

BOARD OF DIRECTORS MEETING

THURSDAY, MARCH 31, 2022

A•G•E•N•D•A•

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Gouverneur Long Term Care and Rehabilitation Center
- NYC Health + Hospitals | Coler Long Term care and Rehabilitation Center

Mr. Pagán

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Woodhull

OPEN PUBLIC SESSION - 3:00 PM

Mr. Pagán

1. Adoption of Minutes: February 24, 2022

Chair's Report

President's Report

Dr. Katz

2. Informational Items: T2 Update

Dr. Long

3. Authorizing funding for New York City Health and Hospitals Corporation (the "System") to continue to operate under the terms of its affiliation agreement with **Physician Affiliate Group of New York, P.C. ("PAGNY")** made for the provision of general care and behavioral health services for a period of up to three months with the System facilities served by PAGNY to include Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center, and Kings County Hospital Center, with an overall cost of the extension not to exceed \$187,805,542, which includes a 10% contingency.

(Presented Directly to the Board)

VENDEX: Pending / EEO: Approved:

Dr. Calamia

4. **AMENDED FROM THE AUDIT COMMITTEE PRESENTATION – to change the terms from two-years to two-years and two-months; to clarify contract amount of a contingency for a total NTE value rather than inclusive of contingency; clarify MWBE percentage to be consistent of 25% in resolution and presentation**

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a two-year plus two-month **best interest contract extension with Grant Thornton LLP** (the "Contractor") for auditing services in an amount of \$1,931,500 plus contingency not to exceed a total value of \$2,019,500.

(Presented to the Audit Committee: (03/22/2022))

VENDEX: **Approved** / EEO: **Pending**

Ms. Piñero

5. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute three-year standby or requirements contracts with each of **Universal Protection Service LLC, d/b/a Allied Universal, Johnson Security Bureau, Inc. Maxxi Building Security and Management Corporation and Aron Security** (the "Contractors") for temporary security services with the System holding two, one-year options an amount for all the Contractors across the entire potential five-year term not to exceed \$11,600,000

(Presented to the Finance Committee: (32/22/2022))

VENDEX: **3 Approved: 1 Pending** / EEO: **All Pending**

Ms. Wang

6. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute three-year contract with **PhyCARE Solutions, Inc.** (the "Contractor") for outpatient coding and billing services with the System holding two, 1-year options for an amount across all potential five years of the proposed agreement not to exceed \$12,491,383.

(Presented to the Finance Committee: (03/22/2022))

VENDEX: **Pending** / EEO: **Pending**

Ms. Wang

<p>7. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five-year contract with UKG, Inc. (“UKG”) for managed payroll services with an advanced scheduling application for an amount not to exceed \$33,421,438 including a contingency of ten percent or \$3,000,000. (Presented to the Finance Committee: (03/22/2022) VENDEX: Pending / EEO: Pending</p>	Ms. Wang
<p>8. Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase the funding cap on the contract executed with Hunter Ambulance, which contract was assigned to American Medical Response of New York LLC as part of a corporate acquisition (the “Contractor”) for a single-vendor patient transportation system such that the original spending cap of \$12,070,896 be increased to an amount not to exceed \$21,837,906 (Presented to the Finance Committee: (03/22/2022) VENDEX: Approved / EEO: Pending</p>	Ms. Wang
<p>9. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a renewal of a five-year revocable license agreement with Consolidated Edison Company of New York Inc. (the “Licensee”) to operate a radio communications system in approximately 50 square feet of space on the roof of the Martin Luther King Pavilion Building at Harlem Hospital Center (the “Facility”) at an annual occupancy fee of \$36,295.60 to be escalated by 3% per year for a five-year total of \$192,698.27. (Presented to the Capital Committee: (03/14/2022) VENDEX: NA / EEO: NA</p>	Mr. Peña-Mora
<p>10. Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a five-year revocable license agreement with Panera, LLC (“Panera”) for the use and occupancy of approximately 3,167 square feet in three locations, including a basement production facility of approximately 2,341 square feet and two retail locations, within NYC Health + Hospitals/Bellevue (“Bellevue”) for the operation of a restaurant at a monthly charge of \$20,833.33/month for the first year of operation with annual increases of 2.5%, provided there shall be a three month abatement of the occupancy fee at the start of the agreement, for a total revenue to the System of \$1,251,581.93 over the five-year term (Presented to the Capital Committee: (03/14/2022) VENDEX: NA / EEO: NA</p>	Mr. Peña-Mora
<p>11. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Interstate Mechanical Services (the “Contractor”) for an amount not to exceed \$17,686,300 for construction services necessary for the replacement of the cooling tower and the upgrade the chilled water system at NYC Health + Hospitals / Bellevue Hospital Center (“Bellevue”) with a 7% project contingency of \$1,768,630.00, for unexpected changes in scope yielding a total authorized expenditure not to exceed \$19,454,930. (Presented to the Capital Committee: (03/14/2022) VENDEX: Approved / EEO: Approved</p>	Mr. Peña-Mora
<p>12. Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Jemco Electrical Contractor (the “Contractor”) for an amount not to exceed \$27,559,902 for construction services necessary for the decanting of NYC Health + Hospitals / Woodhull Hospital Center with an 8% project contingency of \$3,130,858 for unexpected changes in scope yielding a total authorized expenditure of \$30,690,760. (Presented to the Capital Committee: (03/14/2022) VENDEX: Approved / EEO: Approved</p>	Mr. Pagán
<p>13. Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase the funding for seven Construction Management (“CM”) consulting firms namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, Jacobs Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC (together, the “Vendors”), to provide professional construction management services on an as-needed basis by \$40 Million to bring the limit for all Vendors to a new amount not to exceed of \$50 Million. (Presented to the Capital Committee: (03/14/2022) VENDEX: All Approved / EEO: All Approved</p>	Mr. Pagán

<p>Committee and Subsidiary Reports</p> <p>➤ Community Relations Committee</p> <p>➤ Capital Committee</p> <p>➤ Audit Committee</p> <p>➤ Finance Committee</p> <p>➤ Accountable Care Organization</p> <p>>>Old Business<<</p> <p>>>New Business<<</p> <p>>>Adjournment<<</p>	<p>Mr. Pagán</p> <p>Mr. Nolan</p> <p>Mr. Peña-Mora</p> <p>Ms. Piñero</p> <p>Ms. Wang</p> <p>Mr. Siegler</p> <p>Mr. Pagán</p>
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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 24th day of February, 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, join at 2:14
Ms. Anne Williams-Isom - Virtual, left at 4:00
Dr. Vincent Calamia -Virtual, Left at 4:00
Dr. Patricia Marthone - Virtual
Dr. Michelle Morse - Virtual
Mr. Robert Nolan - In Person
Mr. Gary Jenkins - Virtual, Left at 3:00pm
Ms. Karen St. Hilaire, Virtual, Joined at 3:00pm
Ms. Sally Hernandez-Piñero - Virtual
Ms. Freda Wang - Virtual, join at 2:09; Left at 3:54
Ms. Barbara Lowe- Virtual, join at 3:12
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 3:05 p.m.

Mr. Pagán noted Dr. Michelle Morse would be representing Dr. Dave Chokshi and Ms. Karen St. Hilaire would be representing Mr. Gary Jenkins, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on January 27, 2022, 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 January 27, 2022 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/Lincoln and NYC Health + Hospitals/Kings County.

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

Mr. Pagán shared that Dr. Marthone has conducted meet and greets at NYC Health + Hospitals/Coney Island, NYC Health + Hospitals/McKinney and NYC Health + Hospitals/Kings County. Dr. Marthone proceeded to share some highlights of her visit to each facility, explaining how impressed she was with the facility leadership, physical environment, services, staff and patient care.

VENDEX APPROVALS

Mr. Pagán noted there are 15 items on the agenda requiring Vendex approval, of which 12 have approval. There are 7 items from previous board meetings pending Vendex approval. No approvals were received since the Board last met.

The Board will continue to notify the Board as outstanding Vendex approvals are received.

ACTION ITEM 2:

Ms. Hernandez-Piñero read the resolution

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))

Dr. Talya Schwartz, CEO & President of MetroPlus Health Plan, shared background information with the Board about "MetroPlusHealth OneX" (**OneX**) as a new line of business, explaining the difference between Managed Care Plans (MCOs) and self-insured plans. She also explained the risk and benefit of each. Dr. Schwartz shared details about the Self-insured Plan market, the value

proposition including the narrow and broad network plan and the benefit design for self-insured plans. The proposed organizational chart and CY-2022 launch timeline were also discussed.

In response to questions regarding the business plan, revenue and investment, Dr. Schwartz shared that the upfront investment has various components, such as, compliance to develop COBRA services and information technology for a complete separation of data flow. Both of these factors are due to MetroPlusHealth OneX being a different structure. The last component is an adjuster license to be able to do utilization management as a separate entity. The total investment is approximately \$300,000, with approximately 12,000 covered clients to break even in the 2nd to 3rd year of operation and a projected revenue of \$7 million. There will be dedicated employees depending on the size of the contract once it is signed.

Dr. Schwartz responded to a question regarding potential services for city retirees, and explained that OneX does not include Medicare recipients.

The Board also asked questions regarding staffing resources needed to support the first and second year leading up to the break-even number of 12,000 covered clients. Dr. Schwartz stated that the money for OneX is coming from Metroplus' interest on investments and not from Government-sponsored programs.

FOLLOW-UP

Mr. Peña-Mora and Ms. Wang requested financial information pertaining to the projected revenue, initial and incremental cost of the program.

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

Thirteen Board members were present for this vote of which one (Mr. Peña-Mora) was an abstention.

ACTION ITEM 3:

Mr. Peña-Mora read the resolution

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))

Dr. Kim Mendez, Senior Vice President/Corporate Chief Information Officer and Apoorva Karia, Assistant Vice President shared background, current state information and benefits of supplemental staffing contracts highlighting that vendors will provide as needed-labor and payment will be based on actual services performed. Ms. Karia provided the RFP summary with an overview of the procurement process, scoring results, vendor pool background, and RFP criteria vendor diversity with an understanding that the goal is to ensure, at least, an overall 30% M/WBE Utilization among the pool of vendors.

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

PRESIDENT'S REPORT

Dr. Katz informed the Board that his full report is included in the materials, however he would like to provide some brief highlights.

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, the high number of patients needing care and reduced staff. Level loading was implemented System-wide as a strategy to alleviate staffing needs but there is now a significant decline in COVID-19 cases and hospitalizations. Health + Hospitals and its Test & Trace Corps have continued to lead the Citywide pandemic response efforts and have administered more than 10.5 million tests. This month NYC Health + Hospitals released a tool to provide tailored guidance to those exposed to COVID-19.

Dr. Katz was joined by Mayor Eric Adams and other Health + Hospitals/Gotham Health staff to announce the opening of the new COVID-19 Center of Excellence in Bushwick, Brooklyn.

NYC Health + Hospitals health care workers at NYC Health + Hospitals/Coney Island and NYC Health + Hospitals/North Central Bronx received support from the U.S. Department of Defense's ("DoD") Medical Team in the continued battle against COVID-19. They will continue to provide support to the hospital teams for another week.

Thanks to an anonymous \$100,000 donation, the System will fund new wellness spaces at NYC Health + Hospitals/Gotham Health Belvis and Cumberland sites to provide respite and support for health care workers who have served in

some of the hardest-hit New York City neighborhoods during the COVID-19 pandemic. The new rooms are expected to open later this year. Wellness rooms are an essential part of the NYC Health + Hospitals Helping Healers Heal program.

BOOSTER MANDATE

The New York State Department of Health (NYSDOH) last week announced that it will not enforce the COVID-19 booster mandate for health care personnel, which was set to go into effect on Monday, February 21, 2022.

NYC HEALTH + HOSPITALS EXPANDS ACCESS TO LIFESTYLE MEDICINE PROGRAM

Dr. Katz shared that he joined Mayor Adams and Dr. Machel McCracken, the System's new Executive Director of Nutrition and Lifestyle Medicine, at NYC Health + Hospitals/Kings County earlier this month to announce the expansion of our groundbreaking lifestyle medicine services at six public health care sites across NYC – the most comprehensive expansion of lifestyle medicine programming in the U.S.

NYC CARE REACHES MILESTONE OF 100K MEMBERS

This month NYC Health + Hospitals celebrated an important milestone to mark the success of NYC Care, the System's health care access program that guarantees free and low-cost services to New Yorkers who do not qualify for or cannot afford health insurance.

IN RECOGNITION OF BLACK HISTORY MONTH

Dr. Katz acknowledged those supporting our commitment to address the health inequities that remain in the Black community and our work to eliminate health disparities and strengthen access to care. A special congratulations all NYC Health + Hospitals and MetroPlus staff who were included in Crain's New York's notable Black leaders list.

LEADERSHIP APPOINTMENTS

Dr. Khoi Luong was appointed NYC Health + Hospitals Senior Vice President of Post-Acute Care will lead all aspects of operations and patient care provided in our top-ranked skilled nursing facilities, Long-Term Acute Care Hospital (LTACH), short-term rehabilitation, and adult day health care programs.

Linda Dehart was appointed NYC Health + Hospitals Vice President, Finance.

TWO NYC HEALTH + HOSPITALS EMPLOYEES RECEIVE PRESTIGIOUS SLOAN PUBLIC SERVICE AWARD, THE 'NOBEL' OF CIVIL SERVICE

The Director of Utilization/Care Management at NYC Health + Hospitals/Metropolitan Paula Evans, BSN, RN and Chief Operating Officer at NYC Health + Hospitals/Elmhurst David Guzman, MPA, FAB were selected as two of this year's six recipients for the Sloan Public Service Award. Evans is recognized for her contributions during nearly 30 years of service at the hospital. Guzman is being honored for his work increasing efficiency and revenue for one of the City's busiest hospitals to allow its patients to receive high-quality, comprehensive health care.

EXTERNAL AND COMMUNITY AFFAIRS UPDATE

Dr. Katz thanked Mayor Adams for making an important investment in the health of NYC mothers and young families. Mayor Adams added \$3 million to the fiscal 2023 budget for obstetrics simulation training through the NYC Health + Hospitals Simulation Center as part of the City's Maternal Medical Home program to provide care coordination to high-risk prenatal patients and ensure new moms get a healthy start.

Last month, Governor Hochul proposed a \$216.3 billion all funds budget for State Fiscal Year (SFY) 2023, which begins on April 1, 2022. 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. NYC Health + Hospitals is thankful that the Governor has prioritized investments in health such as restoring a 1.5% Medicaid reimbursement cut, increasing Medicaid rates by 1%, and making investments in the workforce and investments to help improve mental health care access.

PRESIDENT'S DEVIATION FOR CONTRACT APPROVAL

Dr. Katz notified the Board that this past December, he declared a procurement emergency in response to the Omicron wave of COVID-19. This was to allow NYC Health + Hospitals to effectively respond to the City's needs and help manage the Omicron wave. That emergency declaration was effective through January 31, 2022. While we have several contracts in place to respond to the City's needs, the scale of the Omicron wave created an increased demand for services as well as required additional services to support our response.

There were five actions taken. Three of them were for supplemental staffing to include nurses, doctors, and support staff for our hospitals, nursing homes, testing centers, and the hotels NYC Health + Hospitals manages on behalf of the City. Those agreements were for \$90 million dollars, and the System expects the expenses to be reimbursed through FEMA and City funds.

The other two actions were to support enhanced community testing, and community outreach and education. The additional community testing contract is \$11 million dollars and the outreach and education support increase to existing

agreements is \$6 million dollars. The System expects these expenses will also be reimbursed through FEMA and the System's OMB MOU. Below are the vendors and the services the System procured.

<u>Vendor</u>	<u>Services</u>	<u>Amount</u>
Comprehensive Health Services, LLC	Emergency Staffing	\$15 million
Comprehensive Health Services, LLC	Community testing	\$35 million
Krucial Staffing, LLC	Emergency Staffing	\$40 million
Doral Medical and Multispecialty Facility LLC	Community testing	\$11 million
T2 Canvassing Contracts	Outreach/education	Increase of \$6

Dr. Katz responded to questions from the Board about strategic planning for a future wave regarding healthcare equity for the black and brown community, home testing kits and COVID-19 treatment. The System serves a large number of black and brown patients in its hospitals. The System is doing its best to promote COVID-19 vaccines and boosters. There are also other factors such as underlying conditions that unfortunately resulted in a disproportionate number of members from the black and brown community being hospitalized. The System is also working on expanding access to monoclonal antibody treatment for the black and brown community. Surprisingly, there has been very little interest from the community.

As for home testing, Dr. Katz shared that individuals who call NYC Health + Hospitals' call center can get home test kits within 1 to 2 days. There are also free home testing kits available at the public libraries.

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 4:20 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

INFORMATION TECHNOLOGY COMMITTEE - February 7, 2022

AS REPORTED BY: Feniosky Peña-Mora

COMMITTEE MEMBERS PRESENT: Feniosky Peña-Mora, Matthew Siegler representing Dr. Katz until he joined at 11:10, José A. Pagán, Dr. Vincent Calamia, Karen St. Hilaire representing Commissioner Gary Jenkins

Mr. Feniosky Peña-Mora, Chair of the Committee, called the February 7th meeting of the Information Technology (IT) Committee to order at 11:03A.M.

Mr. Peña-Mora noted for the record that Matthew Siegler will be representing Dr. Katz and Karen St. Hilaire will be representing Gary Jenkins, both in a voting capacity.

Mr. Peña-Mora proposed a motion to adopt the minutes of the IT Committee meeting held on September 20, 2021.

Upon motion made and duly seconded the minutes of September 20, 2021 IT Committee meeting was unanimously approved.

Mr. Peña Mora turned the meeting over to Dr. Kim Mendez, Senior Vice President and Corporate Chief Information Officer to carry on the agenda, she was joined by Dr. Michael Bouton, Chief Medical Informatics Officer, Sean Koenig, Chief Application Officer, Jeff Lutz, Chief Technology Officer, Apoorva Karia, AVP EITS Finance & Administration and Soma Bhaduri, Chief Information Security Officer.

Dr. Mendez presented a high-level overview of the agenda and highlighted the alignment with EITS goals and system strategic pillars.

Dr. Bouton provided a current update of the Bio-Medical Device Integration and Upgrade initiative noting the achievement of the expected 1700 device integration and the adaption to business and clinical needs.

Dr. Bouton went on to present the H2O Effective Use update. He focused on Epic (vendor) Gold Star and Honor Roll programs. The Gold Star program highlights the adoption of Epic EMR features by NYC H+H. In January 2021 NYC H+H began the program at 5 Gold Stars which is equivalent to the 50th percentile nationally. At present, January 2022, NYC Health + Hospitals has achieved 8 Gold Stars status which positions the enterprise at the top 25th percentile nationally. It was also noted that there are no other safety net hospitals at Gold Star level 8.

Dr. Bouton then presented the update on the Epic (vendor) EMR Honor Roll which illustrates how many features were adopted and their level of utilization. NYC H+H has completed the majority of at risk goals. Dr. Bouton provided a more detailed review of the Honor Roll program goals which were achieved and those still at risk. Dr. Bouton went on to discuss the Epic (vendor) Honor Roll at risk goals which included Fast Pass, Hello Patient and Patient Message Handling. He explained that the Fast Pass function allows a patient the ability to sign up for a waiting list to get an earlier appointment if one becomes available. If an earlier appointment becomes available, the patient

will receive a text message and a MyChart message alerting them of this. This function is scheduled to Go Live towards the end of February 2022.

He further discussed Hello Patient, a new function where the patient does not have to go to the front desk to check in, they can do it from their electronic device. Hello Patient also supports the patient to complete their paperwork digitally on their device.

Dr. Bouton explained that Patient Message Handling is when a patient sends a MyChart message to the provider and how long it takes the provider to respond. At present, 63% of the time the provider is responding within 3 days. Currently, Patient Message Handling has become a top priority for the ambulatory care leadership and the MyChart steering committee. A goal of 80% has been set.

Dr. Calamia asked if there is a process in place to triage messages or do they go straight to the provider. Dr. Bouton explained the message goes to a pool, which is monitored by a nurse. From there, if it regarding a prescription refill the message is routed to one area, if it regarding scheduling it will go to scheduling team. If the message is regarding neither of those two requests, it will go to a provider to answer if appropriate. A follow up question by Dr. Calamia was is there a mechanism to be able to follow through on timing of when it done or some reminder or is there any player that makes sure there a follow up. Dr. Bouton answered there is no subsequent alert that there is a message; however, when the physician logs into Epic they are able to see how many unanswered messages there are remaining for them to address. Dr. Bouton further noted that there are analytics that break message responsiveness by system, facility, and provider. Dr. Katz noted that the more complicated issues are not always technology but more clinical practice.

Mr. Peña-Mora inquired about the existing protocol for acknowledgement of receipt of patients' messages. Dr. Bouton explained that there are no automated messages in MyChart for patients to be made aware that their messages have been received and have been forwarded to the appropriate provider/team for further review. A follow-up will be provided to the Board on this feature.

Dr. Bouton went on to provide an update on My Chart, patient portal activation rates. He highlighted that the system is currently at 72% nationally. Dr. Bouton highlighted the system team effort to increase activation of MyChart. Engagement has increased with My Chart, not just signing in to get results but consistent use throughout the year. The MyChart steering committee is working on keeping patients engaged by responding timely to messages, putting more relevant information in the charts, as well as the use of video visits.

A committee member asked if the patients are seeing a background that is in their language on MyChart. Dr. Bouton replied English and Spanish is currently being shown and simplified Chinese is actively being worked on at the moment. Dr. Bouton further emphasized that NYC H+H EITS is pushing Epic to develop expanded languages in MyChart that align and support our patient needs. The translation of messages for the provider is an active discussion. Additionally, on-site interpreters have been utilized to assist with translation.

Dr. Mendez introduced Jeff Lutz, Chief Technology Officer to provide an update on the Data Center Migration 24-month project. Mr. Lutz shared a current visual representation of the timeline, goals, and achievement. He highlighted the partnership with Ms. Soma Bhaduri, Chief Information Security Officer, in certifying the data center, which allows applications to move into the new Data Center. The applications will begin to move between April 2022 and August 2022. The goal is to make it seamless for end users, applications will not have to shut down as equipment is being physically moved from one Data Center to the next. The project is currently on target and budget.

Dr. Mendez then introduced Sean Koenig, Chief Application Officer, to present an update on clinical and revenue cycle application accomplishments. He highlighted the continued support of COVID19 testing and vaccination sites, implementation of eHealth Exchange with Social Security Administration, and the work focused on reducing unnecessary inpatient lab tests through an active partnership with the Quality Department to assure the patients are receiving the best care possible.

Mr. Koenig went on to share that the Blood Bank HCLL system was recently upgraded (over the past weekend) with few issues and is continuing to be tracked. He went on to highlight the upcoming implementation of Epic(vendor)Wisdom, which is the Epic dental module and is planned for a July 2022 Go Live. In addition, the system will implement the Epic Willow Ambulatory retail pharmacy module with partners from the Pharmacy Department. Both Lincoln and Kings County medical facilities are planned for a May 2022 Go Live.

Dr. Mendez then shared an update on the EITS customer service survey which began in April 2021. She provided an overview of the process highlighting that once an individual calls/emails the support desk and their issue is addressed, an email is then sent to the individual to fill out the survey. Currently, there is a 94 percent overall customer satisfaction rate.

Inclosing the update, Dr. Mendez went on to recognize and present key accomplishments of EITS team members.

Mr. Peña-Mora asked if there were any further questions. Having heard none, he asked that the resolution be read by Dr. Mendez followed by the presentation.

Dr. Mendez read the resolution and introduced herself and Apoorva Karia, AVP EITS Finance & Administration as the presenters of the IT Supplemental Staffing Services

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.

Dr. Mendez kicked off the presentation with an overview of the background of EITS supplemental staffing and the current state. This was followed by an outline of key benefits including the flexibility to quickly align with business needs, that payment will be based on actual services performed, that vendors will be aligned with NYC H + H COVID19 vaccination requirements and noted there are no minimum payment requirements to the vendor if we do not use the contract.

Ms. Apoorva Karia then shared an overview of the procurement process, the scoring results, the vendor pool background and performance evaluation of incumbents. She then discussed the RFP criteria and noted the increase of MWBE scoring from 10% to 20%. She also shared the profiles of all the vendors along with their MWBE utilization commitments during the contract period. Ms. Karia closed with an overview of vendor diversity management including that EITS and the Vendor Diversity Team will work closely to assure all vendors comply with established goals, along with periodically reporting to the IT Committee.

Mr. Peña-Mora asked for the approval of the IT Board of Directors Committee, and was unanimously approved to bring to the Board of Directors. Mr. Peña-Mora then adjourned the at 11:56 am.

GOVERNANCE COMMITTEE - VIRTUAL MEETING - Monday, February 14, 2022 at 1:00 p.m.

As Reported by: José Pagán

COMMITTEE MEMBER PRESENT: José Pagán; Vincent Calamia - joined at 1:50; Freda Wang; Sally Hernandez-Piñero

The meeting was called to order at 1:02 pm by José Pagán.

Mr. Pagán called a motion to accept the minutes of the Governance Committee meeting held on January 11, 2022. 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 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 2:06 p.m.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc.

Board of Directors Virtual Meeting - Tuesday, February 8th, 2022

As Reported By: Dr. Talya Schwartz

Draft minutes subject to adoption at the next MetroPlusHealth Board of Directors meeting on Tuesday, March 29th, 2022.

Dr. Talya Schwartz, Executive Director of the Board and MetroPlusHealth President & Chief Executive Officer, called the meeting to order at 2:03 P.M.

ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Tuesday, December 14th, 2022, were presented to the Board. On a motion by Dr. Schwartz and duly seconded, the Board adopted the minutes.

NEW BUSINESS

Dr. Talya Schwartz, President & Chief Executive Officer of MetroPlus, began with the President & CEO Update.

Dr. Schwartz provided an update on the 2022 Governor's Budget and how it would affect MetroPlus' lines of business and the industry.

Dr. Schwartz reported on current membership numbers.

Dr. Schwartz advised The Board that MetroPlus is now a fully vaccinated organization and only extends offers of employment to those who are fully vaccinated.

Dr. Schwartz reported on the unionization of specific MetroPlus job titles.

Dr. Schwartz updated the Board on MetroPlus' goals for 2022.

Dr. Schwartz provided an update on Behavioral Health (BH) services/transition and advised the Board that an update to the MSO will be presented.

Mr. Matthew Siegler commended the staff on the accomplishments of MetroPlus Health has made in the prior year. Ms. Vallencia Lloyd second Mr. Siegler's comment.

Board members asked about the Behavioral Health performance feedback from the State. Dr. Schwartz and Ms. Raven Ryan-Solon, Chief Regulatory & Compliance Officer responded.

Ms. Ryan-Solon reported on the 2021 New York State Approved Legislation, at home COVID-19 Testing for various lines of business, MLTC Program and DFS Circular Letters.

Mr. Milliner presented a snapshot of total new applications submitted across three lines of business during the 2021 open enrollment period.

Mr. Milliner discussed membership changes post open enrollment which included retention and disenrollment rates.

Mr. Milliner discussed MetroPlus Gold's (MPG) total membership, new additions, terminations, and net growth as of January 2022.

Mr. Milliner reported on Medicare's Annual Enrollment Period over the course of three months (November 2021 through January 2022).

Dr. Schwartz further spoke to the Medicare Annual Enrollment Numbers.

Mr. Milliner presented strategies for Membership Growth along various lines of business.

Dr. Shah reported on the new quality incentive program for the Essential Plan that looked back at MY2020 Performance.

Dr. Shah discussed the methodology behind the EP QIA MP2020, which included quality of care and experience of care.

Dr. Shah and Dr. Schwartz further explained the methodology behind the scoring of performance.

Dr. Shah reported on the final QIA CAHPS survey results.

Due to limited time, Dr. Schwartz requested to move on to the targeted Marketing Plan presented by Ms. Lesleigh Irish-Underwood. Ms. Michelle Reay, Chief Operating Officer will present the Customer Service Update at the March 29th Board of Directors Meeting.

Ms. Irish-Underwood discussed the current opportunities and challenges that MetroPlus is faced with regarding breaking into some New York City demographic Markets.

Ms. Irish-Underwood presented MetroPlus Market Approach used for 2021 and the upcoming approach for 2022.

Ms. Irish-Underwood advised that the whole Customer Experience must be considered as part of the Marketing Plan.

ACTION ITEM

Dr. Schwartz discussed that at the Board of Directors Meeting on December 14th, 2021 the MSO formation was approved as a subsidiary of MetroPlus. However, MetroPlus will not form the subsidiary as previously presented but will launch the MSO as a separate division within MetroPlus.

Dr. Schwartz presented two options that MetroPlus has for the MSO line of business to become viable.

Board members addressed questions regarding cost and the amount of time that would need to be invested in order to get the MSO line of business up and running.

Dr. Schwartz presented pros and cons to the options proposed.

Dr. Schwartz presented the ask to the Board Members.

*That the resolution the MetroPlus Board of Directors adopted on December 14, 2021 be revoked and, in replacement, **MetroPlus be and hereby is authorized to offer administrative and patient-support services, including administrative services for and on behalf of self-funded plans, under the name "MetroPlusHealth OneX" through an internal operating unit and to file any assumed name certificate, service mark application or other filing determined to be required or helpful in conducting such business.***

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

There being no further business, Dr. Schwartz adjourned the meeting at 3:38 P.M.

MITCHELL H. KATZ, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER

REPORT TO THE BOARD OF DIRECTORS

February 24, 2022

CORONAVIRUS UPDATE

We are finally seeing a significant decline in COVID-19 cases and hospitalizations after the Omicron variant that hit us so hard in the last few months - and I am beginning to have hope that the end of the pandemic may be near. COVID-19 is not going away, but I am cautiously optimistic that we will not have another overwhelming flood of hospitalized patients. In the meantime, we continue to push vaccination and testing to keep NYC safe. Here are some recent highlights:

- Thanks to our NYC Health + Hospitals and Test & Trace teams, we have administered more than 10.5 million tests
- We continued focused on arming New Yorkers with home tests, distributing hundreds of thousands at libraries and cultural institutions
- This month, we released a tool to help those exposed to COVID-19 know exactly what to do, based on their vaccination status. Going to be building further tools to help New Yorkers get tailored guidance for what to do if they have a positive test or have an exposure
- We continue to support New Yorkers, and have delivered more than 2 million meals to help people isolate/quarantine

New COVID-19 Center of Excellence Opens in Brooklyn - I was pleased to be joined by Mayor Adams and NYC Health + Hospitals/Gotham Health staff to announce the opening of our third COVID-19 Centers of Excellence in a community that has suffered so much during this pandemic. The new community health center is in Bushwick, Brooklyn and will support recovering COVID-19 patients and provide comprehensive ambulatory services to the community. As we continue to learn more about the long-lasting health impacts of this pandemic, we are being proactive to create medical homes for New Yorkers. This site will not only provide critical health support to those still recovering from COVID-19, but will also provide new opportunities for this community to access high-quality, ongoing primary care.

Support from U.S. Department of Defense (DoD) Medical Teams - The DoD teams have been providing much welcome support to the front-line providers at both NYC Health + Hospitals/Coney Island and North Central Bronx Hospitals. The team of DoD physicians, RNs, LPNs, Army medics, and respiratory technicians have been working side-by-side in our EDs, ICUs, and the medical-surgery units. They will continue to support our hospital teams for another week and we are tremendously grateful to them, Governor Hochul and the Biden Administration for their support.

New Wellness Rooms for Health Care Heroes - Thanks to an anonymous \$100,000 donation, we will fund new wellness spaces at NYC Health + Hospitals/Gotham Health Belvis and Cumberland to provide respite and support for health care workers who have served in some of the hardest-hit neighborhoods of New York City during the COVID-19 pandemic. The new rooms, expected to open later this

year, will provide a quiet place for frontline workers to recharge, de-stress, heal, and emphasize the importance of taking a break and taking care of themselves during the workday. Wellness rooms are an essential part of our Helping Healers Heal program, and as we enter the third year of the pandemic, these rooms have become ever more important to the health and well-being of health care heroes.

NYC State Suspends Booster Mandate for Health Care Workers - The New York State Department of Health (NYSDOH) last week announced that it will not enforce the COVID-19 booster mandate for health care personnel that was set to go into effect on Monday, February 21. The State intends to reassess its position on the booster shots at some point in the future. NYSDOH is taking this action to avoid potential staffing issues and give healthcare workers more time to get boosted. However, we continue to encourage everyone to get a booster vaccine as the best protection against the COVID-19 virus.

NYC HEALTH + HOSPITALS EXPANDS ACCESS TO LIFESTYLE MEDICINE PROGRAM

I joined Mayor Adams and Dr. Machel McCracken, our health System's new Executive Director of Nutrition and Lifestyle Medicine, at NYC Health + Hospitals/Kings County Hospital earlier this month to announce the expansion of our groundbreaking lifestyle medicine services at six public health care sites across NYC— the most comprehensive expansion of lifestyle medicine programming in the U.S. Modeled off the popular and successful [Plant-Based Lifestyle Medicine Program](#) run by Dr. McCracken at NYC Health + Hospitals/Bellevue, the new expansion will provide patients living with chronic disease the tools to make healthy lifestyle changes, including providing them access to plant-based diet resources. The program will expand to serve qualifying NYC Health + Hospitals adult patients at Jacobi, Lincoln, Woodhull, Kings County, and Elmhurst hospitals, as well as Gotham Health, Vanderbilt. The program expansion will be implemented over the coming year. As a physician, I know that medicine does not always come in the form of a pill. Eating a diet of fruits and vegetables can help prevent and treat chronic illnesses like heart disease - the leading cause of death among New Yorkers - cancer, and type 2 diabetes. Low-income New Yorkers are much more vulnerable to these diseases and we want to continue offering them an alternative way of eating that works on a limited budget and is accompanied by a network of medical and nutritional professionals. We are grateful to Mayor Adams for his continued support and innovation as we tackle the problem of chronic illnesses.

NYC CARE REACHES MILESTONE OF 100K MEMBERS

This month we celebrated an important milestone to mark the success of [NYC Care](#), our health System's health care access program that guarantees free and low-cost services to New Yorkers who do not qualify for or cannot afford health insurance: Fifty-four-year-old Jorge Lara became our 100,000th NYC Care member. Lara had developed severe arthritis after settling in New York City from his native Ecuador and was forced to quit his job and depended on others for help when his arthritis became debilitating. He was not eligible for health insurance and with no income, could not afford to pay for medical costs out of pocket. He learned about our NYC Care from a friend and now receives primary and specialty care, which he credits with a dramatic improvement in his day-to-day life. This milestone represents 100,000 people who got connected to primary, preventive and specialty care who may never have found their way to

good health. This program has become a national model and I am so proud of everyone who helped make this program a success.

IN RECOGNITION OF BLACK HISTORY MONTH

This Black History Month we honor those courageous pioneers who fought against discrimination and sacrificed their lives for racial justice. As we reflect back, we must also acknowledge those who live and work among us today, supporting our commitment to address the health inequities that remain in the Black community and our work to eliminate health disparities and strengthen access to care. All of us at NYC Health + Hospitals are contributing to that legacy by providing more equitable health care to Black New Yorkers, and shining a light on Black excellence as represented by our health System leaders, physicians, nurses and frontline health care workers. A special congratulations to all the NYC Health + Hospitals and MetroPlus staff who were included in Crain's New York's notable Black leaders list. Together, we are making a real difference in advancing Black Health and Wellness by delivering on our commitments to:

- reduce maternal mortality rates among Black mothers and improve patient safety during labor and delivery
- eliminate medical racism and practices based on biased assumptions that negatively impact quality of care for patients of color
- ensure broad access to COVID-19 testing, vaccination and treatment to communities hit hardest by the pandemic
- build a diversified workforce reflective of our patient population.

LEADERSHIP APPOINTMENTS

Dr. Khoi Luong appointed NYC Health + Hospitals Senior Vice President of Post-Acute Care -- Dr. Luong has been serving in an interim capacity in this role since October, and now will permanently lead all aspects of operations and patient care provided in our top-ranked skilled nursing facilities, Long-Term Acute Care Hospital (LTACH), short-term rehabilitation, and adult day health care programs. Dr. Luong has dedicated much of his career to making a meaningful difference in the lives of geriatric patients and those who require long-term care. He has served our health System in various leadership roles since 2016, most recently as Chief Medical Officer (CMO) of our post-acute service line where he helped our facilities achieve top national rankings by the Centers for Medicaid and Medicare, Newsweek, and U.S. News & World Report. Dr. Luong's significant experience in post-acute care and deep commitment to quality long-term care services for all New Yorkers will be incredibly valuable to our patients and community. I am delighted to see him officially step into this new role.

Linda Dehart appointed NYC Health + Hospitals Vice President, Finance - Ms. Dehart is an experienced finance professional with a nearly twenty-five-year track record in government and health care organizations, including sixteen years with NYC Health + Hospitals. She has particular expertise in funding for safety net health care systems. As Senior Assistant Vice President-Finance she currently manages intergovernmental funding, reimbursement services, capital budget, debt finance, and cash planning for the System. Prior to joining the Central Office Finance team, she was Associate Executive Director for Finance at Kings County Hospital and Assistant Director for Health in the NYC Mayor's Office of Management & Budget. Ms. DeHart is a graduate of Wesleyan University

and the Robert F. Wagner Graduate School of Public Service at New York University.

TWO NYC HEALTH + HOSPITALS EMPLOYEES RECEIVE PRESTIGIOUS SLOAN PUBLIC SERVICE AWARD, THE 'NOBEL' OF CIVIL SERVICE

I am so proud to announce that Director of Utilization/Care Management at NYC Health + Hospitals/Metropolitan Paula Evans, BSN, RN and Chief Operating Officer at NYC Health + Hospitals/Elmhurst David Guzman, MPA, FAB were selected as two of this year's six recipients for the [Sloan Public Service Award](#). Evans is recognized for her contributions for nearly 30 years of service at the hospital, where she has dedicated her career to providing compassion and care to New Yorkers. Guzman is being honored for his work increasing efficiency and revenue for one of the city's busiest hospitals to allow its patients to receive high-quality, comprehensive health care. This award is regarded as the Nobel Prize of city government and presented annually by the Fund for the City of New York to civil servants from all levels and ranks of city government. The winners were nominated by their colleagues, peers, and friends and selected from more than 250,000 eligible City workers. Each will receive \$10,000. On behalf of NYC Health + Hospitals, I congratulate Paula and David on their achievement and share our deep gratitude for their extraordinary work and commitment to the public and our patients.

EXTERNAL AND COMMUNITY AFFAIRS UPDATE

City - I want to thank Mayor Adams for making an important investment in the health of NYC mothers and young families. He added \$3 million to the fiscal 2023 budget for obstetrics simulation training through the NYC Health + Hospitals Simulation Center as part of the City's Maternal Medical Home program to provide care coordination to high-risk prenatal patients and ensure new moms get a healthy start. Our Simulation Training program embeds specialized training mannequins and simulation mini-labs in our hospitals to help our clinical teams master skills and prepare for obstetric emergencies and improve outcomes.

I joined Mayor Adams to announce his Subway Safety Plan, which lays out how his administration will begin addressing public safety concerns and supporting people experiencing homelessness and serious mental illness on New York City's subways. The plan includes comprehensive investments in short- and medium-term solutions, including expanded outreach teams with NYPD officers and clinicians, additional housing and mental health resources, and outlines long-term systems improvements through changes to state and federal laws to connect more New Yorkers to the care they need. At every public hospital System where I have worked - in San Francisco, Los Angeles, and now New York City - a priority of mine has been a focus on the homeless population. Mayor Adams' plan outlines clear steps to address homelessness on the subway, and it offers an array of services to those in need, including supportive housing. At our hospitals, providers, nurses, and peer counselors work closely together to ensure that our patients who experience housing instability receive the care they deserve.

We are pleased to get to know our new City Council Chairs and members. In particular, we appreciate Hospital Chair Mercedes Narcisse recently spending time with our team to familiarize herself with our work and priorities. City Council Hospitals Committee is holding a hearing on Friday, February 25th

regarding access to primary care. Dr. Andrew Wallach, the Chief Medical Officer for Ambulatory Care, will testify on behalf of our health System. City Council preliminary budget hearings are being scheduled for March, and our hearing will be on March 21 at 10am. We look forward to that process. Capital Funding Requests for FY23 are due to the Borough Presidents and City Council this week. Our facilities have been working with our team in Central Office to prepare their proposals and submit requests for funding. We are grateful to our local elected officials for their ongoing support of our facilities and system as we try to address ongoing needs.

State - Last month, Governor Hochul proposed a \$216.3 billion all funds budget for State Fiscal Year (SFY) 2023, which begins on April 1, 2022. 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 are thankful that the Governor has prioritized investments in health such as restoring a 1.5% Medicaid reimbursement cut, increasing Medicaid rates by 1%, and making investments in the workforce and investments to help improve mental health care access, we are still seeking additional support. In particular, we are advocating for equitable access to the distressed hospital funding pool, reinstatement of prior capital cuts, and parity in telehealth reimbursement. We are joined in this work by our Community Advisory Boards, our partners in advocacy and labor, and so many of our legislative champions in Albany.

We also note that the Governor's budget includes an important proposal for procurement of managed care plans to participate in the Medicaid program. We appreciate the Governor's acknowledgment of health plans like MetroPlus that are committed to serving our patients and community. We appreciate the opportunity to work with the State to continue improving how managed care works for all New Yorkers. Throughout the budget season, we will continue to meet with our elected officials and the State. We appreciate their time and concern for our System and our patients.

Federal - A Continuing Resolution extending federal government funding through March 11 was passed by Congress and signed into law on February 18. Unfortunately, the Build Back Better Act has stalled in the Senate, and progress looks unlikely in the near term. Nonetheless, NYC Health + Hospitals continues to communicate with our Congressional representatives on our priorities. In particular, we continue to seek funding for health care infrastructure and staving off of harmful cuts. The Biden Administration has extended the COVID-19 Public Health Emergency (PHE) beyond March 1. There is not an identified end date, but they have previously committed to a 60-day warning on the end of the PHE, so safe to assume the emergency will go through at least April 30.

CONTRACTS

This past December, I declared a procurement emergency in response to the Omicron wave of CoViD-19. This was to allow NYC Health + Hospitals to effectively respond to the City's needs and help manage the Omicron wave. That emergency declaration was effective through January 31, 2022. While we have several contracts in place to respond to the City's needs, the scale of the Omicron wave created increased demand for services as well as required additional services to support our response. There were five actions taken that I want to bring to the Board's attention. Three of them were for supplemental

staffing to include nurses, doctors, and support staff for our hospitals, nursing homes, testing centers, and the hotels we manage on behalf of the City. Those agreements were for \$90 million dollars, and we expect the expenses to be reimbursed through FEMA and City funds. The other two actions were to support enhanced community testing, and community outreach and education. The additional community testing contract is \$11 million dollars and the outreach and education support increase to existing agreements is \$6 million dollars. We expect these expenses will also be reimbursed to us through FEMA and our OMB MOU. Below are the vendors and the services we procured.

<u>Vendor</u>	<u>Services</u>	<u>Amount</u>
Comprehensive Health Services, LLC	Emergency Staffing	\$15 million
Comprehensive Health Services, LLC	Community testing	\$35 million
Krucial Staffing, LLC	Emergency Staffing	\$40 million
Doral Medical and Multispecialty Facility LLC	Community testing	\$11 million
T2 Canvassing Contracts	Outreach/education	Increase of \$6 million

NEWS FROM AROUND THE HEALTH SYSTEM

- [NYC Health + Hospitals Executives Named to Crain's Notable Black Leaders List](#)
- [NYC Care Reaches Milestone of 100,000 Members](#)
- [Dr. Khoi Luong Appointed SVP of Post-Acute Care](#)
- [Mayor Adams Announces Opening of Wellness Rooms for Frontline Health Care Workers](#)
- [NYC Health + Hospitals/Gotham Health Opens New COVID-19 Center of Excellence in Brooklyn](#)
- [Test & Trace Partners with Cultural Sites and Libraries to Distribute At-Home Tests](#)
- [Test & Trace Launches Buprenorphine Treatment Pathway to Help Those with Opioid Use Disorder](#)
- [NYC Health + Hospitals Expands Access to Lifestyle Medicine Services City-Wide](#)
- [George Link Jr. Foundation Makes \\$75K Donation for System's Helping Healers Heal Programing](#)
- [Test & Trace Texts Over 700k People and Launches Exposure Guidance Tool](#)
- [Gov. Hochul, Dr. Katz Thank Military Medical Team at North Central Bronx Hospital](#)
- [City & State Names NYC Health + Hospitals and Metroplus CEOs, Chair of the Board to "2022 Health Power 100" List](#)
- [Creative Arts Therapy Patients Present Their Seventh-Annual Multimedia Arts Show](#)
- [Sen. Kirsten Gillibrand Meets with Public Health Corps Workers at Bellevue](#)

Community and DOE COVID-19 Testing Update

BOARD OF DIRECTORS MEETING

March 31, 2022

Dr. Theodore Long, Senior Vice President for Ambulatory Care and
Executive Director for Test and Trace Corp

Keith Tallbe - Senior Counsel/ Supply Chain



T2 Testing Vendor Diversity Data

Contract Performance through January 2022

	H+H Invoiced	M/WBE Payments	Current Util %	Projected Util %	Goal %	Notes
Ambulnz	\$56,654,721	\$10,423,945	18%	24%	30%	Current utilization reflects payment lag; attempting to get an additional sub NYC certified.
Fulgent	\$22,731,220	\$8,395,359	37%	30%+	30%	Consistently at or above 30%
Medrite	\$22,298,420	\$6,019,499	27%	30%	30%	
BioReference	\$21,065,140	\$2,596,147	12%	15%	15%	Team is meeting bi-weekly to ensure good faith efforts to achieve 15%.
SOMOS	\$15,256,626	\$12,968,132	85%	85%	85%	
Premier Assist	\$3,632,860	\$545,129	15%	100%	30%	Premier's M/WBE certification in final review at NYC SBS.
CIC Health	\$2,830,152	\$172,377	6%	40%	50%	Two subs have pending M/WBE applications with NYC SBS.
Mount Sinai	\$2,268,460	\$270,135	12%	20%+	32%	Working to come to terms with an M/WBE vendor for logistics and actively exploring additional options. Current M/WBE sub has pending application with NYC SBS and NYS.
T2 Total	\$146,737,599	\$41,390,723	28%	34%		



T2 Community Testing Data

Vendor	Month	Total Tests per Month	TAT% within 48 hrs (Month Avg.)	Avg # of Testing Teams per Day
BRL	November	1,676	99.80%	6
BRL	December	12,298	86.80%	10
BRL	January	26,861	92%	10
BRL	February	1,453	100%	10
Medrite (Comm.)	December	5,931	42%	5
Medrite (Comm.)	January	27,927	52%	13
Medrite (Comm.)	February	3,254	95%	4
Medrite (At Home)	November	3,391	100%	8
Medrite (At Home)	December	5,487	87%	10
Medrite (At Home)	January	6,884	92%	12
Medrite (At Home)	February	1,017	98%	5
Premier	November	n/a	n/a	n/a
Premier	December	7,271	76%	3
Premier	January	34,714	72%	6
Premier	February	1,085	100%	4
RRT Mobile	November	97,057	100%	70
RRT Mobile	December	350,038	96%	72
RRT Mobile	January	299,765	93%	87
RRT Mobile	February	77,981	100%	87
Sinai	November	2879	100%	14
Sinai	December	24,571	99%	13
Sinai	January	18,785	98%	13
Sinai	February	3583	100%	13
Somos	November	n/a	n/a	n/a
Somos	December	5,820	57%	10
Somos	January	12,771	62%	14
Somos	February	4996	100%	5

T2 School Testing Data

Vendor	Month	Total Tests per Month	TAT% within 48 hrs (monthly average)	Avg # of Testing Teams per Day (per month)
BRL	November	68,393	100%	40
BRL	December	53,531	98%	35
BRL	January	106,635	93%	40
BRL	February	79,868	100%	36
Fulgent	November	45,078	98%	31
Fulgent	December	36,557	95%	33
Fulgent	January	72,802	93%	38
Fulgent	February	58,460	95%	38
Medrite	November	49,039	100%	45
Medrite	December	38,745	98%	35
Medrite	January	81,581	97%	44
Medrite	February	56,892	100%	45
Somos	November	37,939	99%	46
Somos	December	31,397	100%	54
Somos	January	63,373	83%	54
Somos	February	46,667	100%	54

RESOLUTION - 03

Authorizing funding for New York City Health and Hospitals Corporation (the “**System**”) to continue to operate under the terms of its affiliation agreement with **Physician Affiliate Group of New York, P.C. (“PAGNY”)** made for the provision of general care and behavioral health services for a period of up to three months with the System facilities served by PAGNY to include Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center, and Kings County Hospital Center, with an overall cost of the extension not to exceed \$187,805,542, which includes a 10% contingency.

WHEREAS, the System has for some years entered into affiliation agreements pursuant to which various medical schools, voluntary hospitals and professional corporations provide general care and behavioral health services at System facilities; and

WHEREAS, the current affiliation agreement with PAGNY (the “**PAGNY Agreement**”) was approved by the System’s Board of Directors (the “**Board**”) on June 18, 2015 for a term to expire on June 30, 2020; and

WHEREAS, in June 2020, the Board approved a six-month extension of the PAGNY Agreement through December 31, 2020; and

WHEREAS, the PAGNY Agreement provides that its terms will continue on a month-to-month basis until the parties enter into a new affiliation agreement; and

WHEREAS, in December 2020, the Board approved funding through March 2021; and

WHEREAS, in 2021, the Board approved additional funding through September 2021; and

WHEREAS, in 2021, the Board approved additional funding through March 2022; and

WHEREAS, the System is continuing to negotiate a multi-year renewal of the PAGNY Agreement; and

WHEREAS, the proposed funding authorization will keep substantially the current terms of the PAGNY Agreement in place through the current fiscal year ending June 30, 2022, to provide sufficient time to conclude negotiations of a new agreement prior to the expiration of funding authority.

NOW, THEREFORE, BE IT:

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to continue to operate under of the terms of its affiliation agreement with Physician Affiliate Group of New York, P.C. (“**PAGNY**”), made for the provision of general care and behavioral health services at the System facilities served by PAGNY, including: Lincoln Medical & Mental Health Center, Morrisania Diagnostic & Treatment Center, Segundo Ruiz Belvis Diagnostic & Treatment Center, Jacobi Medical Center, North Central Bronx Hospital, Harlem Hospital Center, Renaissance Health Care Diagnostic & Treatment Center, Metropolitan Hospital Center, Coney Island Hospital Center, Kings County Hospital Center, for an amount not to exceed \$187,805,542, which includes a 10% contingency.

**EXECUTIVE SUMMARY
MEDICAL AFFILIATION AGREEMENT
WITH
PHYSICIAN AFFILIATE GROUP OF NEW YORK, P.C.**

BACKGROUND: The System has long obtained medical services through medical affiliation agreements with certain medical schools, voluntary hospitals and professional corporations, including Physician Affiliate Group of New York, P.C. (“**PAGNY**”). The System’s Board of Directors approved the agreement with PAGNY (the “**PAGNY Agreement**”) at its June 2015 meeting. At its meeting held in June 2020, the System’s Board of Directors (the “**Board**”) approved a six-month extension of the PAGNY Agreement, and subsequently at its December 2020, March 2021 and September 2021 meetings, approved additional funding for the PAGNY Agreement to continue through March 2022. The System and PAGNY are continuing to negotiate the terms of an amended and restated affiliation agreement in good faith, but require additional time to finalize its terms. Accordingly, the System seeks authorization to extend funding to continue the PAGNY Agreement on a month-to-month basis through approximately June 30, 2022 to allow time for the conclusion of such negotiations.

TERMS: The PAGNY Agreement will remain in place during this negotiation period. The System facilities serviced by PAGNY include:

- Lincoln Medical & Mental Health Center
- Morrisania D&TC
- Segundo Ruiz Belvis D&TC
- Jacobi Medical Center
- North Central Bronx Hospital
- Harlem Hospital Center
- Renaissance Health Care D&TC
- Metropolitan Hospital Center
- Coney Island Hospital
- Kings County Hospital Center

FUNDING NOT-TO-EXCEED AMOUNT	Money to pay the costs of extending the PAGNY Agreement will come from the System’s general operating funds and the costs of the extension will not exceed \$187,805,542, which includes a 10% contingency.
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To: Colicia Hercules
Chief of Staff, Office of the Chair

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Physician Affiliate Group of New York (PAGNY)

Date: March 24, 2022

Digitally signed by
Tallbe, Keith
Date: 2022.03.24
07:52:50 -04'00'

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

Vendor Responsibility
Pending

EEO
Approved

MWBE
Not applicable

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.

Authorizing Funding for PAGNY Affiliation Agreement Thru June 2022

Dr. Machele Allen, Senior Vice President and Chief Medical Officer

Deborah Brown, Senior Vice President, External and Regulatory Affairs

Andrea Cohen, Senior Vice President and General Counsel

John Ulberg, Senior Vice President and Chief Financial Officer

Board of Directors Meeting

March 31, 2022

Current Status

**Negotiations have progressed at difference paces across Affiliates.
H+H discussions with PAGNY are ongoing.**

PAGNY Continues to Operate Under the Current Agreement

- Good faith negotiations are ongoing for a multi-year renewal with the potential to bring to the Board for approval as soon as April for a July 1, 2022 start date
- Funding authorization needed for 3 months to continue the existing contract through the end of FY22

PAGNY Funding Authorization History:

Current Authorization Lasts Through March 2022

Period Covered	Funding Period	Contract Value	Contingency	Total NTE
July 1, 2015 – June 30, 2020	5 years	\$2,562,175,665	\$640,543,916 (Up to 25%)	\$3,202,719,581
July 1, 2020 – December 31, 2020	6 months	\$325,093,974	\$32,509,397 (10%)	\$357,603,371
January 1, 2021 – March 31, 2021	3 months	\$171,333,018	\$25,699,953 (10% + 5% for COVID)	\$197,032,971
April 1, 2021 – September 30, 2021	6 months	\$331,761,878	\$33,176,188 (10%)	\$364,938,066
October 1, 2021 – March 31, 2022	6 months	\$341,464,622	\$51,219,893 (10% + 5% for COVID)	\$392,684,315
April 1, 2022 – June 30, 2022	3 months	\$170,732,311	\$17,073,231 (10%)	\$187,805,542

Current Request

- Current estimated spend through March totals \$548.5M. The increase over the expected spend is due to COVID-19 related expenses, additional services provided at Kings County, and the approval of new revenue-generating business plans.

Board of Directors Approval Request

Authorizing funding for New York City Health and Hospitals Corporation (the “System”) to continue to operate under the terms of its affiliation agreement with **Physician Affiliate Group of New York, P.C. (“PAGNY”)** for the provision of general care and behavioral health services at the System facilities served by PAGNY for a period of three months from April 1, 2022 to June 30, 2022 [...] as indicated below:

Proposed Funding For PAGNY April 1, 2022 – June 30, 2022	
Total Contract Value	\$170,732,311
10% Contingency Value	\$17,073,231
Total Not-to-Exceed Value	\$187,805,542

AMENDED RESOLUTION - 04

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a two-year plus two-month best interest contract extension with **Grant Thornton LLP** (the “Contractor”) for auditing services in an amount of \$1,931,500 plus contingency not to exceed a total value of \$2,019,500.

WHEREAS, the System requires the services of an independent certified accounting firm to prepare its annual statements and to make various other filings, including with the Centers for Medicare and Medicaid Services; and

WHEREAS, the System procured the Contractor’s services through an RFP conducted in 2018 that resulted in a four-year agreement which will expire April 30, 2022; and

WHEREAS, the contractor performed satisfactorily over the last four years at an average annual cost of \$924,100; and

WHEREAS, the System proposes to renew the current contract with the Contractor for two years and two months so that its expiration will coincide with the expiration of the City of New York (the “City”) auditing contract to make a joint procurement with the City possible; and

WHEREAS, in view of the Contractor’s satisfactory performance, the lack of substantial variation in pricing over the last eight years including four years under the Contractor’s predecessor and the benefit of a relatively short extension to align with the expiration of the City’s contract, such renewal is determined to be in the System’s best interest rather than conducting another RFP; and

WHEREAS, the System’s Corporate Comptroller will be responsible for the management of the proposed agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute a two-year and two-month contract extension with Grant Thornton LLP (the “**Contractor**”) for auditing services in an amount not to exceed \$2,019,500.

EXECUTIVE SUMMARY
RENEWAL OF AUDITING CONTRACT WITH
GRANT THRNTON LLP

OVERVIEW:	<p>The System requires the services of an independent certified accounting firm to prepare its annual statements and to make various other filings, including with the Centers for Medicare and Medicaid Services. For many years, the System used KPMG for this function but, after an RFP issued in 2018 awarded a four-year agreement to the Contractor which is due to expire April 30, 2022.</p>
PROCUREMENT BEST INTEREST RATIONALE:	<p>The System sees an advantage in conducting its next competitive procurement for auditing services in tandem with the City. The City currently also uses the Contractor although the two contracts were procured and negotiated separately. There are advantages to using the same auditor as the City uses: Deadlines will be more easily met because the System and the City will be part of the same publication and information will be easily shared within the one firm. There will also be benefits to procuring the contract in tandem with the City: The System will enjoy increased negotiating power and will benefit from certain economies by combining its efforts with the City.</p> <p>A contract renewal may be made in the “<i>Best Interest of the System</i>” without an RFP if the System will not lose the chance to negotiate for better rates or for better performance and if there is a benefit to doing so. The benefit of not going to a full-term RFP is explained above. Over the last eight years while shifting from KPMG to the Contractor, it has been apparent that the cost of the service is not likely to vary significantly from auditor to auditor or from year to year and so it is unlikely that an RFP will result in significantly lower costs. Furthermore, the System’s Corporate Comptroller has stated that he is satisfied with the work the Contractor has done.</p>
PROGRAM:	<p>Upon the joint contract award expected in two years, despite contracting for its audit services in tandem with the City, the System’s process and the role of its Board and Audit Committee will remain the same. The System will retain autonomy of audit services as well as separately issued financial statements. The System’s financial statements will continue to receive Audit Committee review and approval of issued financial statements. The System has representation on the City RFP committee in choosing the new audit firm. The chosen auditor will have to provide educational and training programming to the System’s staff as it does currently.</p>
COSTS:	<p>Total not-to-exceed price for the two-year plus two-month extension will be \$2,019,500.</p>
MWBE:	<p>Current utilization is only 16%. The proposed utilization plan will bring that to 25% through subcontracts with N. Cheng and Healthcare Management Solutions.</p>

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

From: Keith Tallbe Tallbe, Digitally signed by
Senior Counsel Keith Date: 2022.02.28
Office of Legal Affairs 11:37:42 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Grant Thornton, LLP

Date: February 28, 2022

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE Utilization Plan</u>
Approved	Pending	25%

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.

Auditing Services Best Interest Extension

Grant Thornton, LLC

**Board of Directors Meeting
March 31, 2022**

**Jay Weinman, Corporate Comptroller
James L. Linhart, Deputy Corporate Comptroller
Nicole Fleming, Controller**



Background / Current State

- NYC Health+ Hospitals annual financial statements must be audited by an independent certified public accounting firm, as required by the Corporate By-Laws. Additionally, some of NYC Health + Hospitals health care entities' cost reports filed with various federal and state agencies require certification/attestation reports from the auditors
- Current vendor is Grant Thornton LLP. Contract was procured through a RFP in 2018.
- Contract term is four years and expires on April 30, 2022.
- The previous fiscal year spend with Grant Thornton for external auditing services was \$924,100



➤ **Reason for Action:**

- Inclusion within the City contract for Audit Services (one City contract with one Audit firm).
- Issue a two year and two months contract extension to the current audit firm for a contract value of \$1,931,500 plus contingency amount for a total NTE value of \$2,019,500.
- This two year and two months extension is needed to align to the City Contract for overall audit services and retain the same audit firm for both City and H+H. Current City contract expires June 30, 2024
- This is in lieu of issuing an RFP



Rationale of Extension

- Advantages to issuing a two year and two months contract extension to align to the City Contract:
 - Better negotiating power given the size of the current New York City contract
 - Ease of meeting stated deadlines since NYC H+H will be part of City's publication
 - Easier flow of information since all will be under same contract (better communications with audit teams)

- NYC H+H Processes and Committee to remain in place:
 - NYC H+H will still retain autonomy of audit services as well as separate issued financial statements
 - NYC H+H will still retain Audit Committee review and approval of issued financial statements
 - NYC H+H will have representation on the City RFP committee in choosing the new audit firm
 - NYC H+H will still retain contracted CPE's paid for by the Audit Firm for our staff



Background (continued)

- This price has not increased in the past 8 years. In that timeframe, this service has been taken to RFP twice, with cost being a consistent part of the evaluation
- Review of contract extension fees for FY2022 and FY2023 will be \$951,700 and \$979,800 (exclusive of the extra contingency) respectively. These costs are lower than previous fees paid for the same service in previous fiscal years.
 - FY2013 \$994,000
 - FY2018 \$994,300
 - FY2019 \$994,300

Vendor Performance

➤ If no competitive procurement was conducted (because this is a best-interest renewal or extension etc.) OR if the incumbent won the competitive procurement, then complete this template

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extend applicable?	Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Excellent

MWBE

- Over the course of the contract term (2018 – 2022), Grant Thornton reported 16% M/WBE utilization.
- Grant Thornton has committed to a 25% Utilization for the upcoming contract period utilizing the following 2 NYC/NYS certified M/WBEs.

Vendor Name	M/WBE Certification	Certified as	Ethnicity	M/WBE Utilization %
N. Cheng	NYC & NYS	MBE	Asian	23%
Healthcare Management Solutions	NYS	WBE	N/A	2%

Note: Approximately 25% of the audit is comprised of testing, tracing, and variance analysis which lend itself out to contracted work. The higher level analytical, professional judgement and audit opinion work which is reserved for the primary audit firm approximates 75% of the contract and not suitable to contract out to another firm. These areas include those that are necessary to form an opinion on the financials statements as a whole.

- The Corporate Comptroller's Office is seeking the approval to extend the contract with Grant Thornton by two years and two months for an NTE of \$2,019,500 to provide financial auditing services and align with the City's contract schedule

RESOLUTION - 05

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute three-year standby or requirements contracts with each of **Universal Protection Service LLC, d/b/a Allied Universal, Johnson Security Bureau, Inc. Maxxi Building Security and Management Corporation and Aron Security** (the “Contractors”) for temporary security services with the System holding two, one-year options an amount for all the Contractors across the entire potential five-year term not to exceed \$11,600,000.

WHEREAS, the System has long used temporary security services to augment its own forces to perform unarmed security services, the supervision of such services, fire watch services and fire safety director services; and

WHEREAS, currently the System has been using Universal Protection Service LLC and Johnson Security Bureau to provide such services; and

WHEREAS, during the Covid epidemic the System greatly increased the use of such services for its many test and vaccination sites raising the annual spend from its typical level of \$2 Million to approximately \$7.9 however usage is expected to return to the pre-Covid normal level; and

WHEREAS, the System conducted an RFP process under the supervision, and with the assistance, of Supply Chain and had 15 firms attend a pre-proposal conference of which nine submitted proposals; and

WHEREAS, of the nine proposals submitted, the four Contractors were given the highest ratings; and

WHEREAS, under the proposed agreements, the Contractors will be used on an as-needed basis with the System not guarantying any usage volume; and

WHEREAS, the System’s Office of Quality and Safety through its Hospital Police and Security Department will be responsible for the management of the proposed contracts.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute three-year standby or requirements contracts with each of Universal Protection Service LLC, d/b/a Allied Universal, Johnson Security Bureau, Inc. Maxxi Building Security and Management Corporation and Aron Security (the “Contractors”) for temporary security services with the System holding two, one-year options an amount for all the Contractors across the entire potential five-year term not to exceed \$11,600,000.

EXECUTIVE SUMMARY
TEMPORARY SECURITY SERVICES
STANDBY AGREEMENTS WITH
UNIVERSAL PROTECTION SERVICE LLC, D/B/A ALLIED UNIVERSAL,
JOHNSON SECURITY BUREAU, INC. MAXXI BUILDING SECURITY
AND MANAGEMENT CORPORATION AND ARON SECURITY

- OVERVIEW:** The System has long used temporary security services to augment its own forces to perform unarmed security services, the supervision of such services, fire watch services and fire safety director services. Fire watch services are required by the NYFDNY whenever the fire alarm systems in a building are inoperable and consist of having an individual in the building at all time to watch for any fires. Typically, the annual spend for such services is approximately \$2M however during the Covid epidemic when the System operated many pop-up testing and vaccination sites all of which required security services the annual cost of such services leaped to approximately \$7.9M. It is anticipated that annual costs will now return to the typical pre-Covid level.
- PROCUREMENT** The System conducted a formal RFP procedure to obtain the services of a pool of Contractors to work on an as needed basis to meet the System's needs. The RFP was directly mailed to 29 prospective vendors. 15 vendors attended a pre-proposal conference. Of those, 9 submitted proposals. Of the proposals submitted, a System Evaluation Committee selected the four Contractors as the firms that would best meet the needs of the System.
- COSTS; TERMS:** Total not-to-exceed cost for all four of the Contractors over the initial three-year term plus of the two, one-year options is not to exceed \$11.6M.
- These will all be requirements contracts also referred to as standby contracts. The System will not be required to give any work to any of the Contractors but will do so at its discretion on an as-needed basis.
- All security staff is required by law to be paid at the Prevailing Rate as set by the City Comptroller. As labor is most of the cost of these contracts, the price variation by vendor is not great with such variation as exists based on variable management costs.
- MWBE:** An overall MWBE utilization goal of 30% has been established and accepted by the Contractors. Two of the four Contractors are MWBE and so 100% of their work will be performed by an MWBE. The other two firms have adopted 30% goals.

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

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

Re: Vendor responsibility, EEO, and MWBE status

Vendor: Temporary Security Staffing Vendors

Date: February 28, 2022

Digitally signed by
Tallbe, Keith
Date: 2022.02.28
11:33:02 -05'00'

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

Vendor Name	Vendex	EEO	M/WBE UP
Universal Protection Service LLC	Approved	Pending	30% UP
Johnson Security Bureau, Inc.	Approved	Pending	NYC & NYS MWBE
Maxxi Building Security and Management Corporation	Pending	Pending	NYC MBE
Aron Security, Inc.	Approved	Pending	30% UP

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.

Supplemental Security Staffing Services

Application for Contract Award

**Universal Protection Service LLC, Johnson Security Bureau, Inc.,
Maxxi Building Security and Management Corporation, and Aron
Security Inc.**

**Board of Directors Meeting
March 31, 2022**

**Eric Wei, MD, SVP, Quality and Safety
Shaw Natsui, MD, AVP, Quality and Safety
Juan Checo, Senior Director, Hospital Police and Security**

Background / Current State

- NYC Health + Hospitals has used supplemental security staffing firms to augment staffing needs at acute, post-acute, Gotham, and Test and Trace facilities.
- The services have been provided by Universal Protection Service LLC, and Johnson Security Bureau Inc., and include Unarmed Security Guards, Security Guard Supervisors, Fire Watch Personnel, and Fire Safety Director services.
- These services have been coordinated directly between the facility and vendor and are meant to supplement security service shortages
- Estimated Annual Spend: \$2,000,000

Services Provided

- Current Titles Provided
 - Security Guard (dual certification to include fire watch personnel)
 - Security Guard Supervisor
 - Fire Safety Officer

- Cost Structure
 - Charges are based on hourly rates for each title to meet prevailing wage, plus administrative fee
 - Services can either be provided on immediate need or by pre-determined SOW

Overview of Procurement

- 10/22/21: RFP posted on City Record, sent directly to 29 vendors
- 11/09/21: Pre-proposal conference held, 15 vendors attended
- 12/01/21: Proposal deadline, 9 proposals received.
- 01/27/22: Evaluation committee completed scoring sheets and submitted to Supply Chain for tabulation
- 02/14/22: Evaluation committee finalized vendor pool; Universal Protection Service LLC, Johnson Security Bureau, Inc., Maxxi Building Security and Management Corporation, and Aron Security were the highest rated proposers



Vendor References

- Maxxi Building Security and Management Corporation (MWBE)
 - Successful reference check with Project Find (Long-term home health organization); Maxxi provided rapid response time and performed satisfactorily
 - Successful reference check with ACMH (Care Management and Housing Organization); Maxxi provided appropriate capacity, rapid response time and performed satisfactorily
- Aron Security DBA Arrow Security
 - Successful reference check with Memorial Sloan-Kettering; Aron provided appropriate capacity, rapid response time and performed satisfactorily
 - Successful reference check with Brookhaven Memorial Hospital; Aron provided appropriate capacity, rapid response time and performed satisfactorily
- Universal Protection Service LLC
 - Incumbent vendor; feedback from internal site leadership is positive. Vendor is consistently able to fill needed positions, performances to expectations, and provide satisfactory response time
- Johnson Security Bureau, Inc. (MWBE)
 - Incumbent MWBE vendor; feedback from internal site leadership is fair. Vendor has performed satisfactorily



RFP Criteria

- Minimum criteria:
 - MWBE Utilization Plan, or MWBE Certification
 - Five years in business
 - Experience with large health systems
 - Three NYC References
- Substantive Criteria
 - 40% Program Management
 - 30% Cost
 - 20% MWBE
 - 10% References
- Evaluation Committee:
 - Facilities Development
 - Coney Island Hospital Police
 - Gotham Executive Administration
 - Safety Management
 - Bellevue Hospital Police
 - Gouverneur Hospital Police

RFP Summary

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
M/WBE	26	5	N/A	N/A
Non-M/WBE	3	3	3	0

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

Awarded Vendors' M/WBE Utilization

Vendor Name	Utilization Plan or Diversity Status	Subcontractor	Service
Universal Protection Service LLC	30%	Over Watch, LLC dba City Safe Partners	Staff guarding services
Johnson Security Bureau, Inc.	NYC WBE	N/A	N/A
Maxxi Building Security and Management Corporation	NYC MBE	N/A	N/A
Aron Security	30%	Explorer Security Services	Security guard services

Hospital Security Updates

- Staff debriefs and townhalls following Jacobi incident, including review of prior safety and workplace violence mitigation initiatives
- Sharing lessons learned from Jacobi and the After Action Report
- Site visits to local health systems and survey of NYC hospitals and safety net hospitals in other cities
- Actions taken:
 - Installation of direct tie line from each phone; additional visibility mirrors; bulletproof glass
 - Central work groups
 - Metal detectors
 - NYPD paid detail
 - Hospital Police recruitment and retention
 - Active Shooter training
 - Facility-based security risk assessments
 - Review of Everbridge system
 - Review of panic alarm systems

Board of Directors Request

- The Office of Quality and Safety is seeking approval to award contracts to Universal Protection Service LLC, Johnson Security Bureau, Inc., Maxxi Building Security and Management Corporation, and Aron Security Inc. to provide supplemental security staffing services to the system.
- Three-year contract with two one-year options exercisable at the discretion of NYC Health and Hospitals
- Not-to-exceed: \$11,600,000
- Effective 5/1/2022

Fiscal year	T2 Expenses	All Other Expenses	Amount
2022	\$1,600,000	\$300,000	\$1,900,000
2023	\$1,000,000	\$1,800,000	\$2,800,000
2024		\$1,800,000	\$1,800,000
2025		\$1,800,000	\$1,800,000
2026		\$1,800,000	\$1,800,000
2027		\$1,500,000	\$1,500,000
Total	\$2,600,000	\$9,000,000	\$11,600,000

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute three-year contract with **PhyCARE Solutions, Inc.** (the “Contractor”) for outpatient coding and billing services with the System holding two, 1-year options for an amount across all potential five years of the proposed agreement not to exceed \$12,491,383.

WHEREAS, properly coding and billing for the System’s outpatient services is a big job that requires sophistication and considerable staff resources; and

WHEREAS, currently the System uses the Contractor to perform this function both as to the institutional aspect of such charges and the professional component; and

WHEREAS, the System conducted an RFP process under the supervision, and with the assistance, of Supply Chain that sought either separate firms for coding and for billing or a single firm to do both; and

WHEREAS, 11 firms attend a pre-proposal conference out of which six proposals were received for billing and seven proposals for coding; and

WHEREAS, following the winnowing of the field to three finalists and after their presentation of proposed billing and coding solutions, the Contractor was given the highest ratings for both billing and coding; and

WHEREAS, the System’s Office of Revenue Management will be responsible for the management of the proposed contracts.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a three-year contract with **PhyCARE Solutions, Inc.** (the “Contractor”) for outpatient coding and billing services with the System holding two, 1-year options for an amount across all potential five years of the proposed agreement not to exceed \$12,491,383.

EXECUTIVE SUMMARY
OUTPATIENT BILLING AND CODING SERVICES
PHYCARE SOLUTIONS, INC
AND MANAGEMENT CORPORATION AND ARON SECURITY

- OVERVIEW:** Because of the volume and complexity involved in coding and billing for outpatient medical services, the System has been using the Contractor for such work. In fact, the System has used the Contractor for many coding and billing functions and wanted to test the market to be sure that there were not better and or less expensive companies available for such work.
- PROCUREMENT** The System conducted a formal RFP procedure to obtain the services of a either a single vendor to handle both outpatient coding and billing or a two different vendors, one for each function. Different evaluation committees were established for each of the two scopes of work. The RFP was directly mailed to 15 prospective vendors. Seven vendors submitted proposals for coding and six vendors submitted proposals for billing. Of the proposals submitted, the two Evaluation Committees selected the same three finalists. After further questioning and the presentations of proposed coding and billing solutions, the two Evaluation Committees both concluded that the Contractor would best meet the needs of the System.
- COSTS; TERMS:** Total not-to-exceed cost for both functions over the initial three-year term plus each of the two, 1-year options is not to exceed \$12,491,383.
- MWBE:** An MWBE utilization goal of 30% was established with two MWBE subcontractors proposed to perform that portion of the work.

Professional / Hospital Outpatient Coding and Professional Billing Services

Application to Award Contract – PhyCARE Solutions Service

**Board of Directors Meeting
March 31, 2022**

**Marji Karlin, Chief Revenue Officer
Robert Melican – AVP, Revenue Cycle Services
Lisa Perez – AVP, Revenue Cycle Services
Uwa Emumwen – Director of Professional Billing**



Background

- NYC Health + Hospitals generates separate claims for Hospital (Facility) and Professional components
 - Professional Billing claims are services performed directly by the physician and/or mid-level providers, and are billed separately from the hospital bill
 - Professional bills are adjudicated using different rules, contract terms, codes and claim forms
 - NYC Health + Hospitals currently generates \$32M in annual revenue from professional billing
- Hospital Outpatient Coding is for the institutional portion of an encounter
 - NYC Health + Hospitals employees code Inpatient, Ambulatory Surgery and Emergency Room claims
 - Due to the high volume, outpatient encounters require vendor assistance
 - Further optimization of H2O tools may decrease the volume of cases that require coder intervention
- Vendor support for professional billing is needed for Bellevue, Kings, Queens, and Woodhull hospitals which do not have FPPs

Overview of Procurement

- 05/25/21: Contract Review Committee (CRC) approved request to issue RFP with two unique scopes, one for billing and one for coding with an evaluation committee designated for each
- 08/25/21: RFP posted on City Record, sent directly to 15 vendors
- 09/09/21: Pre-proposal conference held, 11 vendors attended
- 10/05/21: Proposal deadline, 7 proposals received for coding, 6 proposals received for billing
- 10/29/21: Both evaluation committees completed 1st round scoring, same three vendors were shortlisted for both scopes
- 11/19/21: Shortlisted vendors presented billing and coding solution to evaluation committee via Webex
- 11/20/21 – 12/7/21: Question/Answer with shortlisted vendors to clarify pricing and scope of work
- 12/13/21: Both evaluation committees completed 2nd round scoring, PhyCARE was the highest rated proposer for both billing and coding
- 12/21/21 CRC approved selected vendor PhyCARE to move forward to the Finance Committee for review

RFP Criteria

- Minimum criteria:
 - MWBE Utilization Plan, M/WBE Certification, or Waiver Request
 - At least 5 years of experience operating Professional Billing for a large scale Healthcare System
 - NY State Medicaid experience
 - Annual Revenue in excess of \$25,000,000; M/WBE vendors annual revenue in excess of \$5,000,000
 - Experience with Professional Coding and Hospital Outpatient Coding with Epic
- Substantive Criteria
 - 40% Cost
 - 30% Quality of Proposed Operational Approach
 - 20% M/WBE
 - 10% Internal and External Quality Assurance Feedback

- Evaluation Committee consisted of a broad participation accords our hospitals

Revenue Cycle Services Lead RFP

Locations

Bellevue
Queens
Kings
Woodhull
EITS
Elmhurst
Lincoln
Finance

Functions

3 Patient Accounting Directors
3 HIM Directors
2 Chief Financial Officers
Managed Care Director
EITS Epic Assoc. Ed. Dir.
Compliance Officer

PhyCARE's Utilization Plan Summary

- PhyCARE will adhere to the 30% M/WBE contract allocation
- PhyCARE's M/WBE is also applying for diversity certification with the NYC Department of Small Business Services (SBS). Request to expedite certification confirmed by SBS in March 2022.
- Additionally, if the application is unsuccessful, PhyCARE identified subcontracting partners with two M/WBE firms
- PhyCARE obtained a waiver for the previous contract signed in 2016, which was granted.

Vendor Name	Scope of Work	M/WBE certification	UP Goal %
QualCode, Inc.	Medical Coding and Billing	NYC & NYS	27%
Medco Consultants, Inc.	Provider Education, Audits and Reviews	NYC & NYS	3%
Total Utilization Plan Goal			30%

RFP Summary

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
M/WBE	1	0	N/A	N/A
Non-M/WBE	15	7	4	3

Board of Directors Request

- Revenue Cycle Services seeks approval to award PhyCARE Solutions, LLC the contract for NYC Health + Hospitals Coding and Professional Billing services
- Initial contract term of three years with two one-year renewal options

Fiscal Year	Coding	Billing	Total
FY '22	\$ 482,969	\$ 138,000	\$ 620,969
FY '23	\$ 1,931,877	\$ 552,000	\$ 2,483,877
FY '24	\$ 1,931,877	\$ 552,000	\$ 2,483,877
FY '25	\$ 1,931,877	\$ 558,000	\$ 2,489,877
FY '26	\$ 1,931,877	\$ 582,000	\$ 2,513,877
FY '27	\$ 1,448,907	\$ 450,000	\$ 1,898,907
TOTAL	\$ 9,659,383	\$ 2,832,000	\$ 12,491,383

RESOLUTION - 07

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute a five-year contract with UKG, Inc. (“**UKG**”) for managed payroll services with an advanced scheduling application for an amount not to exceed \$33,421,438 including a contingency of ten percent or \$3,000,000.

WHEREAS, with its large workforce and the precise scheduling needs of its healthcare operations, the System wishes to modernize and improve its current handling of payroll services and clinical scheduling; and

WHEREAS, currently payroll services are handled in-house and nurse scheduling is handled by Clairvia with the original plan of expanding Clairvia’s work to other clinical and operational areas; and

WHEREAS, the System wishes to contract with a company that has a product with can effectively serve multiple clinical and operational areas; and

WHEREAS, the System conducted an RFP process under the supervision, and with the assistance, of Supply Chain and had five firms attend a pre-proposal conference of which four submitted proposals; and

WHEREAS, of the four proposals submitted and based on demonstrations of the functionalities of the programs proposed, UKG was given the highest ratings both for scheduling and payroll services; and

WHEREAS, the System’s Corporate Comptroller will be responsible for the management of the payroll aspects of the proposed agreement while the System’s Chief Nursing Executive will be responsible for the scheduling aspects.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute a five-year contract with UKG, Inc. (“**UKG**”) for managed payroll services with an advanced scheduling application for an amount not to exceed \$33,421,438 including a contingency of ten percent or \$3,000,000.

EXECUTIVE SUMMARY
PAYROLL SERVICES AND CLINICAL SCHEDULING CONTRACT
WITH UKG, INC.

OVERVIEW:	<p>With its large workforce and the precise scheduling needs of its healthcare operations, the System wishes to modernize and improve its handling of payroll services and clinical scheduling. Currently payroll services are handled in-house, however, it is impractical for the System to continue to do so. First, the System's in-house staff does not have access to the sophistication of specialized outside contractors. Outside contractors also have the benefit of huge economies of scale. Furthermore, the System has been relying on an obsolete IBM Mainframe which requires staff time to operate and which is no longer being supported by its manufacturer.</p> <p>The System had hoped to already have a solution for its clinical scheduling needs with its contract with Clairvia but the System has been dissatisfied with Clairvia's product offerings. Before trying to scale up the clinical scheduling program to clinical and operational areas beyond nursing, the System wants to get a vendor with better product selections.</p>
PROCUREMENT	<p>The System approached the procurement of its needed payroll and advanced scheduling services as potentially separate. Two different evaluation committees considered proposals following an RFP. Proposals were sent directly to ten firms. Five firms attended a pre-proposal conference and four submitted formal proposals and gave demonstrations of their products' functionalities. As it turned out, UKG was the company that received the highest rating from each of the two evaluation committees and it is proposed to perform both tasks.</p>
PROGRAM: FUTURE STATE;	<p>As envisioned, the new contract will have one mobile App for scheduling, workforce management and payroll that will create a consistent web and mobile experience. Managers will benefit from real-time visibility and control across the entire application which will allow the System to align the workforce to business demand, manage over-time before it happens and put the right people in the right place, at the right time. Compliance will be enhanced from punch to pay. The new application will offer built-in workflows and forms with audit and retention to automate policy driven requests. Finally, the System will receive consolidated reporting, dashboards and access to data for scheduling, workforce management and payroll. For all aspects of the platform there will be a single call center and service for all aspects of the UKG technology.</p>
COSTS:	<p>Total not-to-exceed cost for the five-year contract will not exceed \$33,421,438, which includes a \$3,000,000 (ten percent) contingency for unanticipated audit or consultancy services. The System had determined that the proposed contract, together with the System staff required to fully utilize the contract, will cost approximately \$14.3M less than it would have cost to continue to use Clairvia and to staff the in-house management of payroll while upgrading the IBM system to a PeopleSoft solution.</p>
MWBE:	<p>UKG will subcontract to UCI, Inc., an MWBE, a portion of its implementation and consultancy work. A partial waiver under the personal services and business model exceptions under the Vendor Diversity Operating Procedure 100-10, was issued with respect to UKG's technology and management services all of which were determined to be performed by W-2 employees and to not be susceptible to subcontracting. The result will be a 3.2% MWBE subcontracting goal.</p>

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

From: Keith Tallbe Tallbe, Digitally signed
Senior Counsel Keith by Tallbe, Keith
Office of Legal Affairs Date: 2022.03.24
11:40:18 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: UKG, Inc.

Date: March 24, 2022

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

Vendor Responsibility
Approved

EEO
Approved

MWBE Utilization Plan
3.2%

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.

Managed Payroll Services and Advanced Scheduling Application

Request to enter into Contract

**Finance Committee
March 22, 2022**

**Natalia Cineas, Chief Nursing Executive
Jay Weinman, Corporate Comptroller
Tatyana Seta, Deputy Corporate Comptroller**

Current State

- The payroll service is performed in-house, while advanced scheduling is currently handled by Clairvia
- History of services: current problems/challenges
 - Payroll:
 - Payroll currently relies on a legacy IBM Mainframe which carries a significant financial and reputational risk for NYC Health + Hospitals
 - Payroll requires significant investment to maintain in-house
 - In-house payroll data and analytics are limited, need for greater analytical capabilities
 - Advanced Scheduling (Clairvia):
 - Clairvia inefficiencies require significant time investment by management
 - Not user friendly application layout
 - Search functionality inconsistent
 - Reporting tools are limited
 - System is not designed for or utilized by non-nursing staff

Future State

- + Payroll Services will be managed by UKG
- + Advanced Scheduling will be managed by H+H internally using UKG product
- + A third party integrated solution features:



Time and Attendance

- + Real time punch data integrated with scheduling (managers will know who is in)
- + Employee can request time off
- + Employee can view schedule and swap shifts
- + Employee can attest to time and meal breaks
- + Employee can transfer jobs or cost centers



Managed Payroll

- + On-Cycle and Off-Cycle payrolls
- + Garnishments Managed Services
- + Payroll tax filing
- + Year-End Close Management
- + Employee contact center



Advanced Scheduling and Workload Manager

- + Mobile-compatible
- + Ability for employees to identify shift preferences and availability — or easily swap shifts.
- + Visibility to staffing coverage in real time
- + Integration with Epic for patient assignment in Workload Manager
- + Ability to predict scheduling needs based on historical census



Data and Analytics

- + 800+ Delivered reports
- + Real-time access to operational data and dashboards
- + KPI Builder lets you build in your business-critical KPIs
- + Ad hoc reporting capabilities simplify data access for business users₃



Overview of Procurement

- 09/14/21: Request to issue RFP approved at CRC. RFP allows for vendors to bid on one or both scopes of work (Payroll and/or Scheduling). Consequently, an evaluation committee was selected to represent payroll and a separate group to represent scheduling
- 09/17/21: RFP posted on City Record, sent directly to 10 vendors
- 10/04/21: Pre-proposal conference held, five vendors attended
- 11/01/21: Proposal deadline, four proposals received. Three proposals included both solutions, one proposal was just for scheduling
- 11/12/21: Evaluation committee completed 1st round of scoring from proposal review; Scheduling Committee shortlisted two firms, Healthstream and UKG, and Payroll Committee shortlisted two firms, ADP and UKG
- 11/29/21 – 12/23/21: Vendor finalists conducted several demonstrations of proposed functionalities to both committees
- 01/03/22: Evaluation committee debriefed and completed 2nd round of scoring; UKG was selected as the highest rated proposer for both committees

Cost Analysis

Implementation...\$2.5M
Annual fees.....\$7.0M x 4 years
Contingency.....\$3.0M
Total cost.....\$33.5M

Current Cost

➤ **\$36.80** per employee per month

Future cost

➤ **\$19.50** per employee per month

Net savings of \$17.3 per employee per month*

* This excludes additional expected savings of \$15.50 per employee per month from using time capture technology as estimated by Deloitte's payroll consultants.

RFP Criteria

➤ Minimum criteria:

- 10 years in business
- MWBE Utilization Plan, MWBE Certification, or Waiver Request
- Similar experience – full service solution to large health systems with unionized environment and multiple business units
- New York based clients

➤ Substantive Criteria

- 40% Functionality
- 30% Cost of ownership
- 20% Strategy and Timeline Approach
- 10% MWBE

➤ Evaluation Committee:

Payroll

- Corporate Comptroller – Committee Chair Person
- Deputy Corporate Comptroller
- CEO, Lincoln
- CFO, Kings County
- CFO, Bellevue
- Sr. VP, HR
- Sr. AVP, EITS Business Applications

Advanced Scheduling Solution

- Chief Nurse Executive – Committee Chair Person
- CEO, Lincoln
- COO, Queens
- CNO, Kings County
- Director of Nursing
- CNO, Elmhurst

UKG Background

- UKG formed in 2020 with the merger of two market leaders in the human capital management and workforce management spaces, Kronos Inc. and Ultimate Software
- Through merger, UKG possesses decades of experience providing Payroll, Scheduling and Workforce Management SaaS solutions in Healthcare, with over 3,500 hospitals and 10,000 post-acute care facilities as customers.
- Along with software solution, UKG provides an experienced dedicated onshore support team to act as an extension of NYC Health + Hospitals team.
- Corporate Social Responsibility includes giving programs that are globally inclusive but locally focused, supporting organizations and communities around the globe through donations, matching gifts, and volunteer opportunities
- Positive feedback from references regarding solution performance and customer service

RFP Summary

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
M/WBE	6	0	n/a	n/a
Non-M/WBE	4	4	0	4

- Applicable M/WBE Goal: 30%
- Invited M/WBE vendors met minimum criteria but declined opportunity primarily due to complexity of project

UKG's Utilization Plan Summary

Vendor Name	Scope of Work	M/WBE certification	UP Goal %
UCI, Inc.	Change management, payroll migration, consultancy, process reengineering, data conversion from Peoplesoft.	NYC M/WBE	3.2%

Partial Waiver Justification: UKG's proposed deliverables can be divided into 3 main components:

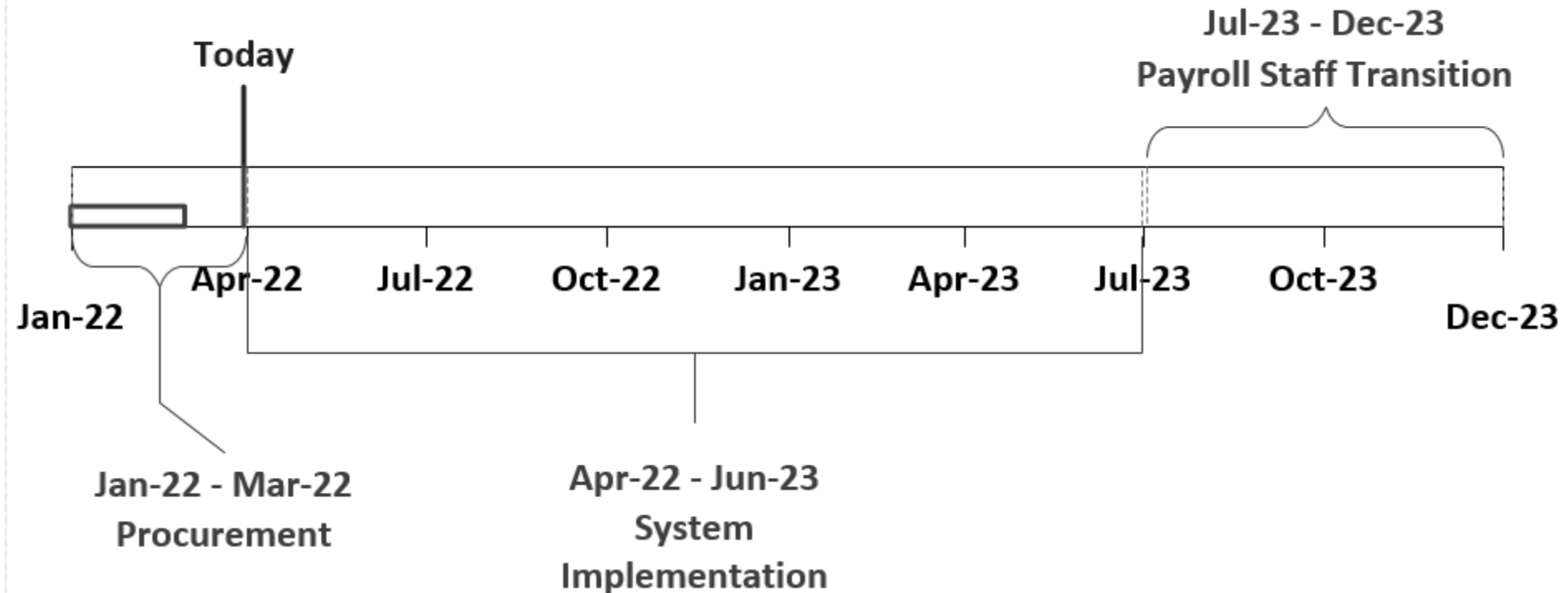
- 1. Implementation and Consultancy** [Subcontracted to M/WBE – UCI, Inc.]
- 2. Technology** i.e. the IP and hosting.
- 3. Managed services** that sit on top of the program i.e. payroll processing, tax filing, garnishment processing, and help desk support.

The **Technology** and the **Management services** are not able to be subcontracted as they are handled solely by UKG W2 employees. A partial waiver in such circumstances is consistent with the personal services and business model exceptions under the vendor diversity policy, OP 100-10.

Supporting Impacted Payroll Staff

- Payroll staff and their respective unions have been notified of the transition. H+H will continue to engage w/ union partners throughout the implementation process.
- Existing Payroll staff will be redeployed to alternate positions throughout the System.
- Training and change management support is being provided to the impacted staff over the next 18 month of the system transition.

Project Timeline



Finance Committee Request

- The Finance and Nursing Departments are seeking approval to enter into contract with UKG to provide Managed Payroll Services and an Advanced Scheduling Application.
- Total contract value will be for a not-to-exceed (NTE) amount of \$33,421,938 over 5 years, which includes a contingency of \$3,000,000 or ten percent.
- Contract term will be three years with two one year renewal options at the discretion of NYC Health + Hospitals
- Termination for convenience at the discretion of NYC Health + Hospitals

RESOLUTION - 08

Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase the funding cap on the contract executed with Hunter Ambulance, which contract was assigned to **American Medical Response of New York LLC** as part of a corporate acquisition (the “Contractor”) for a single-vendor patient transportation system such that the original spending cap of \$12,070,896 be increased to an amount not to exceed \$21,837,906.

WHEREAS, in April 2019 following an RFP and Board authorization, the System signed a three-year agreement with Hunter Ambulance that gave the System two 1-year options to renew; and

WHEREAS, the new transportation system has been shown to generate significant revenue, with more patients retained within the System; and result in significant staff time saved due to a single-entry, easy-to-use ordering system; and

WHEREAS, the Hunter services were critical for patient transfers during the height of the COVID-19 epidemic; and

WHEREAS, it quickly became clear that the original spending cap was woefully inadequate due to demand for patient transportation in unanticipated areas, a miscalculation of the reimbursement rate and various expansions of the originally conceived program; and

WHEREAS, the System management returned to the Medical and Professional Affairs Committee of the Board in the Fall of 2020 to seek a substantial increase in the spending cap but the matter was tabled; and

WHEREAS, the Covid epidemic distracted staff from returning to the Board Committee, Covid-influenced staffing shortages made developing MWBE subcontracting option more difficult and then in September 2021 Hunter Ambulance was acquired by the Contractor which further complicated the situation; and

WHEREAS, given the evolution of the program and the difficulty formulating a satisfactory MWBE plan, the System proposes to issue a new RFP for patient transportation services in Spring 2022 with the anticipation that this will yield a new contract or contracts by the end of the first of the two option terms; and

WHEREAS, the requested additional funding is projected to be sufficient to cover the program’s current deficit and fund one additional year of operation; and

WHEREAS, the System’s Office of Patient Growth will be responsible for the management of the subject contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to increase the funding cap on the contract executed with Hunter Ambulance, which contract was assigned to American Medical Response of New York LLC as part of a corporate acquisition (the “Contractor”) for a single-vendor patient transportation system such that the original spending cap of \$12,070,896 be increased to an amount not to exceed \$21,837,906.

EXECUTIVE SUMMARY
AMERICAN MEDICAL RESPONSE OF NEW YORK LLC
INCREASE OF FUNDING FOR PATIENT TRANSPORTATION CONTRACT

OVERVIEW: The System and Hunter executed a contract in April 2019 for enterprise-wide transportation services. The contract addressed long-standing challenges obtaining third-party services to effectively perform all of the various types of patient transportation required at the Medicare rates. Once the contract was implemented, its services were so effective that the System identified other areas where Hunter could improve patient services. These primarily consist of COVID-19 surge transfers for equalizing occupancy across NYC Health + Hospitals Acute Care Facilities, and managing transportation for NYC Health + Hospitals Post-Acute Facilities. The contract's not-to-exceed cap must be increased to account for additional spend due to finalized contract rates, initial projections anticipated costs at the Medicaid rates instead of the negotiated Medicare rates, the broadened scope and increased utilization. Increased utilization occurred with the heavy and very successful transportation of patients within the System during the height of the COVID-19 epidemic to relieve strain in some hospitals by drawing on capacity in others.

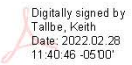
In September, 2021, Hunter Ambulance was acquired by the Contractor which is currently providing the contracted services

PROCUREMENT The System intends to issue a new RFP during Spring 2022. This will enable the System to obtain proposals based on the scope of the Patient Transportation Program as it has evolved and to be able to better address the challenges of meeting reasonable MWBE goals when there are no MWBE ambulance companies.

COSTS; TERMS: Total not-to-exceed cost for the contract will increase from \$12,070,896 to \$21,837,906. On April 1, 2022, the System will have two 1-year options to renew. The System intends to exercise only the first option and not the second one as the planned RFP should be concluded and a new contract or contracts will be in place before the second option term would begin.

MWBE: Currently minimal MWBE subcontracting opportunities have been identified. There are no registered MWBE ambulance companies. In NYC, there are a small number of MWBE ambulette vendors with limited capacity. However, with the planned RFP, and a new Ambulette Capacity Building Program, the System hopes to bring on the use of more ambulettes to, among other things, introduce more diversity into the program.

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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: American Medical Response of New York, LLC

Date: February 28, 2022

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

Vendor Responsibility
Approved

EEO
Pending

MWBE Utilization Plan
Capacity Development Program

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.

Patient Transportation

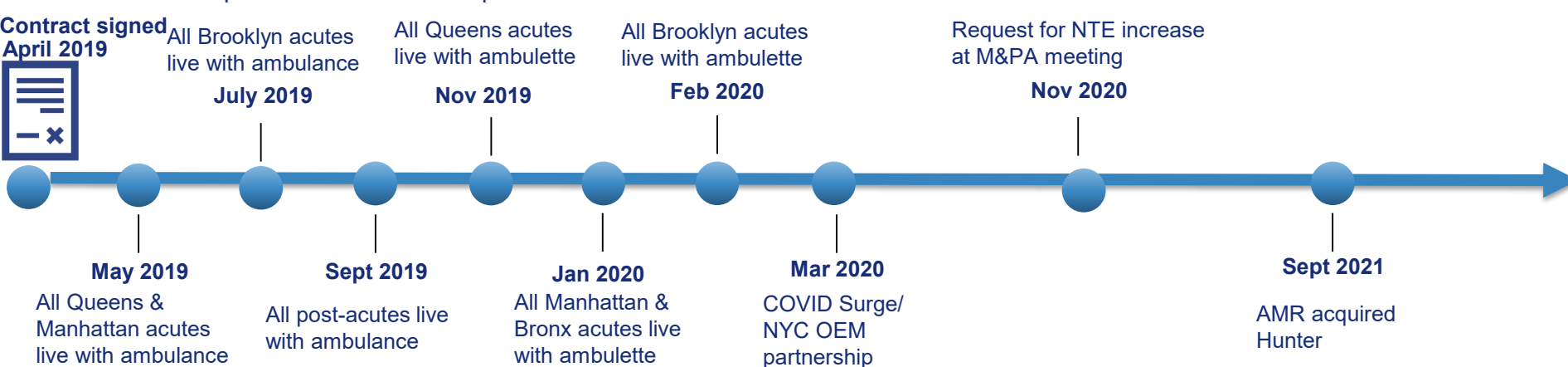
NTE Increase Request – American Medical Response of New York City LLC

**Board of Directors Meeting
March 31, 2022**

**Office of Patient Growth
Matthew Siegler, Sr. Vice President
Katelyn Prieskorn, Sr. Director**

Background / Current State

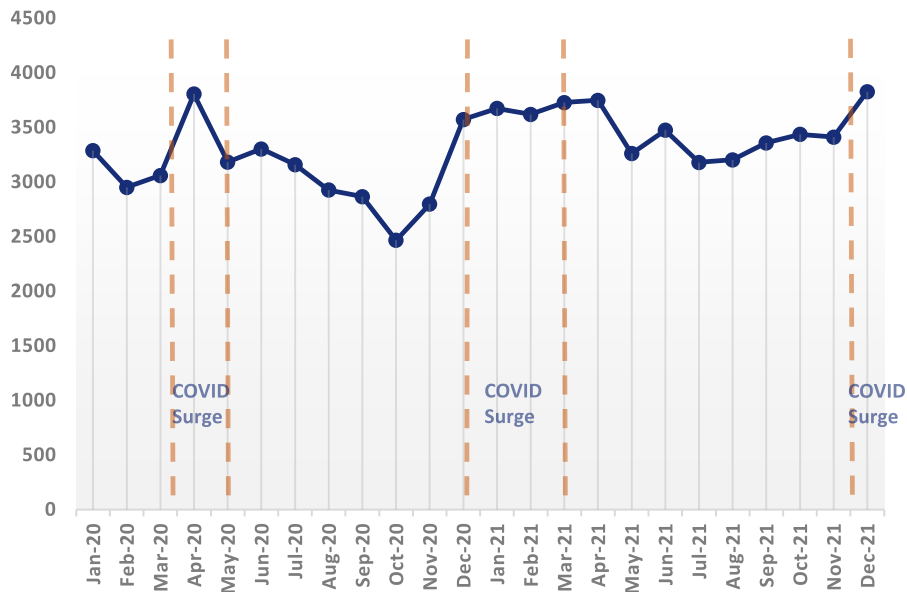
- In April 2019, NYC Health + Hospitals entered into a five year agreement with Hunter Ambulance (three years with two one-year renewal options at the discretion of NYC Health + Hospitals) for a new single-vendor patient transportation system for a not-to-exceed amount of \$12,070,896.
- In November 2020, a request to increase the NTE amount was brought to the M&PA Committee for approval, but was tabled to review further MWBE opportunities.
- In January 2021, NYC and State experienced a dramatic decrease in private ambulance staffing correlated with the opening of COVID-19 vaccine pods. This led to a period of decreased performance and intense focus on QA/PI activities and increasing core staffing.
- In September 2021, Hunter was purchased by American Medical Response of New York, LLC (“AMR”) and the contract assigned.
- Currently in FY2022, payor mix, scope changes, and unanticipated expenditures have led to the exhaustion of the original NTE.
 - Percentage of self pay/uninsured trips higher than expected.
 - Post acute facilities added to scope of work
 - Contract finalized at Medicare rates.
 - Unanticipated COVID related expenses



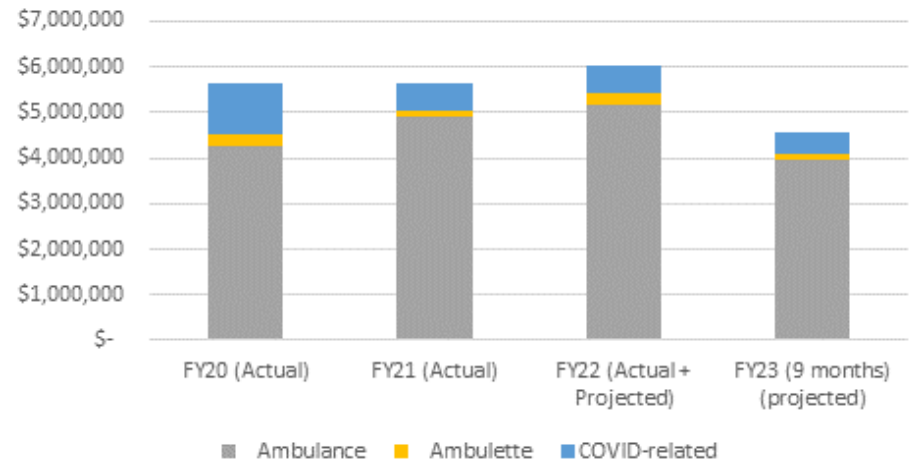
Background / Current State (cont.)

- Transport volume includes all interfacility transfers, surge transfers, discharges from H+H sites and ambulette trips.
- Substantial increase in inter-facility transfers, year over year.
- Contract expenses exceeded initial projections and original NTE will soon be depleted.
- Project \$9.7M in expenses above prior estimates to cover current spend and fund one additional year of operation.

Total Transport Volume



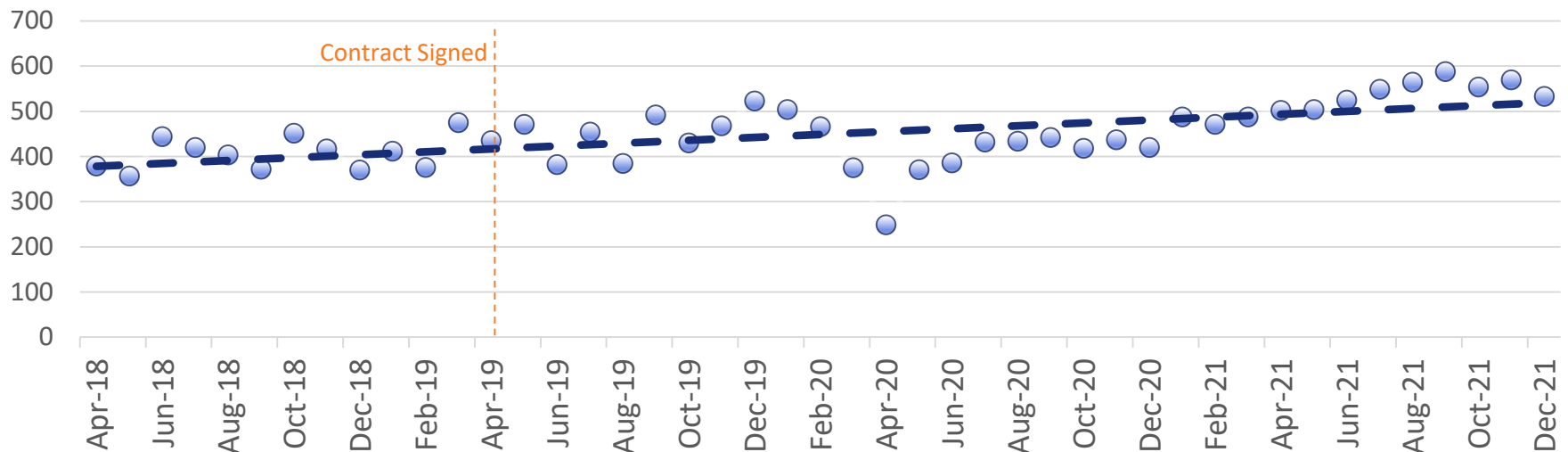
AMR Contract Spend by Fiscal Year



Interfacility Transfer Volume

- The AMR contract is resulting in a substantial increase in inter-facility transfers.
 - Compared to the one year period pre-contract; inter-facility transfers increased by 30% (1400 more transfers) in 2021. This attributed to an estimated \$26M new revenue in 2021 alone.
 - Revenue estimate is based on average revenue received per transfer, but is subject to a number of uncertainties, including the impact of COVID-19 on reimbursement and changes in annual Medicare reimbursement rates.
 - Prior financial plan allocated the revenue solely to this contract, however this allocation is difficult based on other business plans and strategic initiatives that rely on transportation.

Inter-facility Transfer Average Monthly Volume Trend



Source: Transfer Center

Excludes COVID surge volume

Quality Improvement Efforts

- The Office of Patient Growth partnered with the Office of Quality & Safety and AMR to improve the emergent inter-facility transfer process across the system, highlighting the significance of the single-vendor contract.
- Some efforts have focused on the following:
 - Improve/modify transfer center protocols where appropriate.
 - Pilot use of modified System-wide NYC Health + Hospitals Services List while facilitating transfers.
 - Establish process of tracking and return of equipment used in transfers.
 - Improve package time both at the Sending and Receiving facilities.
 - Leverage Epic secure chat for easier communication between Sending and Receiving teams.
 - Develop integration between transfer center software and Hunter CAD system for better data capture.
- Most activity to date have focused on interaction between major receiving facility (Bellevue) and Lincoln and Harlem.

M/WBE Analysis

- There are two main scopes of work under this agreement: ambulance and ambulette.
- At the time of contracting, AMR was granted a waiver of all MWBE goals due to a lack of availability and capacity of MWBEs to perform the services under the contract. The remaining work is self-performed by AMR's W-2 employees.
- Under the current Vendor Diversity policy:
 - A goal of zero would have been set for the ambulance work
 - A goal of 20% would have been set for the ambulette work
- Ambulance work represents 98% of contract spend.
 - There are no licensed MWBE ambulance service providers in the NYC metropolitan region able to perform under this agreement.
 - The operational support services are self-performed by its W-2 employees.
- Ambulette work represents 2% of contract spend (a maximum of \$436,750 over the contract life). There is very limited availability and capacity of these vendors.
 - There are four certified MWBE ambulette vendors:
 - Cathay Express Transportation, Inc., Leon's Ambulette Inc.
 - Banner International Corp, Grace Ambulette, Inc. have not been responsive to our requests for information
 - AMR is currently contracted with Cathay. Spend with Cathay represents 11% of ambulette spend.

Ambulette Capacity Development

- Ambulette Capacity Development Program:
 - Because of the limited availability and capacity of ambulette MWBEs, we will work in collaboration with the Vendor Diversity Team and AMR to develop the capacity of Cathay and Leon ambulette companies through a structured program with measurable outcomes, which will include KPIs and financial growth metrics.
 - Initially, the focus will be on increasing the volume of drivers employed by the MWBE ambulette vendors and increasing their geographic area. As their volume of drivers increases, more trip volume will be provided to the vendor with increased focus on timeliness and total trip time.
 - Metrics: number of trips, time to arrival, trip time, trip type, spend, fleet size, driver count, geographic distribution
 - We will also connect the MWBEs with resources offered by the City of New York, such as low cost financing opportunities.
 - With this capacity building program and strong commitments from AMR leadership, AMR has committed to increasing the MWBE percentage of ambulette contract spend to 20% by the end of 2022.

Transportation Next Steps

- Develop and release new transportation RFP in Spring 2022 during contract extension period.
 - Updated scope of work based on lessons learned from single vendor approach and data from current contract. Changes to include:
 - New Emergency Management scope allowing for dedicated resources to be available in emergency situations.
 - Additional resources and requirements related to emergent transfers:
 - Dedicated resources
 - Separate vendors
 - Integration between vendor and Epic / H₂O, Transfer Center software, sub-vendor dispatch systems.
 - Contractual SLA penalties to increase transportation timeliness.
 - Strategies to minimize percentage of transports billed to NYC Health + Hospitals.
 - Added MWBE commitments.
- Continue QA and PI initiatives with facilities and vendor to improve patient care and outcomes.
- Launch new programs with livery transportation vendors designed to improve patient retention, increase revenue, and promote linkage to appropriate setting of care.

- The Office of Patient Growth is seeking approval to increase the not-to-exceed amount from \$12,070,896 to \$21,837,906 with American Medical Response of New York, LLC.

RESOLUTION - 09

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a renewal of a five-year revocable license agreement with **Consolidated Edison Company of New York Inc. (the “Licensee”)** to operate a radio communications system in approximately 50 square feet of space on the roof of the Martin Luther King Pavilion Building at Harlem Hospital Center (the “Facility”) at an annual occupancy fee of \$36,295.60 to be escalated by 3% per year for a five-year total of \$192,698.27.

WHEREAS, in December 2016 the Board of Directors authorized the System to enter into a five year license agreement with the Licensee; and

WHEREAS, the Licensee desires to continue operating its system at the Facility and the Facility has space to accommodate the Licensee’s equipment; and

WHEREAS, the Licensee’s use of rooftop space will not compromise Facility operations; and

WHEREAS, the Licensee’s communications system complies with applicable federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to execute a renewal of a five year revocable license agreement with the Consolidated Edison Company Inc. (the “Licensee”) to operate a radio communications system in approximately 50 square feet of space on the roof of the Martin Luther King Pavilion at Harlem Hospital Center (the “Facility”) at an annual occupancy fee of \$36,295.60 to be escalated by 3% per year for a five-year total of \$192,698.27.

EXECUTIVE SUMMARY
LICENSE AGREEMENT
CONSOLIDATED EDISON OF NEW YORK INC.
HARLEM HOSPITAL CENTER

The New York City Health and Hospitals Corporation (the “System”) seeks its Board of Director’s authorization to execute a renewal of a five-year revocable license agreement with the Consolidated Edison Company of New York, Inc. (“Con Ed”) to operate a radio communications system in 50 square feet of space on the campus of Harlem Hospital Center (“Harlem”).

The radio system installed at Harlem enhances Con Ed’s ability to service the local community during emergencies and scheduled service operations. The system receives utility demand, consumption and outage data from substations and transmits data to Con Ed central operations. Its voice channel capability allows service crews access to necessary resources for routine and emergency functions.

The Con Ed radio system operates at both the 800 megahertz (“MHz”) and 900 megahertz (“MHz”) frequency. The 800 megahertz iDEN System is a Motorola Radio Frequency (“RF”) communications system for voice communications. The 900 MHz Data System is used by Con Ed’s electric system operators to monitor and control electric distribution equipment remotely.

Con Ed will be granted the continued use and occupancy of approximately fifty (50) square feet of space on the roof of the Martin Luther King Pavilion. Con Ed will pay an occupancy fee of approximately \$36,295.60 per year with an annual increases of 3% for its use and occupancy of the licensed space for a total occupancy fee over the five year term of \$192,698.27. Con Ed will be responsible for paying for electrical service. Con Ed is also responsible for all system maintenance.

The occupancy fee previously in effect had increased by 3% per year from its original rate set five years ago and the proposed first year occupancy fee represents a 3% increase over the prior year’s rate.

Con Ed shall be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of its use of the licensed space, and shall provide appropriate insurance naming the Corporation and the City of New York as additional insureds.

The term of this agreement shall not exceed five years without further authorization by the Board of Directors and shall be revocable by either party upon six months prior written notice.

**Harlem Hospital Center
License Agreement – Consolidated Edison
Company of New York, Inc.**

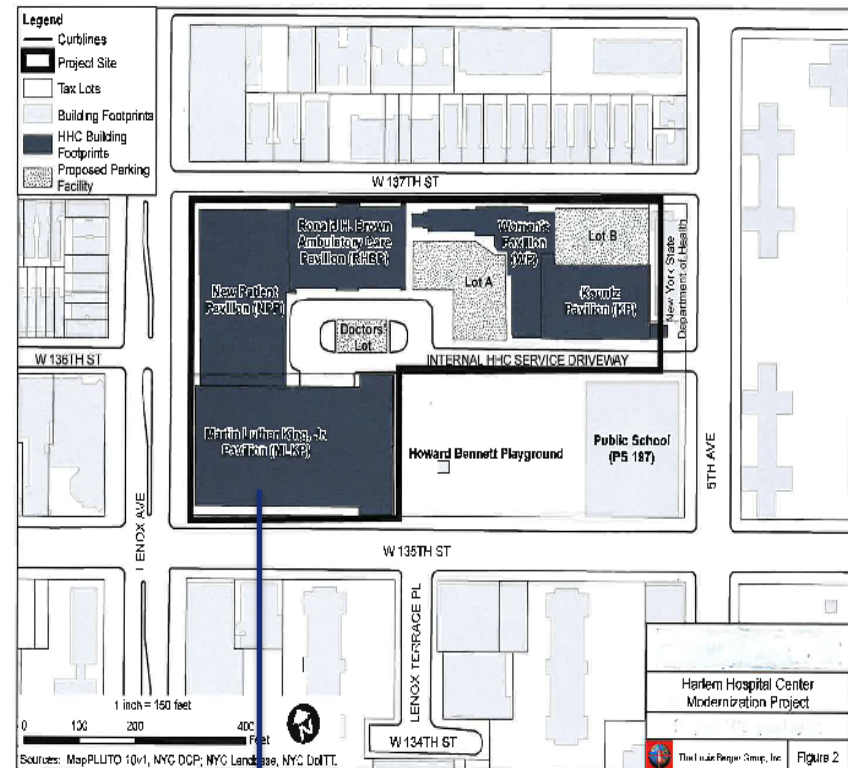
Board of Directors Meeting
March 31, 2022

Christine Flaherty, Senior Vice President, OFD



Background

- Consolidated Edison (“Con Ed”) has been operating a radio system at Harlem Hospital Center (“Harlem”) since 2002.
- The radio system enhances Con Ed’s ability to service the community during emergencies and scheduled service operations. The system covers a 55 mile radius servicing the Bronx, Manhattan and Northern Queens.
- The system receives utility demand, consumption and outage data from substations and transmits data to Con Ed central operations. Its voice channel capability allows service crews access to necessary resources for routine and emergency functions.
- The system includes an 800 Mhz Motorola iDen system for voice communications and a 900 Mhz system for data transmission.



Martin Luther King Jr. Pavilion – Con Ed Communications

Background

- In December 2016 the Board of Directors authorized a five year license agreement with Con Ed for its continued use and occupancy of 50 square feet of space on the roof of the Martin Luther King Jr. (“MLK”) Pavilion for the operation of a radio communications system .
- This agreement was previously approved by the Board in 2001, 2007, and 2012.
- The license agreement term will expire April 30, 2022.

Agreement Terms

- Con Ed will continue to occupy 50 square feet of space on the roof of the Martin Luther King Pavilion.
- Con Ed will pay an occupancy fee of \$36,295.60 per year to be escalated by 3% per year over the five year term.
- The occupancy fee represents a 3% increase over the current occupancy fee.
- The unique site specific factors (e.g. area topography, area signal coverage) that affect the price for rooftop space used for communication equipment differ from typical commercial space leases thereby rendering traditional fair market value analysis less significant.

Board of Directors Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a renewal of a five year revocable license agreement with the Consolidated Edison Company of New York Inc. (the “Licensee”) to operate a radio communications system in approximately 50 square feet of space on the roof of the Martin Luther King Jr. Pavilion on the campus of Harlem Hospital Center (the “Facility”) at an annual occupancy fee of \$36,295.60 to be escalated by 3% per year for a five year total of \$192,698.27.

RESOLUTION - 10

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a five-year revocable license agreement with **Panera, LLC (“Panera”)** for the use and occupancy of approximately 3,167 square feet in three locations, including a basement production facility of approximately 2,341 square feet and two retail locations, within NYC Health + Hospitals/Bellevue (“**Bellevue**”) for the operation of a restaurant at a monthly charge of \$20,833.33/month for the first year of operation with annual increases of 2.5%, provided there shall be a three month abatement of the occupancy fee at the start of the agreement, for a total revenue to the System of \$1,251,581.93 over the five-year term.

WHEREAS, the System wishes to provide access to affordable, healthy food for the System’s staff, visitors and patients at its facilities and prioritizes such goals over the goal of maximizing income for its facilities from licensing space to commercial businesses; and

WHEREAS, Au Bon Pain currently operates in Bellevue at the locations where Panera, its corporate affiliate, will assume the operation;

WHEREAS, Au Bon Pain has been successfully patronized by Bellevue staff and visitors and Panera intends to continue a similar type of operation after a modernization and rebranding;

WHEREAS, Bellevue also has a sit-down diner-style restaurant, “Moonstruck,” and so Panera will continue to compliment the diner by providing the take-away or “grab and go” style healthy food service operation currently operated by Au Bon Pain; and

WHEREAS, Panera has committed to a menu and affordable prices that, except for annual CPI increases, may be changed only with Bellevue’s approval thereby assuring continued affordable prices; and

WHEREAS, the Executive Director of Bellevue will manage the proposed contract.

NOW THEREFOR, BE IT RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and it hereby is authorized to sign a five-year revocable license agreement with Panera, LLC. (“**Panera**”) for the use and occupancy of approximately 3,167 square feet in three locations, including a basement production facility of approximately 2,341 square feet and two retail locations, within NYC Health + Hospitals/Bellevue (“**Bellevue**”) for the operation of a restaurant at a monthly charge of \$20,833.33/month for the first year of operation with annual increases of 2.5%, provided there shall be a three month abatement of the occupancy fee at the start of the agreement, for a total revenue to the System of \$1,251,581.93 over the five-year term.

EXECUTIVE SUMMARY
AWARD OF CONTRACT TO PANERA LLC
TAKE AWAY FOOD SERVICE AT NYC HEALTH+HOSPITALS/BELLEVUE

BACKGROND: The System has made a policy decision to install food service operators offering affordable and healthy meals in its hospitals and to subordinate generating higher revenue from such operations in the interest of less expensive and healthier options. Au Bon Pain has been operating at Bellevue for the last 10 years offering similar kinds of service as Panera will offer. There is also a traditional diner-style sit down restaurant in the hospital, “Moonstruck.” Thus, Panera and Moonstruck are complimentary in meeting the dinning needs of the Bellevue Community.

SELECTION OF PANERA: Panera represents a continuation of the successful Au Bon Pain operation with a new look and brand following a modernization and rebranding to update the prior operation. Hence the choice of Panera offers the assurance of a known quantity but with a refreshed style and presentation. The Panera brand and offerings are well-known and so Bellevue knows what it will be getting. Both Au Bon Pain and Panera offer a healthy menu without any fried foods and with an emphasis on fresh ingredients.

TERMS: Panera will pay a monthly fee of \$20,833.33 with annual 2.5% increases over the 5-year term of the agreement. The occupancy fee will be abated for up to three months or any shorter period required for Panera to complete its modernization. On these terms, Bellevue will receive \$1,251,581.93 over the five-year term. This rate is at or above fair market value.

Most important, Panera has agreed to start its prices at those shown on a menu provided to the System and that will be attached to the agreement. Except for CPI increases, Panera will not increase its prices without the prior consent of Bellevue. Similarly, Panera will not materially change its menu from that proposed.

Panera positions its retail outlets within one of three pricing tiers. The Bellevue location will be at the lowest of these tiers. Such pricing is consistent with Panera’s charges at other Panera hospital locations in the area such as Westchester County Medical Center, L.I. Jewish Medical Center, NY Presbyterian/Weil Cornell Medical Center and St. Joseph’s University Medical Center.

Panera will provide its own cleaning and maintenance. Its electrical usage is included in the occupancy fee, a point taken into account in the FMV analysis prepared to inform the negotiation of the terms.

Panera, as with Au Bon Pain before it, will occupy three locations at Bellevue: a basement production facility of approximately 2,341 square feet in the basement of the H Building; a main facility consisting of approximately 222 square feet in the Atrium Building on First Avenue Building and approximately 604 square feet in the H Building.

NYC Health + Hospitals/Bellevue Panera LLC

Board of Directors Meeting March 31, 2022

Marcia Peters, Deputy Executive Director, NYC Health + Hospitals / Bellevue
Christine Flaherty, Senior Vice President, Office of Facilities Development



Food at Bellevue Change to Panera

- Bellevue has offered food to staff and visitors for > 30 yrs.
- Au Bon Pain has been operating successfully at Bellevue for about 10 years. ABP and Panera are affiliated companies with similar operations. The proposal is for Panera to take over the ABP operation in its current foot print after modernizing and re-branding the existing facilities as a Panera operation.
- Panera will occupy a total of 3,167 sf, 826 sf of ground floor and 2,341 sf of basement space.
- Operates at a number of hospitals in the area.
- Panera will offer healthy food options similar to ABP.
- Panera will not increase its prices above CPI without Bellevue's prior approval.

Background: Panera

- Panera is privately owned by JAB Holdings, based in Germany.
- Au Bon Pain and Panera are both subsidiaries based in St. Louis, Mo. that operates over 2,000 restaurants in North America.
- The Panera Brand is offered in three different pricing tiers with the restaurants in hospitals being in the least expensive tier.
- In the greater NY Metropolitan area the company operates restaurants at Westchester Cty. Medical Center, L.I. Jewish Medical Center, NY Presbyterian/Weil Cornell Medical Center, and St. Joseph's University Medical Center.
- Outside of the area, the company operates restaurants at the Univ. of Chicago Medical Center, Advocate Lutheran General Hospital, RUSH Univ. Medical Center, and the Northwestern Univ. Feinberg School of Medicine.
- The company operates under either the Au Bon Pain or Panera brand with an ongoing program to shift to the Panera brand.



Food vendors at H+H facilities

- Convenient onsite food options is important to staff and patient satisfaction.
 - Facilities are often not near retail corridors
 - Work schedules require easy access to food
 - Healthy food options are core to H+H values
 - Cost conscious pricing allows access to all
- The System made policy decision to install operators of affordable and healthy food service when possible and to subordinate higher revenue to less expensive food.
- Current agreements have been concessions requiring the vendor to share profit with the facility. H+H is shifting to licenses for simpler administration and in recognition that the food service operators virtually never paid more than the stated minimum.
- Bellevue also has a sit-down diner-style restaurant, “Moonstruck”, which compliments the take-away or “grab and go” style services of Panera.

- Current operators:

Facility	Vendor
Bellevue	Panera (proposed change from Au Bon Pain)
Coler	Subway
Coney Island	Andy’s of Kings County
Elmhurst & Jacobi	Au Bon Pain
Henry J. Carter	Subway
North Central Bronx	Tasty Pick’s II
Queens	Andy’s
Sea View	Chef Fresh Café
Woodhull	Towers Cafe

License Agreement Terms

This resolution requests a License Agreement with the following terms:

- Occupancy fee of \$20,833.33/month with a three month abatement at the start of the license agreement during construction of improvements. The occupancy fee will be escalated by 2.5% per year for a total of \$1,251,581.93 over the five year term.
- Panera will be responsible for cleaning, maintenance and all regulatory filings required for their renovation work. The cost of their electrical consumption is included in the occupancy fee which was considered in the FMV assessment.
- Term: Five years
- The occupancy fee is \$78.93/sf. The market value of the basement space is \$30.00/sf and the ground floor space, \$80.00/sf.
- Agreement may be terminated upon thirty days notice.

Board of Directors Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a five-year revocable license agreement with Panera, LLC (“Panera”) for the use and occupancy of approximately 3,167 square feet in three locations, including a basement production facility of approximately 2,341 square feet and two retail locations, within NYC Health + Hospitals/Bellevue (“Bellevue”) for the operation of a restaurant at a monthly charge of \$20,833.33/month for the first year of operation with annual increases of 2.5%, provided there shall be a three month abatement of the occupancy fee at the start of the agreement, for a total revenue to the System of \$1,251,581.93 over the five-year term.

RESOLUTION - 11

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Interstate Mechanical Services (the “Contractor”)** for an amount not to exceed \$17,686,300 for construction services necessary for the replacement of the cooling tower and the upgrade the chilled water system at NYC Health + Hospitals / Bellevue Hospital Center (“Bellevue”) with a 7% project contingency of \$1,768,630.00, for unexpected changes in scope yielding a total authorized expenditure not to exceed \$19,454,930.

WHEREAS, Bellevue requires the replacement of its cooling towers, electric centrifugal chillers, its chilled water pumps and its variable frequency drives as well as the upgrade of the chiller controls and the modernization of the building automation system; and

WHEREAS, these replacements, upgrades and modernization will make Bellevue’s cooling systems more reliable; and

WHEREAS, this described program cost totals \$23,868,071.86 of which \$17,686,300 is allocated to the proposed contract; and

WHEREAS, the balance of the \$23,868,071.86 budgeted will be spent on other contracts associated with this project including design, design contingency, construction management and other professional fees; and

WHEREAS, the proposed project will be completed during 2023; and

WHEREAS, the Senior Vice President for OFD will be responsible for the administration of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) be and hereby is authorized to execute a contract with Interstate Mechanical Services (the “**Contractor**”) for an amount not to exceed \$17,686,300 for construction services necessary for the replacement of the cooling tower and the upgrade the chilled water system at NYC Health + Hospitals / Bellevue Hospital Center (“Bellevue”) with a 7% project contingency of \$1,768,630.00, for unexpected changes in scope yielding a total authorized expenditure not to exceed \$19,454,930.

EXECUTIVE SUMMARY
CHILLER AND COOLING TOWER REPLACEMENT AND UPGRADE
NYC HEALTH + HOSPITALS / BELLEVUE
PROPOSED CONTRACT WITH INTERSTATE MECHANICAL SERVICES

- OVERVIEW:** NYC Health + Hospitals seeks to replace the cooling tower and upgrade 4 chillers, located on the 23rd and 13th floors respectively, at NYC Health + Hospitals / Bellevue. The mechanical scope was designed, estimated and bid in accordance with the NYC Health + Hospitals' Operating Procedure 100-5. The contract is for an amount not-to-exceed \$17,686,300.
- NEED:** The cooling tower and chillers have passed their useful lives. The performance of the cooling tower has substantially deteriorated and needs to be replaced. During the summer of '21, operating rooms were forced to shut down for 3 days and Bellevue endured a week of canceled procedures due to the heat, coming dangerously close to a full diversion. The proposed replacement and upgrade will provide reliable cooling so that Bellevue's operations can be uninterrupted throughout the summer.
- PROCUREMENT:** Publicly bid.
- SCOPE:** Work shall consist of: replacing the cooling towers and upgrading the chiller plant. The project also includes upgrading the chiller controls and replacing the chilled water pumps and the variable frequency drives as well as the modernization of the building automation system.
- COSTS:** The project budget is \$23,868,071.86. The proposed contract is for \$17,686,300. Funding is requested of \$1,768,630.00 in project contingency (7%).
- FINANCING:** H+H Bonds.
- SCHEDULE:** The project is scheduled for completion in 2022.
- MWBE:** 30.16% MWBE utilization plan.

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

From: Keith Tallbe Tallbe, Digitally signed by
Senior Counsel Keith Tallbe, Keith
Office of Legal Affairs Date: 2022.03.01
13:03:44 -05'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Interstate Mechanical Services, Inc.

Date: March 1, 2022

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE Utilization Plan</u>
Approved	Approved	30.45%

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

NYC H+H / BELLEVUE
COOLING TOWER REPLACEMENT AND
CHILLED WATER SYSTEM UPGRADE –
Interstate Mechanical Services

Board of Directors Meeting
March 31, 2022

Marcia Peters, Deputy Executive Director, NYC Health + Hospitals / Bellevue
Oscar Gonzalez, Assistance Vice President, Office of Facilities Development



Project Background

- The Bellevue Cooling Towers with a capacity of 12000 tons and the four (4) Chillers with a capacity of 9000 tons, are located on the 23rd floor and 13th floor roofs respectively.
- The Cooling Tower have substantially deteriorated in performance and needs to be replaced.
- During the summer '21, OR's shut down for (3) days and the hospital endured a week's worth of canceled cases due to the heat, coming dangerously close to a full diversion.



Project Background, cont.

- NYC Health + Hospital plans to replace the existing cooling towers and upgrade the chiller plant with the replacement of existing chillers to gain much needed reliability and resiliency in chilled water system operation.
- The overall project also includes controls upgrade to existing chillers, replacement of chilled water pumps, variable frequency drives (VFDs), modernization of the building automation system (BAS), and ancillaries.



Construction Contract

- Sourced via public bid
- Interstate Mechanical Services was the lowest of six (6) bidders
- MWBE subcontractor utilization plan presented 30.45%

Subcontractor	Certification	Supplies/Services	Utilization Plan %
International Asbestos Removal	WBE	Services	7.71%
Cardoza Plumbing	MBE	Services	1.36%
DM Engineering	MBE	Services	.36%
Metropolis HVAC	MBE	Services	21.02%
Dover Environmental	WBE	Services	.32%

- Contract amount is \$17,686,300
- MWBE amount is \$ 5,333,725
- Since the contractor did not work with any NYC Agency, no MOCs Evaluation was available. However during the reference checks of work performed for NYPA, all indicate that they would recommend the company for future work.
- Projected completion Spring 2023

Project Budget

Chiller & Cooling Tower Project	
Construction	\$17,686,300.00
Environmental	\$4,649.86
Design Fees	\$1,658,300.00
Additional Services	\$27,864.00
Equipment Costs	\$2,722,328.00
Project Contingency (7%)	\$1,768,630.00
Total	\$23,868,071.86

Board of Directors Request

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Interstate Mechanical Services (the “Contractor”) for an amount not to exceed \$17,686,300 for construction services necessary for the replacement of the cooling tower and the upgrade the chilled water system at NYC Health + Hospitals / Bellevue Hospital Center (“Bellevue”) with a 7% project contingency of \$1,768,630.00, for unexpected changes in scope yielding a total authorized expenditure not to exceed \$19,454,930.

RESOLUTION - 12

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with **Jemco Electrical Contractor** (the “Contractor”) for an amount not to exceed \$27,559,902 for construction services necessary for the decanting of NYC Health + Hospitals / **Woodhull Hospital Center** with an 8% project contingency of \$3,130,858 for unexpected changes in scope yielding a total authorized expenditure of \$30,690,760.

WHEREAS, Out-Posted Therapeutic Housing Units (“**OTxHUs**”) within NYC Health + Hospitals’ acute care facilities will be secured, clinical units operated by NYC Health + Hospitals’ Correctional Health Services unit (“**CHS**”) with the New York City Department of Corrections (“**DOC**”) providing custody management; and

WHEREAS, The OTxHU beds bridge the gap between care provided in jail and acute hospitalization, with decisions regarding admission to and discharge from the OTxHUs to be made by CHS according to each patient’s clinical needs; and

WHEREAS, OTxHUs are being established at NYC Health + Hospitals/Bellevue and are planned for NYC Health + Hospitals/Woodhull (the “**Facility**”); and

WHEREAS, the OTxHU project requires extensive alterations to the host hospitals including relocating or decanting functions currently being performed in the parts of Woodhull intended for OTxHU; and

WHEREAS, the cost of relocating the existing functions at Woodhull in the area planned for OTxHU totals \$30,690,760 of which \$27,559,902 is allocated for the proposed contract; and

WHEREAS, the Contractor was selected for the proposed contract through a sealed bid process; and

WHEREAS, the Contractor will be responsible for demolition of existing facilities and construction of replacement facilities within the Facility; and

WHEREAS, additional smaller contracts will be let for approximately \$3 Million of work associated with this project including design, design contingency, construction management and other professional fees; and

WHEREAS, this project will be completed during 2023; and

WHEREAS, the Senior Vice President for OFD will be responsible for the management of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) be and hereby is authorized to execute a contract with Jemco Electrical Contractors, Inc. (the “Contractor”) for an amount not to exceed \$27,559,902 for construction services necessary for the decanting of NYC Health + Hospitals / Woodhull Hospital Center with an 8% project contingency of \$3,130,858 for unexpected changes in scope yielding a total authorized expenditure of \$30,690,760.

**EXECUTIVE SUMMARY
DECANTING TO CLEAR
NYC HEALTH + HOSPITALS / WOODHULL HOSPITAL**

OVERVIEW:	NYC Health + Hospitals seeks to decant sections of the 10 th , 6 th and 2nd floor of the Main Building at NYC Health + Hospitals / Woodhull. The decanting was designed, estimated and bid in accordance with the NYC Health + Hospitals' Operating Procedure 100-5. The contract is for an amount not-to-exceed \$27,559,902.
NEED:	The Outposted Therapeutic Housing Units (OTxHU) within Health & Hospital acute care facilities will be secured clinical units operated by CHS and DOC providing custody management. The OTxHU beds bridge the gap between care provided in jail and acute hospitalization, with decisions regarding admission to and discharge from the OTxHUs will be made by CHS according to a patient's clinical needs. This program will offer a therapeutic and more normalized environment for those patients with more complex clinical needs. Increases safer access to specialty and subspecialty services for patients who need them on a regular basis. To achieve this project various units throughout the hospital will need to be relocated and consolidated to make room for the OTXHUs project.
PROCUREMENT:	Public bid.
SCOPE:	Work shall consist of: relocation of administrative and departmental offices, Respiratory Therapy, Chemical Dependency, Clinical Support spaces from the 9 th and 10 th floors and relocation of the Pediatric Unit on the 6 th floor. Will include full gut renovation of blocks 5-300, 6-000, 6-200 & 6-300 and partial renovation in blocks 3-300, 6-100, and 10-000. The scope of work consists of demolition work, new interior partitions, ceiling, light fixtures, finishes items, MEP work, Security work, Fire alarm & protection work. Also, a construction hoist will be part of the scope for this project to transport materials and debris in/out of the project areas.
COSTS:	Total project budget is \$39,074,314. Base bid of \$27,559,902. \$3,181,304 in project contingency (8%).
FINANCING:	General Obligation Bonds.
SCHEDULE:	The project is scheduled for completion in 2023.
MWBE:	41.51% subcontractor utilization plan.

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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Jemco Electrical Contractors, Inc.

Date: March 11, 2022

Digitally signed by
Tallbe, Keith
Date: 2022.03.11
10:32:28 -0500

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

Vendor Responsibility

Approved

EEO

Approved

MWBE Utilization Plan

41.51%

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.

Outposted Therapeutic Housing Units (OTxHU) Construction Contract for Woodhull Decanting Program JEMCO Electrical Contractor

**Board of Directors Meeting
March 31, 2022**

Greg Calliste, CEO, H+H/Woodhull Hospital

Aaron Anderson, Assistant Vice President, Correctional Health Services

Oscar Gonzalez, AVP, Capital Development Group

Program Background

➤ **What is OTxHU?**

- A pioneering approach that will increase access to high quality health care for patients in custody in a safe, more humane way.
- Secured, clinical units, operated by CHS within certain NYC H+H acute care facilities, for patients in custody who need higher levels of care than can be provided in the jails, but whose clinical conditions are not so acute as to warrant inpatient admission.
- Decisions regarding admission to and discharge from the OTxHUs will be made by CHS according to patient's clinical needs.

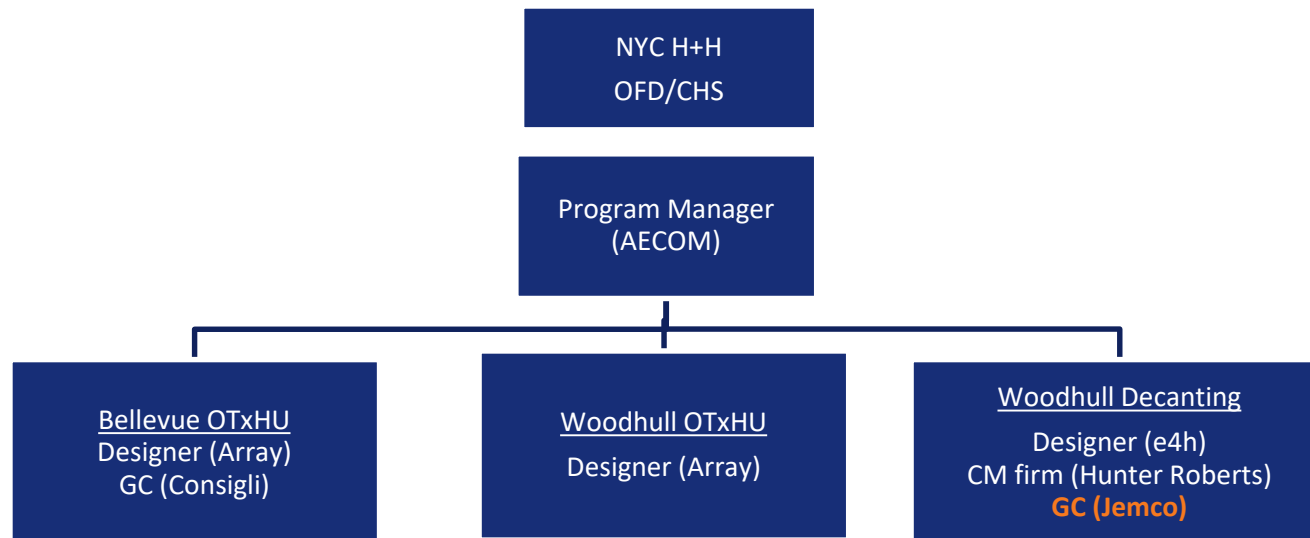
➤ **Benefits of OTxHU**

- Offers a therapeutic and more normalized environment for those patients with more complex clinical needs.
- Increases safer access to specialty and subspecialty services for patients who need them on a regular basis.
- Improves continuity of care between CHS and NYC H+H, and providers in inpatient, outpatient, and OTxHU services.
- Repurposes underutilized hospital space for patient care, at no additional cost to NYC H+H
- Capital infusion for prerequisite infrastructure improvements in the hospitals, with City dollars.

Current State OTxHU

- OMB funded OTxHU Program and OFD proceeded to procure management, design and construction contracts.
- All three projects were competitively procured and vendors began work during the pandemic.
- All three projects have been executed:
 - Woodhull enabling relocation design is complete and construction being procured
 - Woodhull OTxHU design underway and expected completion 2022
 - Bellevue OTxHU design completed while construction procured and underway

The OTxHU Team

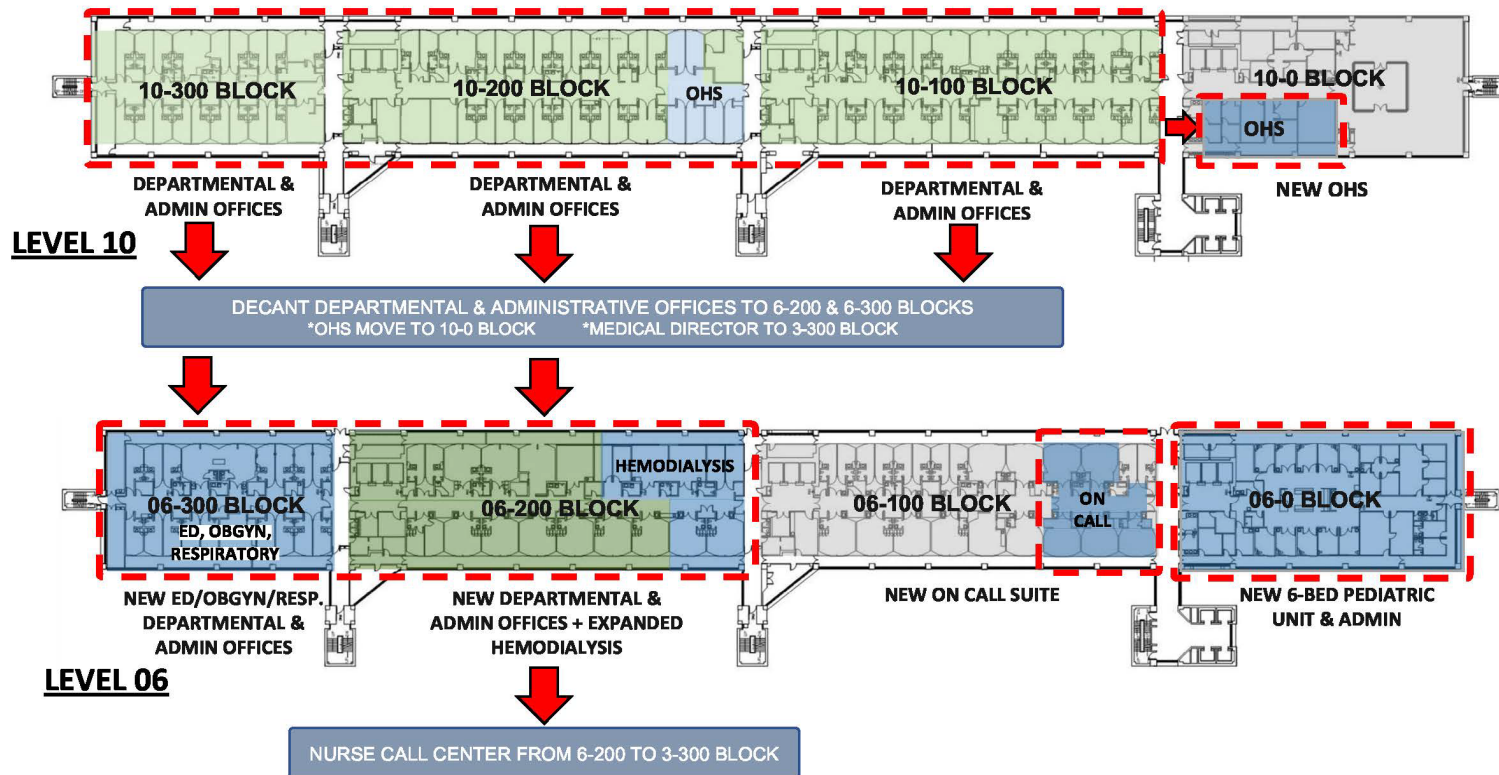


Woodhull Enabling Project

- All new spaces to be constructed in advance of any relocations to ensure no interruption of clinical services.
- Woodhull Enabling Program (39,000 gsf = 28,000 admin + 11,000 clinical)
 - Relocation of administrative and departmental offices, Respiratory Therapy, Chemical Dependency, and Clinical Support spaces from 9th and 10th floors
 - Pediatrics Unit relocating from current space on the 6th floor, allowing the unit to collocate near the clinic team and create more efficient workflow
 - Meet aggressive schedule in order to allow the renovation of 9th and 10th floors for Correctional Health Services.
 - Creating efficient and collaborative office environments
 - Upgrade spaces to meet current building codes and FGI Guidelines for Design & Construction of Health Care facilities.
 - Consolidate department spaces where possible.
- Design Completion October 2021



Decanting 10th & 6th floor

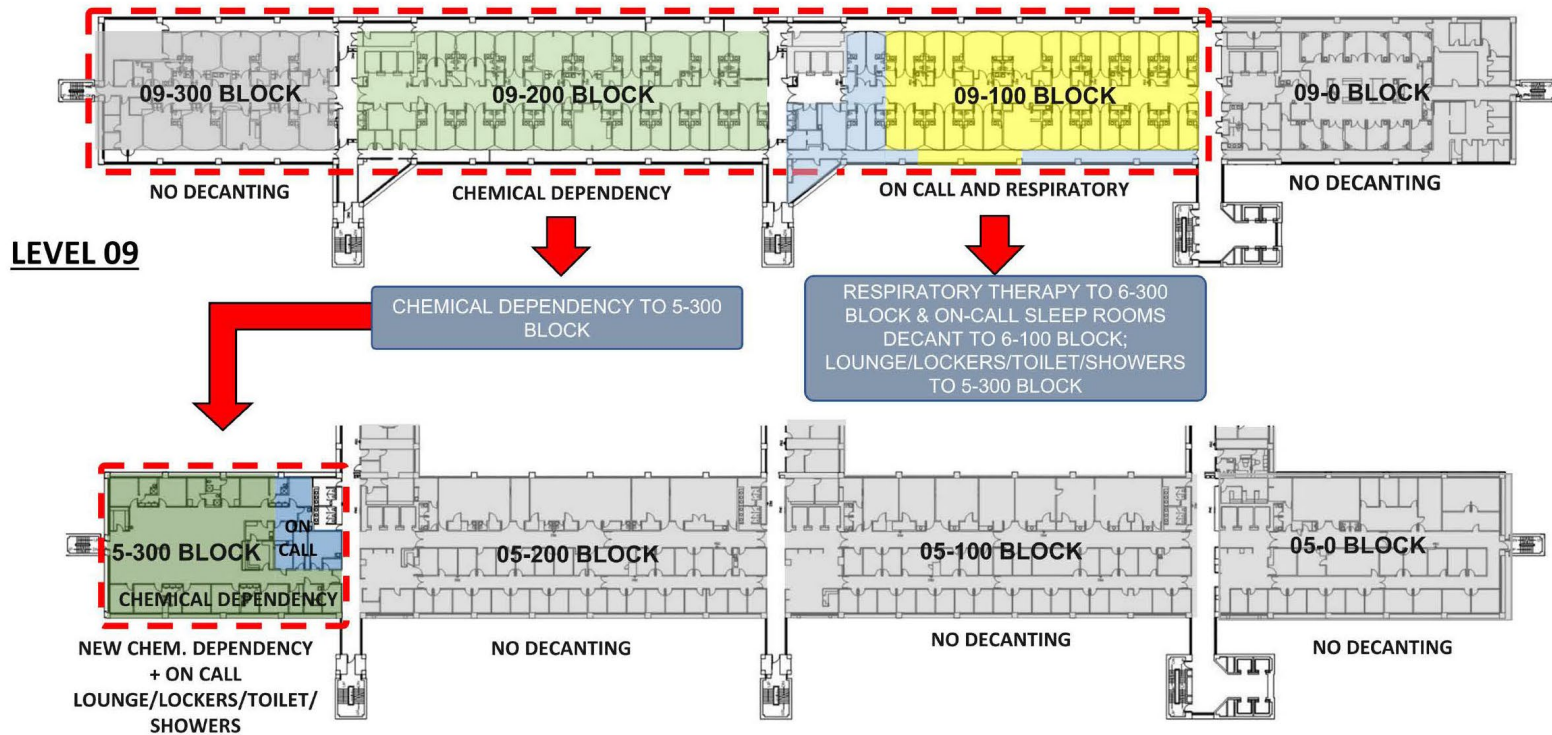


DECANTING SUMMARY FOR LEVEL 10 AND RELATED AREAS

- ☐ ADMINISTRATIVE & DEPARTMENTAL OFFICES FROM 10-300, 200, AND 100 BLOCKS WILL BE DECANDED TO 6-300, AND 200 BLOCKS. EXCEPT...
- ☐ OCCUPATIONAL HEALTH SERVICES WILL BE RELOCATED TO THE 10-0 BLOCK, AND THE MEDICAL DIRECTOR TO BE DECANDED TO 3-300 BLOCK
- ☐ RESPIRATORY THERAPY WILL MOVE FROM THE 9-200 BLOCK TO THE 6-300 BLOCK.
- ☐ THE PEDIATRIC UNIT IN THE 6-300 BLOCK WILL BE RELOCATED TO THE 6-0 BLOCK
- ☐ THE EXISTING HEMODIALYSIS WILL REMAIN IN CURRENT LOCATION. SUPPORT SERVICES TO BE CONSOLIDATED ADJACENT TO UNIT AND THE UNIT ITSELF WILL RECEIVE SELECT IMPROVEMENTS
- ☐ NURSE CALL CENTER, LOCATED IN THE 6-200 BLOCK WILL BE RELOCATED TO THE 3-300 BLOCK
- ☐ PROGRAMS, OFFICES CURRENTLY ON LEVEL 6 ARE NOT CONSIDERED IN THIS DECANING STRATEGY

- Decanting to occur once new space is completed and ready for occupancy.

Decanting 9th & 5th Floor



LEVEL 05

DECANTING SUMMARY FOR LEVEL 09 AND RELATED AREAS

- ☐ CHEMICAL DEPENDENCY FROM 9-200 BLOCK WILL BE RELOCATED TO 5-300 BLOCK.
- ☐ RESPIRATORY THERAPY, FROM THE 9-100 BLOCK, WILL BE RELOCATED TO THE 6-300 BLOCK (NOTE: ADDITIONAL STORAGE FOR RESPIRATORY THERAPY WILL BE LOCATED ON LEVEL 1)
- ☐ ON-CALL ROOMS TO BE RELOCATED TO 6-100 BLOCK AND LOUNGE/LOCKERS/TOILETS/SHOWERS TO BE RELOCATED TO 5-300 BLOCK. ST. GEORGE'S UNIVERSITY LOCKER ROOM TO BE INCLUDED IN 1-100 BLOCK

- Decanting to occur once new space is completed and ready for occupancy.

Overview of Procurement

- 11/16/21: RFP posted on City Record
- 11/22/21 & 11/23/21: Site tour for bidders; 8 vendors attended
- 1/05/22: Proposal deadline, 5 proposals received
- 1/19/22: Lowest Bidder after vetting, was deemed Non-Responsible due to the vendor unable to meet the self - performance of 25%
- 1/19/22: Pre-qualification meeting with lowest responsible bidder - JEMCO

Construction Contract

- Sourced via public bid
- Jemco Electrical Contractors, Inc. was the second lowest of five (5) bidders
- MWBE 41.51% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %
AMG DEMO	WBE	Service	4.72
AMERICAN BUILDERS	MBE	Service	1.97
DEUTSCHER & DAUGHTER	WBE	Service	1.30
EASTERN PLUMBING	WBE	Service	5.44
PARK AVE BUILDING & ROOF	MBE	Supplies	4.35
TEDCO GROUP	MBE	Service	16.33
TURTLE & HUGHES	WBE	Supplies	7.26

- Contract amount is \$27,559,902
- MWBE amount is \$ 11,402,359
- Jemco is currently one of our JOCs Electrical Contractor (2020-2022) and also a previous JOCs Electrical Contractor (2018-2020). Evaluations for both contracts were rated 93% and 93% respectively. Additionally, the ratings listed in MOCs included 2 Excellent and 4 Good.
- Projected completion in 2023 if contract registered by June 2022.

Project Budget

- Capital funding secured from OMB for CHS OTxHU

Woodhull Decanting	
Construction (Jemco)	\$27,559,902
CM (Hunter Roberts)	\$2,162,739
Early Abatement Contractor	\$500,000
PM (AECOM)	\$1,771,840
Design (E4H)	\$1,948,975
FF&E Allowance	\$2,000,000
Project Contingency (8%)	\$3,130,858
Total	\$39,074,314

- Board Approved: Construction (Jemco), PM (AECOM)
- CRC Approved: CM (Hunter Roberts), Design (E4H)

Board of Directors Request

Authorizing the New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to execute a contract with Jemco Electrical Contractor (the “Contractor”) for an amount not to exceed \$27,559,902 for construction services necessary for the decanting of NYC Health + Hospitals / Woodhull Hospital Center with an 8% project contingency of \$3,130,858 for unexpected changes in scope yielding a total authorized expenditure of \$30,690,760.

RESOLUTION - 13

Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase the funding for seven Construction Management (“CM”) consulting firms namely **AECOM USA Inc, Armand Corporation, Gilbane Building Company, Jacobs Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC** (together, the “Vendors”), to provide professional construction management services on an as-needed basis by \$40 Million to bring the limit for all Vendors to a new amount not to exceed of \$50 Million.

WHEREAS, in November 2020, following an RFP, the System’s Board of Directors approved contracts with the 7 Vendors to perform to provide professional construction management services on an as-needed basis at a cost not-to-exceed \$10 Million over a five-year period including two one-year options exercisable only by the System; and

WHEREAS, of the \$10 Million approved, currently less than \$2 Million remains uncommitted although the allowed term of the Vendor contracts has almost three years remaining; and

WHEREAS, the System has been fortunate in securing substantial additional funding from the System’s recent bond refinancing yielding \$98 Million, \$1.2 Billion in Mayoral funds for FY 22-26 and \$30 Million in Borough President and NYC Council funds for FY 22; and

WHEREAS, the System has attracted additional capital because of the substantial capital projects it is undertaking to address deferred maintenance across the System, because of substantial improvements being made in clinical facilities, major mechanical systems and parking facilities; and

WHEREAS, the performance of the Vendors has been satisfactory which is demonstrated by the volume of projects successfully progressing; and

WHEREAS, the Vendors have committed to MWBE participation of at least 30% detailed in the November 2020 Resolution and have adhered to their plans and three of the seven firms are MWBE; and

WHEREAS, the Senior Vice President – Office of Facilities Development will be responsible for the administration of the agreements.


NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to. increase the funding for seven Construction Management (“CM”) consulting firms namely **AECOM USA Inc, Armand Corporation, Gilbane Building Company, Jacobs Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC** (together, the “Vendors”), from the \$10 Million cap set in November, 2020 when the Board of Directors authorized contracts for the Vendors to provide professional construction management services on an as-needed basis by \$40 Million to bring the limit for all Vendors to a new amount not to exceed of \$50 Million.

EXECUTIVE SUMMARY
INCREASE IN FUNDING FOR
SEVEN CONSTRUCTION MANAGEMENT COMPANIES

- BACK-GROUND:** In fall of 2020 the System conducted an RFP for professional construction management firms. The System supplements its own forces with requirements contractors in various fields to provide the manpower and expertise that the System cannot economically sustain at the level needed for large projects. In November 2020, the System's Board of Directors approved contracts for seven Construction Management consulting firms: AECOM USA Inc, Armand Corporation, Gilbane Building Company, Jacobs Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC (the "**Vendors**"). The not-to-exceed cost of the contracts was set at \$10 Million over the 3-year term plus 2 one-year System options. Due to various developments, the \$10 Million in approved funding is proving to be grossly inadequate such that to date, after less than two years of the potential five-year term, only approximately \$1.7M remains entirely uncommitted. Fortunately, the System has been able to attract substantial additional capital funding from the System's recent bond refinancing yielding \$98 Million, \$1.2 Billion in Mayoral funds for FY 22-26 and \$30 Million in Borough President and NYC Council funds for FY 22
- NEEDS/PROGRAM:** The System needs these additional capital funds to finance the significant capital projects required. The System has substantial accumulated needs due to inadequate funding in the past to stay current with the cycle of replacing major mechanical systems and repairing or replacing structural elements of the System's hospitals and other buildings. Additionally, the System wishes to push forward programs to improve clinical facilities, reduce energy inefficiencies, improve parking facilities and construct new facilities where appropriate. Because of the increased volume of capital projects, the System will call upon its contracted construction managers more often and it needs the increased funding to be authorized by the Resolution to pay the additional cost.
- TERMS:** The terms of the previously authorized contracts will not change.
- MWBE:** All the Vendors are meeting the M/WBE goals set forth in their utilization plans.

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

From: Keith Tallbe Tallbe,  Digitally signed by
Senior Counsel Keith Tallbe, Keith
Office of Legal Affairs Date: 2022.03.11
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Re: Vendor responsibility, EEO, and MWBE status

Vendor: CM Pool Vendors

Date: March 11, 2022

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

Vendor	Vendex	EEO	M/WBE UP
AECOM USA, Inc.	Approved	Approved	30%
Armand Corporation	Approved	Approved	NYC & NYS M/WBE
Gilbane Building Company	Approved	Approved	30%
Jacobs Project Management Co.	Approved	Approved	30%
McKissack Group, Inc.	Approved	Approved	NYC & NYS M/WBE
TDX Construction Corp.	Approved	Approved	30%
The McCloud Group	Approved	Approved	NYC & NYS MBE

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

Increase in NTE for Construction Management (CM) Pool for Professional Services

**AECOM USA Inc, Armand Corporation, Gilbane Building
Company, Jacobs Project Management Co., McKissack
& McKissack, TDX Construction Corporation, The
McCloud Group LLC**

**Board of Directors Meeting
March 31, 2022**

Oscar Gonzalez, Assistant Vice President, OFD

Higher Volume of Capital Work

- Since the time of selection, H+H secured additional capital to invest in the System
 - H+H Bond refinance \$98M
 - Secured \$1.2B in Mayoral funds for FY22-FY26
 - Secured \$30M in Borough President and City Council funds for FY22
- The system has secured additional funding to move forward on a number of critical clinical & high priority projects
- Additional DCAS & carbon/energy reduction grant funded projects & mechanical, electrical & plumbing (“MEP”) life safety upgrades
- H+H requires professional construction management services on an as needed basis, for projects throughout the system. Services include, but are not limited to:
 - Perform construction management functions, i.e., report writing, scheduling, reviewing material, inspecting work, making timely recommendations, performing progress analysis, record keeping, investigating and preparing contractor evaluations in keeping with the Corporation’s policies and procedures.
 - Provide and manage various types of testing, including laboratory analysis and reports.
 - Provide CM Services during the construction period by qualified field superintendents.

Overview

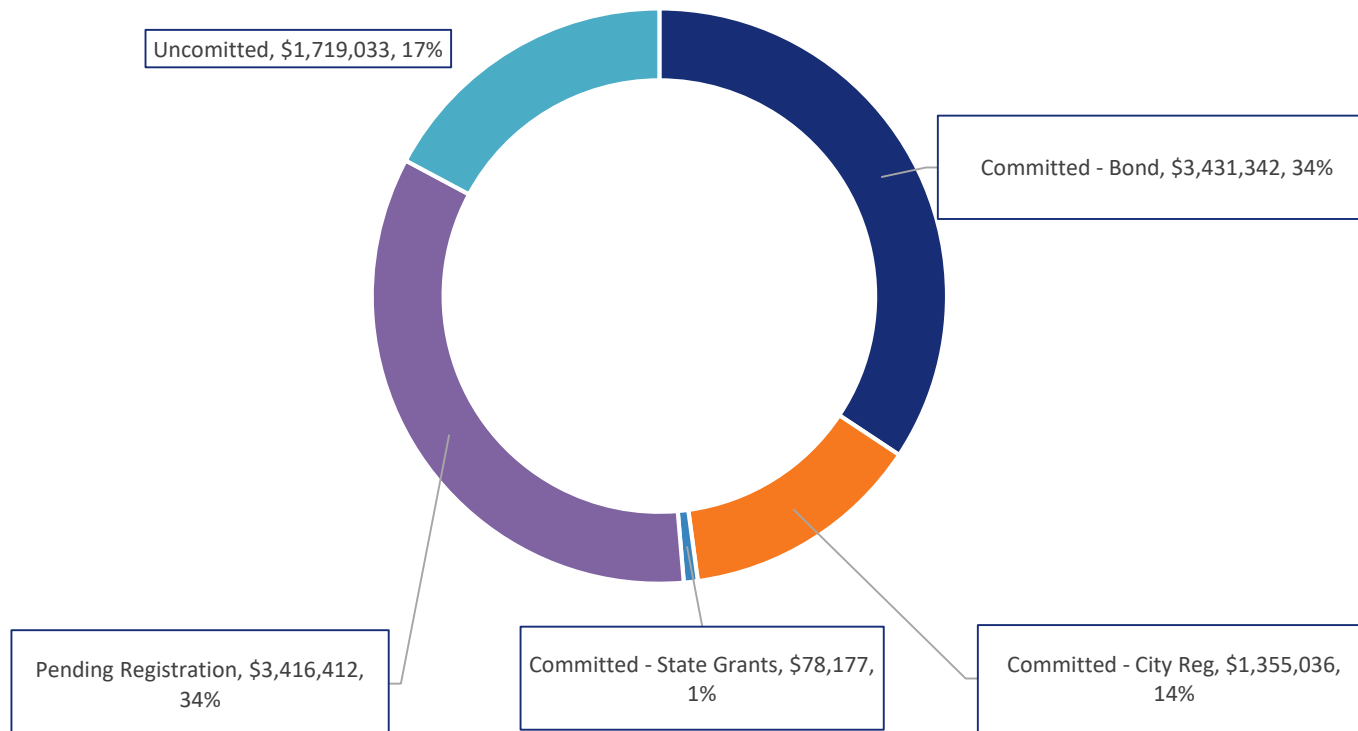
- In November 2020 the Board approved contract for Construction Management (CM) pool of contract to support this work.

POOL	# OF FIRMS SELECTED	# OF FIRMS CONTRACTED	TERM	OPTION YEARS	ORIGINAL NTE	INCREASE REQUESTED	NEW NTE
CM	7	7	3	2	\$10M	\$40M	\$50M

- Total pooled contract value of \$10,000,000
- CM Pool - 30% MWBE utilization plan has been submitted by all vendors (representing 39 MWBE specialty subconsultants and 3 prime MWBE CM's)
- Contracts awarded to firms that have deep resources to assist us as capital project management professionals at any capacity:
 - AECOM
 - ARMAND CORP
 - GILBANE BUILDING CO.
 - JACOBS PROJECT MGMT
 - THE McKISSACK GROUP
 - THE McCLOUD GROUP
 - TDX

Current AE Pool Commitment

CM Pool Current NTE Commitment



- Commitment value as of January 26, 2022

MWBE Utilization CM Pool

CM Consultant	MWBE Plan	No. WO's	\$ Awarded	MWBE Plan \$	MWBE %
AECOM USA Inc.	30%	5	\$ 553,096.20	\$178,505.78	32%
Armand Corporation (MWBE) ¹	30%	3	\$ 850,598.03	\$850,598.03	100%
Gilbane Building Company ²	30%	4	\$ 545,680.00	\$0	0%
Jacobs Project Management Company	30%	9	\$ 1,719,071.39	\$512,723.04	30%
McKissack & McKissack (MBE) ³	30%	-	-	-	-
TDX Construction Company	30%	6	\$ 2,011,353.83	\$432,679.90	21.5%
The McCloud Group LLC (MBE) ¹	30%	3	\$ 601,167.84	\$ 601,167.84	100%
CM POOL SubTOTAL	30%	30	\$ 6,280,967.29	\$2,575,674.59	41%
Jacobs Selected not yet awarded	30%	1	\$2,000,000	\$650,629.32	32%
CM POOL TOTAL	30%	31	\$ 8,280,967.29	\$3,226,303.91	39%

1 MWBE Firm

2 Firm has been issued minimal work that provided opportunity to plan MWBE participation.

3 MWBE Firm currently declined work and has participated minimally in Mini-RFP's

Associated Procurements

- 6 Mini-RFPs
- Round of assignments for bond projects to total 19 projects across 6 facilities

Mayor's Office of Contracts (MOCs) Evaluations

Vendor	Rating	Evaluation Period	Agency
AECOM USA Inc.	Excellent Excellent Excellent	5/12/20-4/22/21 1//19-12/31/19 3/10/18-3/3/19	DDC Dept. City Planning DEP
Armand Corporation (MWBE)	Excellent Excellent	5/1/20-4/30/21 8/20/20-4/30/21	DDC DDC
Gilbane Building Company	Good	11/20/12-3/31/13	DEP
Jacobs Project Management Company	Excellent Excellent Excellent	5/22/20-5/21/21 5/12/20-4/12/21 5/12/20-4/12/21	DDC DDC DDC
McKissack & McKissack (MBE)	Excellent Excellent	3/5/19 -3/4/20 3/26/19-3/25/20	DDC DDC
TDX Construction Company	Excellent Good	7/12/19-7/11/20 7/1/12-11/5/12	DDC DDC
The McCloud Group LLC (MBE)	Good	4/27/19-4/26/20	DDC

- Current Contract assigned January 2021 and project assignments didn't occur until later, Annual evaluations are still being processed.

Board of Directors Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to increase the funding for seven Construction Management (“CM”) consulting firms namely AECOM USA Inc, Armand Corporation, Gilbane Building Company, Jacobs Project Management Co., McKissack & McKissack, TDX Construction Corporation, The McCloud Group LLC (together, the “Vendors”), to provide professional construction management services on an as-needed basis by \$40 Million to bring the limit for all Vendors to a new amount not to exceed of \$50 Million.