

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

- NYC Health + Hospitals | Lincoln
- NYC Health + Hospitals | Kings County

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Queens

OPEN PUBLIC SESSION - 3:00 PM

1. Adoption of Minutes: January 27, 2022

Mr. Pagán

Chair's Report

President's Report

Dr. Katz

2. Authorizing New York City Health and Hospitals Corporation (the "System") acting in its capacity as the sole member of MetroPlus Health Plan, Inc. ("MetroPlus") hereby supports **MetroPlus establishing an internal unit to be known as "MetroPlusHealth OneX" or "OneX" to offer administrative and patient-support services, including administrative services for and on behalf of self-insured health plans.**
(Presented to MetroPlus Board of Directors: (02/08/2022))
VENDEX: NA / EEO: NA
3. Authorizing New York City Health and Hospitals Corporation (the "System") to execute agreements with each of the following: **Momentum Resource Solutions, LLC; DynTek Services, Inc.; GCOM Software LLC; Experis US Inc.; Siri InfoSolutions Inc.; Integrated Resources, Inc.; Kforce, Inc.; Stellar Services, Inc.; Spruce Technology Inc.; The CJS Solutions Group, LLC dba The HCI Group; TEKsystems, Inc.; 314e Corporation; Gevity Consulting US LLC; OST, Inc.; W3, LLC dba Healthcare IT Leaders, LLC** (the "Vendors") for the provision of Information Technology Supplemental Staffing Services as requested by the System. The agreements shall be for an initial term of three years with two one-year options to renew solely exercisable by the System and with a total amount over the combined five-year term not to exceed 283,000,000.
(Presented to the Information Technology Committee: (02/07/2022))
VENDEX: 12 Approved / 3 Pending
EEO: 10 Approved / 5 Pending

Ms. Hernandez-Piñero

Mr. Peña-Mora

Committee and Subsidiary Reports

- Information Technology Committee
- Governance Committee
- MetroPlus Health Plan

Mr. Peña-Mora
Mr. Pagán
Dr. Schwartz

Mr. Pagán

>>Old Business<<

>>New Business<<

>>Adjournment<<

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 27^h day of January, 2022 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 - In Person
Ms. Anne Williams-Isom - Virtual, joined 2:10, left at 4:05
Dr. Vincent Calamia -Virtual, joined at 2:17
Dr. Patricia Marthone - Virtual
Dr. Michael McRae - Virtual, joined at 2:26
Dr. Michelle Morse - Virtual
Mr. Robert Nolan - In Person
Mr. Gary Jenkins - Virtual, left at 4:05
Ms. Sally Hernandez-Piñero - In Person
Ms. Freda Wang - Virtual
Ms. Barbara Lowe- Virtual
Ms. Anita Kawatra - Virtual
Mr. Feniosky Peña-Mora - Virtual

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

Mr. Pagán notified the Board that Dr. Michelle Morse would be representing Dr. Dave Chokshi 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 3:09 p.m.

Mr. Pagán noted Dr. Michelle Morse would be representing Dr. Dave Chokshi in a voting capacity.

INTRODUCTION OF NEW BOARD MEMBERS

Mr. Pagán publicly recognized and welcomed new Board members: Deputy Mayor Anna Williams-Isom, Social Services Commissioner Gary Jenkins and the City Council representative for Brooklyn Dr. Patricia Marthone.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on December 16, 2021, were presented to the Board. Then on motion duly made and seconded, the Board adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on December 16, 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/ McKinney Nursing and Rehabilitation Center, NYC Health + Hospitals / Henry J. Carter Specialty Hospital and Henry J. Carter Nursing Facility.

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

Corporate Officers Appointment

Also, in the Executive Session, the Board reviewed and unanimously approved the Governance Committee recommendation to appoint Linda DeHart as Vice President of Finance and Dr. Khoi Luong as Senior Vice President for Post-Acute Care.

VENDEX APPROVALS

Mr. Pagán noted that since NYC Health + Hospitals began the process of approving contracts prior to Vendex approval, there are no items on the agenda requiring Vendex approval. There are 7 items from previous board meetings pending Vendex approval. Since the last Board meeting, 3 Vendex approvals were received. The Board will continue to notify the Board as outstanding Vendex approvals are received.

PRESIDENT' S REPORT

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

COVID-19 UPDATE

The end of December and beginning of January were challenging for the System due to the large number of people with Omicron, high volume of patients needing care and reduced staff. Level loading was implemented System-wide as a strategy to alleviate staffing needs. The demand for testing and vaccination services reached an all-time high however, NYC Health + Hospitals and its Test & Trace Corps have continued to lead the Citywide pandemic response efforts.

Mayor Eric Adams announced additional funding in the amount of \$145 million to support the City's response to the Omicron surge, of which \$113 is being made available to NYC Health + Hospitals.

NYC Health + Hospitals welcomed the U.S. Department of Defense's ("DoD") Medical Team to support health care workers on the front lines in the continued battle against COVID-19. The team arrived on Saturday, January 22nd at NYC Health + Hospitals/Coney Island. They will be supporting NYC Health + Hospitals/Coney Island staff for at least 30 days. A similar DoD team will be arriving shortly at NYC Health + Hospitals/North Central Bronx.

The NYC Health + Hospitals Street Health Outreach & Wellness ("SHOW") mobile units have offered services to thousands of unique New Yorkers, with a focus on people experiencing homelessness. They provide services such as COVID-19 tests, social worker engagements, medical consultations, 5,000 vaccinations, clean clothing and other services in an effort to bridge the gap in care for this population.

Dr. Katz recognized the tremendous collaborative work between NYC Health + Hospitals/Harlem and the New York Police Department in providing the necessary care to the two police officers who tragically, were fatally shot while on-duty.

LEADERSHIP APPOINTMENTS

Georges H. Leconte, has been appointed CEO of NYC Health + Hospitals/Harlem and Stephen Catullo, has been appointed CEO of NYC Health + Hospitals/Coler.

Dr. Michelle McMacken, has been appointed Executive Director of Nutrition and Lifestyle Medicine for NYC Health + Hospitals. Dr. McMacken's appointment marks the next step in the evolution of our public health care system.

IN REMEMBRANCE - MAUREEN MCCLUSKY

NYC Health + Hospitals' deeply mourns the passing of a beloved friend and colleague, Maureen McClusky, Senior Vice President of the System's Post-Acute care operations for the past six years.

PRESIDENT'S DEVIATION FOR CONTRACT APPROVAL

Dr. Katz notified the Board that he has approved two contracts given their time-sensitivity, and took the opportunity to summarize them for the Board.

One is for the rental of a hotel used to serve as part of the New York City COVID-19 Isolation program. The agreement term is for December 13, 2020 through June 30, 2022. We have the right to terminate our use of the hotel on 10 days' notice, now that the minimum use period of 45 days has been met. If we utilize all 195 rooms in the hotel for the entire period, the cost of the agreement will

not exceed \$5,557,324, including food service. The full cost of the agreement will be covered by the City and OMB under our COVID-19 MOU.

The second contract is with the Icahn School of Medicine at Mt. Sinai to perform health assessments of Department of Corrections ("DOC") employees missing work due to claims of illness. Having a sufficient number of healthy correctional employees is critical to the System in carrying out its functions providing health care to incarcerated persons. Mt. Sinai is a leader in Occupational Health through its Mount Sinai Selikoff's Centers for Occupational Health and has considerable expertise in assisting employers respond to the health needs of its employees. Mt. Sinai provides services to the Port Authority and the MTA Bridge and Tunnel operations and charged the same amounts for these services, \$175/exam for up to 9,000 exams per month and \$250/exam for monthly exams above that threshold. The authorized amount for this contract which was effective August 1, 2021, is \$9M. The cost is fully funded by the Department of Corrections through its MOU with NYC Health + Hospitals.

In response to questions from the Board regarding the emotional health of the residents, Dr. Katz shared that NYC Health + Hospitals has a robust residency program. COVID-19 has added layers of difficulty which has impacted the residents however, processes and avenues for advocacy have been implemented to help this group of professionals, including residents being able to anonymously raise issues, reiterating that the System is a non-retribution organization and that unlike most healthcare organizations, the System has no gag order. The System works closely with residency program directors to encourage residents to speak up without punitive or negative repercussions.

Dr. Katz also clarified that the hotel isolation services within the Test and Trace Corp are for any individual with COVID-19 - effectively including referrals from the private healthcare systems.

The Board complimented the Street Health Outreach and Wellness program and its effectiveness in addressing the varied needs of the homeless population. Dr. Katz explained the need for consistency in the program service to build trust within the community.

In response to a request for clarification on the status of the Public Health Corps, Dr. Katz responded that a subset of individuals are active and available to quickly address any emergent public health emergency, and that to address the disparities of health in low-income communities, they are connected to either Health + Hospitals' clinics or the Department of Health and Mental Hygiene.

INFORMATIONAL ITEM

Systemwide- FY-22 Q1 Strategic Planning Dashboard

Mr. Matthew Siegler, Senior Vice President of Managed Care and Patient

Growth and Dr. Eric Wei, Senior Vice President and Chief Quality Officer proceeded with the presentation of the NYC Health + Hospitals System-wide strategic pyramid and its components: Patient, family and community, the System's vision and its mission, our values ("ICARE"), strategic pillars and social and equity.

Mr. Siegler reviewed the dashboard glossary, highlighting some of the measures from the 5 strategic pillars. There are 18 measures and five strategic pillars with a focus on quality and outcomes such as follow up appointments after a behavioral health discharge, A1C control of diabetes and blood sugar levels, and EITS integration of biomedical devices to the electronic health record system. NYC Health + Hospitals also tracks patient care experience, MyChart activation, the System's financial sustainability, the number of unique primary care patients seen, e-consult usage, and enrollees in NYC care of health coverage access, number of wellness encounters. The System also tracks the number of new physicians hired from underrepresented communities, data on race, ethnicity and language across the chronic disease dashboard and the percentage of procurement spend allocated to MWBEs. The FY-22 Q1 performance and positive, steady and negative trends were also discussed. Under the Equity measure, Mr. Siegler shared that the System continues to make progress towards the target 30% MWBE being now at 28%.

The FY-22 Q1 COVID-19 measures and the System Dashboard were also discussed.

Mr. Pagán acknowledged Mr. Peña-Mora's role in the System's advancement in equity and diversity, especially in MWBE target goals and achievement. The Board complimented the staff on the impressive work and the direction of the strategic goals of the organization.

ACTION ITEM 3:

Mr. Pagán read the resolution

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**

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

ACTION ITEM 4:

Ms. Hernandez-Piñero read the resolution

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.

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

COMMITTEE AND SUBSIDIARY REPORTS

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

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health + Hospitals Corporation Board of Directors, the meeting was adjourned at 4:11 P.M.

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

Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Equity, Diversity and Inclusion Committee Virtual Meeting – January 10, 2022

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, and Mitchell Katz – joined at 10:05, Sally Hernandez-Piñero, and Michelle Morse, representative for Dave Chokshi in a voting capacity – joined at 10:12

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 10:00 a.m.

Mr. Peña-Mora moved for a motion to adopt the minutes of the November 8, 2021 meeting.

Upon motion made and duly second the minutes of the November 8, 2021 meeting was unanimously approved.

DIVERSITY AND INCLUSION UPDATE

Matilde Roman, System's Chief Diversity and Inclusion Officer updated the Committee on diversity and inclusion activities by providing an overview of the System's top achievements for 2021. Ms. Roman shared that the System restructured the strategic priorities to include social and racial equity as the foundation of its mission and values, and the creation of system-level metrics to make equity, diversity and inclusion goals more measurable and accountable. The three indicators being measured are the number of new physician hires from underrepresented groups, integration of race, ethnicity and language values in chronic disease dashboards, and measuring Minority- and Women-Owned Business Enterprises contracting spend.

Another achievement mentioned was the launch of the Medical Eracism initiative, spearheaded by Dr. Louis Hart from Quality and Safety, and which is now under the Equity and Access Council Equity of Care work group. Ms. Roman stated that the System serves as a co-founder and co-convenor of the Citywide Coalition to End Racism in Clinical Algorithms and referred to Dr. Nichola Davis, the System's Chief of Population Health who is leading this effort to provide the Committee further details when she gives the Equity & Access Council update. Another notable accomplishment was the System nearing its thirty percent contracting spend goal for Minority- and Women-Owned Business Enterprises.

Ms. Roman was also pleased to report that the System opened its sixth Pride Health Center at Jacobi Medical Center, the first one in the Bronx, and added that Lincoln launched an Affirming Integrated Services Practice to provide affirming services to LGBTQ New Yorkers. Ms. Roman went on to share that the System continues to meet high standards of care for LGBTQ patients by earning the national recognition by the Human Rights Campaign for the sixth year in a row, and the System was profiled in the first national edition of the Long-Term Equality Index for promoting equitable and inclusive care for older LGBTQ residents in residential long-term care communities.

Ms. Roman then updated the Committee on department accomplishments, and shared that the Office of Diversity and Inclusion released a progress report that highlights the significant steps the health system has taken to integrate diversity and inclusion best practices over the last five years. Also mentioned the release of the 2022 Diversity and Inclusion Calendar, meant as an educational tool to facilitate common understanding of key diversity and inclusion concepts and terms as well as highlight cultural and heritage dates throughout the year.

Committee members also heard that the System fulfilled 1.3 million interpretation requests in over 200 languages and dialects that resulted in more than 18 million interpretation minutes. Moreover, the Committee was informed of efforts to expand workforce training solutions. These measures included a strategy to diversify training vendors by issuing the first system-level Request for Proposals, enrollment of over 6,000 affiliate providers in the LGBTQ Health Equity Certificate training, and launch of a voluntary in-house interpreter skills training for bilingual staff. Lastly, Ms. Roman shared 2021 training highlights that included 58,000 diversity and inclusion training completions, and over 26,000 training completions for Cycle 4 Sexual Harassment Prevention. This concluded Ms. Roman's updates.

Mr. Peña-Mora asked if there were any questions from the members. There were none and that concluded the update from the Office of Diversity and Inclusion.

EQUITY AND ACCESS COUNCIL UPDATE

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") provided an update on the Council's activities. Dr. Davis shared that in terms of updates for the Equity and Access Council moving forward they would report out on one of the four work groups at each meeting and today was going to focus on activities from the Equity of Care Workgroup.

Dr. Davis shared that race, ethnicity and language are now included in all five clinical dashboards in order to stratify the data to identify opportunities for intervention and prevention. In terms of the Medical Racism work previously mentioned, the System has already implemented changes in the algorithms for Vaginal Birth After C-Section as well as kidney function, and now focused specifically on monitoring the outcome of the change in the kidney function algorithm and looking at any potential impact of this new algorithm in clinical decisions. Also looking at future algorithms and trying to find how best to eliminate race in pulmonary function test assessments.

Dr. Davis then shared efforts to expand services to provide optimal level of care for all patients with sickle cell, and explained that the rationale to focus on sickle cell was related to Health + Hospitals being one of the largest providers of care to individuals with sickle cell in New York City. Dr. Davis elaborated that a third of adults who have Medicaid and about a quarter are children who are served at Health + Hospitals, and went on to state that sickle cell largely affects minorities with 90% of patients of African descent, 10% Hispanics, and a smaller percentage of sickle cell patients from India, the Middle East, and of Mediterranean descent.

Dr. Davis went on to say that unfortunately patients with sickle cell are often stigmatized and are at an increased risk of mortality, particularly around the time during transition from pediatric to adult care. Dr. Davis stated that the System does have pediatric comprehensive centers, but only has two comprehensive centers for adults located at Kings and Queens. Thus, the aim is to expand

services to have a Center in each borough. Dr. Davis shared that she hoped to have centers in the Bronx and Manhattan, each location still to be determined. Dr. Davis also mentioned that there are currently working on a business plan to be submitted to the Clinical Services Planning Committee.

Board member Sally Hernandez-Piñero asked about the actual numbers of sickle cell patients cared for by Health + Hospitals. Dr. Davis replied that she would follow-up to provide the exact number of patients to the Committee.

Dr. Davis then proceeded to walk the Committee through a few screenshots of the diabetes and hypertension screening dashboards stratified according to race, ethnicity and language, and explained how it is a useful tool to raise questions and provide opportunities for intervention. Dr. Davis stated the data can help direct resources that would allow targeted strategies for different groups and collaboration with the NYC Department of Health and Mental Hygiene and community based organizations in affected communities to improve outcomes. Dr. Michelle Morse, asked if there was a way to compare data with State or National averages to establish benchmarks. Dr. Davis stated this can be explored as it would be useful to have that type of comparison. Dr. Morse then asked what goal the team was working towards on hypertension control. Dr. Davis replied the goal was 75%.

Mr. Peña-Mora commented about the opportunities to use the data to develop intervention strategies in communities that need additional support and identifying best practices that may be replicated. He also requested that it would be interesting to analyze the data further to understand why Latinx is better controlled in hypertension versus diabetes and showing the data by zip codes to understand how control is being managed in communities with the involvement from community- based organizations.

Ms. Hernandez-Piñero asked Dr. Davis to provide more details about sickle cell to better inform the members' understanding of the disease. Dr. Davis then proceeded to provide an overview of sickle cell, the stigma associated with the disease, and the gaps in current care models that result in the disparities seen with sickle cell patients.

Follow-up items: provide actual numbers of sickle cell patients

Mr. Peña-Mora asked if there was any old business or new business, and heard none. The meeting concluded and was adjourned at 10:35 a.m.

Strategic Planning Committee Meeting - January 10, 2022

As Reported by: Feniosky Peña-Mora

Committee members present: Feniosky Peña-Mora, Sally Hernandez-Piñero, Dr. Machel Allen represented Dr. Katz in a voting capacity, Dr. Mitchell Katz - joined at 11:05, José Pagán

Mr. Feniosky Peña-Mora, called the January 10th meeting of the Strategic Planning Committee (SPC) to order at 11:00 am and notify the Committee Dr. Machel Allen will be representing Dr. Katz in a voting capacity until he joins the meeting.

Upon motion made and duly seconded the minutes of the November 08, 2021 Strategic Planning Committee meeting was unanimously approved.

INFORMATION ITEMS

Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to present on the External and Regulatory Updates that are affecting our System's performance.

Federal Update

Ms. Brown reported that DC is currently focused on voting rights and filibuster. A press event was held outside of Bellevue on getting the approval for outstanding FEMA funding. The Executive administration and Congress continue to focus on COVID-19, and will later this week announce their activities related to COVID. On the regulatory side we are engaging with CMS leaders, particularly CMMI, on social determinants of health, equity, and value-based care.

State Update

Ms. Brown reported that Governor Hochul held her State of the State, and there is a lot of investment in healthcare, particularly in the healthcare workforce. Legislative committee meetings continue to function and be remote until January 15th. Next week we expect the introduction of the State budget, and we are hoping that it reflects many of the priorities that we have discussed and been advocating for both to the Executive and to the Legislature.

City

Ms. Brown reported that we now have a new Mayor, Deputy Mayor, Council Speaker, and a new set of Council members. They are all in unity to continue supporting the City and our response to COVID-19. We were allocated \$111 Million in support of our COVID relief work, and we are optimistic towards the future as we go through another surge of COVID.

Mr. Siegler and Dr. Eric Wei, Senior Vice President, Chief Quality Officer reported on FY-22 Q1 (July 1 to September 30, 2021) Performance;

Positive Trends:

Quality and Outcomes

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

Care Experience

8. MyChart Activations: **72%** from 69% (target: 75%)

Access to Care

17. NYC Care enrollment: **99,568** from 72,369 (revised target: 100,000)

Financial Sustainability

10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **90%** from 81% (target: 76%)
11. % of MetroPlus medical spend at NYC Health + Hospitals: **40.1%** from 38.6% (target: 45%)
12. Total AR days per month: remains at **57.5 days** from 60 days (target: 45)
14. 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** (target: 100%)

Steady Trends (exceeding target):

Access to Care

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

Financial Sustainability

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

Culture of Safety

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

Steady Trends (short of target):

Quality and Outcomes

1. 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 (target: 1.00 per 1,000 care days)

Negative Trends between Reporting Periods, Remains Consistent with Target:

Quality and Outcomes

4. % Left without being seen in ED: **4.0%** from 3.7% (is below the target of 4.0%)

Negative Trends:

Quality and Outcomes

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

Access to Care

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

Care Experience

6. Inpatient care - overall rating: **64.5%** from 66.96% (target: 66.3%)

7. Ambulatory care - recommend provider office: **84.6%** from 86.99% (target: 87.0%)

Equity Measures:

Racial & Social Equity Measures

20. % 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%)

21. % of total procurement spend on MWBE: **28%** (target: 30%)

19. % 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%)**

COVID-19 Metrics:

COVID-19

22. Total # of COVID-19 Test Administered: **884,956** from 746,713

23. Total # of COVID-19 Positive Tests: **21,551** from 23,760

24. Post-Acute Care COVID-19 Infection Rate: **7.93** from 7.37

25. COVID-19 Vaccine: # 1st Dose: **509,622** from 445,968

26. COVID-19 Vaccine: # 2nd Dose: **425,305** from 380,050

27. % of Occupied Beds: **49%** from 67%

FOLLOW-UP ITEMS:

- The Committee expressed an interest in having the Strategic Planning Committee report to the Board as a whole, twice a year, because the corporation strategy is really a Board responsibility.
- The Committee commented on further looking into missing information that is reported by affiliate organizations on new hire physicians' ethnic groups.
- Lastly, the Committee asked to look into a way to further deal and support staff by ensuring them that the system is there for them and that we do understand what the staff is going through.

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

There being no old business, nor new business, the meeting was adjourned at 11:50 am.

Finance Committee VIRTUAL MEETING - January 10, 2022

As Reported By: Freda Wang

Committee Members Present: Freda Wang, Mitchell Katz - joined at 12:15, Sally Hernandez-Piñero, Feniosky Peña-Mora, Barbara Lowe, José Pagán

Health + Hospitals Employees in Attendance:

John Ulberg, Linda DeHart, Michline Farag, James Cassidy, Marji Karlin, Sarah Lum, Colicia Hercules

(Online) Machelie Allen, MD, Matthew Siegler, Jay Weinman, Sonya Rubin, Rafelina Hernandez, Tasha Philogene, Matthew Fay, Salema Tyler, Inger Dobson

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 12:03 p.m.

Ms. Wang called for a motion to approve the December 7, 2021 minutes of the Finance Committee meeting.

Upon motion passed and duly seconded the minutes of the Finance Committee meeting held on December 7, 2021 were adopted.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-22/first quarter highlights. He conveyed that preplanning has placed Health + Hospitals in a good position to respond to the Omicron surge.

However, we missed the budget by \$152 million, which is due largely in part to not receiving FEMA relief funding. Notwithstanding, we are indebted to Senator Charles Schumer, Mayor Eric Adams, and Congressman Ritchie Torres for advocating on behalf of Health + Hospitals.

Mr. Ulberg continued, stating that direct patient care receipts came in \$117.7M higher than the same period in FY-21 continuing the pace of positive performance that we experienced during FY-21.

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. 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. Several areas of strong net performance were noted.

Mr. Cassidy presented the cash projections for First Quarter FY-22. H+H reports 22 days of cash on hand. The System expects to close December with approximately \$300 million (14 days cash-on-hand). We are hopeful to receive another FEMA payment by the end of January. Revenue Cycle indicates that we received \$117 million higher than last year during the same period.

Mr. Cassidy presented the highlights of our COVID-19 Federal relief efforts, including expenses, funds received and expected. We have received \$266M in FEMA advances to-date with an expectation of additional \$354M in the coming months associated with temporary surge staffing for cumulative reimbursement totaling \$620M.

In addition, H+H is preparing a subsequent FEMA reimbursement package for PPE. Further, H+H has submitted its required financial reporting to HRSA for Provider

Relief Fund (PRF) Phase 1 for revenues/expenses through June 30th, 2021. Lastly, H+H received approximately \$15M in PRF Phase 4 funds in mid-December.

Mr. Cassidy presented the external risks. To mitigate, omicron surge preplanning began in December with use of previous models as a baseline. We are closely tracking volume performance. Some of the nursing resources NYC H+H established to support the vaccine mandate are now shifting to support the COVID surge-IV. H+H is expanding its RN and provider OT shifts with a prioritization of using H+H staff before hiring contractors.

The fiscal year budget was presented by Ms. Farag. The strategic initiatives will build on FY-21 successes and support City-wide COVID recovery and City initiatives that are in alignment with H+H's overall vision, mission, and values.

The executive financial plan was presented by Mr. Cassidy. The FY-22 executive financial plan was released in early May.

The financial plan includes strategic initiatives totaling \$1.4B in FY-22, growing to \$1.8B by FY-25 due to the anticipated DSH cuts beginning as of October 1, 2023 (resulting in \$600M in cuts annually). The plan also assumes that the City will be made whole for its COVID-associated expenses through Provider Relief Funds and FEMA.

The plan shows the System with a positive operating margin of \$46M in FY-21 and \$41M in FY-22 coupled with strong cash balances of \$734M and \$775M, respectively (33-35 days cash-on-hand).

Ms. Farag presented the financial performance highlights with a walk-through of the quarter one performance. She noted that the first quarter ended with a net budget variance of -\$151.7M (-4%). However, the plan shows the System with a positive operating margin of \$46M in FY-21 and \$41M in FY-22 coupled with strong cash balances of \$734M and \$775M, respectively (33-35 days cash-on-hand). Patient revenue improvements year-over-year can be attributed to a combination of higher volume, solid performance and continued improvement in revenue cycle and other strategic initiatives, as well as increased average rates, and an extra Medicaid payment week in FY22 (14 in Q1 compared to 13 in Q1 last year).

An update on system-wide initiatives was presented by Ms. Farag. A deeper dive will be presented in the next report. Positive gains were made in revenue cycle and Value Based Payment/Managed Care initiatives, which are on track to meet targets for the year. More information is to come as funding becomes available and will be reported in the second quarter.

Ms. Karlin presented the revenue cycle targets and actuals for FY-22 first quarter. With a target of \$43 million and an achievement of \$95 million, H+H is doing well in accounts receivable and across all areas of denials.

Regarding financial assistance for eligible insureds, H+H is exceeding targets for outpatient, inpatient, and emergency department.

The presentation continued with Ms. Lum presenting the status on the Test and Trace Corp and the expenses related to the omicron surge. She highlighted key efforts under both the testing and tracing tracks, noting that tracing hired additional staff and is launching automation efforts as needed. The Take Care hoteling program is seeing an increase in demand and will open a fifth hotel this week. She concluded

in noting that OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date.

Ms. Wang polled the committee for questions.

Ms. Piñero noted the tremendous improvement seen in the screening rates. Ms. Piñero inquired as to how much money is left for NYC CARE beyond the COVID effort. Dr. Katz responded that the funding received under NYC CARE was not meant to cover the costs of care, but the cost of add-ons, such as a 24-hour customer care line, additional staff, and additional pharmacy hours. If funding were to cease, then H+H would come back to the Board to look for ways to cut back without compromising its mission. Mr. Ulberg offered that NYC CARE helps 80 to 100,000 people and will be part of the January estimate for next year.

Ms. Lowe commended the work of the team and asked if there are more ways to close the gap for school-based work due to the omicron surge. Dr. Katz replied that the programmatic team can provide the best insights on this. However, he noted several accomplishments in school-based settings. For example, each school now has a nurse for the first time ever. School-based testing is being done and we are now offering mental health support in schools. Further, we are seeing more children in the hospitals that are unvaccinated but we will keep working to close the gap.

Mr. Peña-Mora commended the team and asked for elaboration on how the screening rates for financial assistance improved so significantly. Ms. Karlin explained that in cases where patients have no insurance, they are enrolled in emergency Medicaid and given access to NYC CARE.

Mr. Peña-Mora inquired as to a breakdown on the various plans in emergency care. It was reported that the breakdown is available and can be provided at a later time.

Ms. Wang asked if H+H can get to 100% enrollment in NYC CARE. Currently, enrollment stands at 85%. Ms. Karlin offered several reasons as to why this is not likely. Specifically, 15% of patients cannot be enrolled either because they do not complete their paperwork or they are not eligible. However, H+H offers a self-pay discount to this 15% population.

Dr. Katz added that there is also a small group of patients that reside outside of New York City that we have to serve as well even though they are not ineligible for NYC CARE.

Mr. Peña-Mora inquired if self-pay discounts are the equivalent to the discount that we give to insurance companies. Ms. Karlin responded once screening is done, 'Ineligibles' are given a self-pay discount that is in alignment with Medicaid rates. Patients can contact us if it is still too much to pay. Thereafter, the Fee Settlement Board reviews special requests.

Ms. Wang further asked if FEMA dollars are included in the \$650 million we are receiving. Ms. DeHart replied yes, they are. She also affirmed that we will apply to FEMA for additional funding for Omicron expenses.

When asked if we are getting staffing in to support nursing, Ms. Farag replied yes, we are getting more staffing in and working with a vendor to do so. However, we prefer to pay our staff OT before hiring contractors. The challenge is that our

staff are tired and are getting sick as well. Dr. Katz confirmed this and noted Coney Island Hospital has to opened a new ward today.

Ms. Wang asked to what can the increase in the CMI rate be attributed? Ms. Farag replied that the increase is due to patients we regularly see plus COVID. Dr. Katz added that our doctors have also become more proficient in using Epic, which allows us to add more diagnoses, more accurately for billing.

Ms. Wang asked if we are seeing incremental costs for Test and Trace above and beyond what was presented in December. This was confirmed to be the case.

Ms. Piñero asked if patients with COVID presented differently during various stages. Dr. Katz responded that the census on this is flat. As to whether or not we are using the five-day isolation, Dr. Katz replied yes, if patients are asymptomatic.

ADJOURNMENT

There being no further business before this committee, the meeting adjourned at 1:12 PM.

Community Relations Committee - January 11, 2022 - VIRTUAL MEETING

As Reported by: Robert Nolan

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

Mr. Nolan call the meeting to order at 5:04 p.m.

With the establishment of quorum, Mr. Nolan introduced a motion to unanimously approve the minutes from the November 9, 2021.

CHAIRPERSON REMARKS:

Mr. Nolan welcomed everyone and congratulated Dr. Katz for receiving the 2021 Preston Robert Tisch Award in Civic Leadership from the Aspen Institute.

Mr. Nolan also reminded everyone that the Annual Public Meetings will begin in the coming months so please confirm attendees/speakers. He continued on with today's agenda, which included hearing reports from Woodhull, Queens, Kings, East New York, Carter and Bellevue. Mr. Nolan moved the agenda and asked Dr. Mitchell Katz for his report.

CEO/ PRESIDENT' s REMARKS:

Dr. Katz started by providing an update on the response to the pandemic, explaining that Omicron is significantly more infectious than past variants even with normal protections but the variant is less lethal and debilitating. The major impact of the virus is its disruption of our workforce due to isolations and sick days being used by hospital personnel. H+H has doubled their testing sites to 100 brick and mortar locations and distributed over 1 million home tests. We have the best turnaround times for COVID testing despite the demand on healthcare systems. On the vaccination front, mobile vaccinations have contributed to 25% of all minors vaccinated. Dr. Katz also acknowledged Metropolitan Hospital for conducting its 100th gender affirming surgery.

NYC Health + Hospitals/Bellevue

Ronnie White of the Bellevue CAB reported that they are planning their virtual legislative breakfast in February 2022. Bellevue updated their pharmacy department which has improved services. Mr. Hicks of Bellevue and the CEO of Metropolitan have been recognized in City & State's 2021 Manhattan Power 100. Gladys from Bellevue's Patient Experience Team mentioned how they handled verbal complaints that do not demonstrate a trend they wish to share.

Mr. Nolan asked Gladys and Ms. Lowe, Chief Experience Officer if there is a particular complaint or concern they would like the Board to be aware of. Ms. Lowe reported issues are being tracked monthly and the staff are responding accordingly. However, most recently the most complaints being raised are timely test results, which are being handled on a day-to-day basis. Whenever grievances or complaints are received they are addressed immediately or within seven days.

NYC Health + Hospitals/Carter

Annette Rosario of Henry J. Carter reported on behalf of the CAB Chair and provided an update on recent activities at the facility. The main issues impacting patients/residents are the modifications in therapeutic programming and limited access to in-person visitation. As of July 2021, Carter reinstated a limited unit and off unit activities which included; outdoor BBQ's, Ice cream social, Nail Spa, coffee social and the Thanksgiving luncheon.

They are excited to report the announcement, naming H + H / Carter to the prestigious 2022 Newsweek Magazine's Top Nursing Homes. Carter has earned this notable ranking for several years consecutively. This ranking validates Carter's statement to the public that they provide optimal skilled care with the highest quality outcomes and excellent patient/family experiences. They are proud of our accomplishment, improving our ranking out of the 630 nursing homes with NY State.

Carter had the NYSDOH Article 28 survey from October 14th, 2021 through October 20th, 2021. There were no environmental findings and one FTAG that required a plan of correction that was submitted and accepted by the NYSDOH.

NYC Health + Hospitals/East New York

Vere Gibbs, East New York CAB Chair, read her CAB report starting by reporting East NY has tested 18,000 patients and vaccinated 21,000 patients for COVID. East NY is updating its main water valves, television monitors, dental suites, and cracked pipes in the basement and water curtailment projects.

The most common complaint they are fielding is regarding wait-times and experiences with the call center, the facility continues to implement suggestions to reduce wait-time. Customers request OB/GYN services at East New York and they are working to find a provider to accommodate the need.

NYC Health + Hospitals/Kings County

Francisca Leopold, Kings' CAB Chair, discussed the robust COVID testing onsite that has helped teachers and other staff access rapid regular testing for work. Kings County Hospital is working to create a comprehensive breast center, total joint program center, expand their operating room, expand ambulatory care center, create a dedicated neurosurgical ICU, create a dedicated step-down level of care, and a dedicated pediatric care site. They are receiving new equipment including an O-Arm, DaVinci robotic arm, and more. Complaints about the hospital are

focused around difficulties using the call center and phone lines in general, and waiting times in the emergency room.

NYC Health + Hospitals/Queens

Carolyn Brown, Queens' CAB Chair, started by thanking the members of the Board of Directors & H+H before acknowledging the loss of the parents of our predecessor, former CAB Chair Dr. Andrew's parents. Queens Hospital has distributed over 100,000 doses of the COVID vaccine and is seeing significant renovations including window replacements, radiology upgrades, cardio clinic upgrades and more.

Ms. Brown also acknowledged several accolades they received and the new funding they have received for a community-based doula care program to promote birth equity. Queens hospital has received over \$1.5 million to support programs and policies to expand access to healthy and affordable food. Queens Hospital also cut the ribbon for a new total hip and knee replacement center to provide even higher quality care.

Ms. Brown also mentioned Queens' Hospital received a Leapfrog grade of B, the Hospital was one of two HHC facilities to receive that grade.

Mr. Nolan noted the large number of construction projects on the way and noted that Ms. Christine Flaherty and her team is available to address any concerns that may arise.

NYC Health + Hospitals/Woodhull

Jessica Arocho, Woodhull CAB Liaison, presented on behalf of her CAB Chair. Woodhull saw the completion of upgrades to their MRI and expanded their emergency room. Renovations are underway to repair the roof and elevators. There is also a major façade repair project in process and should be completed in 2022. Patients complain about the overcrowded emergency room and long waiting time on the elevators due to construction. The community is also concerned regarding the placement of prison/incarcerated population at Woodhull for safety and security reasons. However, there is close collaboration and planning between Woodhull and Correctional Health Services to address these concerns and ensure no mixing of patient population.

Mr. Nolan requested that the CEO Greg Calliste explain the impact of the high level of retirements and resignations on patient care.

Mr. Calliste responded that this is a trend being experienced across the industry and he is collaborating closely with central office to hire and recruit.

Mr. Nolan also requested an update on the elevator repairs seeing there are so many not working. Mr. Calliste responded that he has been working closely with Ms. Flaherty and has received the funding and the project is moving forward.

Mr. Nolan thanked all of the presenters and introduced a motion to adjourn the meeting.

ADJOURNMENT:

Meeting adjourned at 5:52 p.m.

GOVERNANCE COMMITTEE VIRTUAL - Tuesday, January 11, 2022

As Reported by José Pagán

Committee Members Present - José Pagán; Vincent Calamia; Freda Wang; Sally Hernandez-Piñero; Dave Chokshi, Mitchell Katz

Staff - Colicia Hercules; Yvette Villanueva

The meeting was called to order at 10:05 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on April 12, 2021. The motion was seconded and the minutes were unanimously approved.

On motion duly made, seconded and unanimously approved by all the meeting of the Governance Committee convened in executive session to deliberate on personnel actions.

Open Session

During the Executive Session, in accordance with the By-Laws (section 6 (2) the committee considered the appointment of two Corporate Officers are recommended by the President for presentation to the Board.

During the Executive Session, in accordance with the By-Laws (section 13 (D) the Governance Committee discuss a process to evaluate the President's performance for calendar year 2021.

There being no further business, the meeting adjourned at 10:53 a.m.

SUBSIDIARY REPORT

SUMMARY OF MEETING

HHC ACO INC. BOARD OF DIRECTORS (Virtual)

December 14, 2021

The Board of Directors of HHC ACO Inc. (the "Board"), NYC Health + Hospitals' subsidiary not-for-profit Accountable Care Organization (the "ACO"), convened on December 14, 2021 to go over and approve the FY 2021 Financial Audit, give an update on the ACOs PY 2020 Finalized Distribution payments, PY 2021 Expenditure Projections, and the ACO High-Utilizer Pathway.

The meeting of the Board was called to order by Mitchell Katz, M.D. at 4:02 PM.

On a motion duly made and seconded, the Board unanimously voted to approve the minutes of the October 07, 2021 meeting without correction or modification.

Among other matters, the Board discussed the following:

- ACO Benchmark Calculation and Risk Score;
- The ACO's High Risk Patient Outreach; and
- The ACO's Plan for 2022.

The Board approved the following resolutions:

- Acceptance by the Board of Directors of the ACO of the report prepared by Grant Thornton LLP, the ACO's independent auditors, regarding the audited financial statements of the ACO for the fiscal year ended June 30, 2021.

There being no further business, Matthew Siegler adjourned the meeting at approximately 4:55 PM.

MetroPlus Health Plan, Inc.

Board of Directors Meeting - Tuesday, December 14th, 2021

As Reported By: Ms. Sally Hernandez-Piñero

Draft minutes subject to adoption at the next MetroPlusHealth Board of Directors meeting on Tuesday, February 8th, 2022.

Ms. Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 2:06 P.M.

ADOPTION OF THE MINUTES

The amended minutes of the Board of Directors meeting held on August 3rd, 2021 and the minutes of the Board of Directors meeting held on October 5th, 2021 were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

NEW BUSINESS

Ms. Sally Hernandez-Piñero asked Dr. Talya Schwartz, President & Chief Executive Office of MetroPlus, to begin with the President & CEO Update.

Dr. Schwartz provided a regulatory update regarding the process and tentative timeline for Medicaid/CHP re-certifications to recommence.

Dr. Schwartz stated that the State mandated rates for certain Behavioral Health services were increasing beginning 2022.

Dr. Schwartz reported on the MetroPlusHealth Article 44 audit.

Dr. Schwartz reported on the MetroPlusHealth financials and member COVID-19 vaccination rates and incentive programs.

Ms. Hernandez-Piñero requested to move on to the Behavioral Health (BH) Transition update presented by Ms. Colleen Chesney, Head of Behavioral Health.

Ms. Chesney provided a breakdown of the BH inpatient/outpatient demographic, inpatient experience, inpatient primary diagnosis, and utilization management authorization.

Ms. Hernandez-Piñero requested to move on to the Action Items.

ACTION ITEMS

The **First** resolution was presented by Mr. Christopher Roker, Chair of the Finance Committee, for Board approval.

Adopting the Annual Operating Budget and Expense Authority of the MetroPlus Health Plan, Inc. (the "Plan") for Calendar Year 2022.

Ms. Lauren Leverich-Castaldo provided a 2022 Budget Overview and Summary which included new initiatives (vacancy and salary increases), expenses, forecasted savings/revenue, and projected membership by lines of business for 2022.

There being no further questions or comments, on a motion by Ms. Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

The **second** resolution was presented by Ms. Lila Benayoun, Deputy Chief Operating Officer, for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or "the Plan") **to form a subsidiary, MetroPlus Management Services Organization ("MSO"), for the purpose of offering certain administrative and patient-support services, including but not limited to administrative services for and on behalf of self-funded plans.***

Ms. Benayoun presented the MSO plan, vision, value proposition, benefit design and financial considerations.

Ms. Leverich-Castaldo further discussed financial considerations which includes estimated investment and loss scenarios over the course of 2022 to 2025.

Ms. Benayoun presented information concerning Information Technology needs for the MSO and considerations regarding the separation of MSO and MetroPlusHealth, along with Compliance considerations, Proposed Corporate Structure and MSO/Product Launch Timeline.

There being no further questions or comments, on a motion by Ms. Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

The **third** resolution was presented by Mr. Roker, Chair of the Finance Committee, for Board approval.

*Authorizing the Executive Director of MetroPlus to **negotiate and 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.*

Ms. Leverich-Castaldo provided a brief background on the necessity of the services, an overview of the procurement process, Request for Proposal (RFP) Criteria, Product and Annual Cost Structure, Vendor/Contract Highlights, and the MWBE Utilization Plan.

There being no further questions or comments, on a motion by Mr. Roker and duly seconded, the resolution was unanimously adopted by the Board.

The **fourth** resolution was presented by Ms. Robin Fisk, Deputy General Counsel, for Board approval.

*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.*

Ms. Fisk advised that MetroPlusHealth needs to amend the Certificate of Incorporation to reflect 50 Water Street, New York, NY 10004.

There being no further questions or comments, on a motion by Ms. Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

The **fifth** resolution was presented by Ms. Hernandez Piñero, for Board approval.

*Approving the MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") **annual Board Member Committee assignments effective January 1, 2022**, as set forth in the Appendix A attached until such time as any changes are approved by the Board of Directors.*

There being no further questions or comments, on a motion by Ms. Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

The **sixth** resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance & Performance Improvement Committee, for Board approval.

*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.

Dr. Sanjiv Shah, Chief Medical Officer, provided a brief background, service highlights and justification on the service extension agreement request.

There being no further questions or comments, on a motion by Ms. Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

ACTION ITEMS CONTINUED

The **seventh** resolution was presented by Mr. Robert Micillo, Chief Information Security Officer.

Authorizing MetroPlus Health Plan Inc. ("MetroPlus" or "Plan") to continue the Plan's Cybersecurity Program.

Mr. Micillo provided the Board with an Annual Recap of MetroPlusHealth's Cybersecurity program.

Mr. Micillo advised that he is seeking the Board's approval for the Annual Certification of Compliance with New York State Department of Financial Cybersecurity which states that MetroPlusHealth meets all cybersecurity regulations.

Ms. Hernandez-Piñero approved the document for New York State Department of Financial Cybersecurity.

There being no further questions or comments, on a motion by Ms. Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

The eighth resolution was presented by Mr. Sherif Sakr, Chair of the Audit & Compliance Committee, for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to **extend the existing contract with Cotiviti, Inc. ("Cotiviti") to provide Special Investigation Unit (SIU) services** for a term of (1) year for an amount not to exceed \$1,018,068 for the total (1) year term.*

Dr. Shah provided a brief background, service highlights and justification on the service extension agreement request.

There being no further questions or comments, on a motion by Ms. Hernandez-Piñero and duly seconded, the resolution was unanimously adopted by the Board.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 3:27 P.M.

CORONAVIRUS UPDATE

We entered 2022 with record-high levels of COVID due to the most formidable Omicron variant and holiday gatherings. Once again, our hospitals filled up with patients needing our help. The demand for our testing and vaccination services reached an all-time high. We doubled our isolation hotel rooms to accommodate all the New Yorkers who needed to quarantine to protect their families. And so many of us got sick and needed to lie under the covers with our sore throats and hacking coughs, worried about our teammates left stretched by our absence.

But I am pleased to report that the omicron wave is leveling off and all the pandemic markers are going in the right direction. We have started to see decrease in cases and hospitalizations. But we cannot let our defenses down and will continue to activate all the tools at our disposal - testing, tracing, isolation, vaccination and boosters, and all the operational and emotional support we can offer our heroic, front-line teams.

Through this surge, NYC Health + Hospitals and our Test & Trace Corps team have continued to lead Citywide pandemic response efforts. Here are some recent highlights:

- NYC reached the highest vaccination rates in the nation- reaching more than 16 million doses administered Citywide
- More than one million masks distributed since January 1, 2022
- More than 2.5 million New Yorkers have taken their booster shot
- NYC Health + Hospitals has administered more than 1.6 million total vaccine doses
- We opened 150 new testing sites since the latest surge
- We have doubled the number of city-run sites, and tripled the number of tests (1.5M tests)
- In the first week of January, city run sites were doing nearly 1/3 of testing citywide. On January 3, we did 67k tests, compared to less than 20k per day before omicron
- Since the latest surge, city run sites have done 1.4M tests (9M overall)
- We have distributed over 4M at home tests to schools
- We set up testing outside 37 hospital EDs (20k tests)

It is too soon to know if this points to the beginning of the end of the pandemic. We remain hopeful and vigilant - by following all the other best practices, wearing masks and eye protection when caring for patients, social distancing and getting our booster shots.

Mayor Adams Invests in NYC Health + Hospitals to Fight Omicron Surge - Mayor Eric Adams this month announced the City will commit nearly \$145 million in

resources to support safety net hospitals, and allow NYC Health + Hospitals and the City Department of Health to increase staffing and fight the Omicron surge. The additional COVID-19 funding secured by Mayor Adams will help us further secure necessary staff that will not only help care for New Yorkers during our Omicron surge, but also provide relief to our healthcare heroes who have been on the frontline of this pandemic for nearly two years. Our public health System's extraordinary COVID-19 response would not have been possible without the continued support and advocacy of our Citywide leaders and partners.

NYC Health + Hospitals/Coney Island welcomes U.S. Department of Defense (Do) Medical Team - The DoD team arrived at Coney Island Hospital this week to support health care workers on the front lines in the continued battle against COVID-19. The team includes physicians, RNs, LPNs, Army medics, and respiratory technicians who will support key areas such as the ED, ICU, and the medical-surgery unit to ensure uninterrupted and timely care continues to be delivered. The team arrived on Saturday, January 22nd, and went through an orientation and training on hospital policies and procedures, and began their first full day of work on Monday, January 24. They will be supporting our hospital team for at least 30 days. We expect a similar DoD team to arrive at NYC Health + Hospitals/North Central Bronx next week. Our health care heroes have been disproportionately impacted by the COVID-19 pandemic and deserve a much-needed break. We are grateful to Governor Hochul for making the request and to the Biden Administration and Department of Defense for sending medical teams and supporting our workforce.

Street Health Outreach & Wellness - The NYC Health + Hospitals SHOW mobile units have offered services to over 100,000 unique New Yorkers, with a focus on people experiencing homelessness. To date, those services include 50,000 COVID tests, 23,000 social worker engagements, 10,000 medical consultations, and over 5,000 vaccinations.

Booster Mandate for Health Care Workers - The New York State Department of Health is requiring all health care workers to get the COVID-19 booster vaccine in order to continue serving the people of New York. The booster shot is our best protection to reduce the risk of serious illness, hospitalization and death from COVID-19. It is safe, effective and conveniently available and at no cost to you.

HANYS Recognizes NYC Health + Hospitals/Elmhurst for Employee Mental Health Support Services During Pandemic - NYC Health + Hospitals/Elmhurst received the 2021 Pinnacle Award for Quality and Patient Safety by the Healthcare Association of New York State (HANYS) for its employee mental health support services provided during the pandemic. As part of our health System's Helping Healers Heal (H3), the peer support program expanded within the hospital to reach all employees by engaging more peer support champions and meeting staff where they were. Peer support champions worked with mental health experts throughout the health System to facilitate wellness-rounds on the floors, host debrief sessions after adverse patient encounters, staff behavioral health employee-only hotline, and establish respite rooms for employees. We were fortunate to already have the foundation of our Helping Healers Heal program before the pandemic, which allowed us to quickly scale up and expand services when our healthcare heroes needed the emotional and psychological support the fastest during the early weeks of the pandemic. We continue to offer these critical support services to all employees, incorporating lessons learned through the pandemic, while also

breaking down stigmas associated with mental health support that create negative and potentially unsafe environments for health care workers.

FIRST BABY OF 2022 BORN AT NYC HEALTH + HOSPITALS/CONEY ISLAND

The City's first baby of 2022 was welcomed at NYC Health + Hospitals/Coney Island at exactly 12:00 A.M. on January 1, 2022. Named Leyla Gessel Tzunun Garcia, the baby girl weighed in at 7 lbs. 6.3oz., and measured 19.5in. Leyla was born to parents Irma Garcia and German Tzunun of Gravesend, Brooklyn. The baby girl is their first child. Our health care system delivers approximately 16,000 babies annually, and more than 1,000 are born at NYC Health + Hospitals/Coney Island. We are proud to celebrate this annual tradition and continue to ensure New Yorkers high quality prenatal care, labor and delivery services, family planning, comprehensive gynecology, women's health and primary care outpatient medical support for patients at every stage of life.

EXTERNAL AND COMMUNITY AFFAIRS UPDATE

Federal - We once again express our deep thanks to Majority Leader Schumer and Representative Torres for pushing through the approval for our FEMA reimbursement. They, their teams, the State team, and our colleagues in City government have all been herculean. We are grateful.

State - Last week, the Governor proposed a \$216.3 billion budget for State Fiscal Year (SFY) 2023, which begins April 1, 2022. The state operating budget increases by 3%, and includes Medicaid spending at \$92 Billion. The proposed budget is balanced through SFY 2027, and allows for investments in health care based in part of increased tax receipts and increased Federal funding. We were pleased to see investments in health care this year, after years of State cuts. Many of the Governor's proposals align with our advocacy priorities, including:

- Recognition of our hard-working staff thorough a \$1.2B workforce bonus;
- Restoration of the prior 1.5% cut in Medicaid reimbursement and a 1% increase in Medicaid rates, increased funding for nursing home providers.
- \$1.6B in health care capital transformation. It will be especially important that NYC Health + Hospitals is able to access this funding equitably, as our system infrastructure is significantly older than other hospitals'.
- Parity in telehealth reimbursement.
- Creation of a NY State nurse loan repayment program;
- Medicaid Expansion for low-income New Yorkers aged 65 and over and those with disabilities to maintain Medicaid eligibility after they become eligible for Medicare.

These are among the important and powerful initiatives in the Governor's proposed budget. As the budget process proceeds, we will continue advocating for support for NYC Health + Hospitals and the patients and communities we serve. We are grateful to the Governor and DOH, as well as our partners in the State legislature who understand the critical role our safety net system plays. We also appreciate our Community Advisory Boards for their support in these important efforts.

City - We are pleased to have begun our work with Mayor Adams and team, particularly Deputy Mayor of Health and Human Services Ann Williams-Isom, who joins us on our Board. We also offer congratulations to Council Speaker Adrienne Adams as she has appointed Council leaders, including new Hospital Committee

Chair Mercedes Narcisse, who has been a registered nurse for over 30 years, and Health Committee Chair Lynn Schulman, who is an NYC Health + Hospitals alum and a staunch supporter of access to care. We are truly grateful to have so many partners and friends in the Council, and we look forward to our productive work together.

LEADERSHIP APPOINTMENTS

Georges H. Leconte, Mpa Fab, Rrt Appointed CEO of NYC Health + Hospitals/Harlem - Georges Leconte has three decades of experience in hospital administration and direct patient care as a licensed respiratory therapist, and has served in various leadership roles in the NYC Health + Hospitals system since 1999. As CEO, he will help lead the hospital's continued response to the COVID-19 pandemic and address the ongoing public health challenges some of the City's hardest hit communities in NYC still face. He will also ensure the continued focus on employee wellness, clinical excellence, exceptional patient experience, fiscal integrity, and expanding access to quality, affordable and comprehensive health care for the Harlem community. Georges was selected after a national search for the role, with input from hospital staff and community members. Georges has proven his commitment to our health care system for over two decades, not only as a seasoned hospital administrator, but also by rolling up his sleeves and joining other frontline providers during the early days of the pandemic. That's the team spirit and nimbleness that any leader and hospital CEO should have. Georges' family emigrated to the United States from Haiti when he was 10 years old, and lived in Manhattan and Queens as a child. He attended Rice High School in Harlem. We are fortunate to have one of our own health care leaders to serve the Harlem Hospital staff, patients, and community members.

Stephen Catullo, MBA Appointed CEO of NYC Health + Hospitals/Coler - Stephen Catullo has nearly three decades of experience in health care delivery and administration, and has served in various leadership roles in the NYC Health + Hospitals skilled-nursing facility network since 1997. As CEO, Catullo will help lead the skilled-nursing facility in ensuring all residents and patients have convenient access to ongoing high-quality care and resources. Stephen was selected after an extensive search for the role, with input from internal post-acute care administrators, the Community Advisory Board, and Coler residents. His appointment is effective January 31, 2022. Our public health system is made up of thousands of passionate, expert health care professionals who have dedicated decades of their careers to our facilities, and Stephen is just another example of this. Stephen is bringing over twenty years of working within our system's network of skilled-nursing facilities to his new role. That's over twenty years of institutional knowledge and understanding of what our residents, patients, and their families deserve from their long-term care facility.

Michelle McMacken, MD, FACP, DipABLM Appointed Executive Director of Nutrition and Lifestyle Medicine for NYC Health + Hospitals -- Dr. McMacken's appointment marks the next step in the evolution of our public health care system, making nutrition and lifestyle medicine core to how we deliver health care. In this newly created role, Dr. McMacken will lead system-wide efforts to advance nutrition and lifestyle education for patients and health care professionals, and increase patients' access to nutritious foods and plant-based meals. She will also help expand dedicated lifestyle medicine services to support positive

behavior changes, such as improved diet, physical activity, sleep, stress reduction, avoidance of risky substances, and social connection to reduce chronic disease risks. This work will build on Dr. McMacken's work with the Plant-Based Lifestyle Medicine Program launched in 2019 at NYC Health + Hospitals/Bellevue with the advocacy of then-Brooklyn Borough President and our new mayor, Eric Adams. Dr. McMacken will continue to practice in the NYC Health + Hospitals/Bellevue Adult Primary Care Center.

IN REMEMBRANCE – MAUREEN MCCLUSKY

We deeply mourn the passing of our beloved friend and colleague, Maureen McClusky, who died from complications of brain cancer at her home this past Saturday. As Senior Vice President of our post-acute care operations for the past six years, Maureen was an innovative, empathic and courageous leader. She executed on the concept of the service line when she joined NYC Health + Hospitals and successfully transformed multiple post-acute facilities and programs into a cohesive team delivering high quality clinical care to patients. She was pivotal in large scale transformational work, and under her leadership, the service line's clinical competencies and capabilities increased drastically, making the post-acute sites competitive in local markets and recognized nationally as top ranked medical facilities. With these huge responsibilities, Maureen had a natural ability to infuse levity with humor and always made us laugh. She loved her NYC Health + Hospitals family – all the staff on the front lines of our skilled nursing facilities, our residents and their families – and was so proud of all they had accomplished. We will soon plan an appropriate remembrance to recognize her contributions to NYC Health + Hospitals and show how much we loved her back. We will miss her immensely.

CONTRACTS

I have approved 2 contracts, given their time-sensitivity, that would otherwise have been brought to the Board, and I want to take this opportunity to summarize them.

One is for the rental of a hotel used to serve as part of the New York City COVID-19 Isolation program. The agreement terms are for December 13, 2020 through June 30, 2022 We have the right to terminate our use of the hotel on 10 days' notice, now that the minimum use period of 45 days has been met. If we utilize all 195 rooms in the hotel for the entire period, the cost of the agreement will not exceed \$5,557,324. Including food service. The full cost of the agreement will be covered by the City and OMB under our COVID MOU.

The second contract is with the Icahn School of Medicine at Mt. Sinai to perform health assessments of Department of Corrections (DOC) employees missing work due to claims of illness. Having a sufficient number of healthy correctional employees is critical to H+H carrying out its functions providing health care to incarcerated persons. Mt. Sinai is a leader in Occupational Health through its Mount Sinai Selikoff's Centers for Occupational Health and has considerable expertise in assisting employers respond to the health needs of its employees. Mt. Sinai provides services to the Port Authority and the MTA Bridge and Tunnel operations, and charged the same amounts for these services, \$175/exam for up to 9,000 exams per month and at \$250/exam for monthly exams above that threshold. The authorized amount for this contract which was effective August 1,

2021, is \$9M. The cost is fully funded by the Department of Corrections through its MOU with NYC Health + Hospitals.

NEWS FROM AROUND THE HEALTH SYSTEM

- [NYC Health + Hospitals/Coney Island Welcomes Military Medical Team](#)
- [Street Health Outreach & Wellness Program Offers Services to Over 100k New Yorkers](#)
- [Over 1 Million Tests Performed by City-Run Testing Sites in Response to Omicron Surge](#)
- [Dr. Michelle McMacken Appointed Executive Director of Nutrition and Lifestyle Medicine](#)
- [Test & Trace Deploys Mobile Testing Teams to Support Hospital Emergency Depts.](#)
- [Stephen Catullo, MBA Appointed CEO Of NYC Health + Hospitals/Coler](#)
- [Georges H. Leconte, MPA FAB, RRT Appointed CEO of Harlem Hospital](#)
- [Mayor Adams Announces Additional Resources To Fight Omicron Surge](#)
- [Test & Trace Doubles Number of Testing Sites, Opening Over 100 New Locations](#)
- [First Baby of 2022 Born at Coney Island Hospital](#)
- [HANYS Recognizes Elmhurst for Employee Support Services During Pandemic](#)
- [NYC Test & Trace Corps Welcomes Federal Mobile Testing Fleet](#)
- [Nearly 1.5M COVID-19 Vaccine Doses Administered as Year Anniversary of Efforts is Marked](#)
- [NYC Health + Hospitals/Bellevue Opens New Obstetrics Simulation Lab to Improve Maternal Health](#)
- [NYC Test & Trace, DOHMH to Distribute 500k Self-Test Kits, 1 Million Masks to CBOs](#)
- [NYC Health + Hospitals/Metropolitan Reaches Milestone, Performing 100 Gender-Affirming Surgeries](#)
- [Statement in Opposition to Supreme Court Ruling on Texas Abortion Law](#)
- [4 Emergency Physicians Named 'Unsung Heroes'](#)
- [NYC Health + Hospitals/Queens Celebrates 3 Years without Central Line-Associated Infections in the ICU](#)
- [Peer Academy Training Program Launches to Support Behavioral Health Patients](#)
- [31 Nurses, NYC Health + Hospitals/Kings County Nursing Staff Recognized in Annual Awards](#)

RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the “**System**”) acting in its capacity as the sole member of MetroPlus Health Plan, Inc. (“**MetroPlus**”) hereby supports MetroPlus **establishing an internal unit to be known as “MetroPlusHealth OneX” or “OneX” to offer administrative and patient-support services, including administrative services for and on behalf of self-insured health plans.**

WHEREAS, MetroPlus, a subsidiary of New York City Health and Hospitals Corporation (the “**System**”) which is its sole member, is a public benefit corporation certified under Section 4403(a) of the New York Public Health Law as a Health Maintenance Organization and has organized plans for the provision of Prepaid Health Services to its members; and

WHEREAS, MetroPlus seeks to expand its activities by offering services including administrative and member management services to a broad array of individuals with barriers to care, which expanded services would not fall under the services provided under its health maintenance organization certificate; and

WHEREAS, by launching its OneX line of business as an operating unit, MetroPlus will leverage its existing licensed and expertise developed to support members in its health maintenance organization products to additional populations by establishing a separate operating unit, which creates an inexpensive way for MetroPlus to launch the new initiative;

WHEREAS, the services to be offered through OneX will align with and support MetroPlus’ corporate objectives and those of the System, its parent corporation, to provide affordable health care to all New Yorkers; and

WHEREAS, MetroPlus Board of Directors, at its meeting held on February 8th, 2022, approved creating **OneX** as a separate operating unit within MetroPlus; and

WHEREAS, through OneX, MetroPlus will be able to diversify its revenue sources.

NOW THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) acting in its capacity as the sole member of MetroPlus Health Plan, Inc. (“**MetroPlus**”) hereby supports MetroPlus establishing an internal unit to be known as “**MetroPlusHealth OneX**” or “**OneX**” to offer administrative and patient-support services, including administrative services for and on behalf of self-insured health plans.

EXECUTIVE SUMMARY
LAUNCH OF METROPLUS HEALTH ONEX
LINE OF ADMINISTRATIVE AND PATIENT MANAGEMENT SERVICES

MetroPlus Health Plan, Inc. (“**MetroPlus**”) seeks the support of the Board of Directors of its sole member, New York City Health and Hospitals Corporation, to offer a suite of administrative and patient management services as an additional line of business outside the scope of its health maintenance organization products. MetroPlus proposes to house such operation within its existing corporate structure by establishing an internal operating unit to be known as “**MetroPlus Heath OneX**” or “**OneX**.”

The proposal is to offer such services to self-funded employers and other entities which are stressed by rising healthcare costs under traditional, fully insured plans. Offering services to self-insured plans aligns with MetroPlus’ goal of providing affordable health care to all New Yorkers, a goal shared New York City Health and Hospitals Corporation. In particular, by targeting specialized populations, the proposed services may help to overcome the barriers to care such populations’ experience.

MetroPlus plans to launch its MetroPlusHealth OneX line of business on July 1, 2022. The initiative will be overseen by MetroPlus employees including an administrative leader and a team, the value of whose time will be allocated to the new venture for accounting purposes. By establishing OneX as a separate operating unit, MetroPlus will leverage its licenses and expertise supporting members in its health maintenance organization products for additional populations.

This low-cost approach will allow MetroPlus to enter this new market with minimal risk. Initially, MetroPlusHealth OneX will offer management services to self-insured health plans, however, if there is market demand for such services, MetroPlus may expand to serve other kinds of plans. If there is sufficient demand, MetroPlus may add staff dedicated solely to the venture

**Resolution Supporting
MetroPlus Launch of
MetroPlusHealth OneX**

**NEW YORK CITY HEALTH
AND HOSPITALS CORPORATION
Board of Directors Meeting
Thursday, February 24, 2022**

Dr. Talya Schwartz, CEO & President



Background

- MetroPlus has been exploring launching a line of business through a separate division operating under the name “OneX”.
- Many Managed Care Plans (“MCOs”) offer administrative and management services to fully insured plans and also to self-insured (ERISA, Union-sponsored or other) health plans, thus diversifying their revenue.
- The proposed OneX division would perform management functions for self-insured plans consisting of organizing provider networks, performing claims management and processing, utilization review, and in some instances case management for medical and behavioral health services.
- While most MCOs bear risk for their members’ claims and provide administrative and management functions, self-insured entities often lack the infrastructure to perform these functions.
- The contracted self-insured entities will bear the risk of employee health care utilization by financing payments to providers; OneX will administer the self-insured product and will bear no insurance risk.
- Employers can realize savings based on their employee’s actual claim experience rather than paying a pre-determined community rated monthly premium administered by Insurance Carriers².



Background

- There are over 550 employers who have self insured plans in NY and MetroPlus identified dozens of groups with historically underserved members who would benefit from our plan as the rising costs of health coverage increasingly challenge employers.
- The MSO can offer smaller, non for profit employers, a more affordable option to continue to offer quality coverage.
- MetroPlus intends to begin offering additional lines of MSO business through a new division called “MetroPlusHealth OneX” (**OneX**).
- This will be a cost-efficient way to enter new markets and add another revenue stream.
- On February 8, 2022, the MetroPlusHealth board has approved the launch of OneX as a separate operating unit within MetroPlusHealth.

Self-Insured Plan Market

- According to a 2020 Kaiser Family Foundation analysis, 67% of U.S. employees with employer-sponsored health insurance are in self-insured plans.
- New York City realized over 15% growth in self insured employers over the past four years with anticipation of continued future growth within this market space.
- Aetna, United HealthCare and Empire HealthChoice are the dominant administrators for self-insured plans.

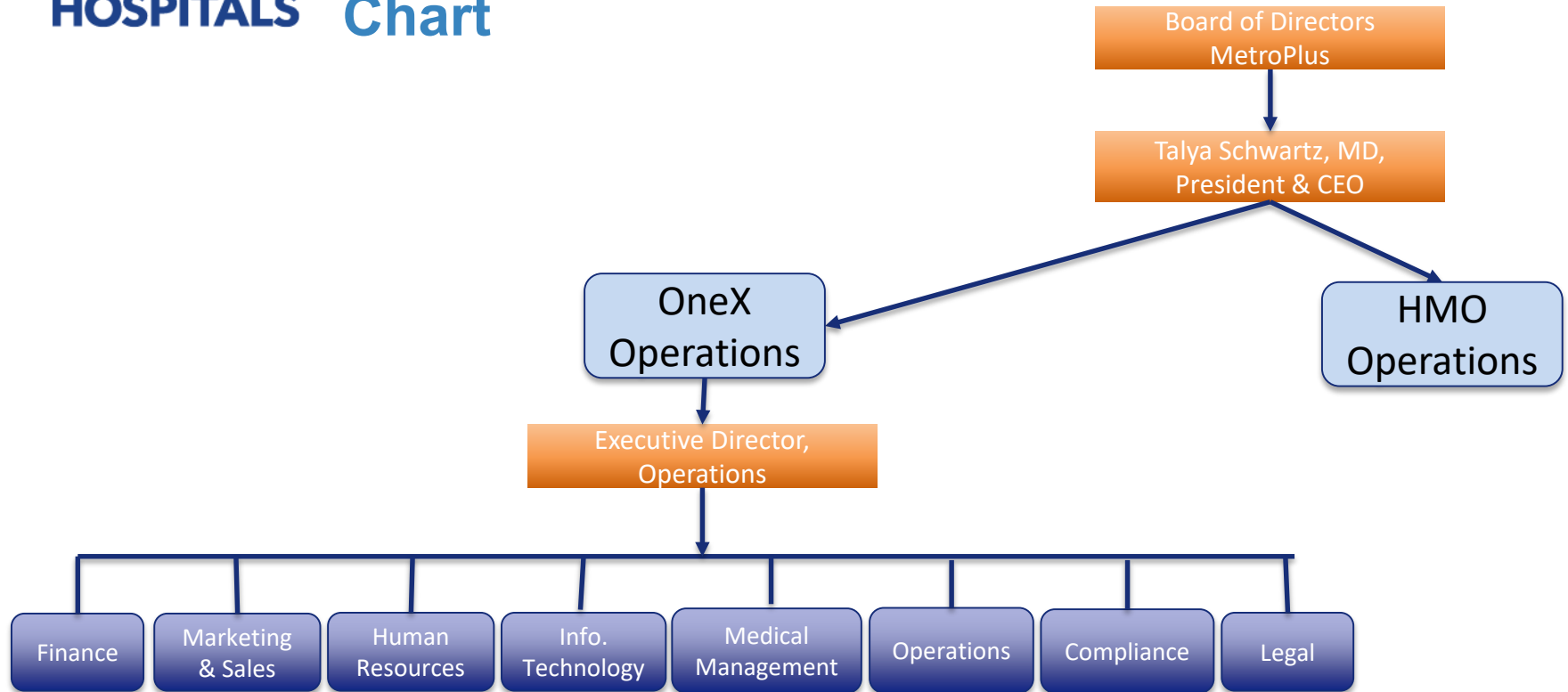
Value Proposition

- OneX will offer quality, competitive, affordable self-insured plan options utilizing both broad and narrow networks.
 - The narrow network plan will use only Health + Hospitals providers
 - The broad network plan will use MetroPlus' full network of providers
- Building on MetroPlus' HMO expertise, OneX is well positioned to offer fully integrated MSO services inclusive of provider networks, claim processing, including behavioral health claims, case management, including behavioral health case management, services to address social determinants of health, pharmacy benefits, etc.

Benefit Design for Self-Insured Plans

- Plan options will consist of 3 plans with slightly different benefit packages reflecting low, medium, or high-cost sharing options (similar to the ACA product structure).
- Industry standard for administrative costs range from \$30-\$50 Per Employee Per Month (PEPM) and includes claim processing, utilization management, Cobra administration, call center.
- Additional services add additional costs (e.g., ad hoc reporting, disease management and/or social determinants programs).

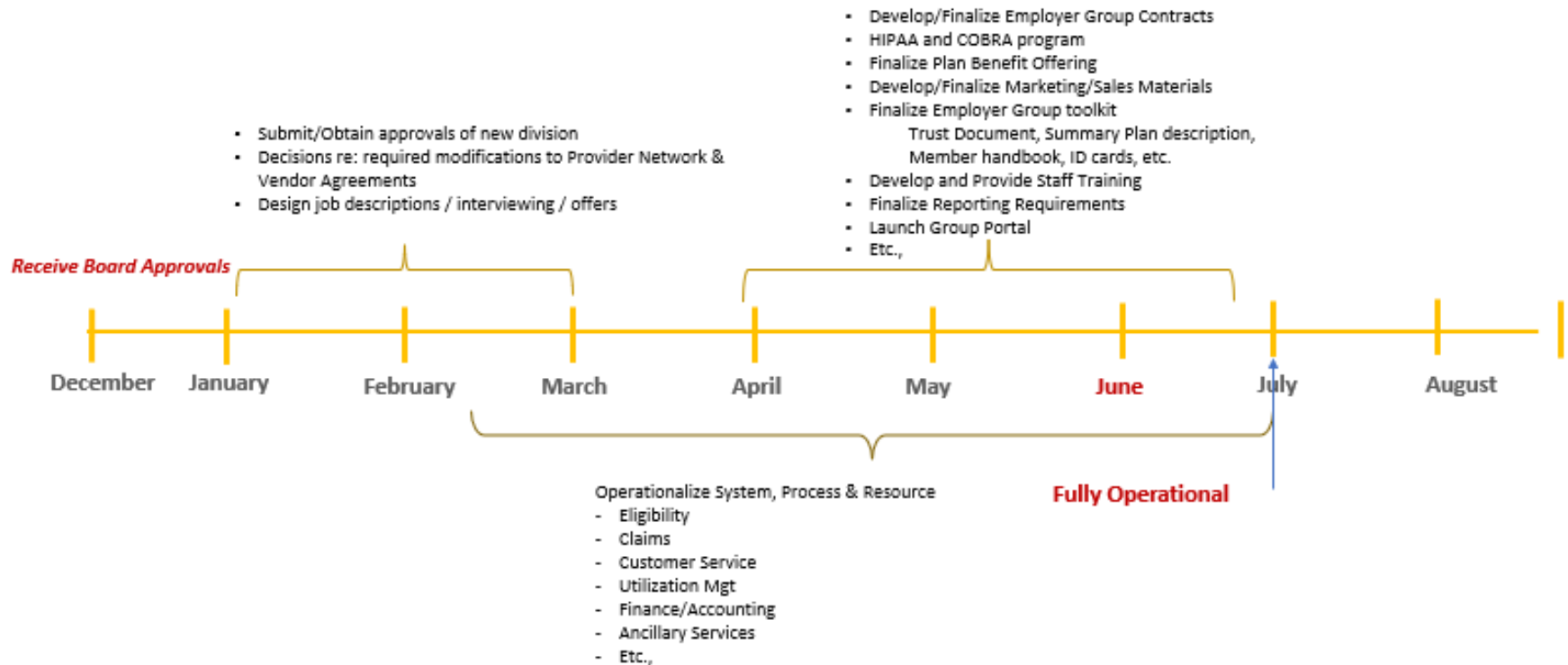
Proposed Organizational Chart



During first year of standing up the operation:

- Anticipate several current MetroPlusHealth staff will allocate very limited time to support OneX development.
- In addition to the hiring of an Executive Director, additional talent profiles will be hired once the product has covered lives.

CY2022 OneX Launch Timeline



RESOLUTION

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) acting in its capacity as the sole member of MetroPlus Health Plan, Inc. (“**MetroPlus**”) hereby supports MetroPlus establishing an internal unit to be known as “**MetroPlusHealth OneX**” or “**OneX**” to offer administrative and patient-support services, including administrative services for and on behalf of self-insured health plans.

RESOLUTION - 03

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute agreements with each of the following: **Momentum Resource Solutions, LLC; DynTek Services, Inc.; GCOM Software LLC; Experis US Inc.; Siri InfoSolutions Inc.; Integrated Resources, Inc.; Kforce, Inc.; Stellar Services, Inc.; Spruce Technology Inc.; The CJS Solutions Group, LLC dba The HCI Group; TEKsystems, Inc.; 314e Corporation; Gevity Consulting US LLC; OST, Inc.; W3, LLC dba Healthcare IT Leaders, LLC** (the “Vendors”) for the provision of Information Technology Supplemental Staffing Services as requested by the System. The agreements shall be for an initial term of three years with two one-year options to renew solely exercisable by the System and with a total amount over the combined five-year term not to exceed \$283,000,000.

WHEREAS, an application to issue a request for proposals was presented before the Contract Review Committee at its August 31, 2021 meeting and was approved by its approval letter dated August 31, 2021; and

WHEREAS, after the Office of Supply Chain Services issued a request for proposals, fifteen vendors awarded contract; and

WHEREAS, the proposing vendors, Momentum Resource Solution, LLC; DynTek Services Inc.; Kforce, Inc.; The CJS Solutions Group, LLC dba The HCI Group; TEKsystems, Inc.; and Gevity Consulting US LLC are the incumbents and

WHEREAS, under the proposed agreements the Vendors will provide comprehensive Information Technology Supplemental Staffing Services that include as-needed labor for a wide array of technology expertise; and

WHEREAS, the proposed agreements for these services will be managed by Senior Vice President of EITS, Corporate Chief Information Officer

NOW THEREFORE BE IT:

RESOLVED, that New York City Health and Hospitals Corporation be and hereby is authorized to execute agreements with each of the following: Momentum Resource Solutions, LLC; DynTek Services, Inc.; GCOM Software LLC; Experis US Inc.; Siri InfoSolutions Inc.; Integrated Resources, Inc.; Kforce, Inc.; Stellar Services, Inc.; Spruce Technology Inc.; The CJS Solutions Group, LLC dba The HCI Group; TEKsystems, Inc.; 314e Corporation; Gevity Consulting US LLC; OST, Inc.; W3, LLC dba Healthcare IT Leaders, LLC for the provision of Information Technology Supplemental Staffing Services as requested by the System. The agreements shall be for an initial term of three years with two one-year options to renew solely exercisable by the System and with total amount over the combined five-year term not to exceed \$283,000,000.

EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH EACH OF THE FOLLOWING: MOMENTUM RESOURCE SOLUTIONS, LLC;
DYNTEK SERVICES, INC.;; GCOM SOFTWARE LLC; EXPERIS US INC.;; SIRI
INFOSOLUTIONS INC.;; INTEGRATED RESOURCES, INC.;; KFORCE, INC.;;
STELLAR SERVICES, INC.;; SPRUCE TECHNOLOGY INC.;; THE CJS SOLUTIONS
GROUP, LLC DBA THE HCI GROUP; TEKSYSTEMS, INC.;; 314E CORPORATION;
GEVITY CONSULTING US LLC; OST, INC.;; W3, LLC DBA HEALTHCARE IT
LEADERS, LLC FOR THE PROVISION OF INFORMATION TECHNOLOGY
SUPPLEMENTAL STAFFING SERVICES

BACKGROUND: The purpose of the proposed agreements are the selected vendors to provide Information Technology Supplemental Staffing Services on behalf of the System. Vendors will be assigned work by the EITS Administration and managed by the Senior Vice President of EITS, Corporate Chief Information Officer;

PROCUREMENT: The System issued a Request for Proposals on September 17, 2021. A mandatory pre-proposers conference was held on September 23, 2021, which fifty-nine prospective vendors attended. Forty-three proposals were received and fifteen vendors were selected for contract. The Contract Review Committee approved the application to enter into the contracts on January 25, 2022.

BUDGET: The cost of the proposed agreements will not exceed \$283,000,000.00 over the full five-year term.

TERM: The term of the proposed agreements is three years with two one-year options to renew solely exercisable by the System.

MWBE: The Vendors have a 30% or more MWBE subcontracting goal.

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

From: Iraniss Morel-Dziengeleski
Associate Counsel
Office of Legal Affairs

Iraniss Morel-Dziengeleski

Digitally signed by Iraniss Morel-Dziengeleski
Date: 2022.02.22 10:22:02 -05'00'

Re: Vendor responsibility, EEO, and MWBE status

Vendor: EITS Temp Staff Requirements Contractors

Date: February 22, 2022

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

<u>Vendor Name</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>M/WBE UP</u>
Momentum Resource Solutions, LLC	Approved	Approved	30%
DynTek Services, Inc.	Approved	Approved	35%
GCOM Software LLC	Approved	Pending	30%
Experis US Inc.	Approved	Approved	30%
Siri InfoSolutions Inc.	Pending	Pending	NYC MBE
Integrated Resources, Inc.	Pending	Pending	NYC MBE
Kforce, Inc.	Approved	Approved	30%
Stellar Services, Inc.	Approved	Approved	NYC MBE
Spruce Technology Inc.	Approved	Pending	NYC MBE
The CJS Solutions Group, LLC dba The HCI Group	Approved	Approved	30%
TEKsystems, Inc.	Approved	Approved	30%
314e Corporation	Approved	Approved	NYC MBE
Gevity Consulting US LLC	Approved	Approved	30%
OST, Inc.	Approved	Approved	30%
W3, LLC dba Healthcare IT leaders, LLC	Pending	Pending	30%

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

IT Supplemental Staffing Services

Request to Enter into Contracts –

Momentum Resource Solutions, LLC; DynTek Services, Inc.; GCOM Software LLC; Experis US Inc.; Siri InfoSolutions Inc.; Integrated Resources, Inc.; Kforce, Inc.; Stellar Services, Inc.; Spruce Technology Inc.; The CJS Solutions Group, LLC dba The HCI Group; TEKsystems, Inc.; 314e Corporation; Gevity Consulting US LLC; OST, Inc.; W3, LLC dba Healthcare IT Leaders, LLC

Board of Directors Meeting February 24, 2022

Kim Mendez

Senior Vice President / Corporate Chief Information Officer
Apoorva Karia, AVP, EITS Administration

Background / Current State

- The current 17 Requirement Contracts for IT Supplemental Staffing will expire on June 30 2022. NYC Health + Hospitals' EITS conducted a RFP to identify vendors that will provide competitive pricing and have the expertise in providing sufficient well-performing supplemental staff with the requisite technical skill and expertise in healthcare information systems
- EITS conducted a detailed analysis of the workflows and processes provided by the System's Managed Service Provider. Due to the nature of the funding sources, EITS has to comply with the reporting requirements for external entities including the City and the State. This would require a custom design with potentially adding manual and/or duplicate efforts as well as additional staffing resources. After careful due diligence and internal review with stakeholders (HR, OLA, Supply Chain), EITS decided to not move forward with transitioning to the system's MSP.

Benefits of Supplemental Staffing Contracts

These contracts will allow NYC Health + Hospitals to achieve flexibility to quickly align with changing technologies and respond to new business needs in a cost effective manner.

- Vendors will provide as-needed labor for a wide array of technology expertise needs
- Payment will be based on actual services performed pursuant to a work order (SOW) signed by Health + Hospitals and the vendor
- Vendors will be required to comply with H+H on-boarding and off-boarding workflows
- The use of supplemental staffing is more cost effective based upon the short/medium term needs of NYC H+H as compared to filling full time positions that will not be needed long term
- There is no requirement of a minimum payment to the vendors if we do not use the contracts

Overview of Procurement

RFP Summary

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
M/WBE	17	8	n/a	n/a
Non-M/WBE	24	15	13	0

- 09/17/21: RFP posted on City Record, sent directly to 41 vendors
- 09/23/21: Pre-proposal conference held, 59 vendors attended
- 11/15/21: Proposal deadline, 43 proposals received
- 12/27/21: Evaluation Committee completed scoring sheets and submitted to Supply Chain for tabulation
- 01/20/22: Evaluation Committee confirmed vendors selected for contract pool



Scoring Results

- 43 vendor proposals received; top 15 vendors selected for contract pool
 - Momentum Resource Solutions, LLC
 - DynTek Services, Inc.
 - GCOM Software LLC
 - Experis US Inc.
 - Siri InfoSolutions Inc.
 - Integrated Resources, Inc.
 - Kforce, Inc.
 - Stellar Services, Inc.
 - Spruce Technology Inc.
 - The CJS Solutions Group, LLC dba The HCI Group
 - TEKsystems, Inc.
 - 314e Corporation
 - Gevity Consulting US LLC
 - OST, Inc.
 - W3, LLC dba Healthcare IT leaders, LLC

Vendor Pool Background

- Each vendor selected has more than five years of experience providing healthcare staffing services and annual sales of at least \$5,000,000
- While each vendor has varying core competencies, all are able to meet the specified staffing needs of EITS with an approved M/WBE utilization plan or certificate
- All rates were measured against industry standard and current baseline rates to ensure competitiveness; vendors demonstrated competency in IT project strategy and delivery
- Evaluation committee reviewed vendor performance for incumbents; reference checks successful



RFP Criteria

- Minimum criteria:
 - MWBE Utilization Plan, Waiver, or MWBE Certification
 - Prior experience in large Healthcare IT business greater than 5 years
 - Minimum annual revenue of \$5M
 - Ability to fill specific roles through subcontracting with MWBE vendors (*mini-solicitation process to be outlined in the RFP*)
- Substantive Criteria
 - Experience/Resources/Past Performance 30%
 - Cost 30%
 - Organizational capability 20%
 - MWBE 20%
- Evaluation Committee:
 - Clinical Information Systems
 - Enterprise Infrastructure
 - Business Applications
 - Quality & Safety
 - Enterprise Support Services
 - HR Administration
 - EITS Administration



Vendor Diversity

Vendor Name	Utilization Plan or Diversity Status	Subcontractor	Service
Momentum Resource Solutions LLC	(NYC M/WBE Cert Pending)	N/A	
DynTek Services Inc.	35%	ST Consulting, Hittora, AMR Networks	Supplemental Staffing
GCOM Software LLC	30%	Innovée Consulting, Ellit Groups	Supplemental Staffing
Experis US Inc.	30%	Tetrus Corp	Supplemental Staffing
Siri InfoSolutions Inc.	NYC MBE	N/A	
Integrated Resources Inc.	NYS MBE	N/A	
Kforce Inc.	30%	K Systems LLC, RS Management	Supplemental Staffing
Stellar Services Inc.	NYC/NYS MBE	N/A	
Spruce Technology Inc.	NYC/NYS MBE	N/A	
The CJS Solutions Group LLC dba The HCI Group	30%	First Match	Supplemental Staffing
TEKsystems Inc.	30%	Technumen Inc., GeekSoft LLC, SVAM International	Supplemental Staffing
314e Corporation	NYC MBE	N/A	
Gevity Consulting US LLC	30%	Fair Pattern, Wellstone Group	Supplemental Staffing
OST Inc.	30%	eSense Inc, Crescens Inc, Neotecra	Supplemental Staffing
W3, LLC dba Healthcare IT Leaders LLC	30%	B2B Strategies, Intellect Resources	Supplemental Staffing



Vendor Diversity Management

- EITS and the Vendor Diversity Team worked closely to develop this RFP and considered how best to structure the scope of work in order to maximize M/WBE participation.
 - Based on historical contract performance between diverse and non-diverse vendors there was no clear division for a closed pool solicitation opportunity while still ensuring high quality, timely fulfillment of these critical needs.
 - There is, however, high M/WBE availability and capacity. Accordingly M/WBE was weighted at 20% of the RFP's quantitative score, whereas 10% is the standard weighting.
 - Additionally, in the RFP we noted that *"NYC Health + Hospitals is committed to vendor diversity participation and may in its sole discretion manage the solicitation process among the awarded pool of vendors to aid M/WBE participation."*, thereby allowing maximum flexibility in the award of work.
- Management of M/WBE performance:
 - EITS and the Vendor Diversity Team will work closely to ensure compliance with each vendor's M/WBE Goals, as well as ensure meaningful participation of M/WBEs directly contracted. The overall goal is to ensure at least an overall 30% M/WBE Utilization among the pool of vendors.
 - Management tools:
 - Quantitative scoring on all solicitations
 - Closed pool solicitations among M/WBEs for appropriate staffing titles
 - Discretionary awards
 - EITS and the Vendor Diversity Team will report periodically to the Board IT Committee on the M/WBE performance of this pool of contracts

Board of Directors Approval Request

- NYC Health + Hospitals' EITS seeks approval to enter into a three year contracts with two one-year renewals at the discretion of H+H with each of the following: Momentum Resource Solutions, LLC; DynTek Services, Inc.; GCOM Software LLC; Experis US Inc.; Siri InfoSolutions Inc.; Integrated Resources, Inc.; Kforce, Inc.; Stellar Services, Inc.; Spruce Technology Inc.; The CJS Solutions Group, LLC dba The HCI Group; TEKsystems, Inc.; 314e Corporation; Gevity Consulting US LLC; OST, Inc.; W3, LLC dba Healthcare IT Leaders, LLC for a not to exceed amount of \$283M.
 - Term: July 1, 2022 to June 30, 2027
 - Estimated cost through contracts renewal term: \$283M
 - No minimum usage requirement
 - Termination for convenience at the discretion of NYC H+H