Vendors to a new amount not to exceed \$455,562,279.
(Presented to the Finance Committee: (12/07/2021)
VENDEX: 10 Approved - 2 Pending / **EEO:** 7 Approved – 5 Pending
4. Authorizing New York City Health and Hospitals Corporation (the "System") to assume requirements contracts with each of **BronxWorks, the Chinese-American Planning Council Inc. and the City University of New York Graduate School of Public Health and Health Policy**, (the "Agencies") from the Housing Recovery Operations unit of the New York City Mayor's Office ("HRO") to provide client engagement services in connection with the Test + Trace Resource Navigator Program ("RNav") and the AfterCare Program ("ANav") for the period January 1, 2022 through June 30, 2022 for an amount for all three Agencies not to exceed \$17,273,816.
(Presented to the Finance Committee: (12/07/2021)
VENDEX: Approved / **EEO:** Approved - * CUNY NA
5. Authorizing New York City Health and Hospitals Corporation (the "System") to execute agreements for license renewals for **the use of space at the three mass COVID-19 vaccination/testing sites, the 12 pop-up COVID-19 testing sites and the one storage site listed in Annex A attached to this Resolution (together, the "Sites") and, through an agreement with NYCHA, various locations on NYCHA property, for no longer than one year** for a cumulative amount not to exceed \$4.4M, plus an 11% contingency of \$500,000 to cover site repairs and utility overages, for a total of \$4.9M
(Presented to the Capital Committee: (12/07/2021)
VENDEX: NA / **EEO:** NA

Ms. Wang

Ms. Wang

Ms. Wang

Mr. Peña-Mora

<p>6. AMENDED FROM CAPITAL COMMITTEE APPROVAL TO CHANGE SCOPE FROM “DATA CLOSET UPGRADE” TO “INTERMEDIATE DISTRIBUTION FRAME”</p> <p>Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Jemco Electrical Contractors, Inc. (the “Contractor”) for an amount not to exceed \$7,234,156 for construction services necessary for the Main Distribution Frame (MDF) Upgrade and Intermediate Distribution Frame (IDF) Phase II at NYC Health + Hospitals/ Harlem Hospital (“Harlem”) with a 10% project contingency of \$723,416 for unexpected changes in scope yielding a total authorized expenditure of \$7,957,572.(Presented to the Capital Committee: (12/07/2021)</p> <p>VENDEX: Approved / EEO: Approved</p>	<p>Mr. Peña-Mora</p>
<p>7. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a revocable five year license agreement with River Renal Services, Inc. (the “Licensee”) for its continued use and occupancy of 7,817 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Bellevue (the “Facility”) at an occupancy fee rate of \$68.50 per square foot or \$539,163.50 per year to be escalated by 2.75% per year for a total of \$2,848,221.26 over the five-year term. (Presented to the Capital Committee: (12/07/2021)</p> <p>VENDEX: Approved / EEO: NA</p>	<p>Mr. Peña-Mora</p>
<p>8. PENDING METROPLUS HEALTH BOARD OF DIRECTORS APPROVAL ON 12/14/2021 - Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to enter into a best interest extension of the contracts with CaremarkPCS Health, L.L.C. a Delaware limited liability company (“Caremark”) to provide pharmacy benefit management and pharmacy network services. The Plan seeks to extend the contract for Medicare lines of business by 12 months from the current end date of December 31, 2021 to the new end date December 31, 2022 for an amount not to exceed \$888,891 and to extend the contract for non-Medicare lines of business for 4 months from the current end date of August 31, 2022 to the new end date December 31, 2022 for an amount not to exceed \$4,854,112. For the overall not to exceed amount of \$5,743,003 for 2022 (Will be Presented to the MetroPlus Health (Subsidiary): (12/14/2021)</p> <p>VENDEX: Approved / EEO: Approved</p>	<p>Ms. Hernandez-Piñero</p>
<p>9. PENDING METROPLUS HEALTH BOARD OF DIRECTORS APPROVAL ON 12/14/2021 - Authorizing the Executive Director of MetroPlus to execute a contract with Change Healthcare (“Change”) to provide Risk Adjustment services for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$20,185,000 for the total 5-year term (Will be Presented to the MetroPlus Health (Subsidiary): (12/14/2021)</p> <p>VENDEX: Approved / EEO: Approved</p>	<p>Ms. Hernandez-Piñero</p>
<p><u>President’s Report</u></p> <p>Committee Reports</p> <p>➤ Capital Committee ➤ Finance Committee ➤ Audit Committee</p> <p>>>Old Business<< >>New Business<< >>Adjournment<<</p>	<p>Dr. Katz</p> <p>Mr. Peña-Mora Ms. Wang Ms. Hernandez-Piñero</p> <p>Mr. Pagán</p>

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 18th day of November, 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 - In Person
Dr. Mitchell Katz - Remote until 3:00pm and Joined In-Person at 3:18pm
Dr. Chinazo Cunningham- Left at 3:00pm
Dr. Michelle Morse
Mr. Phillip Wadle
Mr. Scott French
Ms. Barbara Lowe- In Person
Mr. Robert Nolan - In Person
Ms. Sally Hernandez-Piñero - In Person
Mr. Feniosky Peña-Mora - Left at 3:44pm
Ms. Anita Kawatra - Joined at 2:30
Dr. Michael McRae - Joined at 3:05pm and left at 3:45pm

Jose Pagán, Chair of the Board, called the meeting to order at 2:05 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán notified the Board that Scott French would be representing Steven Banks, Phillip Wadle would be representing Deputy Mayor Melanie Hartzog, and Dr. Michelle Morse would be representing Dr. Dave Chokshi - all 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 regarding personnel, patient medical information and collective bargaining matters.

The Board reconvened in public session at 3:07 p.m.

Mr. Pagán noted that Mr. French would be representing Mr. Steven Banks, Dr. Morse would be representing Dr. Dave Chokshi, Mr. Wadle would be representing Deputy Mayor Melanie Hartzog and Dr. Michael McRae would be representing Dr. Chinazo Cunningham - all in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on October 28, 2021, were presented to the Board. Then on motion made and duly seconded,

the Board adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on October 28, 2021, copies of which have been presented to the Board be, and hereby are, adopted.

CHAIR'S REPORT

Mr. Pagán advised that during the Executive Session, the Board received and approved a governing body oral and written report from NYC Health + Hospitals/Harlem.

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

VENDEX APPROVALS

Mr. Pagán noted that since the NYC Health + Hospitals began the process of approving contracts prior to Vendex approval, there are 15 items on the agenda requiring Vendex approval of which 11 have that approval. There are 8 items from previous board meetings pending vendex approval. Since the last Board meeting, one Vendex approval was 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 2:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest five-year renewal agreement with **Coordinated Behavioral Care IPA, Inc.** ("CBC") for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600
(Presented to the Medical and Professional Affairs Committee:
(11/01/2021))

Dr. Charles Barron, System Deputy Chief Medical Officer, presented background as well as a description of the Coordinated Behavioral Health (CBH) non-profit organization and the historical partnership between Health + Hospitals and CBC; the Pathway Home program overview and the provision of services.

Dr. Barron also presented the best interest renewal rationale, CHB's accomplishments at Health + Health including a total of 68% patient

engagement rate between February 2019 and June 2021 for services and the referral criteria for the Pathway Home Program.

Dr. Barron responded to questions regarding the difference between a best interest renewal and a sole source, cost breakdown, and involvement of young adults.

FOLLOW UP: The Board requested an annual report on the progress of achieving the program goals. The Board commended Dr. Barron for the program's diversity which is reflective of the diverse population being served.

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

ACTION ITEM 3:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 10-year lease with **Coney Island Associates Retail 2 LLC** ("Developer") for approximately 2,500 sq. ft. on the 1st floor of a to-be-constructed building at 1607 Surf Avenue, between W. 17th and 16th Streets in Coney Island (the "Premises") to house the Ida G. Israel Community Health Clinic (the "Clinic") operated by NYC Health + Hospitals/Coney Island (the "Facility") now operating on an adjacent lot for a yearly rent of \$30/sq. ft to be escalated by 10% every 5 years plus a share of increases in Developer's operating costs; provided that Developer will build out the Premises to the System's specifications within a budget of \$250/sq. ft., rent will not be payable until 18 months after construction is completed and the System shall hold two 5-year options to renew the lease at 95% of fair market value with the rent over the initial term totaling \$787,500.

(Presented to the Capital Committee: (11/15/2021))

Svetlana Lipyanskaya, Chief Executive Officer, NYC Health + Hospitals / Coney Island provided background on the Ida G. Israel Community Health Center and described an opportunity to secure future space for the Ida G. Center and the expansion plans for the center.

Christine Flaherty, Senior Vice President, Office of Facilities Development, shared the lease terms which include an initial base rent of \$30/square foot and a 10% increase every 5 years.

FOLLOW UP: During discussion, the Board inquired about the robust dental program and its future plans. A follow up will be provided by Dr. Machel Allen, Senior Vice President of Medical and Professional affairs.

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

MEMBER RECUSAL: Mr. Feniosky Peña-Mora recused himself from the balance of the meeting and logged off the WebEx link.

ACTION ITEM 4:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to increase the Not-to-Exceed amount for requirements contracts with 8 architectural and engineering consulting firms, namely Array Architects, P.C., E/F/H Architects, P.C., Gensler Architecture, Design & Planning, P.C., Gertler & Wentz Architects LLP, Lothrop Associates LLP Architects, Moody Nolan, Inc., NK Architects, P.A. (a/k/a Nadaskay Kopelson), Perkins Eastman Architects, DPC, to provide professional architectural and engineering design services (the "AE Firms"); and with 5 mechanical, engineering, and plumbing consulting firms, namely Greenman-Pedersen, Inc., MG Engineering, D.P.C. (f/k/a Kallen & Lemelson, LLP), Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to provide professional mechanical, engineering, and plumbing design services (the "MEP Firms") on an as-needed basis throughout NYC Health + Hospitals by an additional \$60,000,000 above the original \$30,000,000 for a cumulative amount not to exceed of \$90,000,000.
(Presented to the Capital Committee: (11/15/2021))

Ms. Flaherty, Senior Vice President, Office of Facilities Development, and Oscar Gonzalez, Assistant Vice President, Office of Facilities, informed the Board of the increased volume of capital work planned and provided an overview of the requirements contract for Architecture/Engineering Mechanical Electrical Plumbing, the current AE/MEP pool usage and the MWBE utilization by the AE/MEP pool consisting of a total of 41% MWBE utilization for AE and a 21% MWBE for MEP.

Robert Nolan noted for the record that he has no affiliations to the vendor Moody Nolan.

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

ACTION ITEM 5:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System")

to sign a contract with **Consigli Construction Co., Inc.** (the "CM") to serve as construction manager under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Outposted Therapeutic Housing Unit ("OTxHU") project at NYC Health + Hospitals/Bellevue ("Bellevue") for a cost of \$109,925,530 which, when added to 10% project contingency yields a cost not-to-exceed \$120,918,083.

(Presented to the Capital Committee: (11/15/2021))

Patricia Yang, Senior Vice President, Correctional Health Services, gave a program overview and the benefits of OTxHU.

Ms. Flaherty presented the OTxHU project background, the Bellevue OTxHU project with the description of the floor plan and space utilization.

Ms. Flaherty also provided the GMP builder's scope of services, contract terms as well as the RFQ and RFP timeline and criteria, vendor background and the MWBE utilization plan.

In response to questions, Ms. Flaherty responded that supply chain and construction workforce is a national issue.

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

ACTION ITEM 6 and 7:

Mr. Pagán read both resolutions into the record and noted there will be one presentation, however each item will be voted on separately.

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding by \$6,087,369 for its agreement with **AECOM USA, Inc.** ("AECOM") to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Unit ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") in Bellevue and Woodhull such that the funding is increased from \$9,039,198 to \$15,136,567.

(Presented to the Capital Committee: (11/15/2021))

ACTION ITEM 7

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding by \$1,814,880 for its previously

executed agreement with **Array Architects, PC** ("Array") to provide architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") over a five year term in connection with the System's Correctional Health Unit ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") such that the funding is increased from \$8,663,000 to \$10,477,880.
(Presented to the Capital Committee: (11/15/2021))

The OTxHU program description was noted on the record as being included in the materials. Ms. Flaherty discussed the request to increase funding for AECOM and presented the scope of services and schedule, fee proposal and MWBE utilization plan where she highlighted that the System will be billed against the staff that work in the project only based on a previously reviewed/approved staffing plan for the project.

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

Ms. Flaherty discussed request for increased funding with Array Architects and presented the scope of services and accelerated schedule, which requires Array Architects to provide additional services and staff to complete design documents. The fee proposal and MWBE utilization plan were also presented and discussed.

In response to questions from the Board, Ms. Flaherty explained that they are engaged in the expansion of women participation in the OFD workforce.

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

PRESIDENT' S REPORT

Dr. Katz opened his remarks by noting that his written report was included in the materials provided to the Directors and proceeded to highlight key items from his report.

CORONAVIRUS UPDATE

Overall hospitalizations in the System have been trending down and the overall citywide cases remains low. However, there has been a slight increase in all boroughs over the past two weeks. Health and Hospitals continues to encourage vaccination and booster shots particularly as we enter the holiday season.

NOVEMBER RECOGNITIONS

Dr. Katz recognized and thanked the Community Care team who continue to provide quality care to our patients as they celebrate Home Care Month in November.

Health and Hospitals also recognized Transgender Awareness, which culminated on November 20 with Transgender Day of Remembrance to commemorate transgender individuals who lost their lives due to anti-transgender violence.

In honor of Veteran's Day, the System's facilities hosted a variety of recognition events to thank and celebrate the many military men and women who have served our country and continue to be of service through their work at NYC Health + Hospitals.

Dr. Katz mentioned that he looks forward to working with Dr. Mary Bassett former NYC Department of Health and Mental Hygiene Commissioner and Board member who, on December 1, will be the State Health Commissioner and Dr. Chinazo Cunningham, Deputy Commissioner for Mental Hygiene was also appointed as the State Commissioner of the Office of Addiction Services and Support.

PRESIDENT'S DEVIATION FOR CONTRACT APPROVAL

Dr. Katz notified the Board that, in the past month he approved an extension to our agreement with Change Healthcare to support our NYC Test and Trace Corps (T2) efforts.

Change Healthcare manages call center services, principally for our ambulatory care services. They have provided those services for many years, most recently under a January 24, 2020 agreement. In the early days of the pandemic, there were additional scopes of work approved under the emergency declaration to support New York City's response to the pandemic under the management of the T2 program. These include, as examples, operating the City's COVID-19 Hotline, calling persons identified by T2 as COVID-19 positive to encourage quarantine, asking about the need for supportive services and responding to inquiries of parents of school-age children calling for the results of COVID-19. Many of these services, which began at various times in 2020, have continued to this date because of the emergence of the Delta variant, the back-to-school initiative, and the success they have had in managing the infection rate for our City. As the need for the services change, they will be ended and several have already end. Due to continuing need and uncertainty concerning the future of the epidemic, Dr. Katz stated, he had approved the continuation of some of these services through June 30, 2022. The total cost of the program is not expected to be more than \$17,223,625 all of which is covered under our agreement with OMB.

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 4:30 P.M.

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

Colicia Hercules
Corporate Secretary

Virtual - Medical and Professional Affairs Committee - November 1, 2021

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Dr. Michael McCrae representing Dr. Chinazo Cunningham on a voting capacity, Dr. Mitchell Katz - joined at 9:49, Barbara Lowe - joined at 9:13.

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:03AM. On motion made and seconded, the Committee adopted the minutes of the September 13th, 2021 Medical and Professional Affairs committee.

ACTION ITEM:

Charles Barron, MD, Deputy Chief Medical officer, Behavioral Health presented the resolution to the committee:

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest five-year renewal agreement with Coordinated Behavioral Care IPA, Inc. ("CBC") for case management of System patients with persistent behavioral health issues at a cost not to exceed \$17,977,600.

Dr. Charles Barron - System Deputy Chief Medical Officer, the background on the CBC program and Pathway Home, a history of the partnership between CBC and NYC Health + Hospitals, a rationale for a best interest renewal agreement, current accomplishments of the program, the distinguished features and program goals.

The Committee requested clarification on:

- Within the partnership who are the payors, the healthcare providers and the care management agencies, meaning which entities? Dr. Barron response: they are proposing that Health + Hospitals become the payor to CBC, which is a collection of community-based organizations, they will provide the services to the patients for Health + Hospitals. The interventions that they provide are the care management.
- The entity has three entities within it, an IPA, innovation hub, and a Medicaid health home? Dr. Barron response: The CBC is the umbrella organization that has those 3 components. All 3 components are made up of fifty community-based organizations that make up the IPA as well as an innovation hub to try out new evidence base practices. Evidence base practice is the pathway home CTI model.
- Requested, clarify the cost break down of the \$18 million. Each team will treat about 100 patients, 400 patients each year for 5 years. Is there difficulty with placing troubled mental health patients in homes and facilities that are longer term, how long does the arrangement last? Dr. Barron responded, the formal Pathway critical time intervention program generally last for six to nine months. From the time of discharge, from one of Health + Hospital

inpatient services, they will be working intensively with the patient to engage them into treatment, housing needs, and whatever their psychosocial and medical needs are. If by the end of the nine months they feel the patient is still unstable they will continue to work with the patient. The idea is by the end of nine months they are stable enough to be transitioned to a lower level of care management.

- How are the patients selected? Dr. Barron response, there is a criteria established by the state. Anyone that has had 4 psychiatric admissions or Emergency Department visits weather Psych or medical, within a year time period is eligible. The committee had concerns about the cost. Dr. Barron described the study that was done and how they arrived at the cost which was a projection.
- The committee asked for a follow up to the Board on the calculation.
- Have we looked at the individual participants to have a success rate as good as other programs? Dr. Barron response: At present there are 4 different community base organizations of the IPA that are teams, each of the teams are a different CBO. Each one has been looked at and the success rate has been good. Each of the different teams and organizations are being monitored to assure that they are performing up to our expectation. They have been doing an exceptional job so far.
- What are the specific qualifications for case managers? Dr. Barron response, they have experience in case management, they all go through a standard training program that is done by the state. The critical time intervention has its own training combined with the CBC which is given to everyone that participates in the team.

The Committee complemented the work and commented that it was good to see results with such a short term. This program is worthy to look at long term.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

CHIEF MEDICAL OFFICER REPORT

Charles Barron MD, Deputy Chief Medical Officer of Behavioral Health reported to the committee full report is included in the materials, he highlighted the following.

BEHAVIORAL HEALTH

Follow up - Esketamine Protocol

We (H+H) have not started use of Esketamine yet, but are in the process of developing appropriate protocols for use and will be adding it to the formulary. Esketamine is approved for use in treatment resistant, severe depression. It is administered in a clinical setting, under supervision

and monitoring. It has been shown to be highly effective in treatment of these severe, treatment resistant depressions. The FDNY does use Esketamine in the field for sedation of agitated delirium. They have a protocol for this.

Access in BH Ambulatory Care	Behavioral Health has begun to standardize and optimize ambulatory behavioral health services in order to increase access in our services. Initiatives include optimizing EPIC and electronic modalities to streamline and make appointments, utilization and tracking, data availability more efficient and available. This will allow clinics to use information to better provide services needed by the community.
Child and Adolescent - Post COVID SERVICES: DOE Collaboration	<p>To bring additional support to students in the neighborhoods most impacted by the COVID-19 pandemic, we are collaborating with the Mayor's Office of Community Mental Health and the Department of Education to structure a new partnership between the City's public hospitals and over 25 public schools. This partnership, called Pathways to Care, expedites referrals from schools to connect students to care at our outpatient mental health clinics, where students can receive ongoing therapy, psychiatric evaluation, medication management, and other clinical services.</p> <p>This program rolled out in November 2020. Currently we have four clinics participating:</p> <ul style="list-style-type: none"> - Kings County - Woodhull - Gouverneur (Gotham) - Elmhurst <p>We are in the process of onboarding 5 MHSC members to 5 Clinics (Harlem, Woodhull, Morrisania, Lincoln, and East NY). We are working with these clinics to begin participating in the program this fall.</p> <p>We also recently found out that H+H will be receiving \$5million dollars to work with DOE in strengthening the Continuum of Care. DOE has selected Central Brooklyn and South Bronx as pilot areas. Discussions on this have just started.</p>
B-HEARD	The Behavioral Health Emergency Assistance Response Division, or B-HEARD, is a new health-centered response

to 911 mental health calls. This began June 6th, 2021 covering East Harlem and parts of Central and North Harlem. In areas where B-HEARD operates, 911 call operators dispatch new B-HEARD Teams –FDNY Emergency Medical Technicians (EMTs)/paramedics teamed with a Social Worker from NYC Health + Hospitals – as first responders to people experiencing a mental health emergency in

instances that do not involve a weapon or imminent risk of violence. The B-HEARD teams use their physical and mental health expertise, and experience in crisis response to de-escalate emergencies and provide immediate care. These teams have the expertise to respond to a range of behavioral health problems, such as suicide ideation, substance misuse, and mental illness, including serious mental illness, as well as physical health problems, which can be exacerbated by or mask mental health problems.

How many encounters to date:

The Social workers have provided engagement and assessment for **269** individuals (between 6/6 and 10/2).

Outcomes of the encounters:

If the 269 individuals the Social Worker engaged:

- 41% were transported to the hospital for further evaluation
- 57% were treated in place and accepted referrals
- 2% were treated in place and refused a referral

OBH maintains the **House Staff Wellness** webpage which is dedicated to the mental health and wellbeing all house staff across NYC Health + Hospitals regardless of their academic affiliation or pay line.

It has been in operation since July 1, 2021.

Website:

<http://hhcinsider.nychhc.org/corpooffices/erc/hssw/Pages/default.aspx>

It contains:

- Referral information with a concierge service managed by OBH that connects house staff with mental health services
- Information on 24/7 crisis line (1-800-NYC-WELL)
- Selected online resources
- Local and national hotlines
- Information on peer to peer support programs

A board member raised a couple of questions: how many students have been referred since it started? Do we have a program for young people to go for mental health services that is not a referral? Dr. Barron response: We do have walk-in services for young people, minors have to have parent involvement. Ms. Lowe thanked Dr. Barron on the follow up to the Esketamine topic. Ms. Lowe would hope that in the training they utilize the one legal case ongoing for the adolescent who was given Esketamine and died subsequently, that's is one of her concerns clinically.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee full report is included in the materials, she highlighted the following.

In observance of the National Hispanic American Heritage Month (September 15 - October 15), the Office of Patient Centered Care, held educational and virtual dance event on Wednesday, October 13th from 4-5 PM. The NYC Health and Hospitals' System Chief Nursing Executive, **Natalia Cineas, DNP, RN, NEA-BC, FAAN**, along with the nursing staff from various sites and nursing leadership participated via WebEx. The event was led by instructor, **Marlon Mills**, one of New York's most well-known dance personalities in the Salsa dance community, having traveled to many Salsa events in the states, throughout Europe, Asia, Australia, and the Caribbean. National Hispanic American Heritage celebration started in 1968. It is a period where the United States recognizes the contributions and influence of Hispanic Americans to the history, culture, and achievements for the United States

CUNY Partnership launched 10/25/21

- Ongoing partnership between CUNY and H+H will help place new nursing graduates into diverse specialties throughout the public health system, offer existing nurses professional development opportunities through multiple CUNY programs
- This work builds on a long-lasting partnership with CUNY:
 - Professional Development Fairs
 - Preceptorship Program at Kings County
 - 1,00 nurse students to support with COVID vaccine operations
- This partnership focuses on four pillars focus of career development:
 - On-the-ground clinical skills building
 - Professional nursing workforce development
 - Nursing Research & Evidence Based Practice Health Equity Policy Forum

Nurse Leader Workgroup launched September 2021

- The charge of the nurse leader workgroup is to create a nursing leadership development program based on the tenets of Patricia Benner's novice to expert theory, as well as the fifteen evidenced-based American Organization of Nurse Executives (AONE) nurse manager competencies. Seven workgroups will begin meeting focusing on
- Orientation, Nurse Leader Academy-strengthen the leadership skills of incumbent leaders, Nurse Leader Annual Competencies, Nurse Leader Diversity, Equity, and Access opportunities, Nurse Leader Continuing Education, Nurse Leader Mentoring and Succession Planning and Nurse Leader Job Descriptions, Diversity & Recruitment.

Culture of Safety

- BHA Academy launch October 25, 2021 to decrease injury patient and staff
- Agitated patients finalizing educational module
- EBSCO search engine for knowledge has gone live
- Stroke standardized curriculum for providers and nurses has gone live

- Elsevier repository of knowledge for ED and post anesthesia nurses has gone live
- AHA RQI digital resuscitation program is a paradigm shifts in delivering a digital resuscitation program- going from instructor led to digital has gone live
- CRRT records have not been integrated into our Electronic Medical Record and have now been integrated
- Covid Vaccination protocol has been developed and rolled out for booster shots and patients ages 8 and older (PODs and Pediatric Clinics).

Quality/Excellence/Outcomes Quality

Laying foundation for the creation of a system level Nursing Quality Council and nursing quality dashboard

Facilitated NDNQI System Reports Dashboard agreement - Provided access to system NDNQI data for comparison and benchmarking, launched May, 2021

- Obtained facility inputs on nursing quality data management process and completed gap analysis
- Cross-walked nursing quality data definitions across regulatory agencies (NDNQI and NHSN)
- Working with system Data and Analytics (DnA) team to build data definition library to facilitate the creation of validated nursing quality metrics for internal and external reporting.
- Working on developing a curriculum for training Nursing Quality Directors (Nursing Quality Management). Expected launch November, 2021.

Nursing Clinical Ladder Program

The letter of intent submission process opened on February 1st and closed on March 31st at 11:59pm.

- The deadline to submit professional portfolio was on October 1st at 11:59pm.
- Approved to participate in program: 1961
- Clinical ladder Program folder review sessions are in progress with goal to send out payments by December 31st 2021

Laying foundation by creating a system level Positive Practice Quality Research System Team (PQRST) committee

- Created a Positive practice committee including members from all acute care facilities for ANCC PTE, Magnet initiatives, launched September, 2021. Goal is 2 facilities will have their pathway application submitted by December 2022.
- Positive practice committee launch for Post-acute - November, 2021
- AACN Beacon recognition document preparation and guidance for all acute care facilities critical care nursing, started July, 2021. (Goal of 1 ICU from each facility will have their Beacon application

submitted or awarded by December 2022).

- Completed nursing excellence award 2021 winner selections, September, 2021- Awards and recognition event planned for December, 2021.

Social Work:

- Social Work Shared Governance implementation kicks off in November with facility-based information sessions for frontline Social Work staff and leadership.
- Focused SW scope of practice and role refinement activities have begun in the following areas:
 - Women's Health, 3-2-1 IMPACT & CAPT
 - Ambulatory Care (partnership with new Community Health Worker role)
 - Behavioral Health specialty programs
 - Post-Acute & Community Care
- *Social Work Director's Council* charter has been revised to more closely align with established NASW and NYS Office of the Professions standards and practices. Identified priorities for 2021- 2022 include:
 - Recruitment & Retention
 - In partnership with H+H Talent Acquisition, we've established quarterly System-wide SW Recruitment Fairs. First one held on September 29th was successful.
 - Staff Recognition & Wellness
 - Professional Training & Development
 - Equity & Access
 - SW Student Affairs
 -

Care Experience

Podium/Poster Presentations in NYONEL, Tarrytown, NY in September 2021

- Belaro, A., Cineas, N., Als, D., Gonzales, D. (2021). "Keeping Amazing Talent. NYCHH Nurse Residency Program Outcomes." Accepted for podium presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
- Belaro, A., Cineas, N. (2021). "Rapid Implementation of Professional Shared Governance in the Largest Public Health System in the U.S." Accepted for podium presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY
- Belaro, A. (2021). "Quick and Easy Escape Room for a Virtual Nurse Residency Seminar." Accepted for podium/poster presentation at the 2021 New York Organization of Nurse Executives (NYONEL) Annual Conference. Mamaroneck, NY

PROFESSIONAL SHARED GOVERNANCE

- Completed 3 system wide report (including 1 annual retreat) and 4 hospital wide report outs. 98% of councils have been organized with

charters and consistently meeting on a regular basis on all sites. Next PSG Retreat on February 9, 2022. Councils in formation: Care Management Council, Social Work Council, PQRS Council

NURSE RESIDENCY PROGRAM

- Nurse Residency Program graduated 9 cohorts (200+ new nurses) to date. Enrolled 800+ residents to date. Retention rates for enrolled new nurses since program inception: **2019** 85% (n=196) => **2020** 95% (n=327) => **2021** 100% (n=103).
- First Evidence Based Practice (EBP) Symposium completed in April 2021 which showcased 60+ EBP Posters completed by residents across 5 cohorts. Annual EBP Symposium to continue in 2022 and beyond.

RN MENTORSHIP

- Launched in Bellevue, Coney Island
- 2 retiree mentors, 10 incumbent RN mentees
- Mentorship Training completed via PeopleSoft ELM
- Expansion of Retiree Mentor Pool
- Additional Arms:
 - NRP Alumni Mentors
 - Leader Mentors
 - Hybrid Mentors/Preceptors
- Embed into Clinical Ladder Program by 2022.

Board members complimented the doctor Cineas on the work done in her department.

METROPLUS HEALTH PLAN, INC.

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

Regulatory Highlights

COVID-19

NYS declaration of emergency expired on June 24, 2021. Some of the COVID-19 related waivers and regulatory exceptions expired with this change including the waiver of recredentialing requirements for network providers and remote notarization. Video participation in board meetings for public entities where the public cannot be present at all video locations also expired but the new Governor issued a new rule allowing this to continue for the time being.

No cost-sharing for COVID-19 testing and vaccinations remain in effect until the end of the Federal PHE under the CARES Act. Federal government PHE has been extended for an additional 90 days.

Disenrollment moratoriums for Medicaid, EP, and CHP Advance Premium Tax Credit (APTC) will continue through December 31, 2021 and will be for a 12-month period. SDOH will work with plans to set up a recertification schedule that will not be too burdensome to manage.

Through June, for these lines of business, disenrollment remains only for people who have moved out of the area, have passed away, or who have active insurance coverage through another product (effective February 2021). MLTC still has no end date for the ban on service refusal

disenrollment.

New Federal Laws Impacting Information Access for Members

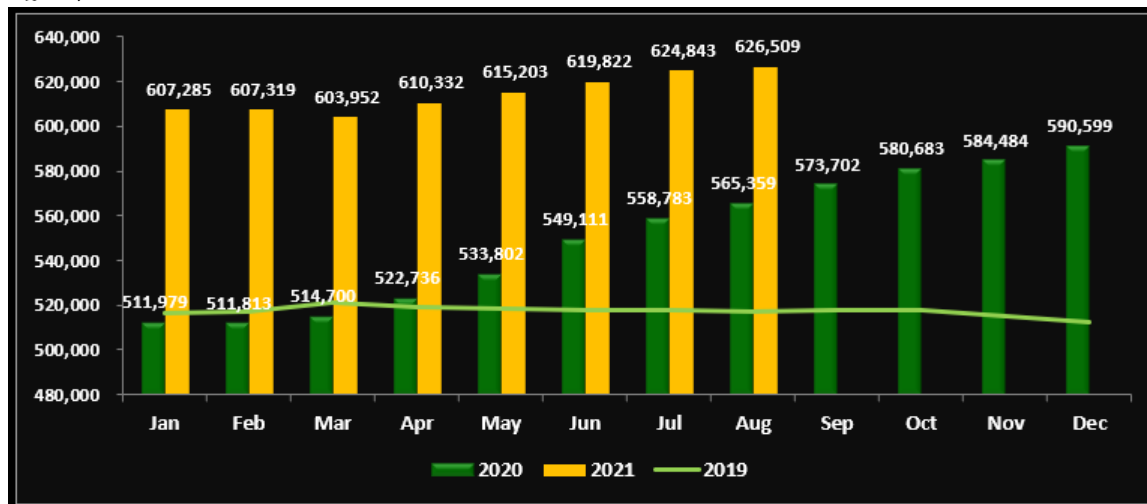
Two new Federal rules, Transparency in Coverage Act and No Surprises Act, are both designed to increase obligations on health plans to provide information about how much services cost a Plan to provide. The Transparency rules require group health plans and insurers in the group and individual markets to provide self-service tools to members to allow them to know what plans are paying their in-network providers. This includes providing machine readable files and a price comparison tool where members can see how much their out-of-pocket costs would vary by provider by June 2022 and a list of 500 shoppable services for out-of-pocket costs by January 2023.

The price comparison tool is impactful to any MetroPlus line of business where members may have cost-sharing rather than a set co-payment, such as QHP and Gold.

The No Surprises rule is extremely broad, but most requirements are already in place via existing NYS laws. CMS is currently evaluating the overlap between the Transparency rule and the No Surprises rule and compliance dates have been delayed as a result.

Membership

Membership has reached 626,509 members in August. Year to date membership is up 6.1% continually driven by growth in Medicaid and EP. Loses seen in QHP, SHOP and MLTC.



BH Services Transition

Effective October 1, 2021, MetroPlus successfully transitioned from Beacon Health Options, the management of members with behavioral health and substance use disorder conditions. Key functions now administered by MetroPlus include network relations and contracting, care management and coordination, utilization management, customer service, appeals and grievance management, claim processing, quality management and regulatory reporting, compliance, and oversight.

Clinical Approach

Current clinical staff is comprised of RN, LCSW, LMHC, LBA, PhD, Peers, and Medical Directors with specialization in child and adolescents, adult behavioral health, and substance use disorders. Clinical staff will continue to grow to a team of approximately 75 individuals through next year.

The teams utilize several platforms to manage the work associated with utilization and case management and have leveraged functionality supporting physical health activities as a baseline and then developed customization to meet the unique needs of behavioral health. This system integration allows for easier exchange of information between behavioral and physical health aspects.

The utilization and case management teams use industry standard tools to assist in the development of members' transition and or plans of care. These first level screening tools are based in evidence-based practices and will support defined criteria to formulate decisions or whether further evaluation is required. These tools include Level of Care Determination (LOCADTR) used for substance use disorders, and InterQual[®] criteria for Utilization Management and applied behavior analysis (ABA).

Over 4,000 members that were in varying stages of case management with Beacon were transitioned to our care management teams. MetroPlus utilization management and case management teams engaged with Beacon Health Options to discuss open case management cases to ensure identification of any high need members. Member cases were stratified, and our case managers began engaging members in behavioral health assessment.

Critical part of this transition is aligning with our network providers and specifically H+H. Case management collaboration, referrals and hands offs are being develop at present time. Our care management staff, specifically those focused on the HARP population and peers, are field based and able to serve as additional resource for members and providers.

BH Network

The network development and contracting team performed extensive data mining of Beacon Health Options claims data to identify provider, agencies and facilities that were utilized by MetroPlus members. The results of that analysis identified hundreds of organizations to be the foundation for our behavioral and substance abuse network. The Plan has successfully contracted and credentialed over 95% of the targeted organizations, which exceed the NY Department of Mental Health's requirement of 90% congruency with Beacon Health Options network. For members who are treated now by out of network providers, a 6-month transition of care benefit is in place to assist members in either concluding care and or transitioning to an in-network provider, whichever is appropriate.

4 Weeks In

The transition has been progressing smoothly, accommodating member and provider needs. As of now there are 10,000 BH claims and processing and paying for them with no problem. This quarter is focus on stabilizing

the operation, to make sure the basics are working.

Foster Care Program

NYS transitioned Foster Care to managed care on 7/1/21 to promote continuity of care, collaboration across child serving systems, ensure health care services are comprehensive, timely, high quality, trauma-informed, and evidence based. Children/youth placed in foster care have higher rates of birth defects, developmental delays, mental/behavioral health needs, and physical disabilities. They utilize inpatient and outpatient mental health services 15-20 times more than mainstream Medicaid children.

Of the 9,300 children in the care of Voluntary Foster Care Agencies (VFCAs) with 29-I licenses, about 11% (1,036) are currently enrolled with MetroPlus. The 29-I authorizes VFCAs to provide limited health services like nursing, skill building, discharge planning, PCP, HCBS, and mental health. MetroPlus contracted with 34 agencies.

Some of MetroPlus responsibilities include: coordinating PCP assignments as needed; ensuring access to health care, including mandated health assessments, DME, and referrals; assisting with court ordered services and fair hearings; following up on Gaps in Care to improve health outcomes: care managers review treatment plans and available clinical information to ensure timely gap closure and refer to children's health homes when indicated.

MetroPlus has been in communication with VFCAs and ACS for the past 3 years to develop working relationships and establish lines of communication to promote mutual understanding and adoption of state regulatory requirements, coordinate processes to enroll and update eligibility changes, collaborate to optimize quality outcomes, and share the value of collaborating with H+H and their 5 Foster Care Centers of Excellence.

H+H Centers of Excellence have been valuable sources of care and support to children in foster care. Many VFCAs have their own PCPs or utilize the PCPs of other VFCAs or community providers. Children not already in established care of a PCP are assigned to H+H Centers of Excellence (COE) to ensure the provision of comprehensive trauma informed care. Currently 10% of foster children are assigned to H+H PCPs.

Board member, Sally Hernandez-Piñero, complimented Dr. Schwartz on the work her and her staff has done, and complimented Dr. Barron in his support to Dr. Schwartz on the Behavioral Health piece. Board member Ms. Barbara Lowe, would like for there to be case finding of what happens to the siblings that witness fatality in their homes.

There being no further business, the meeting was adjourned 9:48 AM.

Equity, Diversity and Inclusion Committee Virtual Meeting – November 8, 2021

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Katz – left at 10:30, Machelles Allen represented Dr. Katz in a voting capacity from 10:31, Sally Hernandez-Piñero, Freda Wang joined at 9:50, and Michelle Morse, representative for Dave Chokshi in a voting capacity – joined at 10:14

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 09:31 a.m.

Mr. Peña-Mora moved for a motion to adopt the minutes of the September 20, 2021 meeting. Upon motion made and duly second the minutes of the September 20, 2021 meeting was unanimously approved.

QUALITY & SAFETY REPORT OUT

Hillary Jalon, Acting System's Chief Quality Officer and Jeremy Segall, System's Chief Wellness Officer, presented findings from an assessment conducted on internal equity-related complaints and grievances across the System. Ms. Jalon stated that over the summer a survey was released with the purpose of analyzing the complaint and grievance process and identify trends in the data collected. Ms. Jalon shared that the survey had 11 questions and received 24 responses that included the 11 acute care sites, post-acute care facilities, and some Gotham sites. The survey explored the current grievance committee processes, the committee members' composition and frequency of meetings, how information was captured and categorized, and inquired about how the sites envisioned the future state of complaints and grievances reporting.

Ms. Jalon then turned it over to Jeremy Segall who shared that each committee includes the director of complaints, a patient relations representative, nursing leadership, Chief Experience Officer, Chief Quality Officer and Chief Medical Officers, and committee meeting cadence vary from bi-weekly to quarterly meetings.

Key findings are that the current process is decentralized and the information collected about complaints and grievances vary by site. Many sites collect complaints and grievances pertaining to communication, care delivery process and property, and only two sites view complaints and grievances through an equity lens.

Mr. Segall provided an overview of various forums in which complaints and grievances are discussed and shared that 83% are collecting information

using a homegrown database, 13% using paper logs or manager reports, and 4% use the VOICE portal, an incident reporting system that launched several months ago.

The survey documented 54 equity-related complaints and grievances received internally from July 2020 to July 2021 of which 46% were generated in ambulatory care. The complaints and grievances are multifactorial that contained vague references that could not be verified related to interpretation services, disability and sizeism.

Mr. Segall shared some proposed recommendations for improvement that include steps for a systemic and standardized approach for complaints and grievances, creating system definitions that fall into equitable care related complaints and grievances, standardizing some main domains in tracking and reporting data, and optimizing VOICE reporting system for collecting information, and potentially centralize complaints and grievances through a governance structure.

Feniosky Peña-Mora asked if there were steps that could be taken to obtain more consistent data and compare the data across sites. Mr. Segall replied that sites are working toward their Planetree Certification and are looking at standardizing complaints and grievances as part of the process to obtain the patient-centered certification.

Sally Hernandez-Piñero shared the focus should be a deeper dive on quality of care issues and wanted to learn how granular the System can go to capture this data to improve patient care. Ms. Jallon replied that many of the data categories the System currently captures is in quality and performance improvement, and that they were exploring how to gather more details in various categories.

Mr. Peña-Mora asked a clarifying question about the equity-related complaints and grievances cited related to discussion surrounding body parts of the opposite gender. Mr. Segall clarified that this domain had nothing to do with gender identity or sexual orientation, and stated that only one complaint was reported and investigated about general discomfort in discussing body parts with a person of the opposite gender. Mr. Peña-Mora mentioned the importance of creating new categories that breakdown the data more deeply. Mr. Segall stated that the intent is to create prioritization categories as well as

definitions to guide facilities in documenting complaints and grievances and using the data for improvement opportunities.

Mr. Peña-Mora then inquired how will the data be used to enhance quality of care. Mr. Segall replied that the goal is to identify appropriate solutions to close gaps through education and training.

DIVERSITY AND INCLUSION UPDATE

Matilde Roman, System's Chief Diversity and Inclusion Officer provided an update on current work and activities. Ms. Roman shared that the Office of Diversity and Inclusion will be releasing its progress report outlining their 5-year review of system-level activities to support the integration and alignment of diversity and inclusion best practices. Ms. Roman announced the expansion of a Pride Health Center and services in the Bronx. NYC Health + Hospitals/Jacobi held a ribbon cutting ceremony to announce the opening of their Pride Health Center, and NYC Health + Hospitals/Lincoln became a gender affirming integrated services health practice. Ms. Roman also shared that in celebration of Hispanic Heritage Month, the System hosted a panel discussion on October 13 with leading experts to discuss New York City's Hispanic/Latinx population and opportunities to improve health equity for the estimated 30% of the City's population that identify as either Hispanic or Latinx.

Ms. Roman shared current projects underway that include the conversion of key essential documents into Braille, large print and audio to support people who are blind or have low-vision. Committee members also heard about the upcoming release of the Transgender Health Care Resource Guide that offers patients information about services and points of referral. Ms. Roman stated that the Office was developing the System's 2022 Diversity and Inclusion calendar that will incorporate commonly used definitions, terms and concepts to increase awareness and promote shared meaning across the System, and announced the upcoming engagement and recognition events for Veteran's Day and Transgender Day of Remembrance, where there will be a panel discussion related to Equity for Transgender and Gender Non-Conforming (TGNC) people.

Lastly, Ms. Roman provided training updates that included reporting that 8 proposals were submitted in response to the Diversity and Inclusion Training Request for Proposals aimed at identifying qualified vendors to support diversity and inclusion learning solutions, 130 bilingual staff were actively enrolled into the voluntary interpreter skills development training. Ms. Roman mentioned that in quarter 1 of FY-2022, 599 clinicians successfully completed the LGBTQ Health Equity Certificate Program, and plans to enroll all affiliate providers into the 7-hour curriculum. Ms. Roman also shared that 26,000 employees were enrolled into the Unconscious Bias and

Diversity and Inclusion eLearning trainings, and over 8,000 trainings were completed in quarter 1 of FY 2022.

José Pagán inquired about the collection of data related to training. Ms. Roman replied that pre- and post-evaluations are administered to measure effectiveness and update content as needed.

Freda Wang asked if the Diversity and Inclusion Progress Report will be made available to the Board. Ms. Roman responded that the Progress Report would be distributed to all senior level officials and Board members.

Ms. Hernandez-Piñero inquired how trainings are adapted or innovated, such as role playing, to ensure for greater effectiveness. Ms. Roman replied

that the Diversity and Inclusion Training Request for Proposals is aimed at seeking vendors to expand learning solutions for system wide use.

Mr. Peña-Mora asked for clarification on the LGBTQ Equity Certificate program information. Ms. Roman stated that the first bullet reflected the number of training completions for quarter 1 and the second bullet is related to the number of new providers enrolled into the program. Ms. Roman mentioned that the affiliate providers are being enrolled on a rolling basis.

Follow-up Items: (1) Distribute Diversity and Inclusion Progress Report to Board members; (2) include the percentage of providers enrolled in the LGBTQ certificate program, to gain a better of understanding of the system-wide engagement.

EQUITY AND ACCESS COUNCIL UPDATE

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") began the report out of the Council's activities within the four work groups - Workforce Diversity, Inclusion, Equity of Care, and Data and Monitoring.

Dr. Davis shared the development of the MOSAIC Program, which stands for Medical Opportunities for Students and Inclusive Clinicians, a pathway program for residents and medical students by offering elective programs and visiting rotations. Dr. Davis also mentioned partnerships with Morehouse School of Medicine and University of Puerto Rico School of Medicine, and that the System is exploring a partnership with mentoring in medicine. Dr. Davis also mentioned a survey in development to learn what might encourage resident physicians to stay with NYC Health + Hospitals.

Natalia Cineas, Chief Nurse Executive and Co-Chair of the Equity and Access Council ("Council") shared that she serves as the lead for the Inclusion Workgroup, and held a meeting on October 14 with over 80 employees interested in helping or leading an inclusion group. Ms. Cineas described the different inclusion groups being considered, and the next steps will be to regroup to identify continued interest, establish metrics and deliverables.

Dr. Davis reported out on the Equity of Care Workgroup, co-led by Rebecca Lynn Walton, Senior Assistant Vice President for Behavioral Health and Shewon Erie, Associate Executive Director Home Health. The Equity Workgroup is working on quality improvement in the areas of sickle cell, health literacy, IT literacy, and behavioral health. Dr. Davis shared the partnership with the NYC Department of Health and Mental Hygiene on the Coalition to End Racism and the continued work to eliminate race-based clinical algorithms. Dr. Davis then reported on the work to integrate race, ethnicity and language in clinical dashboards in order to stratify

the data to identify opportunities for intervention and prevention, and shared examples of the integration from the depression screening dashboard. Dr. Davis also mentioned that the Flu vaccine and COVID-19 vaccine dashboards also include race, ethnicity and language values.

Dr. Davis then shared the Monitoring and Evaluation work group, which is co-led by Dr. Komal Bajaj, Chief Quality Officer at Jacobi and Stephanie Majak, from the data analytics team at central office, are working to establish patients race, ethnicity and language baseline data to find opportunities to strengthen the collection of demographic data. The work group is also charged with supporting the three other workgroups monitor and evaluate the work they are doing.

A question was asked about how the data is being used. Dr. Davis offered the depression screening as an example, which is standard work at primary care clinics, and how stratifying the data this way can show opportunities for intervention and process improvement. Dr. Davis was asked to elaborate on the application of the data. Dr. Davis responded that the purpose is to improve care delivery for different sets of patients and cited as an example the work within the Equity of Care group to create better care models for sickle cell patients across the system. The data will help prevent worsening of gaps through intervention strategies and provider education.

Ms. Hernandez-Piñero stated the data presented today looks different from the data reviewed at the quality meetings and asked for an explanation. Ms. Jalon replied that the data presented at the Quality meeting are across the board, and the data presented today is stratified using demographic value sets. Ms. Jalon also mentioned that there is a lag in the data reviewed in the quality meetings. Ms. Hernandez-Piñero commented that she would like to see documents the System uses that are considered for plain language and health literacy.

Dr. Michelle Morse, asked about the quality of the race and ethnicity data currently being captured given it is a huge area of priority. Dr. Davis shared that the quality of the data collection has improved, but continues to be a work in progress. Dr. Morse also asked if there were fewer race, ethnicity and gender complaints and grievances than expected and how this information is being shared. Ms. Jalon replied that the equity related complaints and grievances were less than what was expected. They only received a total of 54 complaints and grievances during a one-year calendar period, and explained that it could be attributed to the fact the process is currently decentralized, and there are no standard definitions. Ms. Jalon also expressed that this is the first time the System is taking the step to use an equity lens in this process and there is an opportunity for continuous improvement.

Mr. Peña-Mora commented that the data may be a good opportunity to find best practices that other sites can learn from and replicate.

Follow-up item: Share with the Board essential documents used at NYC Health + Hospitals for health literacy in different languages.

M/WBE REPORT OUT

Keith Tallbe, Senior Counsel, reported out on the supplier diversity program for the System. He began with an overview of the program, which began in 1998, and the regulatory framework. In 2015, the scope of the program expanded to reflect a broader view of supplier diversity and addressing a key piece of the program which is to remedy historical disparities in government contracting. Mr. Tallbe shared that the System has in place a 30% utilization goal. He described the tools used in the program which include quantitative scoring for all solicitations, use of closed pool solicitations, the Contract Review Committee conducting supplier diversity review of spend over \$1 million, and ensuring discretionary purchases have standard processes and controls in place.

Mr. Tallbe shared that over the past several years there has been an increase in the System's current Minority and Women Owned Businesses

Enterprise (M/WBE) spend which is now at \$419 million or 28% utilization of the System's 30% goal. He noted that this money is not awarded dollars but actual spend, and attributed this milestone to the increase in eligible spend doubling from 800 million to 1.5 billion.

Mr. Tallbe mentioned that the number of diverse vendors also increased over the year and offered data that related to the certification breakdowns by race, ethnicity and race. Mr. Tallbe highlighted the disparity within disparities that shows blacks and Hispanics remained underrepresented within the program, which is what they will be looking to address in 2022.

Mr. Tallbe highlighted major accomplishments that include the significant contracting awards that include temp staffing services, office furniture purchases, and ethernet cabling. Mr. Tallbe also shared that the vendor diversity policy was adopted in March 2021, described the formalized procurement processes in place, as well as the use of data for tracking and reporting for compliance purposes. Mr. Tallbe added that most staff have been trained and educated on the new processes and will continue trainings through the end of the year. He also mentioned the launch of a new website to communicate with diverse vendors opportunities to contract with the System, and that they are actively seeking a consultant to support data analytics.

Ms. Hernandez-Piñero inquired further about the internal procurement

processes for contracts under \$1 million dollars directed toward women- and minority-owned businesses. Mr. Tallbe replied that the City's typical focus is on minority owned businesses and that the System also has a lens on it, and in term of process, there are factors like vendor and pricing due diligence that are considered, and the System works to support vendors to understand the scope of work and fair pricing. Ms. Hernandez-Piñero had a follow up question related to the breakdown between women and minority vendors for the smaller procurement opportunities. Mr. Tallbe stated he did not have that information at hand, but could provide that information.

A follow up question was asked by Dr. Morse related to how the 30% goal is set at the State and City level, and if there is any work to include non-profits and other community organizations. Mr. Tallbe shared that the State and City run surveys and data analysis against current contracts and available diverse suppliers to derive at the goal. He also mentioned that non-profits are structured differently, which poses restrictions on their ability to become certified, but that the System looks for sub-contracting opportunities that allow for non-profit participation. Mr. Peña-Mora commented that there are conversations happening to improve non-profit participation in

contracting opportunities, and mentioned the Department of Cultural Affairs recommendation to consider the diversity of non-profit Board and staff.

Follow up items: (1) Share the vendor diversity policy with the Board;
(2) Provide breakdown of women versus minority vendors for solicitations under \$1 million dollars.

Mr. Peña-Mora asked if there was old business or new business, and heard none. The meeting concluded and was adjourned at 11:05p.m.

Strategic Planning Committee Meeting - November 08, 2021

As Reported by: Feniosky Peña-Mora

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

Mr. Feniosky Peña-Mora, called the November 8th meeting of the Strategic Planning Committee (SPC) to order at 11:07 am.

Upon motion made and duly seconded the minutes of the April 12, 2021 and July 12, 2021 Strategic Planning Committee meetings were unanimously approved.

INFORMATION ITEMS

The meeting was then turned over to Matthew Siegler, Senior Vice

President, Managed Care and Executive Director of OneCity Health/ACO. Mr. Siegler presented on the following topics; System Highlights, going over the Financial/Programmatic Highlights as well as the COVID-19 Response/Test & Trace Corps Highlights, FY22 Budget Strategy Builds on FY21 Success and Lessons, going over the FY21 Strategic Focus, the Result, and the FY22 Initiative, and going over the Managing External Financial Risks which included the Risk and its' Status.

Mr. Siegler turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the External and Regulatory Updates, Federal, State and City that are affecting our system's performance.

Federal Update

Ms. Brown reported that Congress/White House is currently in negotiations on the social policy package, the current executive focus is on the COVID-19 response, and the regulatory agenda is starting to evolve which includes work on coverage, equity, and value-based care.

State Update

Ms. Brown reported that things continue to evolve as Governor Hochul and her administration emerge, and that Commissioner Bassett has been appointed the Commissioner of the State health department and our values align. The annual State Legislature process is starting and will officially start in January to advance our principles and priorities, and we continue to work with the State on their steps toward a Medicaid waiver.

City

Ms. Brown reported that Mayor elect Adams has won the election and we are very well aligned with what he and the incoming administration plans to do on Healthcare and Social Determinants of Health. On the Council side there was a little bit of a surge for Republicans. The next race is for City Council Speaker, and we are currently working through the remaining budget issues with Finance.

Mr. Siegler and Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-21 Q4 (April 1 to June 30, 2021) Performance;

Positive Trends:

Quality and Outcomes

1. Post-Acute Care (PAC): All Cause Hospitalization rate: **1.73**

per 1,000 care days from 1.85 per 1,000 care days (target: 1.00 per 1,000 care days)

3. Hgb A1c control <8: **63.7%** from 61% (target 66.6%)

Care Experience

6. Inpatient care - overall rating: **66.96%** from 64.96% (target: 66.3%)

7. Ambulatory care - recommend provider office: **86.99%** from 86.97% (target: 87%)

8. MyChart Activations: **69%** from 66% (target: 75%)

Financial Sustainability

14. Enterprise Data Center Migration progress: **100%** (target: 100%)

10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **81%** from 72% (target: 76%)

Access to Care

15. Unique Primary Care Patients seen in last 12 months: **404,738** from 370,878 (target: to be set for FY22)

16. # of e-consults completed: **101,054** from 82,226 (target: 46,000; to be adjusted for FY22)

17. NYC Care enrollment: **72,369** from 65,788 (revised target: 75,000)

Steady Trends:

Quality and Outcomes

5. Integration of Bio Medical Devices: **80%** (target: 100%)

Financial Sustainability

9. Patient care revenue/expenses: **74%** remains the same from prior quarter (target: 60%)

11. % of MetroPlus medical spend at NYC Health + Hospitals: remains consistent **38.6%** from 38.8% (target: 45%)

12. Total AR days per month: remains at **60** days (target: 45)

Negative Trends between Reporting Periods, Remain better than Targets:

Quality and Outcomes

4. % Left without being seen: **3.7%** from 3.0% (target: 4.0%)

Financial Sustainability

13. Post-Acute Care Total AR Days (12 months): **53 days** from 48.2 days (remains better than the target of 55)

Culture of Safety

18. Total Wellness Encounters: **688** from 916 (remains better than the target of 600)

Negative Trends:

Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge: **44.7%** from 55.7% (target: 66%)

New Highlights:

Racial & Social Equity Measures

20. % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data: **2 out of 5 clinical dashboards** now can be stratified by race/ethnicity/language (target: 100%)
21. % of total procurement spend on MWBE: **28%** (as of FY2021) (target: 30%)
19. % of New Physician Hires being underrepresented minority (URM): **TBD**

COVID-19 Metrics:

COVID-19

22. Total # of COVID-19 Test Administered: **746,713** from 1,194,500
23. Total # of COVID-19 Positive Tests: **23,760** from 102,538
24. Post-Acute Care COVID-19 Infection Rate: **7.37** from 86.6
25. COVID-19 Vaccine: # 1st Dose: **445,968** from 366,448
26. COVID-19 Vaccine: # 2nd Dose: **380,050** from 303,568
27. % of Occupied Beds: **67%** from 69%

FOLLOW-UP ITEM: The Committee expressed an interest in having information on the service and operational intelligence gathered from the benchmarking in the Premier system.

Mr. Peña-Mora thanked Mr. Siegler, Dr. Wei, and the other presenters.

There being no old business, nor new business, the meeting was adjourned at 11:56 am.

Community Relations Committee Virtual Meeting - November 9, 2021
As Reported by Robert Nolan
Committee Members Present: Robert Nolan, Mitchell Katz, M.D., José Pagán, Sally Hernandez-Piñero.

Mr. Nolan called the meeting of the Community Relations Committee to order at 5:00pm. Quorum was established- the minutes of the Community Relations Committee meeting held on September 14, 2021 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved

CHAIRPERSON REMARKS:

Mr. Nolan welcomed everyone and mentioned the facilities that will be presenting their report and turned the meeting over to Dr. Katz to present the president's remarks.

PRESIDENT'S REMARKS:

Thrilled that Governor Kathy Hochul nominated Dr. Chinazo O. Cunningham as Commissioner, Office of Addiction Services and Supports (OASAS). Dr. Cunningham is a former Board Member of ours and most recently, she served as the Executive Deputy Commissioner of Mental Hygiene at the New York City Department of Health and Mental Hygiene.

The city will build a \$240 million therapeutic housing unit at NYC Health + Hospitals/North Central Bronx to provide incarcerated patients with specialty and subspecialty services. The new unit is expected to include 120 beds and be completed by 2024.

We have began COVID vaccinations for 5-11-year olds with T2 vaccinating 4,449 school children in one thousand schools on the first day. We are providing booster shots to those who need it, weather it is those that are 65+ or those with underlying health conditions or with greater exposures.

I want to encourage everyone to get their flu vaccine for further protection during the ongoing COVID-19 pandemic. Lastly, October was Breast Cancer Awareness Month, so we reminded New Yorkers to schedule screening mammograms and other breast cancer screenings. This is a critical issue all year round - please remember to do your regular checks.

PRESENTERS:

Mr. Nolan moved the agenda and asked Mr. Joseph Menta, the CAB Chair of Jacobi hospital to present his report.

NYC Health + Hospitals/Jacobi

Jacobi's CAB chair presented his report for the record and highlighted that over the past 12 months, the successful merger of Jacobi and NCB, Jacobi has acquired several new pieces of equipment including: New Operating Room tables for orthopedic cases, new ultra sound machines and two new Cardiac Cath machines. They are currently waiting to start construction on a new MRI suite. Jacobi's direct care providers and hospital staff received well-deserved acknowledgement and gratitude from patients, families and the community for their hard work and dedication throughout the COVID-19 crisis. The CAB chair noted the most frequent complaints were ER wait times have been greatly improved--from improved staffing and changes to the patient flow. Currently the average wait time from arrival to seeing a physician is 30 minutes.

NYC Health + Hospitals/NCB

NCB's CAB chair, Esme Sattaur Low also submitted her report for the record and heighted that NCB has acquired several critically needed new equipment over the past twelve months including: New Echo- cardiology sonogram machine New digital x-ray rooms in the ED New Digital portable x-ray

machines. Regarding infrastructures, NCB has been awarded a \$38M energy grant to replace 7 elevators and 6 Air Handlers which control temperature and humidity. A \$3.8 million grant was awarded to refurbish three of the operating rooms. We are waiting on construction funding to replace the CT-scanner.

The Committee requested clarification whether the elevator upgrade funding is included in the Therapeutic Out-Posted Unit mentioned by Dr. Katz, to which Dr. Katz indicated that it is not this funding is separate.

NYC Health +Hospitals/Sydenham

Sydenham's CAB chair, Ms. Everett Pierson submitted her report for the records. Ms. Pierson highlighted the fact that staff lounge and pediatric waiting areas underwent renovations and cosmetic changes, respectively. Additionally, over the past year Sydenham's leadership noticed that our Press Ganey patient feedback continuously identified increased patient complaints as it related to the ability to reach the clinic. Patients provided feedback that they would call the main Sydenham line and no one would answer the call. As this was identified as a major point of dissatisfaction for patients, Sydenham leadership addressed this by identifying and training staff members. The CAB chair expressed an interest in having the COVID booster available and the need for specialty clinics on-site, such as a retinal screening.

NYC Health+ Hospitals/Harlem

Ms. Karen Dixon, Chairperson of Harlem's CAB submitted her report for the record. She mentioned that Harlem Hospital secured funding for multiple pieces of equipment. Such as type 1 EES Project- Replaced ceiling tiles and converted old light fixtures to new LED lights throughout 80% of the hospital. The overall project to be completed May/June 2022. Fully renovated the 14th floor with headwalls, ceiling tiles, lights, nurses' station, nurse call system and medical gases. Decanted the Women's Pavilion for demolition and moved multiple departments including: IT, HR, H.I.M., CCS Program, all trade shops, OHS, and the Gym Area. Most of these projects included Construction Buildouts. Frequent complaints were communication and care coordination, to which management has implements a process to address patient issues during nurse leader rounds.

NYC Health+ Hospitals/Metropolitan

Current Metropolitan's CAB chair, Mr. William Smith, submitted his report for the records and highlighted that Metropolitan needs a new emergency room in order to meet the needs of the growing East Harlem community. The hospital needs the capacity to efficiently diagnose and treat patients at the emergency room. He further stated that capital projects are underway and includes a refurbished Infusion Center, a new Pride Center, and the FEMA flood wall.

Frequent complaints raised were real time mediation of patient issues, limited parking, the oversaturation of opioid treatment centers in the community, an increase of street homeless and the need for adequate mental health services needed.

FOLLOW-UP - The Committee requested information on the expected completion date of the LGBTQ center, to which the information was not available.

ADJOURNMENT:

Meeting adjourned at 5:41pm

Capital Committee VIRTUAL Meeting - November 15, 2021

As reported by José Pagán

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

Mr. Pagán called the meeting to order at 10:05 a.m.

Mr. Pagán noted that Mr. Feniosky Peña-Mora - Chair of the Capital Committee has recused himself from the proceedings of this meeting, therefore Mr. Pagán will chair the meeting.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on October 18, 2021 were unanimously approved.

Senior Vice President's Report

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

Mrs. Flaherty advised that the office continued working on establishing systems and initiating the pipeline of capital projects across the system as they concurrently planned for future advocacy of capital funding in addition to \$1.3 billion dollars secured over the course of the past year. As one of the days' resolutions would highlight, the team was busy working on capital projects that planned 2 years ago, and were working closely with the system and facility leaders to further evolve a coordinated approach to the capital plan.

Mrs. Flaherty explained that the overall progress of the bond Portfolio was progressing with only one project in early design (Woodhull Auditorium Roof) while the remaining fourteen (14) were finishing up Design to start procurement. Fifteen (15) Projects were in Procurement and the team was carefully watching Supply Chain trends that may impact completion goals. Four (4) projects were in Construction and one project completed (QUEENS: Main Building - eight Elevator Controls Upgrade). Four (4) projects were cancelled and funds redistributed for shortfalls throughout the portfolio keeping the total portfolio at 35 or 39 Projects total.

Mrs. Flaherty noted that there would be five resolutions on the agenda for discussion and she was happy to take any questions in advance of addressing the action items

Sally Hernandez-Piñero asked if the capital projects cancelled due to funding were cancelled because funding was not received or the projects were over- budget. Mrs. Flaherty explained that in some cases the timeline did not align with the bond funding requirements or initial concept budgets were beyond the scale and required additional funding. Each project is unique. Freda Wang requested clarification of whether the projects were cancelled from the bond funding but not cancelled altogether. Mrs. Flaherty confirmed the projects are still in the portfolio just not funded by the capital bonds.

That concluded Mrs. Flaherty's remarks. Ms.

Flaherty read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a 10-year lease with Coney Island Associates Retail 2 LLC ("Developer") for approximately 2,500 sq. ft. on the 1st floor of a to-be-constructed building at 1607 Surf Avenue, between W. 17th and 16th Streets in Coney Island (the "Premises") to house the Ida G. Israel Community Health Clinic (the "Clinic") operated by NYC Health + Hospitals/Coney Island (the "Facility") now operating on an adjacent lot for a yearly rent of \$30/sq. ft to be escalated by 10% every 5 years plus a share of increases in Developer's operating costs; provided that Developer will build out the Premises to the System's specifications within a budget of \$250/sq. ft., rent will not be payable until 18 months after construction is completed and the System shall hold two 5-year options to renew the lease at 95% of fair market value with the rent over the initial term totaling \$787,500.

Ms. Flaherty was joined by Svetlana Lipyanskaya, Chief Executive Office, NYC Health + Hospitals / Coney Island to present the license agreement. Together they narrated a presentation providing overview of the history of the clinic and the proposed new location and terms.

Mrs. Hernandez-Piñero asked how much square footage the family medicine component would occupy and whether there was adequate space or if some expansion would be needed in the future.

Mrs. Lipyanskaya responded that there would be six exam rooms and the ability to have three family care providers at the site which was an increase from the current site, which only has one family care provider serving at a time. She added that while 2,500 square feet was not a large amount of space it was sufficient for future service and there was room to shift things around or increase hours in order to accommodate an increase in utilization.

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

Ms. Flaherty read the resolution:

Authorizing the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to increase the Not-to-Exceed amount for requirements contracts with 8 architectural and engineering consulting firms, namely Array Architects, P.C., E/F/H Architects, P.C., Gensler Architecture, Design & Planning, P.C., Gertler & Wentz Architects LLP, Lothrop Associates LLP Architects, Moody Nolan, Inc., NK Architects, P.A. (a/k/a Nadaskay Kopelson), and, Perkins Eastman Architects, DPC, to provide professional architectural and engineering design services (the "AE Firms"); and with 5 mechanical, engineering, and plumbing consulting firms, namely Greenman- Pedersen, Inc., MG Engineering, D.P.C. (f/k/a Kallen & Lemelson, LLP), Lakhani & Jordan Engineers, P.C., Lizardos Engineering Associates, P.C., and Loring Consulting Engineers, Inc., to

provide professional mechanical, engineering, and plumbing design services (the "MEP Firms") on an as-needed basis throughout NYC Health + Hospitals by an additional \$60,000,000 above the original
\$30,000,000 for a cumulative amount not to exceed of \$90,000,000.

RESOLUTION AMENDMENT: Mrs. Flaherty noted that the resolution is being amended to reflect the legal names of two of the vendors NK Architects, and P.A. should be NK Architects, P.A. and Kellen & Lemelson was purchased by MG Engineering. D.P.C. - the resolution will be amended for the Board presentation.

Ms. Flaherty was joined by Oscar Gonzalez, Assistant Vice President, Office of Facilities Development to present the resolution. Together they narrated a presentation providing overview of the contracts original award, current AE and MEP pool commitment and MWBE utilization to date.

Mrs. Flaherty explained that it can be difficult to meet 30% goals with MEP firms, but that would be monitored closely.

Mrs. Hernandez-Piñero asked for clarification on the \$98 million refinancing and the \$50 million reserve, and another \$ 48 million.

Mrs. Flaherty said that \$98 million was inclusive of the City's refinancing bond (EITS, equipment and infrastructure projects), another \$102 billion in Mayoral City funding to support the system, and \$30 million in borough president and City Council funds in fiscal year 2022.

Freda Wang asked if the contract term was staying the same and the increase in not-to-exceed threshold was expected to provide for the same (five year) term of the contracts.

Mrs. Flaherty said yes that is the expectation but we will work with Supply Chain to determine if a new pool will be awarded prior to the five-year term of the existing contracts.

Mrs. Wang asked how the \$90 million total was determined. Mrs. Flaherty said it was a combination of burn rate to date and anticipated work in the pipeline.

Mr. Pagán asked if there were adequate staff on the Health + Hospitals side to ensure projects would be appropriately staffed for project oversight. Mrs. Flaherty said her team was taking a multi-pronged approach including; recruitment, working closely with facility partners to put in place a central office representative to support and employment of construction management firms to assist with multiple projects at a particular site.

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

Mrs. Flaherty read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign a contract with Consigli Construction Co., Inc. (the "CM") to serve as construction manager under a guaranteed maximum price

("GMP") structure for the construction and construction management of the System's Outposted Therapeutic Housing Unit ("OTxHU") project at NYC Health + Hospitals/Bellevue ("Bellevue") for a cost of \$109,925,530 which, when added to 10% project contingency yields a cost not-to-exceed \$120,918,083.

Mrs. Flaherty noted for the record that the vendor responsibility memo was not included in the materials, however the vendex check has been approved and the EEO check is pending.

Mrs. Flaherty was joined by Patsy Yang, Senior Vice President, Correctional Health Services to present the resolution. Together they narrated a presentation providing overview of the contract, related services, and expectations moving forward.

Mrs. Hernandez-Piñero noted that the project was anticipated to have a very high cost and asked if that was because of the work to be performed on the roof.

Mrs. Flaherty explained that the project was both Correctional Health and Behavioral Health space so it was a highly specialized project on multiple fronts. Everything from walls, windows, ligature free, tamper proof requirements, and those factors all drive cost. She added that the project was on a compressed schedule to allow for completion as soon as possible. Additionally, this work was being completed within an existing, operating facility and that requires more coordination to ensure patients and staff are not affected.

Mrs. Hernandez-Piñero asked why the costs were so difference between the Woodhull project and the Bellevue project if they were similar projects. Mrs. Flaherty said each project was unique and had its own challenges but she did not believe the costs were too different.

Mrs. Hernandez-Piñero asked Ms. Yang to outline the patient experience. Ms. Yang noted that this was a pioneering project, neither inpatient nor outpatient, it will focus on health and security. Patients would live in the unit for the duration of their treatment and can be returned to jail or until they are treated and released from custody.

Ms. Yang explained that patients in the unit will be for his or her medical conditions, mental health and substance abuse conditions. The bulk are medical patients and not mental health.

Ms. Wang asked if units were solely for the incarceration aspect or is the medical care being delivered within the site.

Ms. Yang said they are for both. They are secure units for people who are in detention for whatever reason (90% are pre-trial detainees) and they have arrived with medical conditions so Correctional Health Services will act as the main primary care provider rather than detainee/patient traveling back and forth for services.

Ms. Wang asked about the separate entrance. Ms. Yang said there was already a traffic pattern and flow at the site because Bellevue already

has a process for incarcerated individuals.

Ms. Wang asked if the full amount included contingency. Mrs. Flaherty said yes.

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

Ms. Flaherty read the following two resolutions into the record and noted they will be presented together and voted on separately:

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding by \$6,087,369 for its agreement with AECOM USA, Inc. ("AECOM") to provide program management services for the preparation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") in connection with the System's Correctional Health Unit ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") in Bellevue and Woodhull such that the funding is increased from \$9,039,198 to \$15,136,567.

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding by \$1,814,880 for its previously executed agreement with Array Architects, PC ("Array") to provide architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") over a five year term in connection with the System's Correctional Health Unit ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") such that the funding is increased from \$8,663,000 to \$10,477,880.

Ms. Flaherty was joined by Patsy Yang, Senior Vice President, Correctional Health Services to present the resolution. Together they narrated a presentation providing overview of the contract, related services, and expectations moving forward.

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

Ms. Wang noted that the presentation reflected that the funding request forthcoming and asked if the funding increase was pending with the City.

Mrs. Flaherty said there was budget in the Mayoral funds for both of the resolutions but the Capital authorization to proceed, from the New York City Office of Management and Budget (OMB,) to categorize the funding for both projects, was in process.

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

There being no further business, the Committee Meeting was adjourned at 11:10 am.

SUBSIDIARY REPORTS

MINUTES OF ANNUAL MEETING OF THE HHC PHYSICIANS PURCHASING GROUP, INC. As Reported by Dr. Vincent Calamia
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A meeting of the Board of Directors of the HHC Physicians Purchasing Group, Inc., (hereinafter, the "PPG") was held in the 15th floor conference room at

50 Water Street, New York, New York on the 1st day of November 2021, pursuant to a notice which was sent to all the Directors of the Company and which was provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The meeting had virtual access with the link posted on the NYC Health + Hospitals internet site. The following Directors were present virtually, constituting a quorum:

Mitchell Katz, M.D.
Andrea Cohen, Esq.
Vincent Calamia, M.D.

John Ulberg, Jr. was represented by his delegate, Jay Weinman as per the HHCIC Bylaws. Also present were Director of Claims Mary B. Boland (in board room), Nancy Gray and Daniel Scott of Aon Insurance Managers (AIM) (virtual).

The meeting was called to order at 10:18 AM by Dr. Calamia. The following resolutions were presented to the Board by Dr. Calamia, and upon motion by Dr. Katz, seconded by Ms. Cohen, were unanimously approved by the Board:

1. Approval of the minutes of the November 5, 2020 annual meeting;
2. The confirmation/acknowledgment of the appointment of the current Board of Directors with the appointment of Dr. Calamia as the Chairman;
and,
3. The appointment of the following officers of the HHC Physicians Purchasing Group Inc.:
 - Vincent Calamia, M.D. President
 - Machelles Allen, M.D. Vice-President
 - Andrea Cohen, Esq. Secretary
 - John Ulberg, Jr. Treasurer

INFORMATION ITEMS:

Daniel Scott presented two information items:

1. The PPG has been registered and approved by the New York State Department of Financial Services to act as a purchasing group within the State.

The business of the PPG is to obtain on behalf of its members, who are employees of NYCHHC's affiliates, primary insurance for medical malpractice from the HHC Insurance Company ("HHCHC", a captive insurance company).

2. The physician members of the group have obtained primary medical malpractice insurance coverage in the amount of \$1.3 million per occurrence/\$3.9 million in the aggregate from HHCIC for 2020. Insurance policies have been issued for the PPG by the HHCIC. The members of the PPG have also received excess coverage in the amount of \$1 million per occurrence/\$3 million in the aggregate from MMIP (unless they have coverage through another excess carrier which would then write the excess coverage for the covered physician).

ADJOURNMENT:

There being no further business before the Board, the meeting was adjourned at 10:20 PM.

<p>MINUTES OF ANNUAL MEETING OF THE HHC PHYSICIANS PURCHASING GROUP, INC. As Reported by Dr. Vincent Calamia</p>

MINUTES OF ANNUAL MEETING OF HHC INSURANCE COMPANY, INC.

A meeting of the Board of Directors of the HHC Insurance company, (hereinafter, the "HHCIC") was held in the 15th floor conference room at 50 Water Street, New York, New York, on the 1st day of November 2021 at 10:00 AM, pursuant to a notice which was sent to all the Directors of the Company and provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The meeting had virtual access with the link posted on the NYC Health + Hospitals internet site. The following Directors were present virtually, constituting a quorum:

Mitchell Katz, M.D.
Andrea Cohen, Esq.
Vincent Calamia, M.D.

John Ulberg, Jr. was represented by his delegate, Jay Weinman as per the HHCIC Bylaws. Also present were Director of Claims Mary B. Boland (in board room), Nancy Gray and Daniel Scott of Aon Insurance Managers (AIM) (virtual). José Pagán - Chair of the NYC Health + Hospitals Board of Directors was also present.

Dr. Calamia chaired the meeting which was called to order at 10:01 AM.

he following resolutions were presented to the Board by Dr. Calamia:

- (1) The minutes of the November 5, 2020. A motion to approve the minutes was made by Dr. Katz, seconded by Ms. Cohen and approved unanimously.
- (2) The following were unanimously approved following a motion to approve made by Dr. Katz, seconded by Ms. Cohen:

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- the re-appointments of Dr. Vincent Calamia, Dr. Mitchell Katz, Andrea Cohen, Esq., Dr. Machelles Allen and John Ulberg, Jr. as members of the Board of Directors.
- the appointment of Dr. Vincent Calamia as Chairman of the Board (4)
A motion to approve was made by Dr. Katz, seconded by Ms. Cohen and approved unanimously
- the Election of the following Officers for the HHC Insurance Company, Inc.:
 - Vincent Calamia, M.D. President
 - Machelles Allen, M.D. Vice-President
 - Andrea Cohen, Esq. Secretary
 - John Ulberg, Jr. Treasurer

Dr. Calamia introduced seven action items/resolutions into the record. Then on motion by Dr. Katz, seconded by Ms. Cohen, the following resolutions were presented to and voted on by the Board:

- A) David C. Cheung was re-appointed to as the Executive Director of the Company.
- B) Mary B. Boland was re-appointed Director of Claims of the Company.
- C) The issuance of primary insurance policies to members of the HHC Physicians Purchasing Group.
- D) The appointment of Dana Wilson of Grant Thornton as the company auditor.
- E) The re-appointment of Jo Ellen Cockley of Aon Risk Consultants as the Actuary of the Company.
- F) The loan back of premium in an amount up to \$3.0 million to the parent corporation, the NYC Health + Hospitals (the System), was approved.
- G) The Audited Financial Statements as of December 31, 2020 were approved unanimously.
- H) The Business Continuity Plan was accepted/approved unanimously; and,
- I) The disaster response plan was accepted / approved unanimously. Daniel

Scott presented the following six (6) information items:

1. New applications for coverage have been received from 13 Obstetricians/Gynecologists and Neurosurgeons. As of 9/30/2021, there are 291 active physicians in the program. Primary policies have been issued for the current policy year. Applications for excess coverage through MMIP beginning July 1, 2021 were filed for 251 H+H physicians through the Purchasing Group with all physicians deemed eligible to receive excess coverage through the Pool. It was determined during the application process that 42 physicians already had excess coverage under the Plan through other hospitals. There are 13 physicians have been wait-listed for excess coverage. Once the final number of physicians in the pool has been determined, these additional excess policies will be issued and will be retroactive to the application date.
2. In 2007, the Company was required to sign up as a Plan or Pool participant of the Medical Malpractice Insurance Pool. The Company opted to be a Pool participant. The September 30, 2021 cession statement from the Pool indicates that the Company has a net equity

in the Pool of \$1,788,121.00. Pages 37 & 38 of the board book further detail the Company's participation. No questions were asked.

3. The September 30, 2021 interim financial statements were reviewed. As of September 30, 2021, HHC Insurance Company has total assets of \$96,648.538. Of that balance, there's an intercompany receivable of \$92,025,173.00. There is a premium receivable of \$1.4 million which would be cleared before year-end, and rolled into the intercompany loan receivables. There is an MMIP receivable of \$3,220,691.00. The total liabilities, as of 9/30, are \$11,639,582.00. A large component of the liabilities is the outstanding loss in LAE (expense) reserves as well as the reserves for IBNR (incurred but not reported loss). The total net assets, as of 9/30, are \$85,008,956.
4. Sedgwick CMS has reported 87 open files and 549 closed files for the underwriting years 2005-2021. Of the closed files, 41 were closed with payment and 508 files were closed without payment.
5. The company business plan has been approved by the Department of Financial Services (DFS), the pre-disaster survey and disaster response plan questionnaires have been filed. The annual Cyber Security certification has been filed. All Regulatory matters are current. The Company was examined by the DFS in early 2021. The draft report has not been submitted yet.

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

No additional new business matters were brought up.

ADJOURNMENT:

There being no further business before the Board, the meeting was adjourned at 10:18 AM EST.

Mitchell H. Katz, MD - NYC HEALTH + HOSPITALS
PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
November 18, 2021

CORONAVIRUS UPDATE

COVID-19 cases - While the number of citywide cases remains low, there has been a slight increase in all boroughs over the past two weeks. Delta remains the dominant and only variant of concern. Hospitalizations in our health system have been trending down for the past 10 weeks and has remained steady over the last week. We will keep pushing vaccination and testing as our best strategies, particularly as we enter the holiday gathering season. Vaccination program - Following the CDC approvals for the Pfizer pediatric vaccine earlier this month, we were excited to begin offering the vaccine to pediatric patients and community members. It was great to see so many of our own staff bringing in their children to our facilities to be among the first 5-11-year-old New Yorkers to get vaccinated. We are reaching out to our patients and inviting New Yorkers to make appointments to get their children vaccinated at any of our 11 hospitals.

NYC Test and Trace Corps - NYC Health + Hospitals is also supporting the City's vaccination effort in the schools through our Test and Trace Corps team. We deployed mobile vans to public schools across the City and have delivered more than 25,000 vaccines in the first few days. We also continue to promote the importance of COVID-19 testing and are proud to have deployed mobile testing vans to more than 1,000 unique locations across the City, providing New Yorkers access to fast, flexible, no-cost COVID-19 testing when and where it is needed most. These mobile testing deployments, guided by partnerships with community organizations, have provided more than 800,000 tests over 18,000 testing days, ensuring nearly two thirds of those deployments were dedicated to neighborhoods most severely impacted by COVID-19.

CELEBRATING OUR COMMUNITY CARE TEAM DURING HOME CARE MONTH

November is Home Care Month -- a special time when our health system recognizes the outstanding contributions of our skilled nurses, rehabilitation therapists, social workers, and accountable care managers who support the continuity of care for patients returning to their homes and communities. The remarkable staff of NYC Health + Hospitals/ Community Care personify our mission as they provide comprehensive care to our most vulnerable patients in their homes and communities, and ensure thousands of New Yorkers can continue their journey to good health long after they have left our hospitals, Gotham Health centers and post-acute care centers. They provide more than 95,000 home visits every year, and more than a third of the people they serve are over the age of 60. This is critical work -- Home Care visits can reduce the likelihood of hospital readmission by as much as 25%. This team served heroically during the pandemic, continuing to visit patients in their homes to avoid any disruption in their care. The Community Care team also managed the Take Care Hotel program, which enabled more than 26,000 New Yorkers-- including our own health system staff who tested positive for COVID-19 -- to stay in a hotel room for free, and safely separate and protect their loved ones.

DIVERSITY AND INCLUSION

Support for Transgender Patients and Staff - In November, we also recognized Transgender Awareness, which culminated on November 20 with Transgender Day of Remembrance to commemorate transgender individuals who lost their lives due to anti-transgender violence. During this week, we celebrated a number of transgendered staff and patients who receive care at NYC Health + Hospitals, and our Office of Diversity and Inclusion hosted a system-wide virtual education event highlighting the many resources we make available to our staff to advance equity and visibility for transgender communities. We also published a new Transgender Health Care Resource Guide to assist transgender New Yorkers and their allies in finding gender affirming care. So far this year, at least 45 transgender and gender non-conforming people have been killed, the majority of whom are Black and Latinx transgender women. Transgender people, especially transgender people of color, face violence, discrimination, and stigma every day. As a health system serving one of the largest transgender communities in the nation, we are committed to taking action to ensure our transgender patients and colleagues are in welcoming and affirming spaces.

Staff Training - We are collaborating with the Physician Affiliate Group of NY (PAGNY) to enroll providers in the LGBTQ Health Equity Certificate Program. In July and August, more than 6,800 employees completed trainings on various diversity and inclusion topics.

Equity and Access Council - There are four work groups within Council: Work Force Diversity, Inclusion, Equity of Care, Data and Monitoring. The council is developing pathway programs for underrepresented minority residents and medical students by developing elective rotations at our facilities. Conversations are underway with Morehouse School of Medicine.

SALUTING THOSE WHO SERVE OUR COUNTRY AND OUR HEALTH SYSTEM

In honor of Veteran's Day, our health system facilities hosted a variety of recognition events to thank and celebrate the many military men and women who have served our country and continue to be of service through their work at NYC Health + Hospitals. We highlighted a few of these veterans in a special internal newsletter feature, where they shared their personal stories of how their military service influenced their career in health care. They all serve proudly and we are fortunate to have these men and women put their unique training, experience and expertise to support our mission to care for all New Yorkers. While I cannot name them all, I would like to recognize one special Veteran in our NYC Health + Hospitals family who continues to inspire and sacrifice for others: Henry "Hank" Carter, the namesake of our award-winning post-acute care facility in Harlem. Hank's generous philanthropic activities and compelling personal connection to our health system is known to many. But it may not be so well known that he was a Sergeant in the US Army who received a Silver Star and Purple Heart for his bravery and service. Hank was also a great boxer and excellent basketball player. By the end of his military service, Hank was not only the best boxer in the army, but also voted the Most Valuable Player in Army basketball. And he is still an MVP to all the residents at NYC Health + Hospitals/Carter, where he continues to be so very present, providing support and friendship to our residents and staff. We are grateful to Hank

and all the NYC Health + Hospitals veterans across our health system.

PUBLIC AFFAIRS UPDATE

City - We are looking forward to working with all the newly elected officials who won public office in the recent elections, including incoming Mayor Adams and Comptroller Lander, as well as the Borough Presidents. We are also pleased to continue to partner with returning officials like Council Member Rivera, who heads the Council Hospital Committee, and Public Advocate Williams - both are great supporters of our health system. It will be an exciting time as we greet our new elected officials and we look forward to our future collaborations on behalf of all New Yorkers.

State - Governor Kathy Hochul continues to establish her cabinet, and among them is our colleague and friend Dr. Mary Bassett who will be the Commissioner of the Department of Health. Dr. Bassett starts on December 1st, and we look forward to working with her to address equity in the healthcare system, among other critical topics. The Governor also announced Dr. Chinazo Cunningham, from DOHMH, as Commissioner of the Office of Addiction Services and Supports (OASAS). Dr. Cunningham has served as a member of this Board due to her leadership role at DOHMH and is enthusiastically cheered by our Office of Behavioral Health team in particular. We are also pleased with the appointment of Assembly Member Robert Rodriguez as Secretary of State. In his Assembly seat, he has represented both NYC Health + Hospitals/Metropolitan and NYC Health + Hospitals/Carter, and we are grateful for his leadership in that role. These individuals are in an acting capacity until they can be confirmed by the State Senate.

Federal - The bipartisan infrastructure bill signed by President Biden this week will provide \$1.2 trillion in investments for standard physical infrastructure items like road construction, public transit, broadband access and public works infrastructure. The next priority in DC is the Build Back Better Act, a \$1.75 trillion social policy-spending plan. Though this bill continues to evolve, many of its current provisions could have a positive impact on hospitals and our health system, including the addition of new medical resident slots above the current cap with an emphasis on residents from underserved communities.

CONTRACTS

In the past month I approved an extension to our agreement with Change Healthcare to support our NYC Test and Trace Corps (T2) efforts, and I want to take this opportunity to summarize it for the Board. Change Healthcare manages call center services, principally for our ambulatory care services. They have provided those services for many years, most recently under a January 24, 2020 agreement. In the early days of the pandemic, there were additional scopes of work approved under the emergency declaration to support New York City's response to the pandemic under the management of the T2 program. These include, as examples, operating the City's COVID-19 Hotline, calling persons identified by T2 as COVID-19 positive to encourage quarantine, asking about the need for supportive services and responding to inquiries of parents of school-age children calling for the results of COVID-19. Many of these services, which began at various times in 2020, have continued to this date because of the emergence of the Delta variant, the back-to-school initiative, and the success they

have had in managing the infection rate for our City. As the need for the services change, they will be ended and several have already end. Due to continuing need and uncertainty concerning the future of the epidemic, I have approved the continuation of some of these services through June 30, 2022. The total cost of the program is not expected to be more than \$17,223,625 all of which is covered under our agreement with OMB.

HEALTH SYSTEM NEWS

- [NYC Test & Trace Corps Announces Doubling of Mobile Fleet, Deployment to Over 1,400 Sites](#)
- [NYC Care Partners With 22 Community-Based Organizations](#)
- [Health System, CUNY Expand Nursing Partnership](#)
- [Dr. Wendy Wilcox Appointed System's Chief Women's Health Service Officer](#)
- [Queens Hospital Opens New Total Hip and Knee Replacement Center](#)
- [Jacobi Hospital Opens New Pride Center for LGBTQ Patients](#)
- [Woodhull Hospital Marks Emergency Department Expansion Completion](#)

Test and Trace Update

- ❑ H+H incurred \$1.4 billion of expenses in FY21 for Test and Trace Corps
- ❑ T2 has committed approximately \$330 million in expenses for Q1 in FY22
- ❑ OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date
 - ❑ Revenue includes CDC ELC grants, FEMA funding, CTL, ARP, and billing revenue

	FY21 Expenses	Total FY22 Projected Expenses
Testing (7.3 Million tests to-date)	\$ 736M	\$ 861M
Tracing (Reached 89% of all cases and identified 1.3 million close-contacts)	\$ 417M	\$ 270M
Take Care (322K resource navigation referrals completed and 26,515 hotel isolation guests)	\$ 122M	\$ 132M
Vaccine (Over 700K to date)	\$ 69M	\$ 66M
Data Analytics, Program Management, and Public Awareness	\$ 97M	\$ 147M
Total Expenses	\$ 1,441M	\$ 1,478M



RESOLUTION – 02

Authorizing the New York City Health and Hospitals Corporation (the “System”) to sign a 2-year contract with **Rapid Reliable Testing NY, LLC** (the “Vendor”) to operate, maintain, and supply mobile healthcare units to provide primary care services to homeless individuals living on the street through its Street Health Outreach and Wellness (“SHOW”) program with two 1-year options to renew that can be exercised only by the System at a cost not-to-exceed \$21,806,323 over the potential four-year term.

WHEREAS, SHOW is a program focused on bringing healthcare services to unsheltered homeless individuals who lack reliable access to care and consequently experience negative health outcomes; and

WHEREAS, following an RFP, the Vendor, along with 5 other laboratory companies, was selected for a contract in November 2020 to perform COVID testing for the System; and

WHEREAS, on May 21, 2021, the System’s President, using his authority to approve emergency contracts as reported to the Board in July 2021, authorized an amendment to such contract for an eight-month mobile COVID vaccination and testing program – recently extended for six additional months -- whereby the Vendor deployed six specially equipped buses staffed with a complement of healthcare providers to travel to areas of the City with homeless individuals in the greatest need for COVID vaccination and testing; and

WHEREAS, the Vendor’s performance under the emergency COVID related contract is satisfactory and will continue until October 31, 2022; and

WHEREAS, a further RFP was conducted in October and November, 2021 for companies to operate a fleet of medically equipped vans to bring primary healthcare services to the unsheltered homeless as part of the SHOW program and the Vendor was the most highly rated proposer; and

WHEREAS, in contrast to the System’s COVID testing and vaccination contract with the Vendor, the proposed contract is merely for the rental, stocking and maintenance and operation of the medically equipped vans which will be staffed by System medical personnel rather than the Vendor’s medical personnel; and

WHEREAS, OMB provides the funding for the emergency COVID-related predecessor contract with the Vendor under the System’s COVID MOU with the City anticipating federal reimbursement, OMB has confirmed separate City tax levy funding for the proposed contract for its initial two years; and

WHEREAS, the System proposes to award a contract with the Vendor to be managed as part of the System’s Office of Ambulatory Care rather than out of T2 as had previously been the case when the focus was predominantly on COVID testing and vaccination; and

WHEREAS, under the proposed agreement with the Vendor, it will operate 6 medically equipped vans; and

WHEREAS, the Senior Vice President for Ambulatory Care will be responsible for the administration of the proposed agreements.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign a 2-year contract with Rapid Reliable Testing NY, LLC (the “Vendor”) to operate, maintain, and supply mobile healthcare units to provide primary care services to homeless individuals living on the street through its Street Health Outreach and Wellness (“SHOW”) program with two 1-year options to renew that can be exercised only by the System at a cost not-to-exceed \$21,806,323 over the potential four-year term

EXECUTIVE SUMMARY

OFFICE OF AMBULATORY CARE STREET HEALTH OUTREACH AND WELLNESS (SHOW) PROPOSED CONTRACT WITH - RAPID RELIABLE TESTING NY, LLC TO LEASE OPERATE AND MAINTAIN MOBILE HEALTHCARE UNITS

OVERVIEW/NEED The Street Health Outreach and Wellness (“SHOW”) program provides basic care to the unsheltered homeless population through mobile clinics, with focus on connection to longitudinal care, particularly through Primary Care Safety Net Clinics. This Population lacks reliable access to healthcare, exacerbating negative health outcomes.

The System has worked with the Vendor previously for the provision of COVID testing and for the emergency authorized predecessor contract that also focused on the unsheltered homeless primarily for COVID testing. The initial contract with the Vendor was obtained through an RFP for COVID-19 testing services, which was subsequently enhanced pursuant to an emergency contract authorized by the System’s President that will expire in October 2022. The System proposes to enter into a new contract with the Vendor for renting, stocking, and maintaining medically equipped vans that will target the unsheltered homeless as part of SHOW. The System will provide its own clinical and administrative staff.

PROCUREMENT: An RFP under the supervision of the CRC was issued October 21, 2021. The Evaluation Committee evaluated three proposals received after the RFP was advertised and sent directly to 29 firms and eight vendors attended a pre-proposal conference. The Vendor was selected as the proposer that best met the System’s needs. The Vendor is distinguished by its having satisfactorily performed primary care services to diverse populations and also controls a fleet of medically equipped vans that can be used in connection with the proposed agreement.

TERMS: The Vendor will deploy six medically equipped vans. Each van will be staffed with a team mixing of H+H employed or affiliated Physicians, Registered Nurses, Licensed Medical Social Workers, Addiction/Peer Counselors, and Community Health Workers. Five of the units will be leased, and the Vendor will also help the System maintain and operate a single mobile clinic it already owns. The Vendor will provide drivers to operate the vans and it will maintain, and supply/stock this fleet of medically equipped mobile units. The Vendor will provide over-the-counter and prescription medications, with the exception of controlled substances. The System will provide its own clinical and administrative staff. In total, the System will pay \$1.3M/year for leasing and parking the 6 units; \$1.01M/year for driving the units; \$625,000/year for security; \$6,600/year for broadband service; plus, up to \$3.2M/year for mobile unit supplies (supply rate to vary based on usage). In addition, the System will pay a one-time cost of \$51,000 to upgrade the mobile units for this program.

FUNDING: Whereas funding for the emergency predecessor contract with the Vendor was funded by the City under its COVID MOU with the system with the expectation that the City, will receive Federal reimbursement, the City will fund the proposed contract separately using City tax levy funds. The City has confirmed continued funding of the program for the next two years.

MWBE: Rapid Reliable Testing has agreed to a 30% Goal, to be split between three certified M/WBEs. Individual subcontract amounts are to be determined.

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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Contract for T2 SHOW: Rapid Reliable Testing, LLC

Date: November 23, 2021

Digitally signed by Tallbe, Keith
Date: 2021.11.23 10:48:48 -0500

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
30%

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

**Application to
Enter into Contract with
Rapid Reliable Testing NY, LLC. For
Street Health Outreach and Wellness**

**Board of Directors Meeting
December 16, 2021**

**Dr. Theodore Long
Sr. Vice President, Office of Ambulatory
Care and Population Health; Executive
Director Test and Trace Corps**



Background / Current State

- Seeking to provide basic care to unsheltered homeless population through mobile clinics, with focus on connection to longitudinal care, particularly through Primary Care Safety Net Clinics
- Population lacks reliable access to healthcare, exacerbating negative health outcomes
- Street Health Outreach and Wellness (SHOW) program launched under Test & Trace as effort to bring testing and vaccine to unsheltered homeless New Yorkers.
 - Also provide basic clinical services (wound dressing; evaluation of symptoms); behavioral health support and harm reduction; and snack and hygiene product distribution
 - Currently operating 6 units under emergency declaration signed by Dr. Katz 5/21/21 which was reported to Board in July 2021 to use the services of Rapid Reliable Testing NY, LLC. Program is fully vendor staffed and operated
 - Vehicles operate in neighborhoods with known high unsheltered homeless population, where possible in partnership with community partners who conduct outreach and facilitate trust, in coordination with other city agencies and City Hall
 - Challenge to connect patients to longitudinal care at NYC H+H since vendor's patients in vendor's EMR

Background / Current State

- This contract will engage a vendor to provide vehicles, operate and maintain vehicles, and supply and stock vehicles so that H+H can focus on providing patient care and engagement.
 - Staffing and clinical operations would be provided by NYC H+H and the patients will now be H+H patients in Epic with the medical units connected to individual hospital operating certificates (specifically, facilities with Primary Care Safety Net Clinics).
 - This is to be an Ambulatory Care program, not a Test & Trace Corps program
- The staffing model includes:

1 MD/DO	1 RN
1 PCA	1 Clerical Level 4
1 Addition Counselor or Peer Counselor	1 CHW (funded through Public Health Corps)
1 MSW (Pending vehicle space)	
- The SHOW/PCSN staffing model prepares H+H to address the Behavioral Health needs of people experiencing street homelessness in the following ways:
 - Addiction counselors, peers counselors, and social workers listed above
 - Facility-based Primary Care Safety Net includes a dedicated psychiatrist.
 - Vehicles can use telehealth to improve access to specialty mental health services.
 - Whenever possible, we will reconnect clients community-based behavioral health providers, assertive community treatment teams, or VA providers

Overview of Procurement

- 10/21/21: RFP published on City Record, sent directly to 29 vendors
- 10/28/21: Pre-proposal conference held, 8 vendors attended
- 11/08/21: Proposal deadline, three proposals received
- 11/17/21: Clarifying questions from evaluation committee sent to proposers
- 11/18/21: Vendor responses to committee questions received
- 11/19/21: Evaluation committee completed scoring evaluation, Rapid Reliable Testing NY, LLC the highest rated proposer

Vendor Experience

- Rapid Reliable Testing NY, LLC, the highest scoring proposer, is the vendor that operates the current SHOW program.
- RRT, LLC is a subsidiary of DocGo, which provides medical transportation and other services in 26 US States as well as the United Kingdom.
 - Other services include:
 - Medical transportation, including critical care transport; ambulance services; ambulettes; and medical sedans
 - On-site medical services for sports teams including the NY Mets and Brooklyn Nets and other event spaces
 - Other clients for mobile health and transportation services include local governments (e.g., City of Philadelphia, Miami-Dade County) health care systems (e.g., Mount Sinai; Northwell), and business clients (e.g., Equinox; Blade; Carnival)
- Other relevant NYC experience:
 - Mobile Testing Units for NYC H+H/T2, 12/1/2020-Present. Performed over 600,000 tests to date.
 - Mobile Vaccination Units for NYC Office of Emergency Management, 12/1/2020-Present. Performed over 150,000 COVID-19 vaccinations to date.



RFP Criteria

➤ Minimum criteria:

- Prior experience providing a client with at least 5 vehicles for mobile medical clinics (or similar services)
- Prior experience in maintaining and operating at least 5 mobile medical clinics (or similar services) at one time for the same client
- MWBE Utilization Plan, Waiver, or MWBE Certification

➤ Substantive Criteria:

- 30% Cost
- 30% Relevant Experience
- 20% Service Standards (i.e., strong maintenance plan and contingency options)
- 10% Ability to Scale
- 10% MWBE

➤ Evaluation Committee:

- Deputy COO, Amb Care
- Director of Implementation, Amb Care
- Director of Clinical Planning and Operations, Care Models
- Sr. Financial Analyst, Corp Budget & Finance
- Sr. Director, Office of Behavioral Health
- AVP, Pharmacy
- Director, Primary Care Safety Net Clinic, Bellevue
- Behavioral Health Physician, Lincoln
- Community Health Worker Supervisor, Primary Care Safety Net Clinic, Woodhull
- AVP, OFD

RFP Summary

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
M/WBE	2	0	N/A	N/A
Non-M/WBE	27	3	2	0

- Applicable M/WBE Goal: 30%
- Awarded Vendor's M/WBE Goal: 30%

Rapid Reliable Testing NY LLC Utilization Plan Summary

Vendor Name	Scope of Work	M/WBE certification	UP Goal %
Nunn's Home Medical Equipment	Medical Equipment	NYS	5%
CFF Consulting Inc	Staffing	NYC/NYS	15%
Blessed Rodah Security Services Inc.	Security	NYC/NYS	10%
Total Utilization Plan Goal			30%

- Rapid Reliable Testing NY LLC has agreed to a 30% Goal, to be split between three certified M/WBEs.

Board of Directors Request

- The Office of Ambulatory Care seeks the Board of Directors Approval to award a contract to Rapid Reliable Testing NY, LLC for providing vehicles; operating and maintaining vehicles; and supplying and stocking vehicles for the Street Health Outreach and Wellness (SHOW) program, for \$21,206,323M over the potential four years.
- Two-year contract with two one-year renewal options at the discretion of H+H
- Additional funding from the City required to support H+H staffing costs

Estimated Total Program Expenses

	Pre-Imp	FY 2022*	FY 2023	FY 2024	FY 2025	Total
Total RFP Expense	\$107,880	\$3,099,778	\$6,199,555	\$6,199,555	\$6,199,555	\$21,806,323

* FY 2022 prorated for six months of operation

RESOLUTION – 03

Authorizing the New York City Health and Hospitals Corporation (the “System”) **to increase the funding for the 12 vendors listed in Annex A attached to this Resolution (each a “Vendor” and together, the “Vendors”) from the \$250,480,410 set in July 2021 when the Board of Directors authorized contracts for the Vendors to perform COVID testing both in schools and in the community** on an as-needed basis by \$205,000,000 to bring the total amount for all Vendors to a new amount not to exceed \$455,562,279.

WHEREAS, in July 2021, following an RFP, the System’s Board of Directors approved contracts with the 12 Vendors to perform COVID19 testing both in schools and in the community for a cost not-to-exceed \$250,480,410 over 11 months; and

WHEREAS, the funding for the contracts with the Vendors is running out sooner than expected because of (i) increased community demand for testing, (ii) per CDC guidance, testing has increased from monthly to weekly cycles, (iii) per Court order the program expanded to include non-public and charter schools and (iv) because the program now includes NYC employee testing; and

WHEREAS, the performance of the Vendors has been satisfactory and use of the testing services has increased to the current average of 550,000 tests per month; and

WHEREAS, all of the Vendors committed to MWBE participation of at least 30% detailed in the July 2021 Resolution and have adhered to their plans; and

WHEREAS, the Senior Vice President for Ambulatory Care will be responsible for the administration of the agreements.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to. increase the funding for the 12 vendors listed in Annex A attached to this Resolution (each a “Vendor” and together, the “Vendors”) from the \$250,480,410 set in July 2021 when the Board of Directors authorized contracts for the Vendors to perform COVID testing both in schools and in the community on an as-needed basis by \$205,000,000 to bring the total amount for all Vendors to a new amount not to exceed \$455,562,279.

ANNEX A

Vendor	School Testing	Mobile Testing
Rapid Reliable Testing LLC		X
BIOREFERENCE LABORATORIES, INC.	X	X
Somos Healthcare Providers Inc. D/B/A Somos Community Care	X	
Fulgent Genetics, Inc.	X	
Medrite	X	X
CIC Health	X	
Mount Sinai		X
Premier Assist		X
Elevation Health	*	*
Daybreak (Blackbag Digital Health)	*	*
Union Square Physicians (aka Vault Health)	*	*
Ginkgo Bioworks	*	*

- No Work Confirmed

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/TEST + TRACE SCHOOL AND COMMUNITY COVID-19 TESTING

- OVERVIEW:** Last Spring, the System conducted an RFP for laboratory companies to perform testing in schools and in the community, the 12 Vendors listed in the Annex to this Resolution were evaluated to be the best and in July 2021, the System's Board of Directors authorized 11-month contracts with the Vendors for an aggregate amount not-to-exceed \$250,480,410. Due to changed circumstances, the funding for the Vendor contracts has proven to be so inadequate, that it will be exhausted in Mid-February, 2022. These intervening developments have been: (i) general increased community demand for testing; (ii) per CDC guidance, testing has increased from monthly to weekly cycles; (iii) per Court order, the program expanded to include non-public and charter schools; and (iv) the program now includes NYC employee testing. Additionally, due to uncertainty concerning the course of the epidemic, it is prudent to extend the terms of the contracts by two months such that they will expire June 30, 2022, provided that the System is able to terminate all or some of the contracts without cause on 30 days' notice. Accordingly, the System seeks authorization from its Board of Directors to increase the funding for the Vendors' contracts from \$250,480,410 previously set by the Board of Directors by \$205,000,000 to bring the total amount for all Vendors to a new amount not to exceed \$455,562,279.
- NEED/PROGRAM:** There continues to be a robust demand for COVID19 testing. Currently, the System averages 400,000 tests in schools and 150,000 community testing every month.
- TERMS:** The terms of the previously authorized contracts will not change.
- MWBE:** All the Vendors are meeting the M/WBE goals set forth in their utilization plan, with the exception of one Vendor. Such Vendor, however, is expected to be certified soon by the City of New York as an M/WBE.

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

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

Digitally signed by
Tallbe, Keith
Date: 2021.11.23
10:05:44 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Contract with 12 vendors for mobile and DOE CoViD-19 testing, NTE increase

Date: November 23, 2021

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

	<u>Vendor</u>	<u>Vendex</u>	<u>EEO</u>	<u>MWBE</u>
1	MedRite LLC	Approved	Pending	30%
2	Rapid Reliable Testing NY, LLC	Approved	Approved	30%
3	Bio-Reference Laboratories, Inc.	Approved	Pending	30%
4	Fulgent Genetics, Inc.	Approved	Pending	30%
5	Union Square Physician Services, P.C.	Approved	Approved	100%
6	SOMOS Healthcare Providers, Inc,	Approved	Pending	85%
7	The Mount Sinai Hospital	Approved	Approved	32%
8	Ginkgo Bioworks, Inc.	Pending	Pending	30%
9	Elevation Health, LLC	Approved	Approved	100%
10	CIC Health, LLC	Approved	Approved	50%
11	Blackbag Digital Health LLC DBA Daybreak	Pending	Approved	30%
12	Premier Assist	Approved	Approved	30%

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

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

Request to Increase NTE

Rapid Reliable Testing NY, Inc.; Bio Reference Laboratories, Inc.; Somos Healthcare Providers/Somos Community Care; Flugen Genetics, Inc.; Medrite; CIC Health; Mount Sinai; Premier Assist; Elevation Health; Daybreak (Blackbag Digital Health); Union Square Physicians; Ginkgo Bioworks

Board of Directors Meeting December 16, 2021

Dr. Theodore Long

**Sr. Vice President, Office of Ambulatory Care and
Population Health; Executive Director Test and Trace
Corps**

Background / Current State

- To meet an expanding need of testing capacity, T2 conducted an RFP in June 2021 to cover operations from August 2021 to June 2022 for COVID-19 testing through two modalities:
 1. School Testing
 - Testing in all of NYC's public schools on a routine basis
 - Currently performed by BioReference Labs (BRL), Fulgent Genetics, SOMOS Community Care, MedRite and CIC Health
 2. Community Testing
 - Testing at mobile units and other types of testing at-home, saliva, employee testing mandate
 - Currently executed by Rapid Reliable Testing, NY LLC, MedRite, Premier Assist, and Mount Sinai
- Since July 2021 when the most recent NTE was approved, testing policies have changed, which have led to increased costs and a projected exhaustion of the July 2021 NTE amount by the end of February 2022
- These changes include:
 - CDC guidance for an increase in school testing frequency from monthly to weekly, and a recent court decision required the inclusion of non-public/charter schools
 - H+H's support of NYC city employee testing mandate, an uptick in community testing volume, and deployment mobile testing to backfill decommissioned brick and mortar testing sites
- Seeking to increase the NTE from \$250,480,410 to \$455,562,279 for testing done from August 2021 to June 2022 (increase of \$205M)
- Vendor performance has been satisfactory

Programmatic Changes

- School testing universe increased by 420,000 monthly
 - Non-Public/Charter schools **added 120,000** students to test population
 - Increase frequency brought monthly test volume from **100,000 to 400,000 tests** per month
 - Average monthly spend of \$30M from August 2021 to June 2022 for a total of \$334M
- Mobile testing demand increased and capacity needed to expand
 - Adding testing capacity to mobile vaccine units bringing capacity from **7,000 to 45,000 tests** per month by December
 - Saliva testing replacing Microsites capacity with **9,000 tests** per month
 - Replacing certain brick and mortar testing capacity with flexible, mobile capacity and the ability to ramp up to as many as **130,000 tests** per month or ramp down quickly as needs diminish
 - Average monthly spend of \$11M from August 2021 to June 2022 for a total of \$122M
- These programmatic changes require an increase to the July 2021 NTE from \$250,480,410 to \$455,562,279 for testing done from August 2021 to June 2022 (increase of \$205M)

Community Impact

- School testing: T2's testing regimen has allowed NYC's public school system to remain open throughout the 2020-2021 and 2021-2022 school years
 - Nearly 2M tests conducted since October 2020
 - Positivity rate has been consistently low (less than 1%)
 - Largest school district in the country has remained open
- Mobile testing: Via mobile and other community-based methods of testing, T2 has made testing accessible and widespread throughout the five boroughs and particularly in areas with high positivity rates
 - 50+ mobile units deployed daily, conducting thousands of tests
 - Community-driven model where we go to locations identified by community partners

Projected Spend and NTE Request

- July 2021 NTE: \$250,480,410 over 11 months (August 2021 to June 2022)
- As of November 17th, actual spend toward the NTE is \$14M
 - However, we have incurred costs closer to \$75M and the NTE is expected to be exhausted by the end of February 2022
 - Testing programs continue to ramp up in October-December
- Requesting \$205M expansion of the NTE for a total of \$455,562,279:
 - DOE testing projected increase by \$183M for a total of \$334M across the 11 months
 - Mobile testing projected increase by \$22M for a total of \$122M across the 11 months

Vendor Performance

Vendor	MWBE Goal	MWBE Utilization Percent	Notes	Tests	TAT <24 hours	Community Teams	School Units
Fulgent	30%	50%	--	66,461	99%	0	29
Premier Assist	30%	18%	MWBE certification pending	8,730	95%	7	0
Medrite	30%	34%	--	82,697	97%	8	34
SOMOS	85%	85%	--	53,687	99.9%	0	47
Rapid Reliable Testing NY	30%	32%	--	323,810	99.8%	40	0
Bioreference	30%	33%	--	108,746	91%	0	34
Mount Sinai	32%	NA	No billing yet	3,161	95%	11	0
CIC Health	50%	NA	No billing yet	4,763	82%*	9	
Elevation Health	100%	NA	No work (confirmed)	--	--	0	0
Daybreak (Blackbag Digital Health)	30%	NA	No work (confirmed)	--	--	0	0
Union Square Physicians (aka Vault Health)	100%	NA	No work (confirmed)	--	--	0	0
Ginkgo Bioworks	30%	NA	No work (confirmed)	--	--	0	0

**T2 operations have worked with CIC Health to improve TAT, which has quickly gotten into the 98%+ range*

Note: Before assigning work we review vendor's ability to scale teams and execute. Some can scale more quickly or effectively than others. Additional considerations influencing work assignment: Precision in proposed execution plan, timeliness of arrival at sites, effective cooperation with host partners/schools, timely patient result notifications, and patient satisfaction/ resolution of complaints.

Board of Directors

Request to Increase NTE

- School and community testing are critical components of the City's COVID-19 response
- Existing approvals allow for an NTE of \$250,480,410 for DOE and community testing
- We will near the approved NTE of \$250,480,410 by the end of February 2022 due to directives from CDC and robust DOE and community testing
- To accommodate changes to the testing environment, we are seeking to increase the NTE from \$250,480,410 to \$455,562,279 , allowing for \$205M in additional funds through FY22
- This increase is covered by the T2 MOU between OMB and H+H

RESOLUTION – 04

Authorizing New York City Health and Hospitals Corporation (the “System”) to assume requirements contracts with each of **BronxWorks, the Chinese-American Planning Council Inc. and the City University of New York Graduate School of Public Health and Health Policy**, (the “Agencies”) from the Housing Recovery Operations unit of the New York City Mayor’s Office (“HRO”) to provide client engagement services in connection with the Test + Trace Resource Navigator Program (“RNav”) and the AfterCare Program (“ANav”) for the period January 1, 2022 through June 30, 2022 for an amount for all three Agencies not to exceed \$17,273,816.

WHEREAS, HRO was tasked by the City with procuring, contracting with and managing organizations to perform client outreach with COVID-positive New York City residents referred by the System’s Test + Trace Corp (“T2”) and COVID Hotline as needing supportive services to assist them during a period of quarantine or isolation as part of the RNav program; and

WHEREAS, HRO performed a procurement of the Agencies that complied with the standards of the Mayor’s Office of Contract Services for COVID emergency procurements; and

WHEREAS, based on reduced need and confirmation of the good performance of the three selected Agencies, HRO determined to retain only the three Agencies whose contracts it proposes to assign to the System.; and

WHEREAS, the RNav and ANav programs fit together with the suite of programs administered by the System with T2 producing names of COVID-positive persons, identifying those required to quarantine/isolate, identifying those in quarantine or those with “Long COVID” requiring supportive services to maintain quarantine or to support their recovery and various other programs, such as the Get Food program providing the actual services required leaving to the Agencies to work directly with the persons needing assistance to determine exactly what services are required; and

WHEREAS, HRO is being scaled down and pivoted to Hurricane Ida recovery efforts, now that its core Build It Back program has fulfilled its mission and it needs to assign its remaining contracts for the balance of their term; and

WHEREAS, funding will be provided by the City’s OMB; and

WHEREAS, the administration of the contracts with the Agencies will be the responsibility of the Senior Vice President for Ambulatory Care through the T2 unit.

NOW THEREFORE, IT IS RESOLVED THAT New York City Health and Hospitals Corporation (the “System”) be and it hereby is authorized to assume requirements contracts with each of BronxWorks, the Chinese-American Planning Council Inc. and with the City University of New York Graduate School of Public Health and Health Policy (the “Agencies”) from the Housing Recovery Operations unit of the New York City Mayor’s Office (“HRO”) to provide client engagement services in connection with the Test + Trace Resource Navigator Program (“RNav”) and the AfterCare Program (“ANav”) for the period January 1, 2022 through June 30, 2022 for an amount for all three Agencies not to exceed \$17,273,816.

EXECUTIVE SUMMARY
ASSUMPTION FROM HOUSING RECOVERY OPERATIONS
OF CONTRACTS WITH
BRONXWORKS AND THE CHINESE-AMERICAN PLANNING COUNCIL INC. AND
THE CITY UNIVERSITY OF NEW YORK GRADUATE SCHOOL OF PUBLIC HEALTH AND
HEALTH POLICY

- BACK GROUND:** HRO, its own programs winding down, had capacity to accept a City assignment of procuring and administrating contracts with Agencies to play a part in the suite of T2-operated programs to address the needs created by the COVID pandemic. After other parts of T2 have identified COVID-positive persons required to quarantine and needing supportive services to maintain quarantine, the RNav team contacts the person to determine exactly what resources/services are needed and then involves the appropriate other parts of T2, the City or nonprofit organizations to secure the needed services. The ANav team does the same with respect to persons experiencing “Long COVID.” HRO’s core program, Build It Back, pertaining to the recovery from Hurricane Sandy, is winding down and so HRO is both being pivoted to Hurricane Ida recovery and having its actual headcount scaled down. This creates a need to assign its existing contracts so that the RNav and ANav programs can continue up to June 30, 2022.
- PROCUREMENT:** HRO performed a procurement of the Agencies that complied with the standards of the Mayor’s Office of Contract Services applicable to COVID emergency procurements. HRO sent a written solicitation to 11 Agencies known to have been involved in disaster recovery service delivery. An evaluation committee consisting of HRO staff evaluated the written proposals submitted and chose six Agencies. Since June 2020 when the program launched, HRO evaluated the performance of the Agencies contracted. Based on reduced need and confirmation of the good performance of the three selected Agencies, HRO determined to retain only the three Agencies whose contracts it proposes to assign to the System.
- PROPOSED PROGRAM:** The role of the Agencies has been stated above. The role that HRO plays that the System’s T2 unit will take over is administrative. It consists of maintaining IT systems, ensuring the appropriate flow of data within T2, training Agency staff, dealing with legal issues that arise and monitoring the performance of Agencies.
- TERMS:** The contracts to be assumed are reimbursement based. The Agencies are reimbursed their actual costs of performing the contracted services based upon budgets agreed upon with HRO and made part of the contracts.
- Pursuant to Sections 10.01 and 10.05 in Appendix A of the contracts, to be assumed, the City can terminate without cause, by written notice 10 days after notice is personally delivered or 15 days by certified mail (or other similar methods).
- FUNDING:** OMB will furnish the System with the funds necessary for the administration of the assumed contracts.
- MWBE:** Because the Agencies are not-for-profit corporations, or, in the case of the CUNY Graduate School of Public Health and Health Policy, a quasi-governmental entity, and because they all self-perform all contractual obligations, MWBE subcontracting requirements are inapplicable.

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

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

Re: Vendor responsibility, EEO and MWBE status

Contract: Assumption of HRO Resource Navigation Contracts

Date: November 23, 2021

Digitally signed by
Tallbe, Keith
Date: 2021.11.23
10:51:52 -05'00'

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

	<u>Vendor</u>	<u>Vendex</u>	<u>EEO</u>	<u>MWBE</u>
1	Bronxworks, Inc.	Approved	Pending	N/A
2	Chinese-American Planning Council, Inc.	Approved	Pending	N/A
3	The City University of New York Graduate School of Public Health and Policy	N/A	N/A	N/A

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

Request to
Assume Housing Recovery Organization's
BronxWorks; the Chinese-American Planning Council Inc. and the City
University of New York Graduate School of Public Health and Public Policy

COVID-19 Resource Navigator Agreements

Board of Directors Meeting
December 16, 2021

Amanda K. Johnson, MD, MBA
Asst. VP Ambulatory Care and Population Health
Director of Take Care Pillar, Test & Trace Corps

Background / Current State

- In May 2020, the Office of Housing Recovery Operations (HRO) unit of the NYC Mayor's office was directed by the city to conduct an emergency procurement to contract with qualified vendors to support the City's Test and Trace (T2) program through resource navigators (RNav) and aftercare navigators (ANav) in order to meet the needs of New Yorkers quarantined at home.
 - HRO was asked to oversee this part of T2 for three reasons:
 - Its extensive experience with disaster mitigation and recovery because of its work leading Hurricane Sandy recovery efforts (the purpose for which it was originally established)
 - Its existing prior relationships with community-based organizations; and
 - The additional resources and expertise it could provide to support the T2 program.
 - Moreover, as the city's public hospital system, H+H needed to apply its comparative advantage to diagnosing, triaging, and managing the surge of COVID patients, many of whom were critically ill with this novel disease.
- Consequently, HRO solicited 11 vendors to provide the following scope of services:
 - Hire, manage, and coordinate Resource Navigators across the City
 - Train Resource Navigator Program Members regarding technology, COVID-19 isolation practices, basic necessities scripts and resources, and other support areas
 - Develop staffing plan based on the needs of a particular geographic area
 - Conduct performance reviews, identify areas of weakness, and implement performance improvement
 - Invoicing and payment oversight
 - Respond and prioritize contact tracer referrals

Background / Current State

- An Evaluation Committee consisting of HRO staff reviewed the 11 proposals using the below selection criteria while following the Mayor's Office of Contracted Services (MOCS) emergency procurement guidance under the Mayor's Emergency Executive Order 101:
 - Long standing community relationships
 - Timing of resource availability
 - Cost
 - Ability to provide coverage across various zip codes
- The resulting evaluation led to agreements with five CBOs and one Agency with an expiration date of December 31st, 2020:
 - BronxWorks, Inc.
 - Chinese-American Planning Council, Inc. (CPC)
 - Consortium for Worker Education, Inc. (CWE)
 - RiseBoro Community Partnership, Inc.
 - Jewish Community Center of Staten Island, Incorporated (JCC)
 - The City University of New York Research Foundation (CUNY)
- In July 2021, five of the six agreements were extended retroactively (except for CWE's) to cover the period from January to June 2021. However, for the extensions going forward, HRO elected to retain one CBO (JCC) through December 31, 2021 and four vendors through June 30, 2022 on the basis of a reduced need for services: BronxWorks, Inc., CPC, RiseBoro, and CUNY.

Background / Current State

- In September 2021, HRO was instructed to redirect its resources to support the recovery from Hurricane Ida and lost the capacity to fully support Take Care through the Resource Navigator Program (despite the reduction in contracts). Consequently, HRO is no longer able to properly support the Navigator Program.
- Hence, there is a need to reassign three contracts* – CPC, CUNY, and BronxWorks – for the balance of their terms (January – June 2022) to another city agency with the appropriate portfolio of work.
 - *There is no need to reassign JCC and RiseBoro's contracts because:
 - JCC's contract ends on December 31, 2021
 - RiseBoro is ending their participation in the Navigator Program on December 31, 2021 based on a reduced need of services
- The three remaining CBOs will cover the following boroughs:
 - Chinese-American Planning Council (CPC): Brooklyn, Queens, and parts of Staten Island
 - CUNY Graduate School of Public Health and Health Policy: Manhattan, parts of Brooklyn and Queens, and parts of Staten Island
 - BronxWorks: the Bronx
 - All zip codes in the 5 boroughs will be covered by one of these three CBOs

Agency Performance Evaluation

- Performance evaluation of CBOs
 - We monitor volume of daily Wraparound Referrals received from T2 Trace and COVID-19 Hotline.
 - We monitor percentage of referrals completed within 24 hours of initial intake
 - Agencies must conduct 90-95% of initial outreach of referrals within 24 hours
 - Since January 1, 2021, the three remaining CBOs have been meeting their initial outreach metric:
 - CUNY: 96% of referrals received completed within 24 hours
 - CPC: 94% of referrals received completed within 24 hours
 - BronxWorks: 90% of referrals received completed within 24 hours
- All of the agreements are terminable at will (Appendix A, Sections 10.01 & 10.05) giving ability to set conditions on continuation of funding due to excess capacity or inability to perform

Agency Staff Demographics

- The CBO staff reflect the diversity of their communities and New York City overall:

Chinese-American Planning Council (CPC):

- Resource Navigator Staff:
 - Gender:
 - 57% Female
 - 43% Male
 - Race/Ethnicity:
 - 78% Asian
 - 15% Hispanic
 - 5% Black
 - 2% White
 - Languages spoken: English, Cantonese, Mandarin, Toishanese, Fujianese, Spanish, Korean, Bengali, Tagalog, languages of former Yugoslavia
- Board demographics:
 - All 17 members are Asian

BronxWorks:

- Resource Navigator Staff
 - Gender:
 - 80% Female
 - 20% Male
 - Race/Ethnicity:
 - 10% Asian
 - 50% Hispanic
 - 40% Black
 - 2% White
 - Languages spoken: English, Spanish, Twi, Akan, Urdu, Bengali, Hindi, Lao
- Board demographics:
 - 7% Asian
 - 18% Hispanic
 - 11% Black
 - 64% White

- The CUNY Graduate School of Public Health and Health Policy is a governmental entity.

Contracts to be Assumed

- NYC T2 Leadership has determined that the need for Resource Navigation to provide support for COVID-19 cases & contacts isolating in their homes will still be essential after December 31, 2021 to contain the impact of the pandemic.
- T2 Leadership has confirmed this work fits into the larger Test & Trace portfolio of managing the City's COVID-19 pandemic response efforts. No other city agency has been identified to take on the responsibility of providing support for people impacted by COVID during their isolation or quarantine.
- The current program portfolio for the Take Care pillar of Test & Trace consists of the following:
 - Resource Navigation
 - Emergency food delivery through GetFoodNYC
 - Hotel Isolation Program
 - Take Care Package distribution
 - Each of these programs have their own separate contracts, without any duplication of services. Resource Navigators are able to refer or connect T2 cases and contacts to these other programs as needed.
- Having NYC H+H assume the three agreements with CPC, BronxWorks, & CUNY will allow for the continued operation of Resource Navigation program.

Contracts to be Assumed

- The contract terms and value of the agreements to be assumed by H+H are as follows:
- BronxWorks
 - Participation: June 2020 – June 2022
 - Full agreement amount: \$5,438,383.24
 - FY 22 Jan-June amount: \$1,226,273
 - Staff (includes supervisors): 30 Resource Navigators
- CUNY Graduate School of Public Health and Health Policy
 - Participation: June 2020 – June 2022
 - Full agreement amount: \$15,500,953
 - FY 22 Jan-June amount: \$11,433,682
 - Staff: 47 Resource Navigators, 150 Aftercare Navigators
- Chinese-American Planning Council Inc
 - Participation: June 2020 – June 2022
 - Full agreement amount: \$15,995,100.00
 - FY 22 Jan-June amount: \$4,613,861
 - Staff: 68 Resource Navigators

Board of Directors Approval Request

- The Test and Trace Corps is seeking the Board of Directors approval to accept the HRO's assignment of its Resource Navigator contracts for a not-to-exceed amount of \$17,273,816.
- Term of the agreements are from January 1, 2022 through June 30, 2022.
- All agreements are with not-for-profit Agencies that self-perform all obligations and are not subject to MWBE requirements. Management and staff of the Agencies is reflective of the communities they serve.
- These expenses are covered by the T2 MOU between OMB and H+H

RESOLUTION - 05

Authorizing New York City Health and Hospitals Corporation (the “System”) to **execute agreements for license renewals for the use of space at the three mass COVID-19 vaccination/testing sites, the 12 pop-up COVID-19 testing sites and the one storage site listed in Annex A attached to this Resolution (together, the “Sites”) and, through an agreement with NYCHA, various locations on NYCHA property,** for no longer than one year for a cumulative amount not to exceed \$4.4M, plus an 11% contingency of \$500,000 to cover site repairs and utility overages, for a total of \$4.9M.

WHEREAS, since May 2020 the System has operated sites around the City where New Yorkers could be tested for COVID at no cost and starting in early 2021, certain sites offered free COVID-19 vaccinations; and

WHEREAS, such sites were located in a variety of locations including at City or other government locations such as libraries, NYCHA housing, and properties managed by the City’s Economic Development Corporation, at privately owned locations and at some outdoor locations; and

WHEREAS, the Sites are made available to the System without charge by the property owners although in some cases, the property owners ask to be reimbursed for certain out of pocket expenses incurred to enable the System’s use of the Sites with all such arrangements being in the form of revocable license agreements; and

WHEREAS, the System made an agreement with NYCHA allowing the use of vans in NYCHA parking lots and pop-up operations in building lobbies without specifying specific sites to allow flexibility; and

WHEREAS, over the course of the epidemic, the portfolio of locations used for testing and vaccinations has constantly evolved as COVID has hit different parts of the City, as spaces became available and then unavailable and as other circumstances dictated; and

WHEREAS, the many agreements and modifications of agreements that were necessary for the operation of the COVID-19 testing and vaccination program were executed pursuant to the emergency authority vested in the System’s President in accordance with the System’s Board’s Statement of Policy for the Review and Authorization of Procurement Matters; and

WHEREAS, the System wishes to bring the agreements for the Sites authorized under such emergency authority under the System’s normal procurement and contracting rules; and

WHEREAS, currently, the System uses the Sites for its COVID-19 testing and vaccination program; and

WHEREAS, the future use of the Sites is uncertain as is the course of the epidemic and the continued availability of the Sites; and

WHEREAS, the System has a mobile testing fleet consisting of 70 vans, as well as vaccination vans, which can provide testing in areas where the pop-ups are not available; and

WHEREAS, authority is requested to continue the use of the Sites for a year to allow the System the flexibility to maintain the Sites for such period even though some or all may cease to be necessary before the expiration of such period; and

WHEREAS, the administration of the agreements for the Sites shall be under the direction of the Senior Vice President of the Office of Facilities Development and the Senior Vice President for Ambulatory Care.

NOW, THEREFORE BE IT RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and it hereby is authorized to execute agreements for license renewals for the use of space at the three mass COVID-19 vaccination/testing sites, the 12 pop up COVID-19 testing sites and the one storage site listed in Annex A attached to this Resolution (together, the “Sites”) and, through an agreement with NYCHA, various locations on NYCHA property for no longer than one year for a cumulative amount not to exceed \$4.4M plus an 11% contingency of \$500,000 to cover site repairs and utility overages, for a total of \$4.9M.

ANNEX TO RESOLUTION
POP-UP TESTING SITES

Borough	Controlled by	Name	Address	First Day of Testing
Brooklyn	SCA	Bensonhurst 14th Ave	6315 14th Avenue, Brooklyn, NY 11219	6/11/2020
Brooklyn	SCA	Midwood	1223 Coney Island Avenue, Brooklyn, NY 11230	5/18/2020
Brooklyn	DCAS	Bay Ridge 5th Ave	8511 and 8515 5th Avenue, Brooklyn, NY 11209	5/29/2020
Brooklyn	Private	Starrett City	1279 Pennsylvania Ave, Brooklyn, NY 11239	10/7/2020
Brooklyn	SCA/Diocese	Fort Hamilton	4002 Fort Hamilton Parkway, Brooklyn, NY 11218	6/10/2020
Manhattan	Private	Times Square	20 Times Square, 3rd Floor, New York, NY 10036	4/15/2021
Queens	Parks	Sorrentino Rec Center	18-48 Cornaga Avenue, Queens, NY 11691	5/29/2020
Queens	PANYNJ	JFK Airport	Covid Testing Site, Terminal 6, JFK International Airport, Jamaica, NY 11430 (Location: Follow Signs from Terminal 5 Airtrain Station)	11/18/2020
Queens	PANYNJ	LGA Airport	LGA Terminal B Parking Lot, Level 1, Queens, NY 11371	10/16/2020
Staten Island	Parks	Greenbelt Recreation Center	501 Brielle Avenue, Staten Island, NY 10314	6/19/2020
Staten Island	EDC	St. George Ferry	1 Bay St, Retail Space 103, Staten Island, NY 10301	11/12/2020
Staten Island	SCA	57 Cleveland Place	57 Cleveland Place, Staten Island, NY 10305	5/28/2020

MASS VACCINATION SITES

Brooklyn Army Terminal, 140 58th Street, Brooklyn NY 11220	Bathgate Contract Postal Station, 4006 3rd Avenue, Bronx, NY 10457	Citi Field, 36-2 Seaver Way, Flushing, NY 11368
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STORAGE SITE

56,000 sq. ft. warehouse in Brooklyn Army Terminal (Building A, Phase VI, Unit 4-O)

NYCHA LOCATIONS

Through a master agreement, the System may park medically equipped vans in NYCHA parking lots and may set up pop-up operations in lobbies of NYCHA buildings. The locations are not specified in advance to create maximum flexibility

EXECUTIVE SUMMARY
LICENSE AGREEMENTS
T2 TESTING SITES, VACCINATION SITES, AND STORAGE FACILITY
(See Annex for List of Locations)

- OVERVIEW:** The System seeks authority to continue the use of the Sites listed in Annex A as part of its COVID-19 testing and vaccination program. Since early May 2020 the System launched the operation of sites around the City where New Yorkers could be tested for COVID-19 at no cost and starting in early 2021, certain sites started offering free COVID-19 vaccinations. Such sites were in a variety of locations including at City or other government locations such as libraries, NYCHA housing, and properties managed by the City's Economic Development Corporation, at privately owned locations and at some outdoor locations. Over the course of the epidemic, the portfolio of locations used for testing and vaccinations constantly evolved as COVID has hit different parts of the City, as spaces became available and then unavailable and as other circumstances dictated. The many agreements and modifications of agreements that were necessary for the operation of the COVID-19 testing and vaccination program were executed pursuant to the emergency authority vested in the System's President in accordance with the System's Board's Statement of Policy for the Review and Authorization of Procurement Matters. The System wishes to bring the contracts authorized under such emergency authority under the System's normal procurement and contracting rules.
- NEED:** COVID continues to circulate in the City and testing and vaccinations continue to be necessary. The extent of the continued need is unknown and various circumstances may change including the loss of the use of some of the Sites but the System currently intends to continue to operate all of the Sites and wishes to be able to do so throughout the coming year.
- TERMS:** The Sites are available to the System under revocable license agreements without charge by the property owners although in some cases, the property owners ask to be reimbursed for certain expenses incurred to enable the System's use of the Sites such as for electricity and, at the Mass Vaccination Sites, certain labor costs incurred to accommodate the System's use. This pattern will continue on the renewal of the agreements for the Sites. It is not possible to express these costs on a per square foot basis because in many cases, the System received the use of undefined areas such as the parking lots at Citi Field where certain registration operations occur.
- COSTS:** \$4.4M, plus an 11% contingency of \$500,000 to cover site repairs and utility overages, for a total of \$4.9M over calendar year 2022.
- FINANCING:** The costs are to be covered by OMB under our MOU with that Agency. OMB anticipates Federal reimbursement.
- TERM:** One year starting January 1, 2022. All agreements are terminable on short notice by either party.

NYC Health + Hospitals

Test & Trace Corps

Testing and Vaccine Sites

3 mass COVID-19 vaccination/testing sites

12 pop-up COVID-19 testing sites

1 storage site

Various locations on NYCHA property

Board of Directors Meeting

December 16, 2021

Dr. Theodore Long

Sr. Vice President, Office of Ambulatory Care and Population Health;
Executive Director Test and Trace Corps



Background: Mass Vax Sites

- The Test & Trace Corps operates three 24/7 “Mass Vaccine Sites”.
- All three sites are open to the public; appointments are available online or via call center; walk-ins are also accepted.
- In total, the three sites have administered more than 450,000 doses (as of 11/17/21).
- The sites will be maintained for up to a year or as necessary.
- No occupancy fees are paid however H+H does pay for gas and electricity and, at Citi Field, reimburses the Mets for some labor costs incurred to accommodate the use.

Brooklyn Army Terminal, 140 58 th Street, Brooklyn NY 11220	Bathgate Contract Postal Station, 4006 3 rd Avenue, Bronx, NY 10457	Citi Field, 36-2 Seaver Way, Flushing, NY 11368
Operated as T2 COVID-19 testing site from 5/28/20-1/9/21	Operated as T2 COVID-19 testing site from 7/2/20-1/6/21	Was not previously a testing site.
First day of operations as vaccine site: 1/10/21	First day of operations as vaccine site: 1/10/21	First day of operations as vaccine site: 2/10/21
Managed by EDC	Managed by EDC	Privately owned
Moderna (18+)	Moderna (18+)	Pfizer (5-11, 12+)
T2 is responsible for gas costs of approximately \$100/mo.	T2 is responsible for reimbursing EDC for heat, hot water, water, and electricity, \$2,650/month.	T2 is responsible for reimbursing the Mets for direct expenses incurred, including security; labor costs for electricians, plumbers, and any other costs incurred by the Mets as a result of our occupancy totaling approximately \$300,000/month.

Background: T2 Testing Sites

- As of November 21st, the Test & Trace Corps operates 12 “pop-up” community-based COVID-19 Testing sites.
- All sites offer PCR tests; 9 also offer rapid molecular testing.
- In total, these 12 sites have tested over 580,409 individual patients (as of 11/17/21).
- No occupancy fees are paid however H+H does pay for electricity at only 1 site.
- T2 will continue operating the below 12 sites for another year or as necessary.

Borough	Controlled by	Name	Address	First Day of Testing
Brooklyn	SCA	Bensonhurst 14th Ave	6315 14th Avenue, Brooklyn, NY 11219	6/11/2020
Brooklyn	SCA	Midwood	1223 Coney Island Avenue, Brooklyn, NY 11230	5/18/2020
Brooklyn	DCAS	Bay Ridge 5th Ave	8511 and 8515 5th Avenue, Brooklyn, NY 11209	5/29/2020
Brooklyn	Private	Starrett City	1279 Pennsylvania Ave, Brooklyn, NY 11239	10/7/2020
Brooklyn	SCA/Diocese	Fort Hamilton	4002 Fort Hamilton Parkway, Brooklyn, NY 11218	6/10/2020
Manhattan	Private	Times Square	20 Times Square, 3rd Floor, New York, NY 10036	4/15/2021
Queens	Parks	Sorrentino Rec Center	18-48 Cornaga Avenue, Queens, NY 11691	5/29/2020
Queens	PANYNJ	JFK Airport	Covid Testing Site, Terminal 6, JFK International Airport, Jamaica, NY 11430 (Location: Follow Signs from Terminal 5 Airtrain Station)	11/18/2020
Queens	PANYNJ	LGA Airport	LGA Terminal B Parking Lot, Level 1, Queens, NY 11371	10/16/2020
Staten Island	Parks	Greenbelt Recreation Center	501 Brielle Avenue, Staten Island, NY 10314	6/19/2020
Staten Island	EDC	St. George Ferry Terminal	1 Bay St, Retail Space 103, Staten Island, NY 10301	11/12/2020
Staten Island	SCA	57 Cleveland Place	57 Cleveland Place, Staten Island, NY 10305	5/28/2020

Background: On-Site NYCHA Testing & Vaccines

- Test & Trace maintains a committed presence at NYCHA developments citywide
 - Mobile Testing:
 - T2 has provided on-site testing (via mobile testing vans and self test teams) for the past year
 - NYCHA residents receive resources “at their doorstep”
 - NYCHA campuses provide strategic locations citywide to increase testing access in TRIE communities
 - Mobile Vaccination:
 - T2 providing the first clinics specifically for NYCHA residents, starting in January of 2020
 - T2 has provided clinics at over 60 developments
 - Starting 12/14, T2 and NYCHA plan to bring pediatric vaccine clinics to at least 10 developments with high concentrations of eligible children
- Master agreement applies to all NYCHA developments across the five boroughs.
- There is no license fee or pass-through costs associated with our use of the NYCHA space
- The proposed resolution will extend H+H’s master agreement with NYCHA through 2022.

Background: Additional Testing and Vaccination Resources

- Most T2 pop-up sites were located in properties lent to us by City agencies, houses of worship, community groups, and libraries. Only a few private owners were involved.
- As in-person services began reopening, T2 transitioned pop-up sites to a mobile testing model.
- Overall the T2 testing and vaccination capacity is higher than ever. In addition to the pop-up sites, T2 has available:
 - A fleet of 70 mobile testing and vaccination units, which can mobilize flexibly as needed to bring resources to the specific locations with the greatest need, with a particular focus on areas where we do not have pop-ups available.
 - Contracts with multiple vendors who can deploy many testing or vaccination teams on a “light touch” model to indoor or outdoor locations with just a few days notice.
 - Contract with a vendor to provide saliva-based testing.
 - Six units in the Street Health Outreach and Wellness (SHOW) Program, which offer COVID-19 testing and vaccination, as well as other basic health care services, specifically aimed at unsheltered homeless New Yorkers.
- On a sample week in November 2021, T2 conducted a total of 45,000 tests
 - Approximately 18,000 were at the pop-up sites.
 - The other 27,000 were from the mobile units, SHOW units, and vended models described here.

Background: BAT PPE Warehouse

- Separate from the Vaccination Site at EDC's Brooklyn Army Terminal, T2 has been occupying a 56,000 sq. ft. at no cost located in the warehouse at Brooklyn Army Terminal (Building A, Phase VI, Unit 4-O).
- Utilized as storage for PPE, equipment from decommissioned testing sites, and other T2 supplies.
- No other storage space has been identified that is available for storing the volume of supplies/equipment that must be stored and distributed by T2.

Board of Directors Approval Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements for license renewals for the use of space at the three mass COVID-19 vaccination/testing sites, the 12 pop-up COVID-19 testing sites and the one storage site listed in Annex A attached to this Resolution (together, the “Sites”) and, through an agreement with NYCHA, various locations on NYCHA property, for no longer than one year for a cumulative amount not to exceed \$4.4M, plus an 11% contingency of \$500,000 to cover site repairs and utility overages, for a total of \$4.9M*.

* Funded under the T2 MOU

RESOLUTION – 06
AMENDED FROM CAPITAL COMMITTEE APPROVAL TO CHANGE SCOPE
FROM “DATA CLOSET UPGRADE” TO “INTERMEDIATE DISTRIBUTION
FRAME”

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Jemco Electrical Contractors, Inc.** (the “Contractor”) for an amount not to exceed \$7,234,156 for construction services necessary for the Main Distribution Frame (MDF) Upgrade and Intermediate Distribution Frame (IDF) Phase II at NYC Health + Hospitals/ Harlem Hospital (“Harlem”) with a 10% project contingency of \$723,416 for unexpected changes in scope yielding a total authorized expenditure of \$7,957,572.

WHEREAS, Harlem has completed Phase I of the MDF & IDF Upgrade, the facility is embarking on Phase II in an effort to complete the construction and outfitting of the MDF, IDF, and UPS rooms; and

WHEREAS, an important part of the Harlem work is the Installing a 2nd UPS (UPS B) on the 2nd floor of the MLK building, the connection of this UPS power source to the MDF room in the Mural Pavilion, and the extension of the power from the MDF in the Mural Pavilion to all the IDFs in the Mural Pavilion, MLK Pavilion and the Ron Brown Pavilion. In addition, the inclusion for updating the MLK and Ron Brown IDFs (the “Project”); and

WHEREAS, NYC Health + Hospitals issued a public invitation to bid, reviewed the bids and determined that the Contractor was the lowest responsible bidder for the Project; and

WHEREAS, the Project will be completed in the spring of 2023.

NOW THEREFORE be it

RESOLVED, the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Jemco Electrical Contractors (the “Contractor”) for an amount not to exceed \$7,234,156 for construction services necessary for the Upgrade of the MDF and IDFs at NYC Health + Hospitals /Harlem Hospital (“Harlem”) with a 10% project contingency of \$723,416 for unexpected changes in scope yielding a total authorized expenditure of \$7,957,572.

EXECUTIVE SUMMARY
MDF and Data Closet Upgrade Phase II
HEALTH + HOSPITALS / HARLEM HOSPITAL

OVERVIEW:	NYC Health + Hospitals seeks authorization to enter into a contract with Jemco Electrical Contractors, Inc. for the construction and outfitting of the MDF, IDFs, and UPS rooms
NEED:	In lieu of the demolishing of the WP Building and ONR Building and the relocation of the data center, power and cooling was required for the new IDF and MDF closets.
SCOPE:	Installing a 2 nd UPS (UPS B) on the 2 nd floor of the MLK building, the connection of this UPS power source to the MDF room in the Mural Pavilion, and the extension of the power from the MDF in the Mural Pavilion to all the IDFs in the Mural Pavilion, MLK Pavilion and the Ron Brown Pavilion. In addition, the inclusion for updating the MLK and Ron Brown IDFs.
PROCUREMENT:	NYC Health + Hospitals issued a public invitation to bid, received bids, reviewed the bids and determined that the Contractor was the lowest responsible bidder for the Project.
COSTS:	Full project budget is \$7,957,572. Base bid of \$7,234,156 and \$723,416 in project contingency. The balance of the full project budget will be spent on other contracts associated with the project.
FINANCING:	General Obligation bonds.
SCHEDULE:	The combined project is scheduled for completion by April 2023.
MWBE:	36.44% subcontractor utilization plan presented.

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: 2021.12.06
16:30:34 -0500

Re: Vendor responsibility, EEO and MWBE status

Vendor: Jemco Electrical Contractors, Inc.

Date: December 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	Approved	36.44%

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.

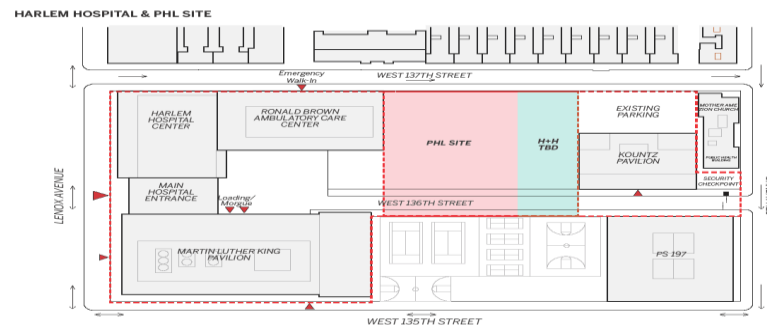
Jemco Electrical Contractors, Inc.
NYC Health + Hospital/Harlem
Main Distribution Frame & Intermediate
Distribution Frame –PHASE 2
Board of Directors Meeting
December 16, 2021

Dr. Eric Wei, Interim CEO, NYC Health + Hospitals / Harlem
Kim Mendez, Senior Vice President, EITS
Christine Flaherty, Senior Vice President, Office of Facilities Development



Project Background

- As part of the planned decanting and demolishing of the Women's Pavilion (WP) the new Public Health Lab (PHL) will be 230,000 sq.ft, nine story building to be located on the campus of Harlem Hospital.
- Phase I
 - The Women's Pavilion housed the Main Distribution Frame (MDF) for Harlem Hospital, which provides all the connectivity between the data center and the Harlem Hospital campus, allowing for access to our applications (ex. Epic) and the internet. The MDF needed to be relocated to the 2nd floor of the Mural Pavilion (MP) building. The space identified in the Mural Pavilion required electric, HVAC work to ensure there is sufficient power and cooling for the related IT equipment.
 - Old MDF in Women's Pavilion was 3280 sq.ft.
 - New MDF in Mural Pavilion is 784 ft.
- Phase II
 - Includes installing a second redundant UPS B in the MLK building, providing power (normal and emergency) from the MLK building power system and interconnecting this UPS B power source with Mural Pavilion MDF. This phase also distributes UPS power from the Mural Pavilion MDF to the MLK and Ron Brown Pavilion IT closets. It also includes upgrading the AC systems for the MLK and Ron Brown Pavilion IT Closets. The IT closets provide the connectivity between the MDF and the computers, printers and wireless devices for each floor.
 - Existing MDF in MLK is 280 sq. ft.



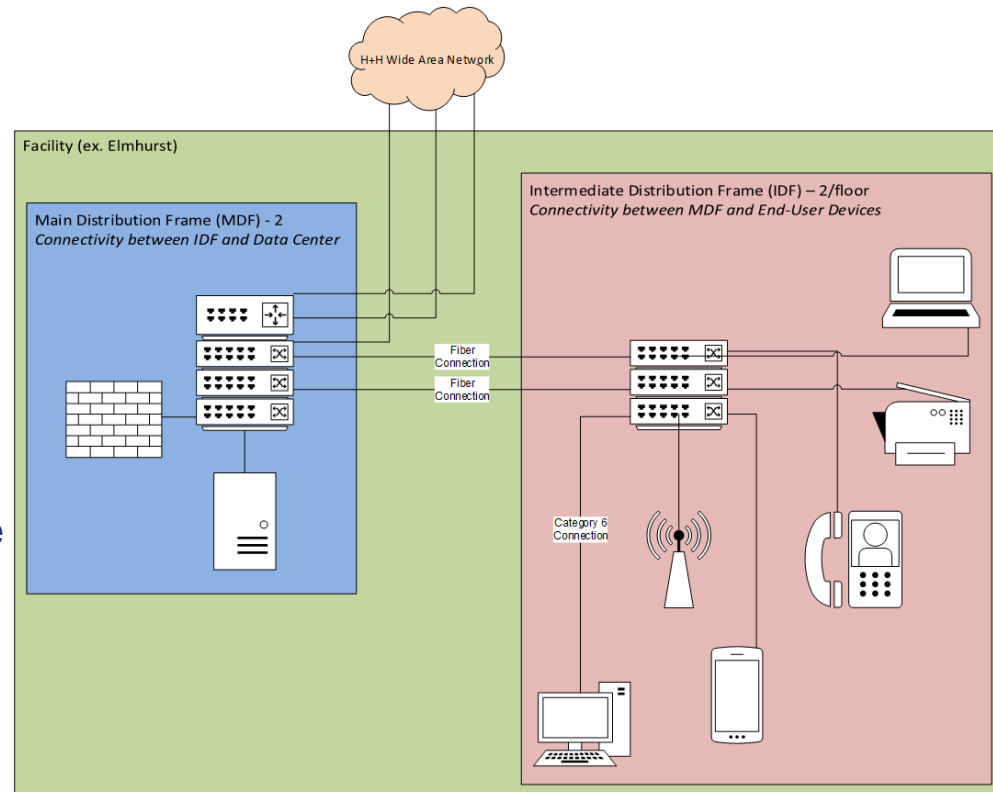
Alignment to EITS Strategy

Basic Premise for Local Area / Facility based Network:

- Provide a stable, redundant network with sufficient bandwidth to provide connectivity to all applications and services located at the corporate data centers, eliminating single points of failure thus minimize risk of downtime for clinicians and patients

Requirements include:

- Each facility to have two Main Distribution Frames (MDF's) to provide redundant connectivity to the corporate data centers
- Each Floor has two Intermediate Distribution Frame (IDF / IT Closet) to connect end user devices to the MDF
- Power and cooling supporting each MDF and IT Closet is provided by two separate and redundant systems



Data Center Relocation Project:

- This request is not related to the Data Center relocation project and will not require any new IT equipment.
- Other than Jacobi, there are no data centers located at the facilities.

Construction Contract

- Sourced via public bid
- Jemco Electrical Contractors, Inc. was the lowest of three (3) bidders
- MWBE 36.44% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %
TEDCO GROUP	MBE	Services	22.12%
PARK AVE BUILDING	MBE	Supplies	1.04%
TURTLE & HUGHES	WBE	Supplies	13.13%
DEUTSCHER & DAUGHTER	WBE	Service	0.16%

- Contract amount is \$7,234,156
- MWBE amount is \$ 2,636,360
- Jemco is currently one of our JOCs Electrical Contractor (2020-2022) and also a previous JOCs Electrical Contractor (2018-2020). Evaluations for both contracts were rated 93% and 93% respectively . Additionally, the ratings listed in MOCs included 3 Excellent and 4 Good.
- Projected completion in 2023

Project Budget

Harlem MDF & Data Closet Upgrade	
Construction	\$ 7,234,156
Construction Contingency (10%)	\$ 723,416
TOTAL	\$ 7,957,572

Board of Directors Approval Request

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Jemco Electrical Contractors, Inc.** (the “Contractor”) for an amount not to exceed \$7,234,156 for construction services necessary for the Main Distribution Frame (MDF) Upgrade and Intermediate Distribution Frame (IDF) Phase II at NYC Health + Hospitals/ Harlem Hospital (“Harlem”) with a 10% project contingency of \$723,416 for unexpected changes in scope yielding a total authorized expenditure of \$7,957,572.

RESOLUTION - 07

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a revocable five year license agreement with **River Renal Services, Inc.** (the “Licensee”) for its continued use and occupancy of 7,817 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Bellevue (the “Facility”) at an occupancy fee rate of \$68.50 per square foot or \$539,163.50 per year to be escalated by 2.75% per year for a total of \$2,848,221.26 over the five-year term.

WHEREAS, the Licensee began providing dialysis services at the Facility in 2011 and the Board of Directors last authorized the extension of the System’s agreement with the Licensee at its meeting held in December 2016; and

WHEREAS, in addition to an outpatient dialysis services, the Licensee will provide inpatient services to Facility patients under the supervision of Facility physicians and nurses; and

WHEREAS, the Facility has determined that there continues to be a need for renal dialysis services for its patients and that the presence of an on-site provider of such services will be beneficial; and

WHEREAS, Licensee’s operations at the Facility are licensed in accordance with Article 28 of the New York Public Health Law; and

WHEREAS, the Licensee provides services to all patients regardless of their ability to pay and the System pays at the established Medicaid rates for the services provided to any patient that cannot be enrolled for insurance; and

WHEREAS, the Executive Director of the Facility will be responsible for supervising the performance of the proposed license agreement.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute a revocable five year license agreement with River Renal Services, Inc. (the “**Facility**”) for its continued use and occupancy of 7,871 square feet of space to operate a renal dialysis center at NYC Health + Hospitals/Bellevue (the “**Facility**”) at an occupancy fee rate of \$68.50 per square foot or \$539,163.50 per year to be escalated by 2.75% per year for a total of \$2,848,221.26 over the five-year term.

EXECUTIVE SUMMARY
RIVER RENAL SERVICES, INC.
NYC HEALTH + HOSPITALS/BELLEVUE

OVERVIEW: The System seeks authorization from the Board of Directors to execute a five-year revocable license agreement with River Renal Services, Inc. (the “Licensee”) to operate a renal dialysis treatment center at NYC Health + Hospitals/Bellevue (the “Facility”).

**NEED/
PROGRAM:** The Licensee began providing treatments to Facility patients in 2011. Currently, the Licensee operates eighteen hemodialysis stations and six intermittent peritoneal stations at which treatments are provided to outpatients. The Licensee also provides inpatient services to Facility patients. The inpatient treatments are provided under the medical supervision of Bellevue physicians and nurses whereas the outpatient treatments are provided under the Licensee’s own Article 28 authority and medical supervision. In fact, nephrologists affiliated with NYU School of Medicine who are also on the Facility’s staff provide the medical supervision of the outpatient operation. The Licensee provides services to patients regardless of their ability to pay. The Facility pays at the established Medicaid rate for any patient that cannot be enrolled in insurance. The Facility pays the Licensee for its inpatient services. The Licensee bills third party payors for its outpatient services.

UTILIZATION: RRD performs approximately 197 outpatient dialysis treatments per week with a current patient census of 72 patients.

TERMS: The Licensee will be granted the continued use and occupy of approximately 7,817 square feet of space on the fifth floor of the Facility’s bed tower. The Licensee will pay an occupancy fee of \$68.50 per square foot, or \$539,163.50 per year to be escalated by 2.75% per year for a total of \$2,848,221.26 over the five-year term. The occupancy fee is based on fair market value and represents a 4% increase in the rate currently in effect.

The Facility will provide electricity, heat, air conditioning, routine maintenance, security, and hot and cold water to the licensed space. The Licensee will be responsible for its own housekeeping and red-bag waste removal.

The proposed license agreement will be for five years and will be revocable by either party on ninety days’ notice.

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

From: Keith Tallbe Tallbe, Keith
Senior Counsel Digitally signed by
Office of Legal Affairs Tallbe, Keith
Date: 2021.12.07
05:29:12 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: River Renal Services, Inc.

Date: December 7, 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	N/A	N/A

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

NYC Health + Hospitals / Bellevue

River Renal Services Inc.

**Board of Directors Meeting
December 16, 2021**

**William Hicks, Chief Executive Officer, NYC Health + Hospitals/Bellevue
Christine Flaherty, Sr. Vice President, Office of Facilities Development**



Dialysis Across the System

- H+H provides its own outpatient dialysis at Metropolitan, Harlem, Kings County and Lincoln and has capacity to provide inpatient bedside dialysis when required.
- Newtown provides outpatient dialysis treatments at Elmhurst.
- H+H has an agreement with Dialyzedirect for inpatient dialysis services at Coler and McKinney.
- At sites where there is a significant demand for dialysis services, we often partner with a vendor who can scale as demand increases to accommodate patient needs.

Background: River Renal

- River Renal has been providing dialysis services under Article 28 of the New York State Public Health Law at Bellevue since 2011.
- River Renal operates eighteen outpatient chronic hemodialysis stations within leased space on the 5th Floor of the Hospital Building.
- River Renal also provides training, medical support and management, equipment and supplies to outpatient home peritoneal dialysis patients and home hemodialysis patients.



Background Con't: River Renal

- Bellevue Hospital has 6 dialysis stations which provides dialysis services to our inpatient population. This is also located on the 5th Floor of the Hospital Building.
- River Renal provides nurses for inpatient dialysis treatments under the medical supervision of Bellevue Hospital's physicians.
- River Renal also provides water and equipment management services including chlorine and chloramine testing.

Background Con't: River Renal

- River Renal has been providing treatments at Bellevue since 2011 with the Board of Directors most recently approving a renewal of their license in 2016.
- River Renal provides approximately 197 outpatient treatments weekly. 319 treatments were performed in November 2021 with a 10 month average of 278 Their current patient census is 72.
 - Days and Hours
 - Outpatient Chronic Services: Monday – Saturday 7:00am – 6:00pm
 - IP Acute Care: Services are provided seven days per week with treatment provided in six bedded area or at bedside based on Physician orders.
 - Capacity
 - Outpatient Chronic Services – 18-station capacity and provides a maximum of three shifts per day totaling a maximum capacity of 44 daily sessions
 - Inpatient Acute Services –six bedded unit and can accommodate approximately 12 patients based on a five hour treatment average. 10 portable R/O machines are available and we are currently performing 6-8 bedside treatments daily.
- Bellevue bills third-party payors for inpatient treatments provided by River Renal. River Renal bills third-party payors for its outpatient treatments.
- River Renal provides services to all patients regardless of their ability to pay.
- Bellevue pays the established Medicaid rate for treatments provided to any patient who cannot be enrolled in insurance.

License Terms

- River Renal will continue to occupy 7,817 sf of space on the fifth floor of Bellevue's bed tower at a rate of \$68.50/sf for a total of \$539,163.50 per year. The rate is set at the fair market value for the space.
- The rate payable by River Renal on its expiring license is \$65.76/sf. The proposed rate represents a 4% increase over the current rent.
- The occupancy fee will be escalated by 2.75% per year over the five year term.
- The total annual occupancy fee over the five year term will be \$2,848,221.26
- Bellevue will provide hot and cold water, electricity, heating, air conditioning, security and maintenance to the licensed space. River Renal will provide housekeeping and red-bag waste removal.

Board of Directors Approval Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a revocable five-year license agreement with **River Renal Services Inc.** (the “Licensee”) for its continued use and occupancy of 7,871 square feet of space at NYC Health + Hospitals/Bellevue (the “Facility”) at an occupancy fee rate of \$68.50 per square foot or \$539,163.50 per year to be escalated by 2.75% per year for a total of \$2,848,221.26 over the five year term.

RESOLUTION - 08

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to enter into a best interest extension of the contracts with **CaremarkPCS Health, L.L.C. a Delaware limited liability company (“Caremark”) to provide pharmacy benefit management and pharmacy network services.** The Plan seeks to extend the contract for Medicare lines of business by 12 months from the current end date of December 31, 2021 to the new end date December 31, 2022 for an amount not to exceed \$888,891 and to extend the contract for non-Medicare lines of business for 4 months from the current end date of August 31, 2022 to the new end date December 31, 2022 for an amount not to exceed \$4,854,112. For the overall not to exceed amount of \$5,743,003 for 2022.

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

WHEREAS, Caremark serves as the Plan’s pharmacy benefit manager that helps the Plan provide pharmacy services to its membership; and

WHEREAS, in 2016, Caremark was selected through an RFP process to provide pharmacy benefit manager services to MetroPlus; and

WHEREAS, on September 27, 2016, the Board of Directors of MetroPlus authorized the Plan to enter into a five-year contract with Caremark; and

WHEREAS, the current Caremark Medicare contract expires December 31, 2021, and the Caremark non-Medicare contract expires August 31, 2022; and

WHEREAS, MetroPlus seeks to have both Medicare and non-Medicare lines of business contracts be coterminous so that a single vendor solution can be implemented for a new 5 year term simultaneously; and

WHEREAS, MetroPlus seeks to streamline its pharmacy benefit administration by initiating the contracts at the beginning of the calendar year; and

WHEREAS, the Plan seeks to extend its five year contract with Caremark by 12 months and 4 months for Medicare and non-Medicare lines of business, respectively, to December 31, 2022; and

WHEREAS, the Plan seeks spending authority for Medicare and non-Medicare lines of business for amounts of \$888,891 and \$4,854,112, respectively, to support the extended durations; and

WHEREAS, on November 23, 2021, the MetroPlus Quality Assurance and Performance Improvement Committee considered and approved the submission of the resolution to the MetroPlus Board of Directors for the proposed contract between MetroPlus and Caremark;

WHEREAS, on December 14, 2021 the MetroPlus Board of Directors will considered the proposed contract between MetroPlus and Change Healthcare;

NOW THEREFORE, be it

RESOLVED, the Executive Director of MetroPlus is hereby authorized to enter into a best interest extension of the contracts with Caremark to provide pharmacy benefit management and pharmacy network services. The Plan seeks to extend the contract for Medicare lines of business by 12 months from the current end date of December 31, 2021 to the new end date December 31, 2022 for an amount not to exceed \$888,891 and to extend the contract for non-Medicare lines of business for 4 months from the current end date of August 31, 2022 to the new end date December 31, 2022 for an amount not to exceed \$4,854,112. For the overall not to exceed amount of \$5,743,003 for 2022.

EXECUTIVE SUMMARY

AUTHORIZING METROPLUS HEALTH PLAN, INC. TO EXTEND ITS FIVE YEAR CONTRACT WITH CAREMARK BY 12 MONTHS AND 4 MONTHS FOR MEDICARE AND NON-MEDICARE LINES OF BUSINESS, RESPECTIVELY, AND INCREASE THE CURRENT SPENDING AUTHORITY

- BACKGROUND:** MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York. The Certificate of Incorporation of MetroPlusHealth reserves to NYC Health + Hospitals the power to approve MetroPlusHealth contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000.
- In 2016, CaremarkPCS Health, L.L.C. a Delaware limited liability company (“Caremark”) was selected through an RFP process, to provide pharmacy benefit management services to the Plan and on September 27, 2016, the Board of Directors of MetroPlus authorized the Plan to enter into a five-year contract with.
- NEED:** Caremark’s Medicare contract expires December 31, 2021, and the Caremark non-Medicare contract expires August 31, 2022. The Plan seeks to align both contracts, so these agreements are coterminous. The Plan also seeks to start the new contracts at the beginning of a calendar year for operational simplification. Caremark serves as the Plan’s pharmacy benefit manager that provides prescription pharmacy benefits and pharmacy network services on the Plan’s behalf, supporting the Plan in meeting prescription regulatory requirements, as well as cost containment, and quality enhancement. Caremark provides pharmacy service access to over 600,000 members at more than 66,000 pharmacies nationwide, including access to Caremark representatives 24 hours, 7 days a week.
- PROPOSAL:** MetroPlus seeks enter into a best interest extension to extend the contracts for Medicare lines of business by 12 months from the current end date of December 31, 2021 to December 31, 2022 for an amount not to exceed \$888,891 and to extend the contract for non-Medicare lines of business for 4 months from the current end date of August 31, 2022 to December 31, 2022 for an amount not to exceed \$4,854,112.



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

From: Robin Fisk
Deputy Executive Director, Legal

DS
RF

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

Vendor: CaremarkPCS, Health LLC

Date: Friday, December 10th, 2021

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
30% Waiver Approved

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

Application to Enter Into Best Interest Contract Extension

**CaremarkPCS, Health LLC - Pharmacy Benefit
Management Service**

**NYC Health + Hospitals
Board of Directors Meeting
Thursday, December 16th, 2021**

Dr. Sanjiv Shah, Chief Medical Officer, MetroPlus Health



Background

- The Plan is seeking a best-interest extension for the Pharmacy Benefit Management (PBM) services agreement with the current vendor, CaremarkPCS Health (“Caremark”).
- Caremark was awarded the contract in 2016 through an RFP process
- The Medicare contract would be extended an additional 1 year (1/1/22-12/31/22), while the Non-Medicare contract will be extended an additional 4 months (9/1/22-12/31/22).
- The Plan seeks spending authority for Medicare and non-Medicare lines of business for amounts of \$888,891 and \$4,854,112, respectively, to support the extended durations.
- Pending MetroPlus Board of Directors approval on December 14th, 2021.

Best Interest Extension Justification

- The extension will align both the Medicare and Non-Medicare contracts so moving forward the agreements are co-terminus.
- The Plan is currently selecting a PBM through an RFP. The contract extension with Caremark will provide sufficient time to competitively procure and successfully implement a new PBM contract with an effective date of 1/1/23.
- Selecting and contracting with a PBM will take up to six months. Once contracted, implementation will take an additional six months.
- As such, it is in the Plan's best interest to extend the current contract through 12/31/22.
- Caremark has been an effective PBM during its tenure and has demonstrated operational compliance in a complex regulatory environment. In a 2020 survey, MetroPlus members reported an overall satisfaction of 97% with Caremark's prescription benefit services including 95% satisfaction with their customer service representatives.
- Furthermore, with implementation of pricing transparency by NYS, the Plan successfully negotiated administrative rate reductions of approximately 50% and Caremark has agreed to additional rate improvements for the proposed extension that provide savings totaling \$13.5M in drug costs.

Performance Evaluation

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	N/A
Did the vendor pay its suppliers and subcontractors, if any, promptly?	N/A
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	N/A
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?	Yes
Performance and Overall Quality Rating Satisfactory	Good

Service Highlights

- MetroPlus' agreement with Caremark provides prescription drug benefits to the Plan's membership, including:
 - Drug Costs
 - *Pharmacy Network*
 - *Call center*
 - *Utilization management services*
 - *Clinical programs*
 - *Claims adjudication*
 - *Reporting functions*

Supplier Diversity

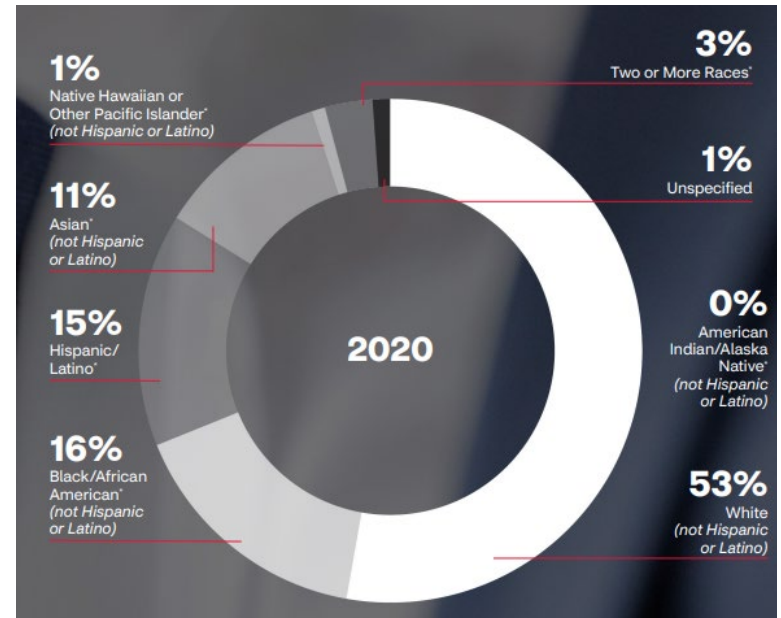
- Caremark's Supplier Diversity Program has established a corporate commitment to include diverse suppliers, ensuring all businesses are provided equal opportunity to be included in their enterprise procurement processes.
- Opportunities to utilize MWBE firms directly on behalf of a client for a PBM are historically limited due to the system-oriented nature of the PBM business and handling of sensitive Protected Health Information (PHI). Please see previous slide.
- Over 99% of the administrative spend is self performed based on Caremark's in-house administrative functions.
- 30% MWBE waiver was approved.

Supplier Diversity Continued

- In 2020, Caremark spent \$139 million on small and diverse supplies in NYS which led to \$238 million in revenue and sustained 1,475 jobs in NYS.
- Caremark's 2020 Workforce Data for Gender + Race/Ethnicity is as follows:

Employment + Gender

	2020
Female	70%
Male	30%
Unspecified	0%



Board of Directors Approval Request

Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to enter into a best interest extension of the contracts with **CaremarkPCS Health, L.L.C. a Delaware limited liability company (“Caremark”) to provide pharmacy benefit management and pharmacy network services.** The Plan seeks to extend the contract for Medicare lines of business by 12 months from the current end date of December 31, 2021 to the new end date December 31, 2022 for an amount not to exceed \$888,891 and to extend the contract for non-Medicare lines of business for 4 months from the current end date of August 31, 2022 to the new end date December 31, 2022 for an amount not to exceed \$4,854,112. For the overall not to exceed amount of \$5,743,003 for 2022.

RESOLUTION - 09

Authorizing the Executive Director of MetroPlus to **execute a contract with Change Healthcare (“Change”) to provide Risk Adjustment services** for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$20,185,000 for the total 5-year term.

WHEREAS, MetroPlus is certified under Section 4403(a) of the Public Health Law of the State of New York as a Health Maintenance Organization and has organized a plan for the provision of Prepaid Health Services to its members; and

WHEREAS, MetroPlus is seeking to enhance the ability of the Plan to perform risk related activities to ensure a complete capture of chronic conditions; and

WHEREAS, the vendor will be responsible for the intake and processing of data within their systems to identify a sub-population that looks to have chronic conditions that have not and look to not be captured without intervention; and

WHEREAS, these services are necessary to ensure that premiums reflect member conditions and medical needs/expenses by confirming pertinent member diagnosis codes are captured and submitted to CMS or the DOH; and

WHEREAS, an RFP for Risk Adjustment services was pursued in compliance with MetroPlus’ contracting policies and procedures and the vendor was evaluated most favorably by an Evaluation Committee; and

WHEREAS, pending on MetroPlus Finance Committee and MetroPlus Board of Directors on December 14, 2021;

NOW THEREFORE, be it

RESOLVED, that the Executive Director of MetroPlus to **execute a contract with Change Healthcare (“Change”) to provide Risk Adjustment services** for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$20,185,000 for the total 5-year term.

EXECUTIVE SUMMARY

OVERVIEW:	MetroPlus seeks a single vendor solution to perform risk related activities to enhance its internal efforts to partner with providers and facilities on the importance of appropriate coding. The Plan is looking for vendor assistance to implement risk related activities which ensure that the population under care is represented accurately when it comes to their chronic conditions and diagnoses. A successful program will allow the Plan to ensure complete information is conveyed to members & providers as part of an appropriate & robust engagement activities, ultimately allowing MetroPlus to receive adequate premium to support the Plan's members medical needs.
PROCUREMENT:	MetroPlus issued a Request for Proposals on July 2, 2021. A mandatory pre-proposers conference was held on July 13, 2021, which 7 prospective vendors attended. 5 proposals were received, evaluated, and scored by an Evaluation Committee on the basis of ability to cover Plan network, reporting, tracking and monitoring tools, virtual options, Internal Audit methods, performance guarantees/SLAs, cost, and MWBE utilization plan or MWBE status. Change Healthcare was selected on these criteria.
TERM:	The term of the proposed agreement is three years with two one-year options to renew solely exercisable by MetroPlus.
MWBE:	10% MWBE utilization plan has been submitted – 20 % Waiver



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

From: Robin Fisk
Deputy General Counsel, MetroPlus Health Plan, Inc.

DocuSigned by:
Robin Fisk
EF7B1F8F9B7549C...

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

Vendor: Change Healthcare

Date: Monday, December 13th, 2021

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
10% Utilization Plan
20% 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.

Application to Enter Into Contract

**Change Healthcare for Risk Adjustment
Services**

**NYC Health + Hospitals
Board of Directors Meeting
Thursday, December 16th, 2021**

Lauren Leverich-Castaldo, Chief Financial Officer – MetroPlus Health



Background

- MetroPlusHealth is looking to enhance the ability of the Plan to perform risk related activities to ensure a complete capture of chronic conditions.
- These services are necessary to ensure that premiums reflect member conditions and medical needs/expenses by confirming pertinent member diagnosis codes are captured and submitted to CMS or the DOH.
- Historical annual expenditure has been ~\$2M for Medicare (current contract with Advantasure) and ~3.8M for Medicaid/ACA (current contract with Inovalon).
- Advantasure contract expires 12/31/21 with 1 additional options to renew (with termination for convenience on 90 days), and Inovalon contract expires 01/01/22.
- Pending MetroPlus Board of Directors approval on December 14th, 2021.

Overview of Procurement Process

- **07/02/21:** RFP was sent directly to 9 vendors and posted to the City Record
- **07/13/21:** Mandatory pre-proposer conference call was held, 7 vendors attended
- **07/30/21:** 5 proposals received, none of which were MWBE vendors.
- **08/17/21:** Evaluation Committee convened to review proposals
- **08/26/21:** 3 finalists were selected
- **09/20 – 09/23/21:** Vendor presentations occurred
- **11/03/21:** Change Healthcare was evaluated most favorably by the Committee and was the only proposer to produce an MWBE utilization plan.

RFP Criteria

Minimum Criteria

- Coding activities performed by certified coders under peer review.
- 3 year's experience performing risk related activities in NYC
- MWBE Utilization Plan, Waiver, or MWBE Certification

Evaluation Criteria

	Weight
Ability to cover Plan Network	15%
Reporting / Integration Capabilities	15%
Tracking/Monitoring Tools	10%
In-Home/Virtual Options	10%
Internal Audit Methodologies	10%
Performance Guarantees / SLAs	10%
Cost	20%
MWBE Utilization Plan or MWBE Status	10%

Evaluation Committee

- Healthcare Payment Innovation Lead, Health Analytics (Chair)
- Director of Analysis and Product Development
- Head of Product
- Senior Director of Core Operations
- Director of Reporting Systems
- Senior Director of Quality Management

Product & Annual Cost Structure

- **Risk Analytics:** Analytics platform with member-level detail on the risk scores and risk gaps for all members within Medicaid, HARP, Essential Plan, Medicare, and QHP lines of business. The Risk Analytics will be updated on a monthly basis to track changes in risk scores. Once a year, a Chart Chase list is generated for each LOB based on the risk gaps.
- **Risk Coding:** Change will collect medical records based off the Chase List generated from Risk Analytics. They will conduct a validation review to assess accurate and complete coding. Updates will be sent back to the Plan.

Year 1*	\$ 4,019,577
Year 2	\$ 3,921,419
Year 3	\$ 3,999,847
Year 4	\$ 4,079,844
Year 5	\$ 4,161,441
* Includes implementation \$175k	

Vendor / Contract Highlights

- Change Healthcare has been providing risk adjustment services for 20+ years, beginning with Medicaid and then expanding into Medicare at the inception of Medicare Advantage risk adjustment program.
- Reference calls with Affinity Health Plan, MVP Health Care, Health Alliance Plan provided very favorable feedback.
- A reference call with NYC H+H, which uses Change Healthcare for clearinghouse services also provided favorable feedback.

MWBE Utilization Plan

- Under the proposed agreement, of the \$20.18M, \$18.16M is being self performed by Change Healthcare employees.
- Change Healthcare will commit all of the remaining opportunity, representing professional services, to its MWBE partner, Tyrula LLC.
- Tyrula LLC has applied to NYS as an MBE and WBE and meets all criteria for approval.
- Tyrula LLC is an IT software, services and management consulting provider.

	Spend	MWBE	Percent
Core Software and Maintenance	\$18,163,915	0	
Professional Services (Tyrula LLC – pending NYS MWBE certification)	\$2,018,213	\$2,018,213	10%
Total	\$20,182,128		



Board of Directors Approval Request

Authorizing the Executive Director of MetroPlus to **execute a contract with Change Healthcare (“Change”) to provide Risk Adjustment services** for a term of three years with two 1-year options to renew, solely exercisable by MetroPlus, for an amount not to exceed \$20,185,000 for the total 5-year term.