

FINANCE COMMITTEE AGENDA

Date: December 7, 2021
Time: 10:30 A.M.
Location: 50 Water Street, 15th Floor,
Boardroom - VIRTUAL

I. Call to Order

Freda Wang

Adoption of the October 18, 2021 Minutes

II. Action Item: Assumption - Housing Recovery Operations

Amanda K. Johnson, MD, MBA

COVID-19 Resource Navigator Agreements

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

Vendex: Approved; **EEO:** Pending *CUNY - NA for Vendex or EEO

III. Action Item: Request to Increase NTE for Testing Vendors

Ted Long, MD

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.

VENDEX APPROVED:

MedRite, LLC, Rapid Reliable Testing NY, LLC, Bio-Reference Laboratories, Inc., Fulgent Genetics, Inc., Union Square Physician Services, P.C., SOMOS Healthcare Providers, Inc., The Mount Sinai Hospital, Elevation Health, LLC, CIC Health, LLC, Premier Assist

VENDEX PENDING:

Ginkgo Bioworks, Inc., Blackbag Digital Health, LLC DBA Daybreak

EEO APPROVED:

Rapid Reliable Testing NY, LLC, Union Square Physician Services, P.C.,
The Mount Sinai Hospital, Elevation Health, LLC, CIC Health, LLC,
Blackbag Digital Health, LLC DBA Daybreak, Premier Assist

EEO PENDING:

MedRite, LLC, Bio-Reference Laboratories, Inc., Fulgent Genetics, Inc.,
SOMOS Healthcare Providers, Inc., Gingko Bioworks, Inc.

IV. Action Item: Street Health Outreach and Wellness Application

Ted Long, MD

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.

Vendex: Approved; **EEO:** Approved

V. Financial Update

John Ulberg

VI. Old Business

Freda Wang

VII. New Business

VIII. Adjournment

MINUTES

Finance Committee

Meeting Date: October 18, 2021

Board of Directors

The meeting of the Finance Committee of the Board of Directors was held on October 18, 2021 virtually with Freda Wang presiding as Chairperson.

Attendees

Committee Members

Freda Wang, Matthew Siegler representing Mitchell Katz in a voting capacity, Mitchell Katz – joined at 11:07, Sally Hernandez-Piñero, Feniosky Peña-Mora, Barbara Lowe, José Pagán

H+H Staff

John Ulberg, Krista Olson, Paul Albertson (online), Michline Farag, Colicia Hercules, Linda DeHart, James Cassidy, Marji Karlin, Sonya Rubin, Inger Dobson, Jay Weinman, James Linhart, Joe Wilson (online)

CALL TO ORDER

ACTION ITEM: Creative Snow by Cow Bay, Inc.

Mr. Ulberg introduced the Creative Snow by Cow Bay Inc. action item by reading the Resolution.

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a contract with Creative Snow by Cow Bay, Inc (the “Vendor”) for three years with two one-year renewal options at the discretion of New York City Health and Hospitals Corporation to provide snow removal services for a total amount not to exceed \$6,920,000 for the period November 1, 2021 through October 31, 2026.

Mr. Wilson presented on the action item background. NYC Health + Hospitals conducted a solicitation via RFP for professional snow removal services during the winter season. The current contracts in place for snow removal services expired on October 14th, 2021. The existing contracts are with NAC Industries and Creative Snow by Cow Bay Inc. The current vendors also perform landscaping in addition to snow removal. Landscaping will be bid separately in the spring. Creative Snow by Cow Bay Inc. currently provides snow removal services for 74% of the H+H enterprise. NAC Industries covers the remaining 26%.

Mr. Wilson informed that the scope of services includes acute care, Gotham Health, and Long-term care facilities. The previous fiscal year spend was \$1,193,853. The proposed contract term for this agreement is 5 years (three base years, two one-year options at the discretion of NYC Health + Hospitals).

Mr. Wilson reviewed the procurement process. A request to issue an RFP was approved by the Contract Review Committee and subsequently posted in the City Record. Minimum requirements included MWBE utilization plans, New York City presence with NYC customers, \$3 million in annual gross sales, multiple commercial references and five years’ business experience.

Mr. Wilson continued to review the procurement and selection process. Five vendors responded to the solicitation request. The evaluation committee recommended Creative Snow by Cow Bay, Inc. Creative Snow by Cow Bay, Inc. leverages its construction business for supplementary resources for deployment as needed, has prior experience serving a large bank with over 180 locations, utilized GPS technology for equipment and

labor tracking, and has a track record of success with an existing New York City Health + Hospitals facility base, and meets the 30% MWBE utilization plan with partners for equipment and labor.

Mr. Wilson requested the Finance Committee's approval to enter into a contract with Creative Snow by Cow Bay, Inc. for snow removal services in an amount not to exceed \$6,920,000 for a contract term of three years with two, one-year renewal options at the discretion of New York City Health + Hospitals.

Ms. Wang polled the members for questions.

Ms. Sally Hernandez-Piñero asked what was the service area filled by Creative Snow by Cow Bay, Inc. and if it has always been large.

Mr. Wilson replied that yes, it has. The vendor is accustomed to servicing large clients, including LaGuardia Airport. Further, this contract presents an opportunity for standardization and a faster emergency response. Several New York City Health + Hospitals facilities currently using Creative by Cow Bay, Inc. feel very confident with it as a resource.

Mr. Feniosky Peña-Mora had no questions.

Ms. Barbara Lowe had no questions.

Ms. Wang called for a vote to approve the snow removal services contract with Creative Snow by Cow Bay, Inc. for a period term of three years, with two, one-year renewal options at the discretion of New York City Health + Hospitals. Upon motion made and was duly seconded, the Committee unanimously approved the resolution for presentation to the Board.

Ms. Freda Wang concluded the action item and introduced the financial update.

FINANCIAL UPDATE

Mr. John Ulberg commenced his presentation by informing the Committee of Ms. Krista Olson's departure from New York City Health + Hospitals. On behalf of the Committee, Ms. Wang expressed appreciation and thanked Ms. Olson for her service at OMB and New York City Health + Hospitals.

Mr. Ulberg continued by providing an overview on system highlights, reporting the financial/programmatic highlights for fiscal year end 2021. A thorough plan for fiscal year 2022 will be presented in December.

Noted among the highlights were the achievement of over \$1B in recurring revenue-generating and expense-reducing initiatives, the systemwide implementation of Epic, and the implementation of NYC Care citywide with enrollment exceeding 80,000 to date with plans to expand in the coming year.

Mr. Ulberg also presented highlights on the COVID-19 response/Test and Trace Corps. Achievements included providing ongoing telehealth and remote patient monitoring to our patients, administering over 4M PCR tests at over 100 sites, and administering over 1.1M vaccinations, providing more vaccinations to communities of color than any other provider in NYC.

Mr. Ulberg reviewed the fiscal year-end close-out highlights, which included a closing cash balance of \$737M, a net budget variance that was close to planned value, higher than planned patient care receipts and meeting or exceeding targets in several strategic initiatives. Key investments in clinical staffing were also made with the addition of 486 registered nurses and 257 other nursing positions, clinical growth initiatives, revenue cycle stabilization NYSNA/Doctors' Council contract agreements, including COLA increases.

Mr. James Cassidy presented the cash projections through September. Due to \$410M received in DSH funds, the system expects to close September with approximately \$700M. Entering fiscal year 2022, second quarter, major revenue streams are still expected and needed to maintain a sustainable cash balance, which includes \$350M in FEMA funds, \$500M in UPL/UPL conversion, and \$100M in VBP QIP funds. Due to the delay of these state/federal revenues, we have continued to delay our remaining fiscal years 2020 and 2021 obligations to the City.

In COVID-19 federal relief, New York City Health + Hospitals paid out approximately \$2.4B on direct COVID-19 expenses, with current commitments nearing \$3B. We have received \$266M in FEMA advances to-date with an expectation of additional \$354M in the coming months associated with temporary surge staffing for cumulative reimbursement totaling \$620M. The system is preparing a subsequent FEMA reimbursement package for PPE. To this end, we will provide the reimbursement package as soon as the temp staffing process finalizes.

To date, H+H has received \$1.2B thus far, largely from the High Impact (\$754M), Safety-Net (\$359M), and General Allocation Provider Relief Fund (\$69M). Lastly, we are in the process of submitting our required financial reporting to HRSA for Provider Relief Fund (PRF) Phase 1 for revenues/expenses through June 30th, 2021. An update on our application will be presented post the October 26th deadline.

Mr. Cassidy reviewed the external risks, which included State, City, and New York City Health + Hospitals Medicaid initiatives and the vaccine mandate. For the latter, we acted to ensure readiness by hiring contract staff. The impact of this action will be reported in December.

Ms. Michline Farag reported on net budget variance. H+H ended fiscal year 2021 close to target with a net budget variance of -\$22.8M (0%). Receipts exceeded the budget by \$729M (\$636M in patient care) largely due to the higher acuity of COVID patients, Medicare rates, and risk payment catch-up and better performance. Disbursements exceeded budget by \$752M, \$653M of which was OTPS which included \$690M spend associated with COVID some of which was offset at the start of FY-22 as part of the FEMA payment.

Further, Ms. Farag presented the revenue performance for fiscal year end 2021. FY-21 patient care revenue is \$811M higher than FY20 actuals. Patient revenue improvements year-over-year can be attributed to a combination of increased patient acuity including COVID patients, increased rates, continued improvement on strategic initiatives, and MetroPlus risk payment timing.

Continuing, Ms. Farag reported on staffing growth, and the shift from temp to full-time. Global Full-Time Equivalents (GFTEs) decreased by 48 through FY-21. Temp staffing has been reduced by 126 FTEs in FY-21 (not including COVID temps). There is a reduced reliance on OT and shifting to FT hires where appropriate, FY21 OT dropped by 89 FTEs.

There were also increases to affiliates by 134 as we continue to invest in clinical business plans (such as OR Services expansion, Comprehensive Stroke Centers certification and expanded cardiology services) and NYC CARE. Kings County hospital also had a staff shift from H+H to Affiliates. Current efforts also include recalibrating staffing mix to support clinical and revenue generating investments and temp conversions. H+H staff growth since FY-19 is in line with NYC H+H Strategic Direction, with significant investments in clinical and revenue cycle staff as well as support services.

Ms. Marji Karlin presented the revenue cycle initiatives, which resulted in the achievement of \$392M outperforming a target of \$324M. This included a focus on denials performance for authorizations, timely filing, eligibility, and administrative denials. This focus yielded a 30% reduction in authorization denials.

Mr. Matthew Siegler spoke to the systemwide strategic initiatives for fiscal year 2021. Of these initiatives, H+H beat the targets across all categories. The highlights include a 98% achievement of line of sight projection, 93% realization of ROI on the 340B Contract Pharmacy initiative, exceeding revenue cycle operations initiatives internal target by 21%, surpassing the systemwide primary care membership target, and outperforming the HARP conversion goal by nearly 200% (includes both MetroPlus and HealthFirst members).

The budget strategy that supported the fiscal year 2021 strategic focused on several key areas; however, the primary focus on revenue cycle and managed care were part of the foundation for our financial turnaround.

Ms. Sonya Rubin presented the Test and Trace report. H+H incurred \$1.4 billion of fiscal year 2021 Test and Trace expenses. OMB provided H+H with revenue through the Test and Trace MOU to cover fiscal year 2021 committed expenses. Test and Trace will continue operations into fiscal year 2022 to meet citywide COVID response needs. The timeline of programmatic ramp downs will continue to evolve as COVID trends remain unpredictable.

Currently, Test and Trace is operating various programming including pop-up sites, facility testing sites, mobile testing units, at home testing teams, contact tracing, school testing for students and situation room for public school contact tracing, isolation hotels, and 24/7 vaccine sites. Through the MOU, the City provided Test and Trace with sufficient funding for fiscal year 2022 programming to date. Funding sources include ELC grants, FEMA, American Rescue Plan funds, CTL and third-party billing revenue.

Ms. Wang opened the floor to questions from the Committee.

Mr. José Pagán asked if the resignation rate seen in other industries is being experienced in H+H too.

Dr. Katz has asked Ms. Yvette Villanueva to look at our number of retiring employees. We are one of the few companies that retirement benefits are tied to years of service. This keeps our retirement numbers low collectively. Once confirmed, Dr. Katz will report this number to the Committee.

Ms. Sally Hernandez-Piñero asked what was the additional personnel costs for the transition of employees to create the Test and Trace Corps and what kind of roles are envisioned for them later.

Mr. Ulberg responded that the City allocated funds which include standing up the Test and Trace Corps. As the number are being finalized; however as of now the funds include \$300M over three to four years. H+H will be looking to have this group subsumed into general staff as part of savings. Each year costs approximately \$40M. Dr. Katz has focused on connecting patients in clinical settings back to their homes. Health workers will be the glue to their successful transition.

Ms. Hernandez-Piñero then inquired as to how \$1.2B mentioned in the October 18, 2021 compliance report is factored into the funding.

Mr. Ulberg replied that the funding is a flow-through.

Ms. Hernandez-Piñero asked why the Kings County physician staff are being shifted to the affiliates.

Mr. Ulberg replied that the Kings County physician transition is an ongoing effort to shift staff to PAGNY.

Ms. Barbara Lowe asked how will President Biden's budget and FEMA reimbursement affect New York City Health + Hospitals.

Mr. Siegler replied that the Biden budget is broad and covers a lot. Given that New York state is one of the States that expanded Medicaid, we anticipate good outcomes for New York. As for FEMA reimbursement, it sits outside of the Biden budget.

ADJOURNMENT

There being no further business the meeting was adjourn at 12:01 p.m.

RESOLUTION

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 administering 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 COVID-19 Resource Navigator Agreements

Finance Committee Meeting December 7, 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* 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

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

Approval Request

- The Test and Trace Corps is seeking Finance Committee approval to accept the HRO's assignment of its Resource Navigator contracts for a not-to-exceed amount of \$17,273,816,000
- 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

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 Covid 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 NY LLC (a/k/a Ambulnz)		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 Covid 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, Digitally signed by
Senior Counsel Keith Tallbe, Keith
Office of Legal Affairs Date: 2021.11.23
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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

Finance Committee Meeting December 7, 2021

**Ted Long, M.D.
Test & 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 \$250M to \$455,562,279M 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 \$250M to \$455,562,279M 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: \$250M 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 \$455,562,279M:
 - 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 as of 10/27/21	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, LLC	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

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 \$250M for DOE and community testing
- We will near the approved NTE of \$250M 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 \$250M to \$455,562,279M, allowing for \$205M in additional funds through FY22
- This increase is covered by the T2 MOU between OMB and H+H

RESOLUTION

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 NY LLC 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

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

Re: Vendor responsibility, EEO and MWBE status

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

Date: November 23, 2021

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.

Street Health Outreach and Wellness

Application to Enter into Contract

**Finance Committee Meeting
December 7, 2021**

**Dr. Ted Long
Sr. Vice President, Office of Ambulatory Care
and Population Health**

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.

- 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 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. Individual subcontract amounts are to be determined.

Finance Committee Request

- The Office of Ambulatory Care seeks Finance Committee 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 \$21,806,323 over 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

	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



NYC Health + Hospitals
Finance Committee Meeting
December 7, 2021



FY22 Quarter 1 Highlights





- October Close Cash Balance of **\$350M** (16 days cash-on-hand).
- Closed the quarter with a **negative Net Budget Variance of \$151.6M due to COVID disbursements** not yet covered with Federal Relief dollars.
- Direct Patient Care Receipts (I/P and O/P) came in **\$117.7M higher than the same period in FY21** continuing the pace of positive performance that we experienced during FY21, where direct patient care revenue came in at year end **\$467.8M** over the prior year.
- Patient care **volume is returning to pre-COVID levels** in Q1 of FY22, but still 4% below Q1 FY20 in discharges and 6% below in visits. Revenue base remains strong and resilient primarily driven by higher average rate and returning volume.
- Overall, our strategic Financial Initiatives remain on track with our post-COVID strategies, generating over **\$160.3M in Quarter 1** with a line of sight of \$606.4M. Areas of strong net performance as of Quarter 1 include:
 - Revenue Cycle Improvement (\$87.3M)
 - Managed Care Contract Negotiations (\$23.3M)
 - 340B Contract Pharmacy (\$18.5M)
 - Service Line Improvements (\$15.8M) and Medical Necessity Denials (\$7.5M)

FY22 Cash Projection

- The system closed October with approximately \$350 million (16 days cash-on-hand).
- We expect to close November with approximately \$400 million (18 days cash-on-hand).
- By the end of Q2, we are hoping to receive portions of the following revenue sources to maintain a sustainable cash balance:
 - FEMA
 - UPL/UPL Conversion
 - VBP QIP
- We continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around COVID-19.

COVID-19 Federal Relief

- H+H has paid out approximately \$2.5B on direct COVID-19 expenses through October 2021. Current commitments are \$3.0B.
- We have received \$266M in FEMA advances to-date with an expectation of additional \$354M in the coming months associated with temporary surge staffing for cumulative reimbursement totaling \$620M.
- The system is preparing a subsequent FEMA reimbursement package for PPE.
- To date, H+H has received \$1.2B thus far, largely from the High Impact (\$754M), Safety-Net (\$359M), and General Allocation Provider Relief Fund (\$69M)
- We have submitted our required financial reporting to HRSA for Provider Relief Fund (PRF) Phase 1 for revenues/expenses through June 30th, 2021.
- We have submitted an application Phase 4 Provider Relief Funds. We are awaiting any notification regarding receipt of any additional funds.

Risk	Status
State/H+H/City Medicaid Initiatives (UPL Conversion approved by DOH; funds beginning to flow from the MCO plans)	
State/City Budget Risks (State mid-year update reported no gap through FY25; revenues exceeding target by \$4B. We do not expect any likely Medicaid cuts in the upcoming State budget. The City will continue to review our ongoing requests and position in the Preliminary plan.)	
FEMA Reimbursement (Direct COVID spending through October 2021 totals \$2.5B. FEMA reimbursement to-date totals \$266M with \$354M anticipated based on FEMA's preliminary approval of temporary staffing costs. We will be submitting a reimbursement package for PPE.)	
Vaccine Mandate (Initial estimate, contract nurse costs total \$52.9M; enhanced nurse OT costs total \$6M; union settlement costs TBD; under further review by OMB for the Preliminary plan.)	

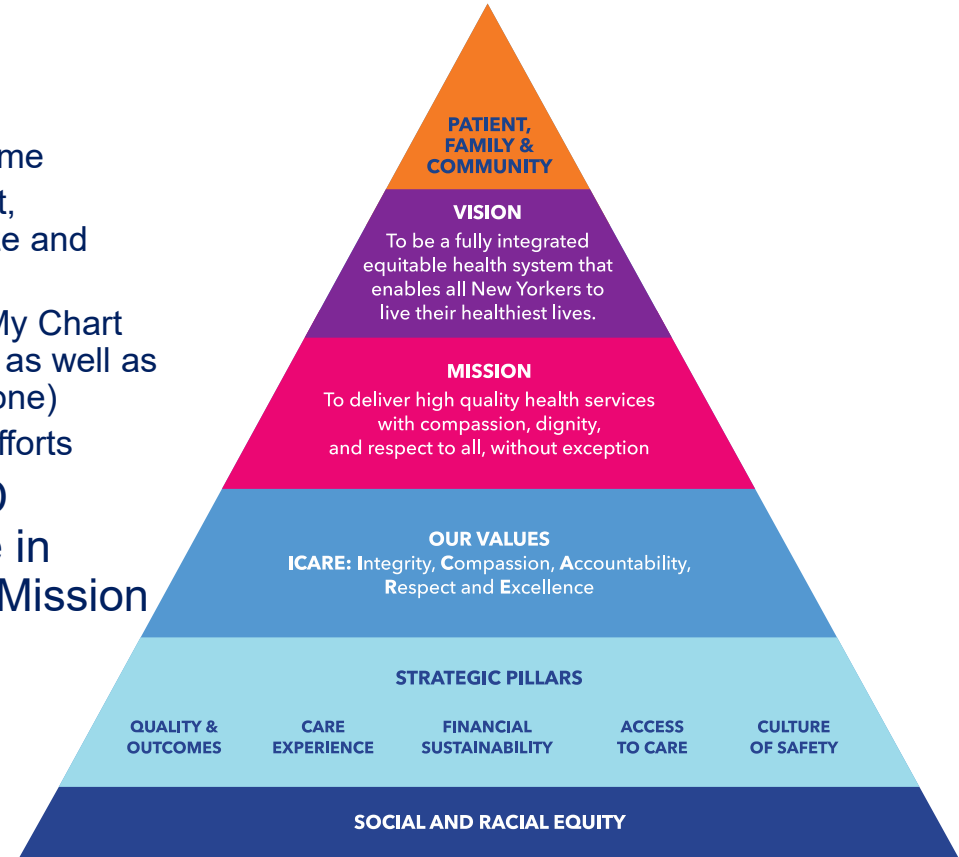
Budget Development FY 2022



FY22 Budget – Strategic Focus and Driving for Results

■ FY22 Budget

- Build on FY21 successes:
 - OR efforts and growing our surgical volume
 - VBP and focusing on panel management, expanding primary care patient panel size and sustaining membership growth
 - Ambulatory care optimization including My Chart outreach and performance improvement as well as maximizing visit mix (in person/video/phone)
 - Continued pharmacy and supply chain efforts
- Support continued city-wide COVID recovery and city initiatives that are in alignment with overall H+H Vision, Mission and Values
 - NYC CARE,
 - Public Health Corp,
 - T2,
 - Healing NYC
- Right size the budget to fund Staffing Models including Nursing IP, Nursing ED and EVS



FY22 Executive Financial Plan

(includes COVID/T2)

	FY21	FY22	FY23	FY24	FY25
Total Revenues	12,041.9	10,454.0	8,851.6	8,451.4	8,372.0
Total Expenses	11,996.4	10,412.5	8,873.6	8,782.2	8,731.5
<i>Income/(Loss) = Net Margin</i>	45.5	41.4	(22.1)	(330.8)	(359.5)
<u>Closing Cash Balance</u>	<u>733.7</u>	<u>775.1</u>	<u>753.0</u>	<u>422.2</u>	<u>62.7</u>

- The City, in conjunction with H+H, released our FY22 Executive financial plan in early May.
- The plan shows the system with a positive operating margin of \$46M in FY21 and \$41M in FY22 coupled with strong cash balances of \$734M and \$775M, respectively (33-35 days cash-on-hand).
- This includes Strategic Initiatives totaling \$1.4B in FY22, growing to \$1.8B by FY25 due to the anticipated DSH cuts beginning as of October 1, 2022 (resulting in \$600M in cuts annually).
 - If the DSH cuts continue to be delayed, net margin would remain approximately break even.
- The plan also assumes that the City will be made whole for its expenses associated with COVID through a combination of Provider Relief Funds (PRF) and FEMA.

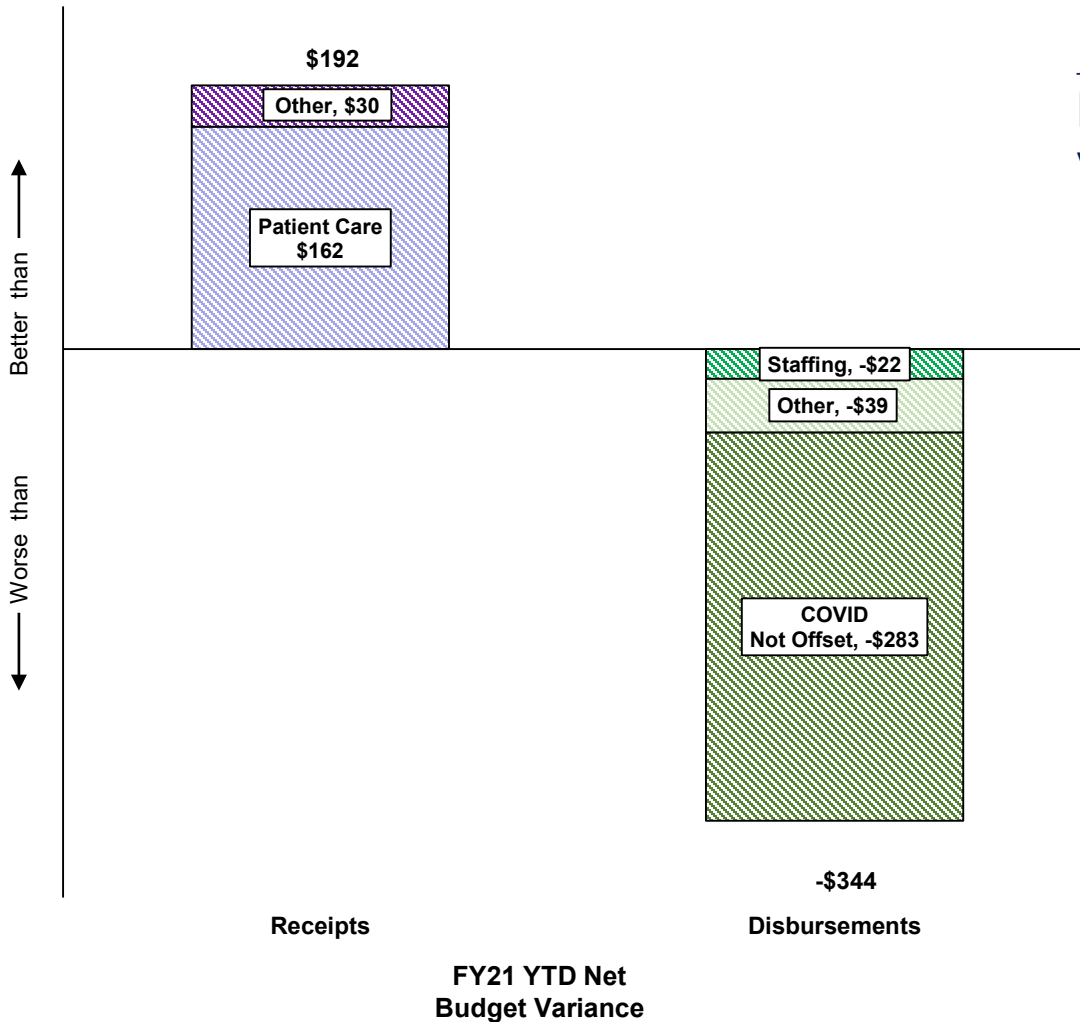
Financial Performance

FY 2022 Q1



FY22 thru September

Net Budget Variance



Highlights

Ended Q1 with a net budget variance of **-\$151.7M (-4%)** where

- Receipts exceeded budget by **\$192M** (\$162M in Patient Care) I/P and O/P volume and average rates are higher than budgeted. Risk is higher due to Metroplus payment on behalf of prior year.
- Disbursements exceeded budget by **\$344M**, which includes **\$283M** spend associated with COVID that was not offset and **\$55M** OTPS prior years payment catch-up.

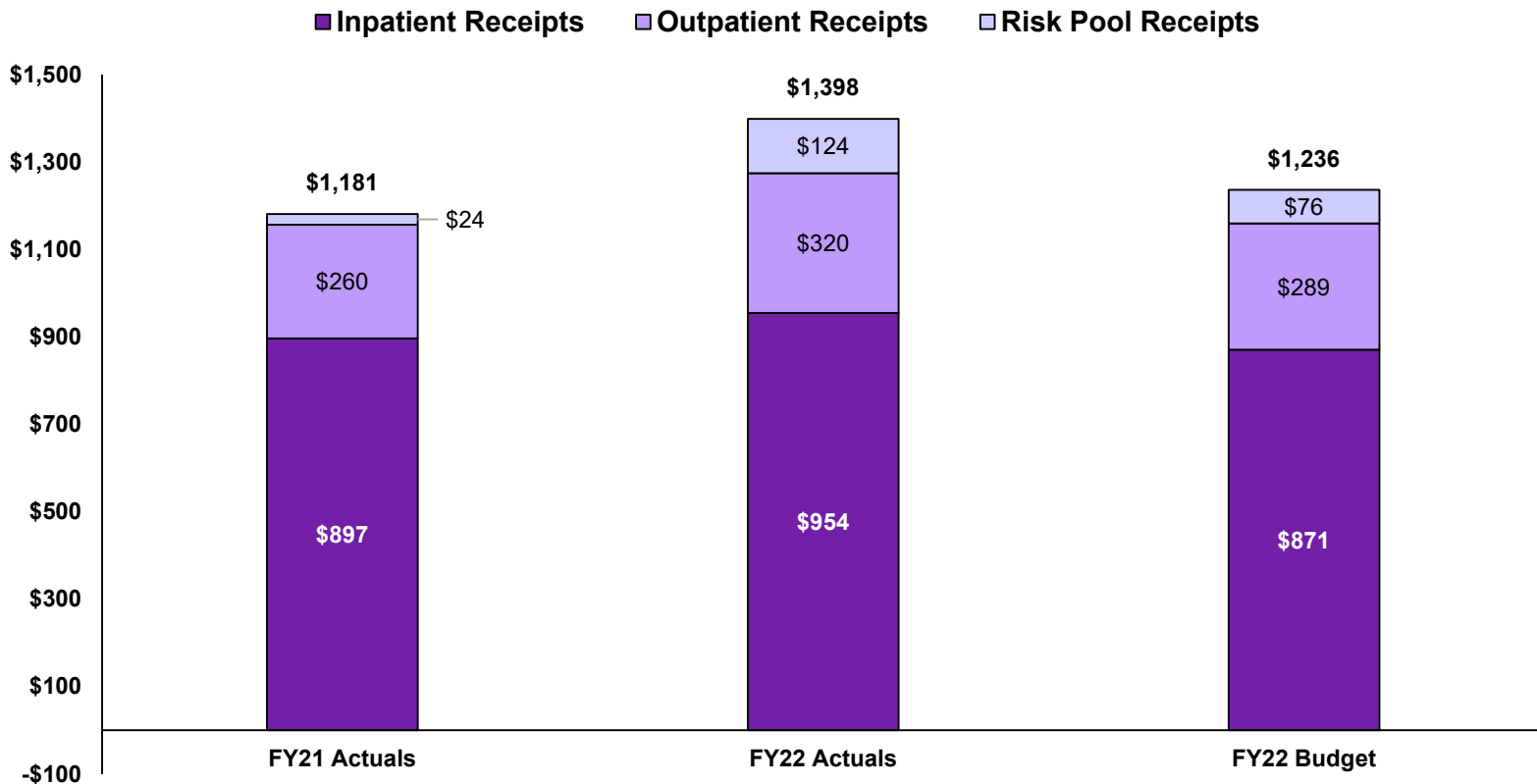
Notes:

- The "COVID Not Offset" amount of \$283M can be offset once additional Federal relief funds are received.
- Test and Trace not included in the Net Budget Variance.





FY22 thru September

Revenue Performance

- FY22 direct patient care revenue (I/P & O/P) is \$117.7M higher than FY21 actuals.
- Patient revenue improvements year-over-year can be attributed to a combination of higher volume, solid performance and continued improvement in revenue cycle and other strategic initiatives, as well as increased average rates, and an extra Medicaid payment week in FY22 (14 in Q1 compared to 13 in Q1 last year).
- Compared to same time last year, discharges are up 16%, visits are up 10% (excludes testing) and Case Mix Index (CMI) is slightly higher (+0.5%).



Strategic Initiatives Financial Update – FY22 Q1

	Summary Initiative Category	FY22 Net Target	FY22 Q1 Performance	FY22 Line Of Sight	Initiative highlights
	Growth and Other Service Line Improvements	\$188.2	\$41.9	\$141.4	<ul style="list-style-type: none"> • 340B Contract Pharmacy (\$66.3M) • Medical Necessity Denials Reduction (\$30.1M) • Service Line Improvements (\$45M)
	Revenue Cycle	\$161.6	\$87.3	\$313.5	<ul style="list-style-type: none"> • Revenue Cycle Initiatives (\$313M)
	System Efficiencies	\$34.1	\$5.3	\$23.5	<ul style="list-style-type: none"> • EITS Consultant Savings (\$9M) • H2O Consultant Savings (\$4M)
	Value-Based Payment Initiatives and Managed Care Initiatives	\$123.6	\$25.8	128.1	<ul style="list-style-type: none"> • HARP/SNP Conversions (\$18.6M) • Amb Care Initiatives & Panel Size Alignment (\$8.4M) • Improve CRG & Close Care Gaps (\$8M) • Managed Care High Cost Outliers and Contract Negotiations (\$93M)
Grand Total		\$507.5	\$160.3	\$606.4	

- ❑ Q1 performance may be under-reported in some categories within Growth/Service Line Improvements and System Efficiencies. Programs will be monitored closely and lagging Q1 performance values will be incorporated in Q2 update.

❑ Q1 Highlights:

- Increased surgical cases through ongoing efficiency efforts, completing 25,455 cases in Q1
- Completed 223 HARP conversions, representing 21% of target members
- Current negotiations with Empire, Aetna, CIGNA, 1199 and other smaller plans
- Revenue Cycle initiatives (see next slide)

FY 22 Revenue Cycle Targets

	FY22 Q1 Target	FY22 Q1 Actuals
Accounts Receivable Improvements	\$3.05	\$15.50
Administrative Denial Reduction	\$20.88	\$30.95
Clinical Documentation Improvement	\$4.40	\$21.44
Coverage for the Eligible Uninsured	\$11.33	\$18.13
Medicaid FFS High Cost Outliers	\$0.00	\$1.05
Miscellaneous Revenue Initiatives	\$0.75	\$0.19
Professional Billing	\$0.00	\$0.00
Revenue Cycle Total	\$40	\$87
Medical Necessity Denial Improvement	\$2.20	\$7.50
Grand Total	\$43	\$95

- Administrative denials comprised of several categories – significant progress in timely filing and provider enrollment.
- Applying process improvement framework to each denial category with cross-system workgroups.



Revenue Cycle Update

FY 2022 Q1



Revenue Cycle Highlight: Financial Assistance

Financial Assistance Screening Rates

	OP	IP	ED
FYTD '22 Target	75%	95%	85%
FYTD '22 Average	91%	97%	87%
FY '21 Average	59%	96%	87%
FYTD '22 vs FY'21	↑	↑	↑

	FY21	FYTD 22
% of Uninsured Patients with a Financial Counseling Interaction	81%	92%
% Patients with FA Interaction Enrolled in <i>Health Insurance or FA</i>	80%	85%
% FA Cases Enrolled in <i>Health Insurance</i>	77%	77%
% of Total Uninsured Patients Enrolled in Health Insurance Coverage or FA	64%	78%

ED Screening within 72 Hrs. of Discharge

84%

OP Screening within 90 Days of Discharge

66%

- Year over year screening rates have increased from 81% to 92%, with significant improvement in outpatient.
- Currently 85% of patients screened are enrolled in Health Insurance or NYC Care.
- > 65% of Outpatients screened prior to or on day of service.

Price Transparency @NYC H+H

As of January 1, 2021, each hospital operating in the United States was required to provide clear, accessible pricing information online about the items and services they provide. Each hospital was required to make this information available in two ways:

1. **Machine Readable** file - includes gross charge, payer specific negotiated charge, minimum negotiated charge, maximum negotiated charge, discounted cash price.
2. **Shoppable Services** - consumer-friendly display of 300 most common services and/or a price estimator tool which allows healthcare consumers to obtain an estimate of their out-of-pocket cost.

The image displays four overlapping screenshots of the NYC Health+Hospitals website, illustrating various patient resources:

- Financial Assistance:** A page titled "Financial Assistance" explaining that if a patient is not eligible for health insurance coverage or cannot afford it, they may qualify for one of the hospital's programs, including NYC Care or H+H Options. It includes a "Learn More" button.
- Your Healthcare Costs:** A page titled "Your Healthcare Costs" stating that NYC Health+Hospitals is committed to providing information about the cost of care. It includes a "Learn More" button.
- Cost Estimator:** A page titled "Cost Estimator" explaining that NYC Health+Hospitals maintains a cost estimator tool for patients to get an estimate of their out-of-pocket cost. It includes a "Cost Estimator Tool" button.
- MyChart Patient Estimates:** A screenshot of the MyChart portal showing a "Patient Estimates" section. It includes a search bar for services by keyword or CPT code, a list of categories (Common Services, Immunization and Administration, Inpatient, Laboratory and Pathology, Office Visit, Physical/Speech/Occupational Therapy, Procedures Done in Office, Procedures Done in Operating Room, Psychotherapy/Psychiatry Services, Radiology, and Shoppable Service), and a "Sign in" button.

<https://www.nychealthandhospitals.org/bellevue/paying-for-your-health-care/>

Test and Trace



Test and Trace Financial 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	\$ 736M	\$ 861M
Tracing	\$ 417M	\$ 270M
Take Care	\$ 122M	\$ 132M
Vaccine	\$ 69M	\$ 66M
Data Analytics, Program Management, and Public Awareness	\$ 97M	\$ 147M
Total Expenses	\$ 1,441M	\$ 1,478M

☐ Testing:

- ☐ Increased school testing population through the addition of non-public/charter schools and shifted testing frequency from bi-weekly to weekly.
- ☐ Increased use of vendor mobile units to offset closure of brick-and-mortar testing sites and offer at home testing

☐ Tracing:

- ☐ Efficiencies developed in the workforce

☐ Take Care:

- ☐ Implementation of AfterCare program to connect long COVID residents with social services
- ☐ One isolation hotel through June

☐ Vaccine:

- ☐ Three mega vaccine sites

☐ Public Awareness and Program Management:

- ☐ Extension of CBO contracts and transition of paid media to H+H

Appendix

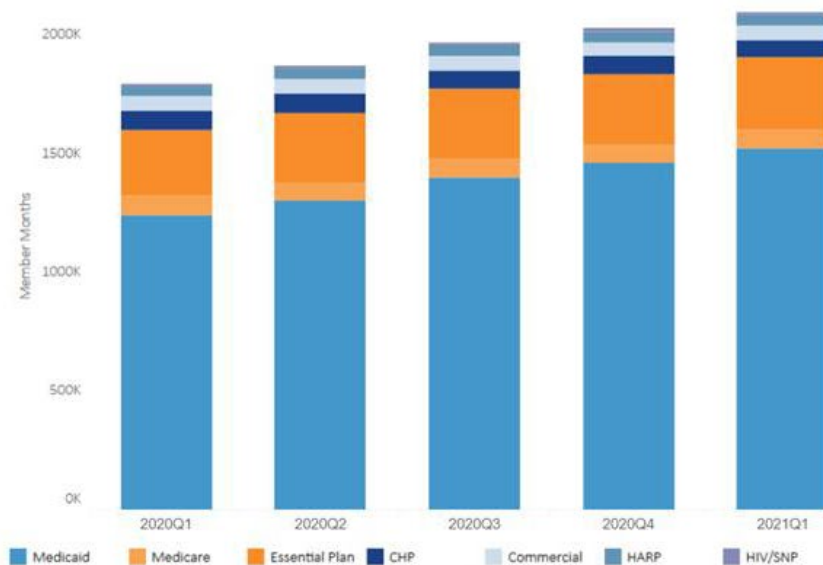
VBP Performance

- Risk surplus performance in our MetroPlus and Healthfirst risk contracts has remained steady since the start of the COVID-19 Pandemic, resulting in \$359M in surplus revenue for CY2020 and \$72M in CY21 Q1. Surplus has remained high compared to prior years due to continued deferred utilization.
- In April 2020, NYS suspended Medicaid and Essential Plan recertification periods which remains suspended through January 2022.
- H+H Medicaid and EP membership has increased by over 101k and 12k respectively since January 2020.

Risk Premium, Medical Expenses, and Surplus Trend



Member Months by Product



Revenue Cycle Highlight: Revenue Cycle Institute (RCI)

- Trained more than 4,955 individuals in a variety of revenue cycle topics;
 - 14 ongoing educational classes
 - 133 e-learning options
 - Customized classes as needed



RCI Course Road Map

