

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

- NYC Health + Hospitals | McKinney
- NYC Health + Hospitals | Henry J. Carter Specialty Hospital
- NYC Health + Hospitals | Henry J. Carter Nursing Facility

Semi-Annual Governing Body Report (Written Submission Only)

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

OPEN PUBLIC SESSION - 3:00 PM

Mr. Pagán

1. Adoption of Minutes: December 16, 2021

Chair’s Report

President’s Report

Dr. Katz

2. Informational Item: System Wide FY-22 Q1 Strategic Planning Dashboard

Mr. Siegler and Dr. Wei

3. Approving the New York City Health and Hospitals Corporation Annual Board Committee Assignments Effective February 1, 2022, as set forth in the attachment hereto as mandated by Article VI, section 1(C) of the By-Laws,

Mr. Pagán

Further authorizing as set forth in Article V, section 1 – the Vice Chair shall be chosen by the Board from among themselves and shall be elected annually - approving the New York City Health + Hospitals Corporation to appoint Freda Wang as the Vice Chair of the Board of Directors

4. Authorizing the Chair of the Board of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) **to amend the Certificate of Incorporation of MetroPlus to update the address.** (Presented to the MetroPlus Health (Subsidiary): (12/14/2021)

Ms. Hernandez-Piñero

VENDEX: NA / EEO: NA

Committee and Subsidiary Reports

- Equity Diversity and Inclusion Committee
- Strategic Planning Committee
- Finance Committee
- Community Relations Committee
- Governance Committee
- MetroPlus Health
- Accountable Care Organization

Mr. Peña-Mora

Mr. Peña-Mora

Ms. Wang

Mr. Nolan

Mr. Pagán

Ms. Hernandez-Piñero

Mr. Pagán

>>Old Business<<

>>New Business<<

>>Adjournment<<

Mr. Pagán

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health + Hospitals Corporation was held via teleconference/videoconference on the 16th day of December, 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
Dr. Vincent Calamia Remote, joined at 2:18
Dr. Michael McRae - Remote, Left at 3:00pm
Dr. Michelle Morse - Remote
Mr. Phillip Wadle- In Person
Mr. Scott French - In Person
Mr. Robert Nolan - In Person
Ms. Sally Hernandez-Piñero - In Person
Ms. Freda Wang - In Person
Ms. Anita Kawatra - Remote
Dr. William Fisher - Remote, Joined at 3:00pm

Jose Pagán, Chair of the Board, called the meeting to order at 2:10 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 3:04 p.m.

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

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on November 18, 2021, were presented to the Board. Then, on duly motion made and seconded, the Board adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on November 18, 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/Bellevue.

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

Mr. Pagán asked Ms. Hernandez-Piñero for a brief summary of her visit to NYC Health + Hospitals/Lincoln for its Joint Commission exit interview. Ms. Hernandez-Piñero congratulated the team for a very positive survey and shared the surveyor's positive feedback. Mr. Pagan also joined in congratulating the team for a successful survey.

Mr. Pagan congratulated Dr. Katz on behalf of the Board as the recipient of the 2021 Preston Robert Tisch Award for Civil Leadership, presented by the Aspen Institute.

VENDEX APPROVALS

Mr. Pagán noted that since NYC Health + Hospitals began the process of approving contracts prior to Vendex approval, there are 16 items on the agenda requiring Vendex approval of which 14 have that approval. There are 8 items from previous Board meetings pending Vendex approval. Since the last Board meeting, no 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, starting with action item 6.

ACTION ITEM 6:

Mr. Pagán read the resolution

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.

(Presented to the Capital Committee: 12/07/2021)

Ms. Christine Flaherty, Senior Vice President, Office of Facilities Development, introduced Dr. Eric Wei, Senior Vice President of Quality and Safety and Interim Chief Executive Officer at NYC Health + Hospitals/Harlem who proceeded to present the project background. Ms. Kim Mendez, Senior Vice President & Corporate Chief Information Officer explained the project from an information technology perspective and how it aligns with EITS strategy, more specifically, the improvement of the network to minimize risk of downtime for clinicians and patients.

Ms. Flaherty shared a brief description of the procurement and selection process as well as the construction contract details. The Harlem MDF and Data closet upgrade project budget was also shared with the Board.

Mr. Jeff Lutz, Senior Assistant Vice President, Chief Technology Officer, responded to questions from the Board regarding the decrease in footprint size from 3280sq ft. in the old MDF in the Women's Pavilion to 784 sq. ft. in the new MDF to be built in the Mural Pavilion.

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

TEST AND TRACE FINANCIAL UPDATE

Mr. John Ulberg, Senior Vice President and Chief Financial Officer shared an update outlining expenses within the T-2 program. The expenses for FY-21 totaling \$1.441M while the FY- 22 expenses are to be \$1.478M. Dr. Theodore Long, Senior Vice President, Ambulatory Care and Population Health and Executive Director, Test & Trace Corps highlighted that 7.4M tests have been completed between T-2 and NYC Health + Hospitals. He also characterized the program as a success.

ACTION ITEM 2:

Ms. Wang read the 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.

(Presented to the Finance Committee: 12/07/2021)

Dr. Long, started the discussion by providing background on the current state and need for the provision of care to the unsheltered homeless population and the use of Street Health Outreach and Wellness program to meet this need while also advancing testing and vaccination efforts. Dr. Long also presented an overview of the procurement process, vendor experience, RFP criteria and MWBE summary.

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

ACTION ITEM 3:

Ms. Wang read the 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.
(Presented to the Finance Committee: 12/07/2021)

Dr. Long shared background information, the current state outlining the need for additional funding to meet the expanding demand for testing, programmatic changes and community impact. Dr. Long also discussed the projected spend and NTE request and provided a review of the vendors' performance, including MWBE utilization.

In response to questions from the Board, Dr. Long briefly explained the after COVID testing processes and opportunities for conversations regarding vaccination and other T-2 program resources available to the community.

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

ACTION ITEM 4:

Ms. Wang read the 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.
(Presented to the Finance Committee: 12/07/2021)

Dr. Amanda Johnson, Assistant Vice President for Ambulatory Care and Population Health & Director of the Take Care Pillar of Test & Trace presented background information about the Office of Housing Recovery Operations ("HRO") unit and the collaborative work to support the T-2 program via resource navigators ("RNav") and aftercare navigators ("ANav"). Dr. Johnson summarized the contract evaluation process under the Mayor's Office of Contract Services and its' current state as the program transitions out of HRO. Dr. Johnson

also discussed the agency performance evaluation, agency staff demographics and the contract terms to be assumed by NYC Health + Hospitals plus the corresponding dollar amount.

In response to questions from the Board, Dr. Johnson responded that Test and Trace and NYC Health + Hospitals staff has worked very closely with HRO since the launch of this program and therefore the transition from HRO to our System is expected to be minimally disruptive. Regarding staffing, Dr. Johnson responded that the transition would not create a burden as T-2 resources will be pulled from the field to compliment staffing levels, if needed.

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 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)

Dr. Long provided an overall background of the mass vax and testing sites, including background information on the on-site New York City Housing Authority locations and other sites.

Dr. Long responded to questions from the Board regarding the availability of pop-up sites in the Bronx. He explained T-2 has multiple mobile units in addition to the permanent NYC Health + Hospitals sites. Regarding in-home testing, he shared that 500,000 testing kits and 1 -million KN-95 masks will be given to community based organizations in an effort to reach more people in the community.

Chris Keeley, Assistant Vice President, also responded that T-2

works closely with community based organizations based on the needs and requests they present for mobile testing.

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

ACTION ITEM 7:

Mr. Pagan read the resolution

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)

Ms. Flaherty introduced Mr. William Hicks, Chief Executive Officer at NYC Health +Hospitals/Bellevue who presented background information on River Renal and the two components of the request above. Ms. Flaherty explained the license terms of agreement.

FOLLOW UP: The Board requested to see the proposal for dialysis services across the System, which will be provided by Dr. Machelles Allen, Senior Vice President for Medical and Professional affairs.

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

ACTION ITEM 8:

Ms. Hernandez-Piñero read the resolution and noted the: **RESOLUTION WAS APPROVED BY METROPLUS HEALTH BOARD OF DIRECTORS 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.

(Presented to the MetroPlus Health Board - Subsidiary: 12/14/2021.)

Dr. Sanjiv Shah, Chief Medical Officer of MetroPlus, presented background information and the best-interest extension justification for the PBM services agreement to align with both the Medicare and Non-Medicare contracts. Performance evaluation process, service highlights and supplier diversity were also discussed.

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

ACTION ITEM 9:

Ms. Hernandez-Piñero read the resolution and noted: **RESOLUTION WAS APPROVED BY METROPLUS HEALTH BOARD OF DIRECTORS 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

(Presented to the MetroPlus Health Board - Subsidiary: 12/14/2021)

By way of background, Ms. Lauren Leverich-Castaldo, Chief Financial Officer of MetroPlus shared information regarding the need for services, historical annual expenditures and contract details. An overview of the procurement process and RFP criteria were discussed.

Ms. Leverich-Castaldo explained the risk analytics and risk coding in the product and annual cost structure as well as the vendor highlights and MWBE utilization plan.

In response to questions from the Board, Ms. Leverich-Castaldo explained that the \$1.8M in savings are a result of consolidating services and streamlining processes through this new contract.

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

PRESIDENT' S REPORT

Dr. Katz informed the Board that his full report is included in the materials, however he provided a brief update on COVID-19.

The fourth wave of COVID-19 is a concern across NYC. The percent of patients testing positive for COVID-19 in the community has been increasing sharply and the number of patients with COVID-19 who have been admitted to our hospitals has also been on the rise, though at a more moderate level. Our current census of COVID-19 positive inpatients is not at the same level as during the first surge, however our hospitals are getting plans in place to respond as needed to flex bed capacity, to take advantage of our ability to level-load patients across facilities, and to have staffing plans in place to address potential need.

PRESIDENT' S DEVIATION FOR CONTRACT APPROVAL

Dr. Katz notified the Board that, he have approved one contract extension, given its time-sensitivity, and took the opportunity to summarize it for the Board. He approved an exception to further extend our contract with LaGuardia Associates LP for the rental of the LaGuardia Plaza Hotel as part of the COVID-19 isolation program. He had originally approved this contract under the NYC Health + Hospitals COVID-19 emergency declaration in April 2020. It was subsequently extended through December 31, 2021. Given the increase in COVID cases and the need to continue helping New Yorkers who test positive for the virus to find a safe place to isolate to protect their loved ones, he have approved an extension through June 30, 2022. The extension includes a provision to terminate after January 31, 2022 if the hotel is no longer needed. The cost for the six-month extension will not exceed \$7,050,067. Funding for the hotel continues to be provided through the City of New York.

Following questions from the Board, Dr. Katz responded that level-loading is a practice across the System and the System is taking measures to meet staffing needs and capacity.

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

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 4:37 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

AUDIT COMMITTEE VIRTUAL MEETING - December 7, 2021

As Reported by: Sally Hernandez-Piñero

Committee Members Present: Sally Hernandez-Piñero, Mitchell Katz, José Pagán - left at 12:41, Freda Wang and Anita Kawatra

The meeting was called to order by Ms. Ms. Sally Hernandez-Piñero, Committee Chair at 12:23 P.M.

Ms. Sally Hernandez-Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on October 18, 2021. A motion was made and seconded with all in favor to adopt the minutes.

Ms. Sally Hernandez-Piñero introduced the information item regarding the Fiscal Year 2021 Management Letter

Grant Thornton LLC was represented by Tami Radinsky, Lead Engagement Partner to present the June 30, 2021 Management Letter.

Ms. Radinsky reported on the following items:

Supporting Documentation for Grants Not Sufficiently maintained -
Observation

In connection with the FEMA/PRF funding received, Grant Thornton was initially provided with a financial model designed to determine applicable COVID related expenses not reimbursed by any other source. The model contained allocations and assumptions that could not be readily supported through documentation. In addition, the model was not reconciled to the 2021 operating results as disclosed in the financial statements. This caused a delay in the receipt of auditable documentation to support the revenue recorded.

Management's Response

Management agrees with the auditor's recommendation regarding a quarterly analysis and review of COVID eligible expenses as reconciled to the financial statement. On a quarterly basis, the system will conduct an analysis of total COVID costs - both discretely identified costs and any allocated baseline costs - and conduct a reasonableness test of those total costs in context to related revenues and the financial statement taken as a whole. The reconciliation will include a review of all documentation for discretely identified costs, and anticipated assignments to FEMA, Provider Relief, and other available funding sources per grant guidelines available at the time. An examination of recorded and deferred revenue will improve management's analysis and assist in determining the reasonableness of total COVID costs.

Lack of Timely Accounting and Reporting for Inventory Purchases and Usage
Observation

We noted that inventory purchases and usage throughout the year were not accounted for on a timely basis, resulting in a large management prepared adjustment at year-end.

Management's Response

This past year was particularly challenging due to the disrupted global supply chain systems and caused us to place numerous emergency orders for supplies for our Health System outside of the usual ordering process. As noted, a reconciliation of inventory purchases and supplies for FY21 was completed at year end.

For FY22 and going forward, Supply Chain leadership, in concert with each facility Materials Manager, has refined the processes associated with the monthly review and reconciliation of "End of Month" inventory values for each perpetual inventory location. We have identified reports to utilize for this requirement, developed a standard log for all facilities to document their reconciliation outcomes, and held an educational in-service with the staff. Once finalized, the "End of Month" inventory reconciliation procedure will be distributed to the Materials Management teams at the facilities. This review and reconciliation processes have been added as a standard item to our monthly Materials Management meeting agenda. Reconciliation results will be shared with the Office of the Comptroller to permit any needed inventory adjustments to be made timely.

Status of Prior Years Comments

Information Technology - User Access Review

Observation

We noted that the Organization does not perform a formal periodic review of Network, PeopleSoft, Unity, Soarian, and EPIC user entitlements to ensure access changes were conducted in accordance with management's expectations. Ms. Radinsky thanked Health + Hospitals finance team for their work and cooperation.

Management's Response

In concert with current monthly system review and de-activation of access control processes, within CY 2021, NYC H + H EITS will develop an additional standard process to audit and track user access entitlements as outlined in the finding.

Grant Thornton Update 2021

GT was able to confirm that this deficiency was appropriately resolved, as evidenced by procedures performed during the 2021 audit. We consider this comment to be resolved.

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

Observation

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

determined in order to ensure that the credit balances are reduced each year rather than increasing each year.

Management's Response 2020

We are continuing to develop processes to review and correct improper posting causing these credit balances.

Grant Thornton Update 2021

In 2021, we noted that the total credit balances decreased but still exist. Through the audit procedures performed, we determined that the portion of the credit balances that represented liabilities due to patients and payors was again immaterial. The credit balances primarily appear to be a result of billing adjustments. However, management has not completely reviewed and determined the proper accounting treatment for the credit balances. In addition, the root cause of the credit balances should be determined in order to ensure that the credit balances are reduced each year.

Management's Response 2021

The payment variance unit that was established in FY20 has implemented a standard internal audit process to review payments when implementing a new contract or updates to an existing contract's reimbursement terms. In collaboration with the Managed Care team, we've developed a contract implementation checklist which includes payment validation. Now, when we update contract rates we have a process to follow up to determine if the payer is paying accurately and if the system is calculating adjustments correctly.

Through this collaborative proactive process across our enterprise we have seen some initial good results that we believe will continue to increase in the future and help to reduce our credit balances.

Ms. Patsos, Chief Compliance Officer provided an Audit update and informed the Committee that:

1. The NYC Comptroller's Office review of the NYC Health + Hospitals controls over nursing homes was received on August 13, 2020 - this audit is ongoing.
2. An oversight audit by the NYC Comptroller's Office of NYC Health + Hospitals Auxiliaries, Final Report was issued on June 16, 2021. Dr. Katz received a letter dated August 12, 2021 from the NYC Comptroller's Office requesting a status report on the progress made in implementing the recommendations in the report. The letter requested that NYC Health + Hospitals respond by November 15, 2021. The response was sent on November 15, 2021.
3. Internal Audits will conduct a system-wide review of Nurse Hiring. Entrance conference was held on November 29, 2021 and work plan is in the development stage.
4. An update on the dissolution of Friends of North Central Bronx Hospital Auxiliary Inc., and Sea View Hospital and Home Auxiliary Inc., The Office of Legal Affairs has engaged Katten Muchin Rosenman to assist with these dissolutions.

Ms. Patsos also provided an update on the monitoring of excluded providers, privacy incidents and related reports, the Office of Civil Rights reports regarding HIPAA incidents, compliance reports, Principles of Professional Conduct (POPC), OP 50-3 Policy on Gift Exchange Receipt, OP 50-1 Corporate Compliance and Ethics Program, OP 120-19 Corporate Records Management Program and HIPAA Risk Analysis and Security Assessment.

There being no other business, the meeting adjourned at 12:58 P.M.

Capital Committee VIRTUAL Meeting - December 7, 2021

As reported by Feniosky Peña-Mora

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

Mr. Peña-Mora called the meeting to order at 9:38 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on November 15, 2021 were unanimously approved.

Senior Vice President's Report

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

Mrs. Flaherty thanked the Directors of Engineering at Lincoln, Kings County and Coney Island, three facilities that had just successfully completed Joint Commission with no conditional findings in Life Safety or Environments of Care.

She was excited to announce a new partnership with the NYC Department of Citywide Administrative Services that would include projects to install solar panels at Woodhull, Elmhurst and Jacobi.

Bond portfolio is being impacted by domestic Supply Chain issues but projects were moving along although some would require an extension of original anticipated completion schedules. Four projects were in construction and one was complete, with 35 projects ongoing.

Mr. Peña-Mora asked if Mrs. Flaherty's office was making any adjustments or preparations related to the Omicron variant of COVID-19 or whether emergency work from the beginning of COVID were in use.

Mrs. Flaherty said the department was working closely with management teams and she was aware of critical care areas developed at the sites in the early COVID emergency were in use and plans were being reviewed to determine if any additional work needed to be completed. To date no additional emergency requests had been made of her or the Capital group.

That concluded Mrs. Flaherty's remarks.

Mrs. Flaherty read the resolution:

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) and Data Closet Upgrade 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.

Mrs. Flaherty was joined by Eric Wei, Interim Chief Executive Office, NYC Health + Hospitals / Harlem to present the contract. Together they narrated a presentation providing a background on the proposed project, the procurement process and project budget.

The Committee requested the below information be included in the presentation to Board of Directors:

- the square footage of the existing data room and how much space it would occupy in the new location.
- Clarification on the redundancy on-site or system-wide
- Clarification on where EITS hardware and software was included in this funding ask or whether it was just infrastructure
- Connectivity to the system-wide data centers
- Clarification from EITS to show how this project fits into the entire EITS data center upgrade plan

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 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.

Mrs. Flaherty was joined by William Hicks, Chief Executive Office, NYC Health + Hospitals / Bellevue to present the license agreement. Together they narrated a presentation providing background information on the proposed vendor, including their history with NYC Health + Hospitals, an overview of dialysis services across the system, and licenses terms.

Mrs. Hernandez-Piñero asked if the six inpatient beds were ever used as backup to outpatient beds. Mr. Hicks said no they were reserved for inpatient needs.

Mr. Peña-Mora asked if the new capacity would be sufficient moving forward. Mr. Hicks responded that the current demands are being met, however there are mitigation plans in-place incase the demands increases.

The Committee requested that the below information be included in the Board presentation:

- Utilization data including maximum capacity, hour and days of operations
- Analysis of dialysis services system-wide

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 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.

Mrs. Flaherty was joined by Theodore Long, MD, Senior Vice President, Ambulatory Care and Population Health and Executive Director, Test & Trace Corps., to present the agreements. Together they narrated a presentation providing overview of the sites, services provided, and agreement details.

Ms. Wang asked if there was testing being performed to identify if the Omicron variant was becoming more common. Dr. Long explained that test was only performed for 15% of tests. Dr. Katz confirmed and said it had no bearing on the personal result and how the patient would respond, it was data important to community and spread information. He emphasized the important on a population basis however, patient are not informed of the variants since that information does not alter care.

Mr. Peña-Mora asked for confirmation that we do not provide variant details to patients receiving a positive response notification. Dr. Katz said no, because it has no clinical purpose.

Mr. Peña-Mora asked if we share that information if the patient requests it. Dr. Katz said no he did not believe they even traced back to the clinical record.

Ms. Wang asked if access was at a good level. Dr. Long said they were following that closely. He and his team were working to ensure all sites were available and fully functional.

Mrs. Hernandez-Piñero noted that she did not see any pop-up Bronx sites on the list. Dr. Long said that there were a number of brick and mortar sites in the Bronx, including the hospitals and diagnostic and treatment centers.

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

There being no further business, the Committee Meeting was adjourned at 10:40 am.

**Finance Committee VIRTUAL MEETING - December 7, 2021
As Reported By: Freda Wang**

Committee Members Present: Freda Wang, Matthew Siegler, Mitchell Katz, Sally Hernandez-Piñero, Feniosky Peña-Mora - left at 12:03, Barbara Lowe - joined at 10:50, José Pagán

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 10:43 a.m. Ms. Wang requested a motion to AMEND the minutes of the Finance Committee meeting held on October 18, 2021 to reflect the approval of the minutes of the Finance Committee meeting held July 21, 2021 was duly adopted.

Upon motion passed and duly seconded the AMENDED minutes of the Finance Committee meeting held on October 18, 2021 were adopted.

ACTION ITEM: Housing Recovery Operations: COVID-19 Resource Navigator Agreements

Dr. Johnson introduced the Housing Recovery Operations: COVID-19 Resource Navigator Agreements action item by reading the 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.

Dr. Amanda Johnson, Assistant Vice President Ambulatory Care and Population Health and Director of Take Care Pillar, Test and Trace Corps presented on the action item's background and 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 11 qualified vendors to support the City's Test and Trace (TEST AND TRACE) program through resource navigators (RNav) and aftercare navigators (ANav) in order to meet the needs of New Yorkers quarantined at home.

Dr. Johnson continued and stated that 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.

The three larger, 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

Dr. Johnson highlighted the following program portfolio for the Take Care pillar of TEST AND TRACE.

- 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 Test and Trace cases and contacts to these other programs as needed.

Mr. Peña-Mora asked Dr. Johnson to elaborate as to why we would end some contracts, despite decreasing need but with a possible rising demand of the omicron variant.

Dr. Johnson responded that with the three larger agreements, H+H can still provide coverage across all five boroughs, across all ZIP codes. Assignment of responsibility is done by ZIP code first so that we can leverage local resources. Having gone from the larger program, we have become more efficient and have absorbed some of the resource knowledge gained from the formerly structured community-based organizations. The vast majority of the work is now done telephonically, so a physical presence is not essential for delivery of navigational services. That said, there are also research navigators that do work in the field, conducting rapid testing. With these two avenues of support, Dr. Johnson is confident that there will be adequate coverage to address community need across all five boroughs.

Mr. Peña-Mora also requested that this presentation be updated to include the above information and explain performance, reference checks, language capacity, and Board and Staff diversity demographics for the remaining three agreements. The Chair of the committee agreed.

Upon motion made and was duly seconded, the Committee unanimously approved the resolution for consideration by Board.

ACTION ITEM: REQUEST TO INCREASE NTE FOR TESTING VENDORS

Dr. Long introduced the Request to Increase NTE for testing vendors action item by reading the 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.

Prior to presenting the action item background, Dr. Long, Senior Vice President of Ambulatory Care and Executive Director of the Test and Trace Corps acknowledged the rising omicron variant and the need to keep it in our line of sight, active and open.

He further stated that to this end, the need for this request is now urgent more than ever. To meet an expanding need of testing capacity, Test and Trace conducted an RFP in June 2021 to cover operations from August 2021 to June 2022 for COVID-19 testing through two modalities: school testing in all of NYC's public schools on a routine basis and community testing via mobile units and other types of testing at-home, saliva, employee testing mandate.

He provided a background and current state update, programmatic changes, community impact, projected spend and NTE request, and vendors performance.

Ms. Hernandez-Piñero inquired as to testing logistics for the Department of Education. She asked for confirmation on testing students once a month vs weekly. Dr. Long confirmed that they will be the testing frequency. A random sample of 10% of unvaccinated students (with parental consent) will be taken weekly as they are at higher risk for spreading the virus.

Mr. Peña-Mora noted the varying percentages amongst the vendors and inquired about vendor performance and if there is a sense of the vendors' current capacity to perform the level of services needed. Further, Mr. Peña-Mora requested clarification on what the criteria are for test assignment.

Dr. Long acknowledged the varying percentages amongst the vendors. However, the team works to build rapport with each vendor, level-set expectations, and closely monitors performance. Based on performance of the metrics, vendors are allowed to ramp up if they are doing well

in meeting the demand of their current volume. The table is only a snapshot of performance at this point in time.

Dr. Katz inquired as to where Somos conducts its tests. Dr. Long would need to confirm the location. However, Dr. Katz noted that not all the vendors are performing the exact same service. Ms. Ford confirmed that this is in fact, with some vendors only collecting test while others have lab capabilities.

Mr. Peña-Mora concluded with a request on the possibility of including actual capacity in the vendor performance table. Further, Mr. Peña-Mora requested an explanation for Premier Assist's MWBE certification pending for this length of time. Lastly, Mr. Peña-Mora requested confirmation on the possibility of having trajectory data to show improvements and assignments volume, and start date.

Ms. Barbara Lowe complimented Dr. Long on the success of this effort. Dr. Long offered to share an article he published on peer review testing. The Committee requests that copy of this article be disseminated for review.

Ms. Wang inquired as to whether or not there will be an offset of savings on brick and mortar costs, now replaced by mobile testing. Ms. Lum responded affirmatively that there will be an offset in savings due to brick and mortar replacement.

Upon motion made and was duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

ACTION ITEM: STREET HEALTH OUTREACH AND WELLNESS

Dr. Long introduced the Street Health Outreach and Wellness application to enter into contract Rapid Reliable Testing NY, Inc. action item by reading the 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 \$21.8M over the potential four-year term.

Dr. Long presented the background and current state of the SHOW program. He further presented the staffing model, an overview of the procurement, the proposed vendor experience, the RFP criteria, and the MWBE subcontracting plan.

Ms. Wang opened the floor to questions.

Mr. Peña-Mora asked about the vendor's capacity to handle this contract and the NTE request contract requested in this presentation. Dr. Long offered that the sub-vendors will be the same. However, he noted that Rapid Reliable Testing NY, LLC is only providing vehicles under this contract. H+H will be providing the clinical services.

Mr. Peña-Mora also inquired about the history of Rapid Reliable Testing NY, LLC and its track record in business. Mr. Keely replied that this vendor has been operating as an ambulance company for a number of years to many NY sports organizations and provides a number of services. They are now stepping into the COVID space.

A request was made for Dr. Long to provide information on the history of the organization, references, performance, and capacity for the Board consideration.

Ms. Hernandez-Piñero asked what was the staffing model used in the six months of service to H+H. She also expressed concerned about the reallocation of funding and staffing.

Dr. Long replied that the staffing model is similar and has been proposed and used within the last six months but it is still evolving. Ms. Hernandez-Piñero followed up and inquired as to the number of patients that have been helped within the last six months of service. Dr. Long responded that over 70,000 patients have been serviced during this period.

Ms. Hernandez-Piñero also inquired if vaccines are provided. Dr. Long responded that yes, vaccines are provided.

Ms. Wang asked if there was a way to track the effectiveness of shifting care for patients transitioned into H+H. Dr. Long responded that yes, there is. There is data at Harlem Hospital of patients seen in this setting that return for follow up care.

Upon motion made and was duly seconded, the Committee unanimously approved the resolution for consideration by the Board.

Ms. Freda Wang concluded the action items and introduced the financial update for a brief ten-minute summary of the highlights, to be followed in January, 2022 with a full report.

FINANCIAL UPDATE

Mr. John Ulberg provided brief financial highlights by stating that the system is stable throughout COVID.

Mr. Ulberg summarized the FY-22 Quarter 1 Highlights. October closed with a cash balance of \$350M. However, the quarter closed with a negative net budget variance of \$151.6M due to COVID disbursements not yet covered with Federal relief dollars. Despite the delay, we have the full attention and support of FEMA and Senator Schumer.

Direct patient Care receipts (inpatient and outpatient) came in \$117.7M higher than the same period in FY-21 continuing the pace of positive performance that we experienced during FY-21, 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 FY-22, but still 4% below Q1 FY-20 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)

Mr. Ulberg presented the cash projections.

- The system closed October with approximately \$350 million.
- We expect to close November with approximately \$400 million. By the end of Q2, we are hoping to receive portions of the following revenue sources to maintain a sustainable cash balance, which will close our shortfall:
 - FEMA
 - UPL/UPL Conversion
 - VBP QIP

Mr. Ulberg's team continues to work closely with the City on remaining liabilities H+H owes due to them and continues to closely monitor the cash position in relation to any ongoing uncertainty around COVID-19.

Mr. Ulberg presented the external risks.

- 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.) The enhanced nursing OT program has been a great success for H+H. This program will be used going forward in lieu of contractors.

Dr. Katz had no questions but expressed confidence in the work performed by Finance.

Ms. Hernandez-Piñero inquired about the amount of H+H liabilities to NYC. Mr. Cassidy responded that H+H owes \$600M to NYC. Overall, H+H plans to repay it this year. The funding will be provided this year. Dr. Katz stated that this is not unusual and that he had a similar experience during his California tenure.

Ms. Barbara Lowe asked what questions would Governor Hochul ask of H+H.

Mr. Ulberg replied that he will be meeting tomorrow with members of the Legislature and Ways and Means Committee. He is not anticipating any cuts to our budget. He looks forward to being a good partner with the State as the budget is put together.

ADJOURNMENT

There being no further business the meeting was adjourn at 12:13 PM.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
December 16, 2021

CORONAVIRUS UPDATE

COVID-19 Cases and Response - NYC has been experiencing a fourth wave of COVID-19 since roughly mid-November. The percent of patients testing positive for COVID-19 in the community has been increasing sharply and is now over 3.5 percent. The number of patients with COVID-19 who have been admitted to our hospitals has also been on the rise, though at a more moderate level. Our current census of COVID-19 positive inpatients is comparable to the peak of the Aug/Sept '21 surge, and significantly lower than at the peak of the pre-vaccine second surge last winter. We remain hopeful that we will not see anywhere near that volume, but our hospitals are getting their plans in place to respond as needed to flex bed capacity, take advantage of our ability to level-load patients across facilities, and have staffing plans in place to address potential need. The overwhelming majority of patients admitted are not vaccinated, and almost all cases to date are Delta variant. As we head into the holidays, we continue to keep close watch on evolving needs for both our patients and staff. Indoor masking, continued social distancing, vaccination and specially booster shots are our best protection.

Omicron variant - We have been closely following the developments around the Omicron variant that has been spreading across the country. It appears that the Omicron strain may cause less severe illness than the Delta variant. Omicron variant has more mutations, including many new mutations not seen before in other variants. Although Omicron has been found in NYC, **Delta continues to be the main variant circulating here, and is responsible for almost all cases currently identified.**

COVID-19 vaccines - This week we marked the one-year anniversary of providing COVID-19 vaccines to New Yorkers. The [first doses in 2020](#) were administered at NYC Health + Hospitals/Elmhurst to employees William Kelly and Veronica Delgado. Since then, our health system has administered more than 1.4 million doses of the life-saving vaccine to New Yorkers who are at least five years of age. We also began offering booster shots to 16 -17-year olds, following last week's CDC approval of the Pfizer vaccine for this younger group. And everyone over the age of 18 can get a booster shot from any of the approved manufacturers. I am so proud of the tremendous life-saving work our public health system has done to protect New Yorkers during this horrible pandemic, and celebrating one-year of providing vaccines against this virus is truly remarkable. We could not have achieved 1.4 million doses without the support of our incredible workforce at every level of the process - including registrars, nurses, pharmacists, and so many other dedicated healthcare professionals across our health system.

To support our efforts to get many more New Yorkers vaccinated, specially coming back to get their booster shots, we will be launching a public awareness campaign to direct people to get their vaccines at any NYC Health + Hospitals facility. The city-wide, multi-language campaign will appear on digital, print and outdoor venues such as LinkNYC and subways, particularly targeting neighborhoods with low vaccination rates. The ads feature real patients and employees of the public health system.

NYC Test & Trace Corps - The work of our Test & Trace Corps continues to be an essential part of NYC's response strategy. As community spread of COVID-19 increases, testing and contact tracing remain bedrocks of our ability to fight the spread of this disease. Our Test & Trace team has provided more than 7 million tests, reached nearly 90% of all who have tested positive, identified 1.3 million close contacts, and offered a wide range of support services to New Yorkers who had to isolate/quarantine at home or in one of our hotels. We have served more than 26,500 individuals in our hotels and our Navigators have completed more than 322,000 health and social service referrals to New Yorkers with Long COVID. Our Test & Trace team are also providing vaccines for all and are reaching underserved neighborhoods with our mobile testing and vaccination units. Our NYC Test & Trace Corps mobile vaccination clinics have administered over 58,000 pediatric vaccinations to New York City students ages 5 to 11—over a quarter of all vaccinated New Yorkers in this age group. Clinics were established at every public elementary school in the City and many charter schools who opted into the program. Over the course of five weeks, Test & Trace mobile units and clinicians offered both first and second doses to nearly 1,100 City public and charter schools, holding over 2,600 pop-up vaccine clinics while mobilizing the largest school vaccination campaign in the country.

NYC HEALTH + HOSPITALS/ELMHURST RECEIVES HANYS 2021 PINNACLE AWARD

We are very proud to have received the Health Association of New York State 2021 Pinnacle Award for Quality and Patient Safety. As the hospital at the epicenter of the first COVID-19 surge, NYC Health + Hospitals/Elmhurst was the first to dramatically expand the peer support program under our Helping Healers Heal initiative, which has now become a system wide model for providing emotional and psychological support for all our health care workers. You can watch the video featuring one of the staff members who benefitted from the program and clinical leaders who have been instrumental in building this vital service to all staff across the health system: [HANYS awards 2021 Pinnacle Award to NYC Health + Hospitals/Elmhurst](#)

SUPREME COURT RULING ON TEXAS ABORTION LAW

Last week, the Supreme Court declined to block a Texas state law severely limiting abortions. We believe this ruling will have

horrible consequences for pregnant people, continuing to disrupt access to health care and worsen health inequities. NYC Health + Hospitals has strongly defended the right to choose, and we believe it is crucial that New Yorkers have multiple ways to access vital reproductive health and pregnancy termination services wherever they feel most comfortable. As a public health system, we will continue to provide comprehensive and safe reproductive health services to all New Yorkers, including abortion services.

STAFF APPOINTMENTS

This month we announced two important staff appointments. David Silvestri, MD, MBA, MHS will serve as the new NYC Health + Hospitals Assistant Vice President of Emergency Management. Dr. Silvestri will be responsible for planning, coordinating, and executing emergency and disaster response systemwide, including the ongoing COVID-19 efforts. Dr. Silvestri, an emergency medicine physician at NYC Health + Hospitals/Lincoln, has served in various leadership roles within the Office of Quality & Safety and Office of Ambulatory Care since his arrival to the public health system in 2019. As a key player in our pandemic response, his expertise and passion will surely carry us as we continue to strengthen and prepare our system for other threats - from weather-related disasters to other dangerous pathogens - while continuing to provide direct patient care at NYC Health + Hospitals/Lincoln.

Dr. Silvestri will replace Dr. Laura Lavicoli, who has transitioned back to NYC Health + Hospitals/Elmhurst after leading our systemwide emergency management response for the last year. She will serve as the new Deputy Chief Medical Officer for the hospital where she will work closely with the hospital's Chief Medical Officer Dr. Jasmin Moshirpur to oversee quality improvement, risk management, patient safety, and medical department service line operations. She will also be assisting with facility growth initiatives and system service line operations. Dr. Lavicoli, an experienced and seasoned board-certified emergency medicine physician with an expertise in disaster preparedness and pandemic response, has worked at Elmhurst Hospital for more than 20 years and played a pivotal role in guiding the hospital through the first COVID-19 surge, using her background in disaster management to develop new and innovative procedures and treatment protocols in the hospital.

STAFF RECOGNITIONS AND AWARDS

Unsung Heroes in Emergency Medicine - Congratulations to four of our outstanding emergency physicians who have been named [2021 New York American College of Emergency Physicians \(ACEP\) Unsung Heroes of Emergency Medicine](#). This award recognized outstanding emergency physicians who go above and beyond for their patients, colleagues, and community. Their leadership sets an example for every medical professional and I am very grateful and proud of their contributions to our health system and our patients. The four physicians are:

- [Cara Taubman, MD, MPH](#), Assistant Director, Emergency Department, NYC Health + Hospitals/Harlem, 11 Years of Service
- [Frosso J. Adamakos, MD FACEP](#), Vice Chair of Education, Metropolitan Harlem Emergency Medicine Residency, NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/Harlem, 4 Years of Service
- [James M. Willis, MD](#), Emergency Medicine, NYC Health + Hospitals/Kings County, 11 Years of Service
- [Mary T. Ryan, MD](#), Emergency Medicine, NYC Health + Hospitals/Lincoln, 20 Years of Service

Outstanding Nursing Professionals - Earlier this month, NYC Health + Hospitals honored more than 30 nurse professionals from across the public health care system as part of our annual Nursing Excellence Awards. These nurse trailblazers represent the more than 9,600 dedicated nurses who care for patients in our hospitals, neighborhood health centers, in home care and every corner of our health care system. I truly believe that our nurses are at the heart of our mission to care for every New Yorker without exception. Every day, our nurses reach beyond their routine duties to ensure patients are tested, vaccinated and taking better charge of their own health and the health of their families. Our Nursing Excellence honorees exemplify what it means to be a healthcare hero and this is a great opportunity for us to shine a light on their extraordinary work. Congratulations to all our nursing awards winners. You can visit our website for a complete list of names, bios and photos: <https://www.nychealthandhospitals.org/nursing-excellence-awards-2021/?hero>.

EXTERNAL AFFAIRS UPDATE

Federal - The President has signed the Protecting Medicare and American Farmers from Sequester Cuts Act, which contains several measures that temporarily delay scheduled cuts to Medicare reimbursement. The House passed the Build Back Better Act last month, and the Senate has now taken up the legislation. The Senate draft text is being modified for both political and procedural objectives. This is a bill that would have to be passed through the reconciliation process. Senate Majority Leader Chuck Schumer is pushing for this to be complete before the Senate goes on break for Christmas. Congress has passed and the President is expected to sign legislation to increase the debt ceiling. NYC Health + Hospitals continues to communicate our priorities to our champions in government, and we are grateful for their ongoing support.

State - With the uptick of COVID-19 cases around the State, the Governor is taking steps to maintain necessary hospital capacity. Under Executive Order, she has granted authority to the State Department of Health to take necessary surge and flex actions, including potentially postponing non-essential elective procedures. So far, this authority has not had any impact on NYC or NYC Health + Hospitals. The State's review is a two-part process, beginning with a study of the volume in a particular region of the State and then with an examination of individual hospitals for decreased capacity. NYC has not been determined to be an at-risk region and thus NYC Health + Hospitals has not been required to take actions relating to elective

procedures. Regardless, we are continuing our work as a System, ensuring that we can level load and share resources as necessary to best protect our patients and staff.

On December 13, 2021, the Governor's mandated that masks are required to be worn in all indoor public places unless businesses implement a vaccine requirement went into effect statewide. This mandate is in effect until January 15, 2022.

On January 5th, the NYS Legislature will return to Albany to start a new legislative session. The Governor will give her first State of the State address, and a few weeks later will issue her Executive Budget for State Fiscal Year 22-23. NYC Health + Hospitals is already meeting with key legislators and staff, as well as working with the Department of Health and Governor's Office to advance our financial and programmatic priorities.

Sadly, Assembly Health Committee Chair Dick Gottfried has announced that he will not seek reelection. Assembly Member Gottfried is the longest serving legislator in New York history, and he has been a staunch supporter of NYC Health + Hospitals and equitable health care for decades. We will miss his leadership, intelligence, commitment, and wry humor.

City- January 1st is when new administration begins and all other local officers get sworn in. Mayor-elect Adams has announced that his inauguration will be in Brooklyn on the evening of Saturday, January 1 so that people who observe the Jewish Sabbath can participate. Incoming Comptroller Brad Lander and re-elected Public Advocate Jumaane Williams will also hold their inaugurations at this event. NYC Health + Hospitals is thrilled to partner with our new Mayor and elected officials. We appreciate their commitment to our shared values and mission.

CONTRACTS

I have approved one contract extension, given its time-sensitivity, and I want to take this opportunity to summarize it for the Board. I approved an exception to further extend our contract with LaGuardia Associates LP for the rental of the LaGuardia Plaza Hotel as part of the COVID-19 isolation program. I had originally approved this contract under the NYC Health + Hospitals COVID-19 emergency declaration in April 2020. It was subsequently extended through December 31, 2021. Given the increase in COVID cases and the need to continue helping New Yorkers who test positive for the virus to find a safe place to isolate to protect their loved ones, I have approved an extension through June 30, 2022. The extension includes a provision to terminate after January 31, 2022 if the hotel is no longer needed. The cost for the six-month extension will not exceed \$7,050,067. Funding for the hotel continues to be provided through the City of New York.

HEALTH SYSTEM NEWS

- [Post-Discharge Services to Mental Health Patients Expanded System-Wide](#)
 - [NYC Test & Trace Administers Nearly 60K Pediatric Vaccinations at NYC Schools](#)
 - [Dr. Mitchell Katz Honored by Aspen Institute for Civic Leadership](#)
 - [Dr. David Silvestri Appointed Systemwide Assistant Vice President of Emergency Management](#)
 - [Laura Iavicoli, MD Appointed Deputy Chief Medical Officer at NYC Health + Hospitals/Elmhurst](#)
 - [NYC Health + Hospitals/Queens Achieves 3 Years with Zero Central Line-Associated Infections in the ICU](#)
 - [NYC Health + Hospitals Launches Peer Academy Training Program to Support Behavioral Health Patients](#)
 - [NYC Health + Hospitals Honors 31 Nurses for Exceptional Service](#)
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- [NYC Vaccine Referral Bonus Program's PTAs Facilitate Over 11K Vaccinations](#)
 - [During Pandemic, NYC Health + Hospitals Helped New Yorker with HIV Remain in Care](#)
 - [NYC Health + Hospitals Joins Citywide Coalition to Confront Racism in Medical Algorithms](#)
 - [Primary Care-Centered Diabetes Management Programs Expanded System-Wide](#)
 - [NYC Health + Hospitals/Woodhull Upgrades MRI Equipment for Breast Cancer Screening](#)
 - [Coney Island, Kings County, Lincoln Hospitals Recognized for a Century Membership in AHA](#)
 - [Chief Nursing Officer Natalia Cineas Receives 2021 DAISY Award](#)
 - [NYC Health + Hospitals Creates 'Transgender Health Care Resource Guide'](#)
 - [In Recognition of the Great American Smokeout, NYC Health + Hospitals/Metropolitan Launches New Smoking Cessation Program](#)
 - [U.S. News Names 3 Post-Acute Care Facilities As 'High-Performing'](#)
 - [Test & Trace Announces Doubling of Mobile Fleet, Deployment to Over 1,400 Sites](#)
 - [NYC Care Partners With 22 Community-Based Organizations](#)

Strategic Planning Dashboard FY22 Q1

Matthew Siegler
SVP MANAGED CARE AND PATIENT GROWTH



Dr. Eric Wei
SVP AND CHIEF QUALITY OFFICER

Board of Directors Meeting – Informational Item
January 27, 2022

NYC H+H System-wide Strategy



System Dashboard Glossary

REPORTING PERIOD - Q1 FY22 (July 1 through September 30 | 2021)

		DESCRIPTION
QUALITY AND OUTCOMES		
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	Total # residents transferred from a PAC facility to hospital with outcome of admitted, inpatient/admitted over total # of resident care days
2	Follow-up appointment kept within 30 days after behavioral health discharge	Follow-up appointment kept with-in 30 days after behavioral health discharge
3	HgbA1c control < 8	Population health measure for diabetes control
4	% Left without being seen in the ED	Measure of ED efficiency and safety
5	Integration of Bio Medical devices	Integration of strategic biomedical devices so that our nurses, doctors and ancillary staff are acting on the most up to date clinical information and are limiting non value added work. Our staff will be freed from data entry and able to spend more time on clinical care.
CARE EXPERIENCE		
6	Inpatient care - overall rating (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
7	Ambulatory care (medical practice) recommended provider office (top box)	Aggregate system-wide Acute Care/Hospital score HCAHPS Rate the Hospital 0-10 (Top Box)
8	MyChart Activations	Number of patients who have activated a MyChart account
FINANCIAL SUSTAINABILITY		
9	Patient care revenue/expenses	Measures patient care revenue growth and expense reduction adjusting for changes in city/state/federal policy or other issues outside H+H management's control
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	Measures effectiveness of financial counselling and registration processes in connecting patients to insurance or financial assistance
11	% of M+ medical spend at H+H	Global measure of Metro Plus efforts to steer patient volume to H+H, removes pharmacy and non-medical spend
12	Total AR days per month (Outpatient ,Inpatient)	Total accounts receivable days, excluding days where patient remains admitted (lower is better)
13	Post Acute Care Total AR days(12 months)	Total accounts receivable days (lower is better)
14	Data Center Migration progress	Measures milestones achieved in major information technology project
ACCESS TO CARE		
15	Unique primary care patients seen in last 12 months	Measure of primary care growth and access; measures active patients only
16	Number of e-consults completed/quarter	Top priority initiative and measure of specialty access
17	NYC Care	Total enrollees in NYC Care program
CULTURE OF SAFETY		
18	Total Wellness Encounters *	This is an aggregate measure that includes the following: Number of 1:1 debriefs, Number of group debriefs, Number of combined support debriefs, & Number of wellness events

System Dashboard Glossary

REPORTING PERIOD - Q1 FY22 (July 1 through September 30 | 2021)

		DESCRIPTION
RACIAL AND SOCIAL EQUITY		
19	% of New Physician Hires being underrepresented minority (URM)	The percentages of physicians hired in the quarter who identify as Asian, Black or African American, Hispanic or Latino
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	The percentage of Office of Population Health chronic disease dashboards able to break down data by race, ethnicity, and language
21	% of Total Procurement spend on MWBE	The percentage of procurement spending to minority and women owned business enterprises
COVID-19		
22	COVID-19 Tests Administered	Total number of COVID-19 tests (swab and rapid) administered
23	COVID-19 Positive Tests	Total number of tests yielding positive results (some positive results were recorded after June 30 th)
24	Post Acute Care COVID-19 Infection	COVID-19 Infection Rate per 1,000 resident days
25	1 st dose vaccinations Administered	Total number of 1 st dose vaccinations administered by NYC Health + Hospitals Facilities
26	2 nd dose Vaccinations Administered	Total number of 2 nd dose vaccinations administered by NYC Health + Hospitals Facilities
27	3 rd doses or boosters administered	Total number of 3 rd dose vaccinations administered by NYC Health + Hospitals Facilities
28	% Bed Occupied(Not Including ED)	Average number of occupied beds divided by all active beds



QUALITY AND OUTCOMES

- Hgb A1c control <8: **65.2%** from 63.7% ¹ (target: 66.6%)
- Integration of Bio Medical Devices: **106%** from 80%, (1383/1300 devices) ² (target: 100%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ *Hgb A1c Control*: This is the second consecutive reporting quarter in which this measure has observed improvement since the pandemic started, as in-person clinic visits increased, with more checks of A1c labs. With in-person visits becoming more consistent during this period, nurse chronic disease coordinators continue to work closely with patients to develop diabetes self management skills, as well as enhancing patient education to manage diabetes and nutritional interventions. Improved documentation in lab testing also has contributed to the improvement, as patients have come back to their in-person appointments.

² *Integration of Bio Medical Devices*: FY22 Q1 performance is at 106% (1383/1300), which exceeds the 100% target. Some notes to take into consideration include the following: 1) There are specific milestones for timing of when parts of the system are built; 2) The denominator changes, depending on which medical devices are implemented; the more complex medical devices are more complicated to implement.



CARE EXPERIENCE

- MyChart Activations: **72%** from 69% ¹ (target: 75%)

ACCESS TO CARE

- NYC Care Enrollment: **99,568** from 72,369 ² (revised target: 100,000)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ *MyChart Activations:* Each facility across NYC Health + Hospitals continues to encourage patients to sign up or “activate” their MyChart accounts, to use MyChart to communicate with care teams, track upcoming appointments, manage medication lists, and request prescription refills. NYC Health + Hospitals performs above the Epic customer average of 47 percent. As the pandemic continues, MyChart is a critical tool to provide patients with virtual care via MyChart video visits, to allow patients to communicate with their care teams without having to come to clinic, and to provide patients easy access to their COVID-19 test results and vaccine information as New York City’s reopening continues.

² *NYC Care Enrollment:* NYC Care enrollment continues to steadily grow, again surpassing even the new target (which will again be modified), with focus on improving primary care capacity and continuity. NYC Care provides low- or no-cost access to New Yorkers who don’t qualify or can’t afford health insurance. The target has been revised to 100,000 to account for the consistent growth in enrollment.

FINANCIAL SUSTAINABILITY

- % of Uninsured patients enrolled in health insurance coverage or financial assistance: **90%** from 81% ¹ (target: 76%)
- % MetroPlus medical spend at NYC Health + Hospitals: **40.1%** from 38.6% ² (target: 45%)
- Total AR days per month: **57.5 days** from 60 days ³ (target: 45)
- Enterprise Data Center Migration progress: **Project timeline 5/2021-5/2023**
 - **As of September 2021, overall project progress remains on target at 17% completion**
 - **FY22 Q1 milestones are 100% complete** ⁴ (target: 100%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ *% of Uninsured Patients Enrolled in Health Insurance Coverage or Financial Assistance:* Performance has continued to improve and is exceeding the target across outpatient, emergency department, and inpatient populations.

² *% MetroPlus medical spend at NYC Health + Hospitals:* % has mostly improved since the prior quarter, though it remains below the target. NYC Health + Hospitals continues to obtain payment from MetroPlus's risk arrangements, which has increased over the last quarter.

³ *Total AR days per month:* [Includes both **inpatient and outpatient for the acute care facilities** (*lower is better for this measure*)]. The target remains at 45 days, which is best practice. AR days have declined modestly over the past several months. NYC Health + Hospitals is closely reviewing workflows for patient billing to ensure that bills are adjusted properly, as well as AR associated with legacy platforms, to bring AR in line with the target.

⁴ *Enterprise Data Center Migration progress:* This is a 24 month long project (5-2021-5/2023). We remain on target, at 17% completion at this point in the project (17% completion is the goal for September 2021).

FY22 Q1 (July 1 to September 30, 2021) Performance: Steady Trends (exceeding target)*

ACCESS TO CARE

- # of e-consults: remains relatively stable at **99,963** from **101,054**² (revised target: 95,100)

FINANCIAL SUSTAINABILITY

- Patient care revenue/expenses: remains the same from prior quarter, at **74%**² (target: 60%)
- Post Acute Care total AR days per month: remains consistent at **45.7 days** from 46 days (target: 55)

CULTURE OF SAFETY

- Total Wellness Encounters: Remains mostly consistent at **641 encounters** from 688 encounters² (target: 600)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹ # of *e-consults*: This metric remained relatively stable at almost 100,000 encounters during this reporting period. This indicator is a top priority focused on specialty access. The overall system-wide focus continues to be spread across facilities and is improving referral review, scheduling, and follow-up time. The target has been revised to 95,100 for FY22.

² *Patient care revenue/expenses*: Patient Care Revenue/Expense ratio remained steady once again during this reporting period. There has been improvement when compared to last year, attributed to an increase in patient service revenue related to the COVID-19 pandemic, and because of revenue generating initiatives.

³ *Total Wellness Encounters*: This measure includes 1:1 debriefs, group debriefs, and wellness events; it remains consistent as compared to the prior reporting period, with a slight decrease from the prior quarter, due to peer support champions taking necessary annual leave time during the summer season. As noted previously, the total number of wellness encounters remains high across the System; this measure will always fluctuate, with increases during and just after significant traumatic events, and decreases during normalization periods.

FY22 Q1 (July 1 to September 30, 2021) Performance: Steady Trends, (short of target)*

QUALITY AND OUTCOMES

- Post Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.71 per 1,000 care days** from 1.73 per 1,000 care days ¹ (target: 1.00 per 1,000 care days)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. Notes include the following:

¹*PAC: All Cause Hospitalization rate:* Hospitalizations from post acute facilities at NYC Health + Hospitals remained the same during this reporting period, to 1.73 per 1,000 care days. Improvement strategies implemented include ensuring advanced care planning is in place, adding resources to include provider coverage, and continued improvement in communication with acute care hospitals.

QUALITY AND OUTCOMES

- % Left Without Being Seen in ED: **4.0%** from **3.7%**¹ (is below the target of 4.0%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. **Although this metric has trended upwards since the previous quarter, it remains at the set target.**

¹ *% Left without being seen in ED:* Similar to the prior quarter, during this reporting quarter, overall ED utilization continued to increase. With the progressive increases, back to pre-pandemic levels, there has been a related increase in the % of patients who left the emergency departments without being seen.

FY22 Q1 (July 1 to September 30, 2021)

Performance: Negative Trends*

QUALITY AND OUTCOMES

- Follow-up appointment kept within 30 days after behavioral health discharge: **37.07%** from 44.7% ¹ (revised target: 50%)

ACCESS TO CARE

- Unique Primary Care Patients: **402,784** from 404,738 ² (revised target: 405,000)

CARE EXPERIENCE

- Inpatient care – overall rating: **64.5%** from 66.96% (target: 66.3%)
- Ambulatory care – recommended provider office: **84.6%** from 86.99% (target: 87.0%)

*Change reflected from the Prior Period, which was **Q4 FY21 (April 1 to June 30, 2021)**. This reflects a negative trend in which the target has not been achieved. **Notes include the following:**

¹ *Follow-up appointment kept within 30 days after behavioral Health discharge:* The data capture method for this metric continues to be in the process of being improved at several facilities. The Office of Behavioral Health is working with behavioral health staff to ensure an appropriate workflow to fully document these follow-up appointments in Epic. Encounters are only considered fully complete when there is full documentation in the electronic health record, of which documentation continues to be a challenge at some facilities.

² *Unique Primary Care patients:* The definition for this measure was modified almost a year ago to account for the most accurate departments, visit, and encounter types that should be part of the count. It includes visits occurring at primary care clinics, as follows: family medicine, adult medicine, geriatrics, HIV, pediatrics. In the past, certain departments, visit, and encounter types were counted, including COVID-19 testing data, which inflated the calculation for this metric; these encounters are no longer included. Although slightly lower than the prior quarter and below the newly revised target, there are observed increases in this metric, now over the past nine months.

RACIAL & SOCIAL EQUITY MEASURES*

- % of Chronic Disease Dashboards with Race, Ethnicity, & Language Data): **5 out of 5 chronic disease dashboards (100%)** now can be stratified by race/ethnicity/language (target: 100%)
- % of total procurement spend on MWBE: **28%** (target: **30%**) ¹
- % of New Physician Hires being underrepresented minority (URM), as follows:
Women: 45%; Non-Binary: 0.3%; **Ethnic Groups Hired other than White: Asian (11.4%); Black or African American (6.4%); Hispanic or Latino (1.9%)** ²

***Racial & Social Equity Measures:** These measures have been developed under the leadership of the Equity and Access Council and are reported in full through the Equity, Diversity, and Inclusion Committee to the Board. The Strategic Planning Committee to the Board is a second venue for reporting these data.

¹ *% of total procurement spend on MWBE:* This measure is reported on a biannual basis since there is a lag in the data needed to compute this metric. The next time this metric will be reported is in FY22 Q2. The result reported during the previous quarter was 28%.

² *% of new physician hires being underrepresented minority:* Of note, 66.4% of new hire physicians' ethnic groups are unknown due to missing information that is reported by affiliate organizations. HR is working with affiliate organizations to improve demographic data information of the contingent physician workforce.

FY22 Q1 (July 1 to September 30, 2021) Performance: COVID-19 Metrics

Metric	FY22 Q1 (July 1 - Sept 30, 2021)	FY21 Q4 (April 1-June 30, 2021)
■ Total # of COVID-19 Tests Administered ¹	884,956	746,713
■ Total # of COVID-19 Positive Tests ¹	21,551	23,760
■ Post Acute Care COVID-19 Infection Rate ²	7.93	7.37
■ COVID-19 Vaccine: 1 st Dose	509,622	445,968
■ COVID-19 Vaccine: 2 nd Dose	425,305	380,050
■ COVID-19 Vaccine: 3 rd Dose or boosters ³	17,940 (August through October 2021)	
■ % of Occupied Beds	49%	67%

¹Includes PCR tests administered.

²Rate is expressed per 1,000 residents within the post acute facilities at NYC Health + Hospitals. The post acute care COVID-19 Infection Rate remained consistent, for the reporting quarter at 7.93 per 1000 residents, attributable to the strong post acute care Infection Prevention and Vaccination Programs. The vaccine mandate has ensured that 100% of the post acute care staff are vaccinated. Almost 90% of residents are fully vaccinated, and almost 80% of vaccinated residents have also received the booster vaccine.

³Certain populations became qualified for COVID-19 booster vaccinations or third doses during this report period. From August through October 2021, 17,940 third doses or boosters were administered (this includes for community members and healthcare workers).

System Dashboard

REPORTING PERIOD - Q1 FY22 (July 1 through September 30 | 2021)

		EXECUTIVE SPONSOR	REPORTING FREQUENCY	TARGET	ACTUAL FOR PERIOD	VARIANCE TO TARGET	PRIOR PERIOD	PRIOR YEAR SAME PERIOD*
QUALITY AND OUTCOMES								
1	Post Acute Care All Cause Hospitalization Rate (per 1,000 care days)	COO+SVP PAC	Quarterly	1.00	1.71	-0.71	1.73	-
2	Follow-up appointment kept within 30 days after behavioral health discharge	SVP CMO + SVP COO	Quarterly	50%	37.07%	-12.93%	44.70%	46.5%
3	Hgb1c control < 8	SVP AMB + VP CPHO	Quarterly	66.6%	65.2%	-1.40	63.70%	62%
4	% Left without being seen in the ED	SVP CMO + SVP COO	Quarterly	4.0%	4.0%	0%	3.78%	3.3%
5	Integration of Bio Medical devices	SVP CIO	Quarterly	100%	100%	0%	80.00%	-
CARE EXPERIENCE								
6	Inpatient care - overall rating (top box)	SVP COO + SVP CNE	Quarterly	66.30%	64.5%	-1.8%	66.96%	65.31%
7	Ambulatory care (medical practice) recommended provider office (top box)	SVP COO + SVP AMB	Quarterly	87.00%	84.6%	-2.4%	86.99%	84.34%
8	MyChart Activations	SVP COO + SVP AMB	Quarterly	75%	72%	-3%	69%	36%
FINANCIAL SUSTAINABILITY								
9	Patient care revenue/expenses	SVP CFO + SVP MC	Quarterly	60%	74%	14%	74%	65.3%
10	% of Uninsured patients Enrolled in Health Insurance Coverage or Financial Assistance	SVP CFO + SVP MC	Quarterly	76%	90%	14%	80%	60%
11	% of M+ medical spend at H+H	SVP MC	Quarterly	45%	40.1%	-4.9%	38.60%	42.34%
12	Total AR days per month (Outpatient ,Inpatient)	SVP CFO	Quarterly	45	57.5	-12.5	60	59.2
13	Post Acute Care Total AR days(12 months)	CFO	Quarterly	55	45.7	9.3	46	-
14	Enterprise Data Center Migration progress	SVP CIO	Quarterly	100%	100%	0%	100%	-
ACCESS TO CARE								
15	Unique primary care patients seen in last 12 months	SVP AMB	Quarterly	405,000	402,784	-2,216	404,738	412,309
16	Number of e-consults completed/quarter	SVP AMB	Quarterly	95,100	99,963	4,863	101,054	65,933
17	NYC Care	SVP AMB	Quarterly	100,000	99,568	-432	72,369	35,483
CULTURE OF SAFETY								
18	Total Wellness Encounters	SVP COO + SVP CNE	Quarterly	600	641	41	688	-
RACIAL AND SOCIAL EQUITY								
19	% of New Physician Hires being underrepresented minority (URM)	SVP CMO + SVP HR	Quarterly		19.7%		-	-
20	% Chronic Disease Dashboards with Race, Ethnicity, & Language Data	SVP AMB + VP CPHO	Quarterly	100%	5 out of 5	0%	2 out of 5	-
21	% of Total Procurement spend on MWBE*	SVP SUPPLY CHAIN + SVP CFO	Quarterly	30%	To be reported biannually		28%	-
COVID-19								
22	COVID-19 Tests Administered	SVP AMB	Quarterly	undefined	884,956	-	746,713	412,372
23	COVID-19 Positive Tests	SVP AMB	Quarterly	undefined	21,551	-	23,760	5,010
24	Post Acute Care COVID-19 Infection	SVP PAC	Quarterly	undefined	7.93	-	7.37	12.5
25	Number of 1+ dose vaccinations	SVP AMB	Quarterly	undefined	509,622	-	445,968	-
26	Number of 2nd dose vaccinations	SVP AMB	Quarterly	undefined	425,305	-	380,050	-
27	% Bed Occupied(Not Including ED)	SVP AMB	Quarterly	undefined	49%	-	67%	-

*To be reported biannually; therefore, next reporting cycle will be FY22 Q2 (last reporting period rate of 28%).

RESOLUTION - 03

Approving the New York City Health and Hospitals Corporation **Annual Board Committee Assignments Effective February 1, 2022**, as set forth in the attachment hereto as mandated by Article VI, section 1(C) of the By-Laws,

Further authorizing as set forth in Article V, section 1 – the Vice Chair shall be chosen by the Board from among themselves and shall be elected annually - **approving the New York City Health + Hospitals Corporation to appoint Freda Wang as the Vice Chair of the Board of Directors**

WHEREAS, Article VI. Section 1(c) of the by-laws of New York City Health and Hospitals Corporation provides that the Chairperson of the Board shall annually appoint, with the approval of the majority of the Board, the members of the standing committees of the Board; and

WHEREAS, Article V. Section 1 of the by-laws of the New York City Health and Hospitals Corporation - Titles. The officers of the Board of Directors shall be a Chair of the Board and a Vice-Chair of the Board. The Chair of the Board shall be the Administrator of Health Services of the City of New York. The Vice-Chair shall be chosen by the Board from among themselves and shall be elected annually.

WHEREAS, the Chairperson has proposed the appointments set forth in the attachment hereto.

NOW, THEREFORE, be it

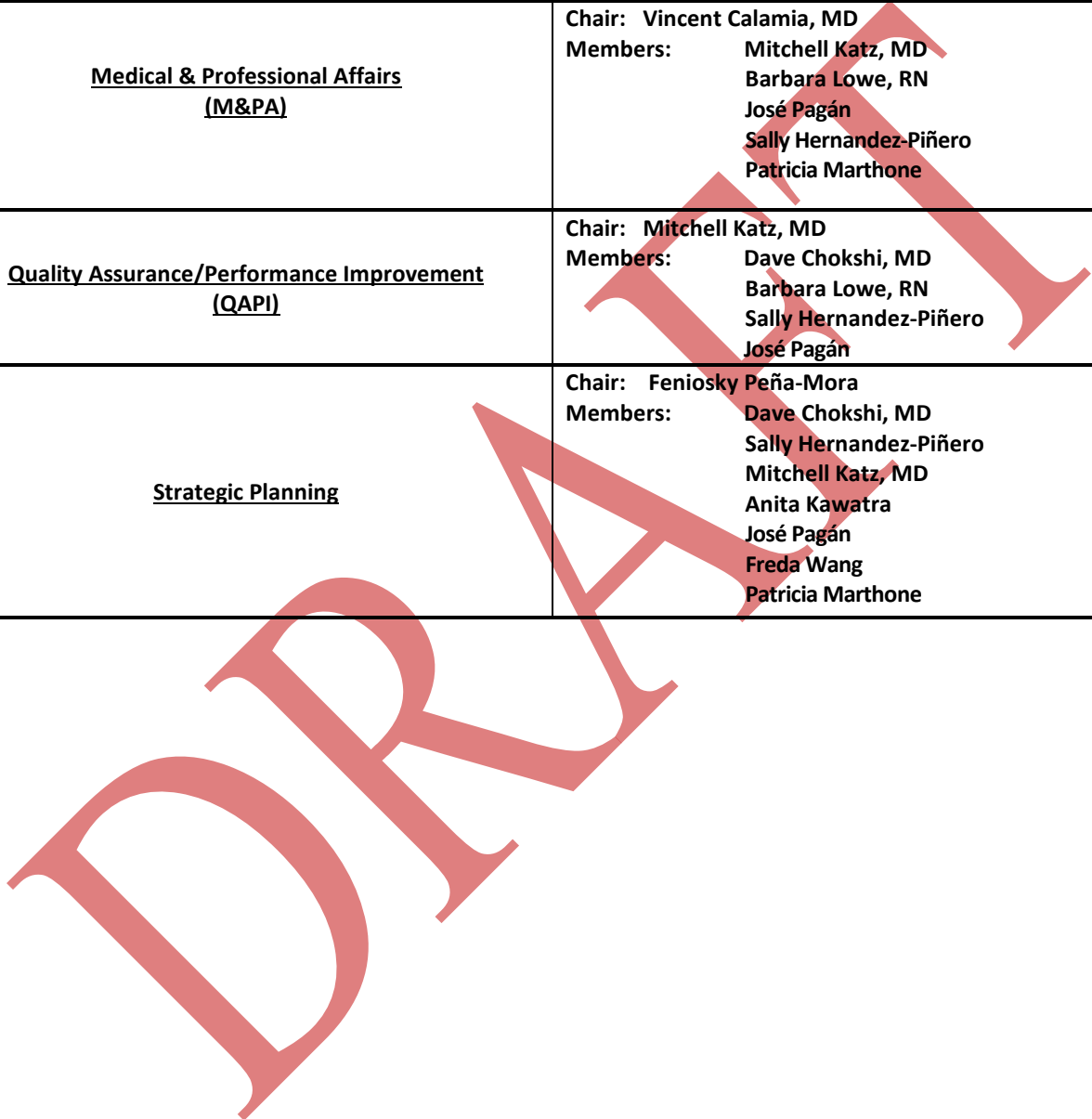
RESOLVED that the New York City Health and Hospitals Corporation Board of Directors hereby approves the appointments of the members to the standing committees and Vice Chair of the Board as reflected in the attachment, which appointments shall be effective from February 1, 2022 until such time as any changes are approved by the Board.

Standing Committees
Committee Assignments

STANDING COMMITTEES OF THE BOARD	
<u>Executive</u>	<p>Chair: José Pagán</p> <p>Members: Gary Jenkins Vincent Calamia, MD Mitchell Katz, MD Feniosky Peña-Mora Anne Williams-Isom Freda Wang</p>
<u>Audit</u>	<p>Chair: Sally Hernandez-Piñero</p> <p>Members: Feniosky Peña-Mora Freda Wang Anita Kawatra José Pagán Mitchell Katz, MD</p>
<u>Capital</u>	<p>Chair: Feniosky Peña-Mora</p> <p>Members: Sally Hernandez-Piñero Mitchell Katz, MD José Pagán Freda Wang Robert Nolan</p>
<u>Community Relations</u>	<p>Chair: Robert Nolan</p> <p>Members: Sally Hernandez-Piñero Mitchell Katz, MD José Pagán Anita Kawatra Patricia Marthone</p>
<u>Equity, Diversity and Inclusion (EDI)</u>	<p>Chair: Feniosky Peña-Mora</p> <p>Members: Sally Hernandez-Piñero Freda Wang Mitchell Katz, MD José Pagán Dave Chokshi</p>
<u>Finance</u>	<p>Chair: Freda Wang</p> <p>Members: Sally Hernandez-Piñero Mitchell Katz, MD Barbara A. Lowe, RN José Pagán Feniosky Peña-Mora Patricia Marthone</p>
<u>Governance</u>	<p>Chair: José Pagán</p> <p>Members: Sally Hernandez-Piñero Vincent Calamia, MD Freda Wang Mitchell Katz, MD Dave Chokshi, MD</p>

STANDING COMMITTEES OF THE BOARD (cont'd)

<p align="center"><u>Information Technology (IT)</u></p>	<p>Chair: Feniosky Peña-Mora Members: Gary Jenkins Vincent Calamia, MD Mitchell Katz, MD Barbara Lowe, RN José Pagán</p>
<p align="center"><u>Medical & Professional Affairs (M&PA)</u></p>	<p>Chair: Vincent Calamia, MD Members: Mitchell Katz, MD Barbara Lowe, RN José Pagán Sally Hernandez-Piñero Patricia Marthone</p>
<p align="center"><u>Quality Assurance/Performance Improvement (QAPI)</u></p>	<p>Chair: Mitchell Katz, MD Members: Dave Chokshi, MD Barbara Lowe, RN Sally Hernandez-Piñero José Pagán</p>
<p align="center"><u>Strategic Planning</u></p>	<p>Chair: Feniosky Peña-Mora Members: Dave Chokshi, MD Sally Hernandez-Piñero Mitchell Katz, MD Anita Kawatra José Pagán Freda Wang Patricia Marthone</p>



ASSIGNMENTS BY MEMBER (COMMITTEE & SUBSIDIARY)

<p style="text-align: center;"><u>José A. Paqán</u> Chair of the Board</p> <p>Member to All Committees Chair: Executive – Governance –</p> <p>Member: HHC Capital Corporation (subsidiary)</p>	<p style="text-align: center;"><u>Mitchell Katz, MD</u> President and CEO</p> <p>Ex-officio Member to All subsidiary boards and Committees Except Governance and is a Member of Audit and serves as ex-officio</p> <p>Chair: Quality Assurance HHC ACO (Accountable Care Organization (Subsidiary))</p>
<p style="text-align: center;"><u>Sally Hernandez-Piñero</u></p> <p>Chair: Audit; MetroPlus Health Plan, Inc. (subsidiary) Member: Governance Quality Assurance/Performance Improvement Equity, Diversity and Inclusion Finance Strategic Planning Capital Community Relations Committee Medical and Professional Affairs HHC Capital Corporation (subsidiary)</p>	<p style="text-align: center;"><u>Gary Jenkins</u></p> <p>Member: Executive Information Technology (IT)</p>
<p style="text-align: center;"><u>Dave Chokshi, MD</u></p> <p>Member: Governance Quality Assurance/Performance Improvement Strategic Planning Equity Diversity and Inclusion</p>	<p style="text-align: center;"><u>Michael McRae, MD</u></p> <p>Member:</p>
<p style="text-align: center;"><u>Vincent Calamia, M.D.</u></p> <p>Chair: M&PA; (Subsidiary)HHC Insurance Company / Physicians Purchasing Member: Governance IT Executive</p>	<p style="text-align: center;"><u>Freda Wang - Vice Chair of the Board</u></p> <p>Chair: Finance HHC Capital Corporation (subsidiary) Member: Capital Audit Strategic Planning Governance Executive Equity, Diversity and Inclusion</p>
<p style="text-align: center;"><u>Anita Kawatra</u></p> <p>Member: Audit Strategic Planning Community Relations</p>	<p style="text-align: center;"><u>Barbara A. Lowe, MS, RN</u></p> <p>Member: Finance IT Quality Assurance/Performance Improvement M&PA</p>
<p style="text-align: center;"><u>Feniosky Peña-Mora</u></p> <p>Chair: Capital; Strategic Planning; IT; Equity, Diversity and Inclusion Information Technology Member: Executive Finance HHC Capital Corporation (subsidiary) Audit</p>	<p style="text-align: center;"><u>Robert F. Nolan</u></p> <p>Chair: Community Relations Member: Capital Committee HHC Capital Corporation (subsidiary)</p>
<p style="text-align: center;"><u>Anne William-Isom</u></p> <p>Member: Executive Committee</p>	<p style="text-align: center;"><u>Patricia Marthone</u></p> <p>Member:</p>

Subsidiary Board Assignments

SUBSIDIARY BOARD MEMBERS	
<u>HHC Capital Corporation</u>	<p>Chair: Freda Wang</p> <p>Members: José Pagán Feniosky Peña-Mora Dr. Mitchell Katz Robert Nolan Sally Hernandez-Piñero</p>
<u>MetroPlus Health Plan, Inc.</u>	<p>Chair: Sally Hernandez-Piñero</p> <p>Members: Dr. Talya Schwartz Vallencia Lloyd Sherif Sakr Dr. Eric Wei Matthew Siegler Christopher Roker Soraya Pares Nella Lewis Tamira Boynes</p> <p style="text-align: right; font-size: small;">r. 01/28/2021</p>
<u>HHC Insurance Company/Physicians Purchasing Group</u>	<p>Chair: Dr. Vincent Calamia</p> <p>Members: Dr. Mitchell Katz Dr. Mabelle Allen Mr. John Ulberg Ms. Andrea Cohen</p>
<u>HHC Accountable Care Organization (HHC / ACO)</u>	<p>Chair: Dr. Mitchell Katz</p> <p>Members: Matthew Siegler, CEO John Ulberg, Treasurer Andrea Cohen, Secretary Nicole Jordan-Martin Dr. Gary Kalkut, Vice President Dr. Jasmine Moshirpur Dr. Warren Seigel Dr. Richard Becker Hyacinth Peart Dr. Daniel Napolitano</p> <p style="text-align: right; font-size: small;">r. 12/16/2021</p>
<u>HHC Assistance Corporation</u> (Centralized Service Organization – CSO) <u>One-City Health Services</u>	<p>Chair: Matthew Siegler</p> <p>Members: Dr. Mitchell Katz John Ulberg Sheldon McLeod Jeremy Berman Dr. Michael A. Stocker</p>

RESOLUTION - 04

Authorizing the Chair of the Board of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) **to amend the Certificate of Incorporation of MetroPlus** to update the address.

WHEREAS, in 2021, MetroPlus relocated its principal offices; and

WHEREAS, MetroPlus is seeking to ensure that its Certificate of Incorporation is kept current; and

WHEREAS, on December 14, 2021 the MetroPlus Board of Directors considered and approved the amendment to the Certificate of Incorporation of MetroPlus.

NOW THEREFORE, be it

RESOLVED, that the Chair of the Board of MetroPlus is hereby authorized to amend the Certificate of Incorporation of MetroPlus to update the address to reflect the relocation of MetroPlus’ principal offices to 50 Water Street, 7th floor, New York, NY 10004.

RESOLVED, that the Chair of the Board is authorized to submit the amendment to the Articles of Incorporation to the appropriate regulatory authorities.

EXECUTIVE SUMMARY

OVERVIEW: MetroPlus seeks to update its Certificate of Incorporation to update the address of its principal offices to 50 Water Street, 7th floor, New York, NY 10004.

NEED: As an entity registered with the New York Secretary of State, MetroPlus has an obligation to ensure that its organizational documents are kept current and reflect its purpose, operations, and location. This amendment will fulfill that obligation.