

**CALL TO ORDER - 2:00 PM**

Mr. Pagán

**Executive Session | Facility Governing Body Report**

Mr. Pagán

➤ NYC Health + Hospitals | Elmhurst

**2021 Performance Improvement Plan and Evaluation (Written Submission Only)**

➤ NYC Health + Hospitals | Morrisania Diagnostic & Treatment Center- Gotham

**Semi-Annual Governing Body Report (Written Submission Only)**

➤ NYC Health + Hospitals | Bellevue

**1. OPEN PUBLIC SESSION - 3:00 PM**

Adoption of Minutes: May 26, 2022

Mr. Pagán

**Chair's Report**

Dr. Katz

**President's Report**

Ms. Mendez/Ms.  
DeHart

**2. Information Item: IT CISCO Smartnet Maintenance Contract & Financing**

**3. Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors the twelve **Community Health Needs Assessments** ("CHNA") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC").**

Mr. Peña-Mora

(Presented to the Strategic Planning Committee: 06/13/2022)

**VENDEX: NA / EEO: NA**

**4. Authorizing New York City Health and Hospitals Corporation (the "System") to enter into a best interest renewal of the contract **with Rapid Reliable Testing NY, LLC** (the "Vendor") previously authorized under emergency procedures to operate, maintain, and supply mobile healthcare units to provide primary care services to homeless individuals living on the street through its **Street Health Outreach and Wellness ("SHOW") program** with the amendment to add \$15.3M to the funding of the program for the period July 2022 through July 2023.**

Dr. Calamia

(Presented Directly to the Board)

**VENDEX: Approved / EEO: Approved**

**5. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute 12-month best interest renewals through June 30, 2023 of contracts with **BronxWorks, Inc. ("BronxWorks"), Chinese American Planning Council, Inc. ("CPC") and City University of New York Research Foundation ("CUNY")** for COVID after-care services for amounts not to exceed \$3,797,277 for BronxWorks, \$6,954,858 for CPC and \$6,947,865 for CUNY - for an amount for all three Agencies not-to-exceed \$17,700,000.**

Dr. Calamia

(Presented Directly to the Board)

**VENDEX: Approved & NA (CUNY) / EEO: NA**

**6. Authorizing an increase in the funding for the New York City Health and Hospitals Corporation (the "**System**") to contract with **Lumeon, Ltd. ("Lumeon")** for an automated patient appointment reminder service, which was made in early 2020 for a 3-year term, with two 1-year renewal options available to the System, from its original funding limit of \$3,842,760 to a new not-to-exceed limit of \$8,553,000**

Mr. Peña-Mora

(Presented to the Information Technology Committee: 06/13/2022)

**VENDEX: Approved / EEO: Approved**

**7. Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to extend by six months its contract with **Mac Fhionnghaile & Sons Electrical Contracting, Inc.** (the "Contractor") approved by NYC Health + Hospitals' Board of Directors in May 2020 to provide electrical work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.**

Mr. Peña-Mora

(Presented to the Capital Committee: 06/13/2022)

**VENDEX: Approved / EEO: Approved**

<p>8. Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to extend by six months its contract with <b>Jemco Electrical Contractors</b> (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide electrical work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding. (Presented to the Capital Committee: 06/13/2022) <b>VENDEX: Approved / EEO: Approved</b></p>	Mr. Peña-Mora
<p>9. Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) extend by six months its contract with <b>Vastech Contracting Corporation</b> (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide heating, ventilation and air conditioning (“HVAC”) work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding. (Presented to the Capital Committee: 06/13/2022) <b>VENDEX: Approved / EEO: Approved</b></p>	Mr. Peña-Mora
<p>10. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with <b>Guth DeConzo Consulting Engineers, PC</b> (“DeConzo”) to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/Elmhurst (“Elmhurst”) for a term of three years with the System holding two 1-year options to renew with a 20% contingency of \$1,839,500 for an amount not to exceed \$11,027,000. (Presented to the Capital Committee: 06/13/2022) <b>VENDEX: Approved / EEO: Pending</b></p>	Mr. Peña-Mora
<p>11. Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with <b>Jacobs Project Management Co. (“Jacobs”)</b> to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/<b>Jacobi Hospital North Central Bronx Campus</b> (“NCB”) for a term of three years the System holding two 1-year options to renew with a 25% contingency of \$2,816,186 for an amount not to exceed \$14,080,929. (Presented to the Capital Committee: 06/13/2022) <b>VENDEX: Approved / EEO: Approved</b></p>	Mr. Pagán
<p>12. Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate an extension of the contract with <b>HealthPlex, Inc. (“HealthPlex”)</b> to provide dental benefit management services. The Plan seeks to extend the contract by 3 months from the current end date of September 30, 2022, to the new end date December 31, 2022, for an amount not to exceed \$2,000,000. (Presented to the MetroPlus Board: 06/14/2022) <b>VENDEX: Approved / EEO: Approved</b></p>	Ms. Hernandez-Piñero
<p>13. Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate and execute a contract with <b>DentaQuest of New York, L.L.C. (“DentaQuest”)</b> to provide dental benefit management services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$6,000,000 per year for \$30,000,000 over the full-term of the contract. (Presented to the MetroPlus Board: 06/14/2022) <b>VENDEX: Pending / EEO: Pending</b></p>	Ms. Hernandez-Piñero
<p>14. Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate and execute a contract with <b>CaremarkPCS Health, L.L.C.</b> a Delaware limited liability company (“Caremark”) to provide pharmacy benefit management and pharmacy network services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$63,000,000 (Presented to the MetroPlus Board: 06/14/2022) <b>VENDEX: Pending / EEO: Approved</b></p>	Ms. Hernandez-Piñero

15. Authorizing the submission of a resolution to the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”), to authorize the Executive Director of MetroPlus to enter a best interest renewal contract **with Clarity Software Solutions, Inc.** for fulfillment and distribution services for a term of two (2) years, for an amount not to exceed \$8,000,000, not including postage, for the total two (2) years.  
(Presented to the MetroPlus Board: 06/14/2022)  
**VENDEX: Approved / EEO: Approved**

Ms. Hernandez-  
Piñero

#### Committee and Subsidiary Reports

- Capital Committee
- Information Technology Committee
- Strategic Committee
- MetroPlus Health Subsidiary

Mr. Peña-Mora  
Mr. Peña-Mora  
Mr. Peña-Mora  
Ms. Hernandez-  
Piñero

>>Old Business<<

Mr. Pagán

>>New Business<<

>>Adjournment<<

## **NEW YORK CITY HEALTH AND HOSPITALS CORPORATION**

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held via teleconference/videoconference on the 26<sup>th</sup> day of May, 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 in person or via teleconference/videoconference:

Mr. José Pagán - In Person  
Dr. Mitchell Katz -In Person  
Ms. Freda Wang, Virtual  
Ms. Erin Kelly, Virtual  
Dr. Ashwin Vasan, Virtual, Left at 3pm  
Dr. Vincent Calamia -Virtual, Joined at 3pm  
Dr. Patricia Marthone - Virtual  
Dr. Michael McRae - Virtual  
Mr. Robert Nolan - In Person Ms. Anita Kawatra - Virtual  
Ms. Sally Hernandez-Piñero - In Person

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 noted that Erin Kelly is representing Deputy Mayor Anne Williams-Isom in a voting capacity.

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 3:06 p.m.

Mr. Pagán noted Erin Kelly would be representing Deputy Mayor Anne Williams-Isom in a voting capacity.

### **ADOPTION OF MINUTES**

The minutes of the Board of Directors meeting held on April 28, 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 April 28, 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/Jacobi and NYC Health + Hospitals/North Central Bronx.

The Board received and approved the 2021 performance improvement plan and evaluation (written submission) from Gouverneur Diagnostic and Treatment Center - Gotham Center.

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

Mr. Pagán noted that the Fiscal Year 2022 Annual Public Meeting for the borough of Brooklyn is scheduled for June 14<sup>th</sup>. All relevant information is listed on the public website.

## VENDEX APPROVALS

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

The Board will be notified as outstanding Vendex approvals are received.

## ACTION ITEM 2:

Dr. Calamia read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute an extension of its affiliation agreement with **the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY")** for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Coney Island (the "Affiliation Agreement") through December 31, 2023, total not-to-exceed \$13,310,191 which includes a 10% contingency. (Presented directly to the Board 5/26/2022)

Andrea Cohen, Senior Vice President and General Counsel, shared a history of recent contract activities with SUNY. The extensions are awarded a year in advanced of the termination date, due to union contracts. Ms. Cohen shared an overview of the affiliation contract

cost from fiscal year 2016 through fiscal year 2023, including the contract cost for a 6-month extension in fiscal year 2024.

Matthew Fay, Senior Assistant Vice President- Finance, confirmed that the year over year spend increase is approximately one percent which is anticipated to continue on this trend through fiscal year 2023 and first half of fiscal year 2024.

Ms. Cohen explained the reason for the extension - SUNY-DHSU's union contract requires it to provide one year notice of termination to its physicians, and the current agreements expire on June 30, 2023. A description of the services and proposed contract cost for fiscal year 2024, which includes a ten percent contingency, was also presented.

In response to questions staff confirmed that the historical payments represent actual spend for prior years. The Board requested clarification of whether the six month's projected spend includes a one percent increase per year as indicated, since the \$12m seems to represent an increase of ten percent from the previous year, not including the ten percent contingency.

Staff confirmed the Board's interpretation was correct and that the intent is to maintain the one percent increase per year and also have a ten percent contingency. As presented the not-to-exceed represents a twenty percent increase including the contingency.

The Board and Staff agreed that the resolution needs to be amended to reflect the correct not-to-exceed amount.

Ms. Cohen, asked Chairperson Pagán to table the vote to later in the agenda to allow staff to present the amended resolution for approval.

Mr. Pagán tabled the vote on Action Item 2 and moved the agenda to the next item.

### **ACTION ITEM 3:**

Ms. Wang read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute three-year agreements with each of the **17 law firms listed in Annex A attached (the "Med Mal Firms")** for defending the System in medical malpractice cases on as-needed basis with the System holding two 1-year options to renew for an

amount not to exceed \$86,000,000 over the entire potential five-year term.

(Presented to the Finance Committee: 05/09/2022)

Ms. Wang noted there were some provisions from the Finance Committee meeting that the staff is prepared to present)

David Cheung, Deputy Counsel, Claims and Litigation Division shared the background and current state explaining the historical expense for outside counsel. Mr. Cheung provided an overview of the procurement process, eligibility, evaluation criteria and MWBE status. He explained that as "personal service" under Operating Procedure 100-10, medical malpractice legal services in this RFP are exempt from the M/WBE program, however the Vendor Diversity team searched for MWBE firms that met the RFP criteria and no firms were found.

Dr. Katz further explained that women-owned law firms and lawyers from underrepresented groups may be interested in representing the plaintiff and not an institution, specifically, the System.

Mr. Cheung continued with the workforce diversity summary explaining that only the first two firms had EEO determination because the rest did not have sufficient employees to conduct an appropriate statistical analysis.

The Board requested clarification on the impetus of this request to the Board, and also wanted information on how the System would handle current firms declining to accept cases based on previously negotiated rates. Ms. Cohen responded that one strategy is to have a large panel of firms with varied specialization. Ms. Cohen explained that there were instances where cases were declined for legitimate reasons such as conflict of interest, limited resources, retention in specialized field while others were based on economics and rates. Overall, with the new market rates in the proposed contract it is anticipated that there will be lower rates of declination.

**The Board requested close tracking of performance of all firms, looking specifically at those declining to take cases on the basis of volume and economics.**

The Board asked about the educational process to minimize malpractice. Dr. Katz confirmed there is required CME training available to providers specifically tailored for NYC Health and Hospitals on the reduction of malpractice costs. There is also a strong internal team led by Mr. Cheung that works with doctors and risk management focusing in this area.

The Board also asked for clarification about the increase in fees, specifically about the historical total contract amount and MWBE firms meeting the minimum criteria in the RFP process. Ms. Cohen explained that the \$14 million is the amount of subsidy provided annually by the City of New York and not the contract amount. She did not have the actual total cost of the previous contract. Most of the MWBE firms did not meet the verifiable number of years practicing medical malpractice law criteria.

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

**ACTION ITEM 4:**

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **Federal Bureau of Investigation of the United States Department of Justice** (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14th Floor Mechanical Room to house communications equipment at Coney Island Hospital (the "Facility") at an annual occupancy fee of \$10,466 or \$69.77 per square foot to be escalated by 3% per year for a five year total of \$55,564.

(Presented to the Capital Committee: 05/09/2022)

Leora Jontef, Assistant Vice President, Office of Facilities Development introduced background information, providing a historical description of the license agreement and the new agreement terms.

Hearing no questions from Board Members - upon motion duly made and seconded, the Board unanimously approved the resolution.

**ACTION ITEM 5:**

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding of its contract with **Consigli Construction Co., Inc.** (the "CM") to serve as construction manager under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Outposted Therapeutic Housing Unit ("OTxHU") project at **NYC Health + Hospitals/Bellevue** ("Bellevue") from the \$120,918,083 approved by the Board in November, 2021 (based on a contract

price of \$109,925,530 and a 10% project contingency) to \$127,581,541, which, when add to a 10% project contingency of \$12,758,154, yields a cost not-to-exceed of \$140,339,695.  
(Presented to the Capital Committee: 05/09/2022)

Oscar Gonzalez, Assistant Vice President, Office of Facilities Development gave an overview of the Outposted Therapeutic Housing Units (OTxHU) program. Aaron Anderson, Assistant Vice President of Correctional Health Services described the services, process and benefits of those units.

Mr. Gonzalez provided information regarding the procurement process and rational for the request to increase the not-to-exceed amount. He explained the OTxHU team structure, what they hope to accomplish with the Bellevue OTxHU change and the New York State Commission of Correction scope change from the previously designed "sally bridge" to the outdoor space of the new OTxHU. Mr. Gonzalez reported on progress to date and discussed the MBWE utilization plan commitment of 31%.

Ms. Hernandez-Piñero expressed concern that this project has been delayed with a \$20m additional cost due to the State Commission of Correction opinion that the patients should be treated differently from what is currently in place for incarcerated patients at Bellevue.

In response to questions from the Board, Mr. Gonzalez clarified that he has encountered supply chain issues across many projects but the delays in this project are due to scope and complex structural changes being made.

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

#### ACTION ITEM 2- AMENDED NOT-TO-EXCEED

Mr. Pagán read the **amended** resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to negotiate and execute **an extension of its affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("SUNY") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/Coney Island** (the "Affiliation Agreement") through December 31, 2023, total not-to exceed \$12,221,174 which includes a 10% contingency.

The Board asked for clarification on the fiscal year 2024 6 month contract amount. Ms. Cohen explained that the amount of \$11,110,159 does not include the 10% contingency. Ms. Cohen confirmed that the resolution has the 10% contingency wording and amount.

Hearing no further questions from Board Members - upon motion duly made and seconded, the Board unanimously approved the AMENDED 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.

#### **LEGIONELLA**

According to a recent report from NYC Department of Health and Mental Hygiene, there are now 19 cases of legionella in the Bronx. It has been traced to several water towers in the Bronx area that are being disinfected. The residents should seek medical care if they experience flu-like symptoms.

#### **COVID-19 UPDATE**

New York City raised the COVID-19 alert level from medium to high last week based on a steadily increasing number of cases and hospital admissions. The number of hospitalized patients with COVID-19 in NYC Health and Hospitals remains low and many of them are in the hospital due to other underlying conditions. The focus at this time is the number of hospitalizations rather than the overall number of cases. We will continue to provide testing at NYC schools, libraries, cultural institutions and 850 partners.

#### **GUN VIOLENCE**

Dr. Katz shared sadness and concerns regarding the recent cases of gun violence against innocent people/children in Texas. Gun violence has become an epidemic and he encouraged anyone who knows someone who may be struggling and suffering to explore the mental health services offered by the System.

#### **POSSIBLE MONKEYPOX CASE IN NEW YORK CITY**

The City announced last week that it was investigating two possible cases of Monkeypox in New York City. Due to NYC Health + Hospitals /Bellevue's reputation of effectively responding to unusual

infections, the FDA approved NYC Health + Hospitals/Bellevue for use of the Monkeypox vaccine.

#### PENDING SUPREME COURT DECISION ON ROE V. WADE

As the Supreme Court reportedly considers overturning the fundamental protections of Roe v. Wade, NYC Health and Hospitals will continue to provide access to safe, legal abortion services to all New Yorkers. As the procedure becomes unavailable in other states, the System is prepared to scale up services as needed to help women from other States and is working with community partners on how to coordinate transportation or other facilitative services for women to visit New York for needed services.

#### TWENTY-FOUR OUTSTANDING PHYSICIANS HONORED AT DOCTOR'S DAY CELEBRATION

The System hosted a moving celebration to recognize 24 NYC Health and Hospitals physicians for their dedication and extraordinary patient care throughout the pandemic and beyond. Among the doctors being honored were primary care physicians, psychiatrists, ER physicians, pediatricians, correctional health providers and medical simulation experts.

#### INVESTING IN PREGNANT PEOPLE AND BABIES

NYC Health and Hospitals launched several new programs to improve obstetrics care. Of note is anew doula program at NYC Health + Hospitals /Elmhurst.

#### LEADERSHIP ANNOUNCEMENT

Dr. Katz highlighted the transition in the Office of Facilities Development. Manuel Saez, will be the Director for the Office of Facilities Development. Oscar Gonzalez will be Deputy Director of the Office and the Director for Capital Development. Mahendranath Indar will be the Chief Operating Officer for the Office. All three have done outstanding work for the System and will continue to do so in these larger roles. Senior Vice President, Matthew Siegler will serve as their executive sponsor. Leora Jontef and the Housing as Health team will join Mr. Siegler's organization while continuing to work closely with Office of Facilities Development.

#### PRESIDENT'S DEVIATION FOR CONTRACT(S)

Dr. Katz summarized one continuing agreement to policy approved for the Street Health Outreach and Wellness (SHOW) program during the last COVID-19 surge. In July 2021, Dr. Katz reported having approved

an Exception to Policy amendment for nine months with Rapid Reliable Testing, LLC. This was for six mobile vans to be used on behalf on NYC for testing and vaccinations, and other needed medical assessments and treatments specifically for New York City's unsheltered homeless population.

Given the success with these outreach services and the continuation of the pandemic, Dr. Katz subsequently authorized a four-month extension of the program through June 2022. The program now includes eight vans, with two of the vans dedicated to Mayor Adams' "Subway Safety Plan" and are located at "End of Line" subway stations that are key components of that plan. The other six units are located at intersections selected in concert with the Department of Homeless Services, due to the large number of unsheltered homeless in need of our services at those locations.

The initial SHOW agreement was for a not-to-exceed \$9M, and the additional agreement is for a not-to-exceed \$7.5M. The cost of these services is covered by the City. While most of the staff provided by the vendor are W-2 employees and the vendor owns the vans being used, approximately 10% of their spend has been with diverse vendors, and continues through this period.

The Board requested clarification on the process to handle the influx of out of State patients for GYN services and the timely provision of abortion services in addition to our current patient population.

Chief Medical Officer, Dr. Machelles Allen assured the Board that there is a task force working with the financial staff to coordinate the services of out of State patients and the System do currently have the capacity to provide these services and will keep the Board informed on the process.

The Board also requested clarity on whether the task force is looking at security measures for the providers and at what level is the financial investment. Dr. Katz responded that we have heard these concerns and have increased security around all the areas where we currently provide women with reproductive services. We are also exploring the use of new technology in the form of metal detectors that allow crowds to walk through and just flag if there is a large weapon, this is in collaboration with City Hall. Dr. Allen noted that NYC Health + Hospitals is a member of the National Abortion Federation, so we are not alone in New York. Dr. Allen also noted that we are in process of training and expanding the number of providers who can perform terminations such as midwives.



Dr. Allen further noted in respect to Doctor's Day celebration that a special video message from Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases, was shared at the event. Dr. Fauci thanked all NYC Health and Hospitals doctors for their remarkable efforts during the pandemic, the lives they saved, the suffering they prevented, the comfort and caring they provided (video clip was viewed).

#### **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 and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:41P.M.



Colicia Hercules  
Corporate Secretary

## COMMITTEE REPORTS

### AUDIT COMMITTEE VIRTUAL MEETING – May 9, 2022

**As Reported by: Sally Hernandez-Piñero**

**Committee Members Present:** Sally Hernandez-Piñero – in person, José Pagán, Feniosky Peña-Mora, Dr. Mitchell Katz, Anita Kawatra

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 9:03 am.

Ms. Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on March 22, 2022. A motion was made, duly seconded, and unanimously approve.

Mr. Weinman introduced the Grant Thornton partner Tami Radinsky and Steven Dioguardi to discuss the 2022 Annual Audit Plan.

#### Presentation:

Ms. Radinsky outlined the responsibilities of Grant Thornton as it related to the deliverables to the committee. The overall task it performs is an audit on the New York City Health and Hospitals Financial Statements for June 30<sup>th</sup>, 2022. The annual report for Ambulatory Health Care and Residential Health Care Facilities, and will also be audited for June 30<sup>th</sup> or year end.

Ms. Radinsky explained the responsibilities of those charged with Governance Responsibilities. She asked the committee if there were any relevant issues in regard to the Audit, such as fraud, that the committee believe should be added to the annual Audit plan. Jay Weinman and James Linhart are responsible for preparing the financial statements communicating any significant accounting matters that are applicable to this year. At the end of the Audit they will provide us with written representation.

The Audit timeline & scope were presented to demonstrate the prior years. Ms. Radinsky stated that most of the process starts in May, then moving into the summer around June, which is when we perform the risk assessment procedures. Starting today, I am having meetings with management to discuss anything new that we should incorporate the Audit procedures. The deliverable would be ready around the 2<sup>nd</sup> week of October. In December/January, we provide our Management Letter.

Mr. Dioguardi from Grant Thornton presented the Significant Risks and other areas of focus. He stated that the majority of the financial statements remain unchanged in terms of the types of transactions and accounts that we encounter each year. He highlighted patient's accounts and patient service revenue, which is one of the largest line

items on the financial statements. He stated that liabilities carry from year to year. Management of these are reviewed and we estimate any changes in the liabilities from prior years as well as looking at new estimates. Pension liabilities are also very significant items that we review. Finally, we review the financial statements for accuracy.

Ms. Radinsky presented the Technology Support Audit process, in which controls are tested for certain systems in the organization in order to rely on the reports that come out of the systems and perform detailed testing. She stated that Grant Thornton has a technology team that focuses on health care, and they look at those financial dependent information technology systems for us to test as part of our audit procedures.

Mr. Pena-Mora asked Ms. Radinsky what would be the net impact of the accounting changes.

Ms. Radinsky, responded that that the operating leases, which in the past have been more footnote disclosures, are now going to reflect on your balance sheet, which you have to calculate a right of use asset and liability. So the impact will be if you have financial debt covenants that you know that may be looked at asset to liability ratio. Ms. Radinsky did not know the dollar impact on it, but stated that management can address that at a later time.

Mr. Weinman stated that the impact is on the balance sheet; if we had a typical lease that was \$100,000 per year for five years, all of a sudden, we have this asset for \$500,000 that is new. The expense which we used for incur every year around \$100,000 (for example) is going to be pretty much the asset.

Mr. Pena-Mora asked if this will apply only to the leases of properties that we currently hold, or will it apply to the new leases as well?

Mr. Weinman stated that it will include all of our leases

### **Internal Audits Report**

Ms. Patsos informed the Committee that the NYC Comptroller's Office follow-up on the meeting that took place on March 18, 2022 regarding the Nursing Home Equipment audit. She stated that, on April 19, the Comptroller's Office sent an updated summary of their findings with regard to Carter. Supply Chain, Internal Audits and she met with the Comptroller's Office to respond to those issues before they drafted a preliminary draft audit report. They reminded the Comptroller's Office that the audit took place during the pandemic, which is why some of the normal procedures might not have been followed regarding of documenting inventory and distribution. They also stressed that

the urgency was to supply the Nursing Homes with PPE. The Comptroller's Office stated that they understood, and indicated that they would acknowledge that in their report.

Ms. Patsos reported that Internal Audits was conducting an audit to evaluate the onboarding processes of direct higher nurses, agency nurses, and travel nurses to ensure that all onboarding documentation is kept. Internal Audits had a meeting on February 23, 2022 with Nursing Administration to discuss their processes for hiring and onboarding. Nursing provided a list of approximately 7,300 agency nurses, including travel nurses, who were hired from September 2020 to December 31, 2021. Internal Audits also requested a list of direct hire nurses for the same time period. The Office of Corporate Compliance will use RATSTATS to draw a random sample of nurses from each list so Internal Audits can conduct their review.

Internal Audits moving along with the outside CPA group, The Bonadino Group, which has provided 22 reports for calendar year 2021. Internal Audits has reviewed and finalized 10 of those. There are nine calculations and one review based on the Auxiliaries' revenues. There are three reports still outstanding for calendar year 2020, for North Central Bronx, Elmhurst and Queens Hospitals. There has been a delay for the Queens Hospital Auxiliary for 2018 and 2019 because Internal Audits is waiting for determination by the IRS regarding its retroactive 501(c)(3) status. April 28<sup>th</sup>, Internal Audits learned that their retroactive status was approved.

Ms. Piñero: Pulled the member for questions.

None at this time.

#### **Catherine Patsos provided the Office of Corporate Compliance Report**

##### **Monthly Exclusions February 23-April 19, 2022:**

Ms. Patsos reported that no workforce members or vendors appeared on any exclusion list during the period February 23, 2022 through April 19, 2022.

##### **Breaches February 23-April 19, 2022:**

Ms. Patsos reported that there were 63 incidents that were entered into the case management system. Of those incidents, 11 were found to be violations of our privacy and security Operating Procedures. Of those 11, nine were determined to be breaches. Five of those breaches resulted from registration errors, including selecting the wrong patient for registration, and providing a patient with the wrong after visit summary. One breach involved a workforce member who inappropriately accessed a patient's record who was not under their care; and one involved posting patient information on Social Media. All individuals were counseled and required to take HIPAA remedial

training, and the OCC asked Human Resources to place documentation of these incidents in each of their personnel files.

Ms. Piñero asked whether there are ever any breaches that, due to the degree of severity, more severe penalties are taken into consideration.

Ms. Patsos stated that they would recommend a more egregious discipline, but the final determination would be with Human Resources and Labor Relations.

Mr. Pena-Mora asked how this number of breaches compares to prior years.

Ms. Patsos stated that the OCC is working on preventing contact moves, which occur when a patient's information is entered into the wrong chart. We are also training staff on how to use more patient identifiers when registering patients to decrease these incidents.

**Mr. Pena-Mora asked if in future meetings Compliance can get a report on how these breaches compare to other years.**

**Ms. Patsos responded that she would include that information in future meetings.**

**Compliance report updates:**

Ms. Patsos reported that the Office of Corporate Compliance received 80 compliance reports through its Help Line or directly reported to the OCC. There was one red report, 35 yellow reports, and 44 green reports. The red report was filed by an anonymous reporter concerning patient abuse, but the reporter did not continue the reporting process. Therefore, there was insufficient information to substantiate the complaint.

**Billing and Auditing services:**

Ms. Patsos stated that we solicited vendors for Billing Auditing Services. Proposals were due April 5<sup>th</sup> and we received proposals from six vendors. The evaluation committee has scored those proposals and they will invite back the highest scoring vendors to make presentations.

**System Risk Assessment:**

The Office of Corporate Compliance developed the Draft FY-2023 risk assessment, which was presented to the Enterprise Compliance Committee on March 24<sup>th</sup>. The ECC reviewed and discussed the risks identified in the Risk Assessment, and based on their discussion, the Risk Assessment was revised and presented to the ECC on May 5<sup>th</sup> for further discussion. The ECC had some additional comments to the revised draft, Ms. Patsos stated that she will revise the Risk Assessment

again based on those comments. Once it has been approved, it will be submitted to the Audit Committee for approval.

**HIPAA Risk Analysis and Security Assessment:**

Ms. Patsos reported that the vendor, Coalfire Systems, Inc. is currently conducting our annual HIPAA risk analysis. They are currently conducting on site reviews of our facilities.

Ms. Piñero polled any questions.

There were none. No new or old business. Meeting adjourned at 9:40am

**Capital Committee VIRTUAL Meeting – May 9, 2022**

**As reported by** Feniosky Peña-Mora

**Committee Members Present:** Dr. Mitchell Katz, Feniosky Peña-Mora – left at 10:13, José Pagán, Sally Hernandez-Piñero, Freda Wang – joint at 10:06, William Fisher

Mr. Peña-Mora called the meeting to order at 10:00 a.m.

For the record Dr. William Fisher is representing Dr. Michael McRae.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on April 11, 2022, were unanimously approved.

**Senior Vice President's Report**

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

Mrs. Flaherty announced that on April 28<sup>th</sup> the Housing for Health team, along with member of the Capital Committee Sally Hernandez-Piñero, participated in a ribbon cutting ceremony for the Pope Francis Apartments at Loreto. Leora Jontef, Assistant Vice President, worked with Catholic Charities of Brooklyn and Queens and are referring 40 of our homeless senior patients into a beautiful and sustainable new apartment complex. This was a great opportunity for the housing team to work closely with the systems' social workers and MetroPlus on this state affordable housing project.

Mrs. Flaherty said she was proud to be in the new boardroom at 50 Water Street, part of an intensive project that was successfully completed despite a pandemic.

Mrs. Flaherty advised that work on the bonds portfolio continued as the System tackled the last round of projects in the procurement phase and addressed inflation impacts to some of the projects. The latest update was that there were 8 projects in the construction procurement phase, 21 projects in active construction, while 6 had been completed. She said that Oscar Gonzalez, AVP, and his team had addressed

increasing bid results by leveraging City capital to address any budget gaps so that projects could continue and impacts the ability and timeline to start construction it ensures important deadlines are met. The projects most impacted have been 4 roof replacement projects all of which had substantial material increasing costs as reflected in bid results with two resolutions on the days' agenda.

Freda Wang asked if inflation was being reflected in many of the projects. Mrs. Flaherty said that it depends on whether the estimating was performed with that in mind. It is possible that certain portions of the portfolio will be delayed to ensure that other projects move forward. There will be an impact tied to inflationary increases. The Job Order Contracting is about to go to bid and we had to wait for the Gordian Group to update the books to try to address the inflation factor.

Mr. Peña-Mora asked if the number of bids and/or the price of bids were changing as a result of inflation. Mrs. Flaherty said she had not seen a change yet. The System was still doing much outreach and, with the exception of a few projects, was seeing the usual number of bids.

That concluded Mrs. Flaherty's remarks.

Mrs. Flaherty read the resolution:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the Federal Bureau of Investigation of the United States Department of Justice (the "Licensee") for its continued use and occupancy of 150 square feet of space on the roof of the Main Building and the 14th Floor Mechanical Room to house communications equipment at Coney Island Hospital (the "Facility") at an annual occupancy fee of \$10,466 or \$69.77 per square foot to be escalated by 3% per year for a five year total of \$55,564.**

Mrs. Flaherty narrated a presentation providing background information, and terms moving forward. Mrs. Flaherty was joined by Leora Jontef, Assistant Vice President, Housing and Real Estate, Office of Facilities Development.

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

Member Recusal: Mr. Peña-Mora recused himself from the balance of the meeting and logged off the webex. Mr. José Pagán led the remainder of the meeting.

Mrs. Flaherty read the resolution:

**Authorizing New York City Health and Hospitals Corporation (the "System") to increase the funding of its contract with Consigli Construction Co., Inc. (the "CM") to serve as construction manager under a guaranteed maximum price ("GMP") structure for the construction and construction management of the System's Outposted Therapeutic Housing Unit ("OTxHU") project at NYC Health + Hospitals/Bellevue ("Bellevue") from the \$120,918,083 approved by the Board in November, 2021 (based on a contract price of \$109,925,530 and a 10% project contingency) to \$127,581,541, which when add to a 10% project contingency of \$12,758,154 yields a cost not-to-exceed of \$140,339,695.**

Mrs. Flaherty narrated a presentation providing project background information, scope of work, current status, project budget, and MWBE plan. Mrs. Flaherty was joined by Oscar Gonzalez, Assistant Vice President, Office of Facilities Development and Aaron Anderson Assistant Vice President, Correctional Health Services.

Ms. Wang asked if New York State Commission of Correction (SCOC) approvals were still pending or what was the status of the approval while price was still being settled. Mr. Gonzalez said that there was significant information from design that provided enough comfort of move forward with bid but full approval was not granted because of the acceleration. When SCOC reviewed the outdoor-space they had a number of comments that resulted in the scope shift. It was not that they disapproved, it was that the comments provided would have altered hospital functions and so the slight change was a compromised idea.

Ms. Yang, Senior Vice President of Correctional Health Services, added that, because this unit is the first in the country what was submitted and developed was the premised on the current operations of the forensic inpatient units at Bellevue but because this is such a unique project and is not either a jail or a hospital SCOC took a slightly different interpretation and provided their feedback which was imported while maintaining security concerns and therapeutic aesthetic. We do not expect that to happen again because there is now an understanding of what SCOC wants and expects.

Ms. Wang asked about the funding source. Mr. Gonzalez said it was City funded. Ms. Wang and Mr. Gonzalez assure her it was City funded under the CHS MOU.

Ms. Wang asked if the budget amount was still the same. Mr. Gonzalez said yes.

Mrs. Hernandez-Piñero expressed concerns regarding the rational for an additional \$30m and four months added to the timeline for this modification that impacts a very vulnerable population. She requested clarification on whether SCOC had that jurisdiction and do they usually get involve to this extent including construction. Ms. Yang assured her it is within their jurisdiction and they do.

Mrs. Hernandez-Piñero asked what was a "sally board". Mr. Anderson explained it is a secured entrance way. She further noted that the



number of beds in the male (66) and female (44) units were determined. Ms. Yang said it was based on estimates of number in custody and anticipated need.

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

There being no further business, the Committee Meeting was adjourned at 10:30 a.m.

**Community Relations Committee VIRTUAL MEETING - May 3, 2022**

**As Reported by Robert Nolan**

**Committee Members Present:** Dr. Patricia Marthone, Dr. Mitchell Katz, Dr. Jose Pagán, Sally Hernandez-Piñero, and Anita Kawatra

Dr. Pagán called the meeting of the Community Relations Committee meeting to order at 5:03 p.m.

Quorum was established - the minutes of the Community Relations Committee meeting held on March 1, 2022 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

**CHAIRPERSON REMARKS:**

Dr. Pagán started by acknowledging the successful reappointment of Dr. Mitchell Katz by Mayor Eric Adams to continue his tenure as CEP of NYC Health + Hospitals. His reappointment was unanimously approved by the Board of Directors.

Please mark your calendars for the Board of Director's Annual Public Meetings for Fiscal Year 2022. The Committee encourages our CAB members to attend and provide testimony. These meetings will begin at 6pm on the following dates and locations:

- For Queens: Tuesday **May 10, 2022** at Queens Hospital
- For the Bronx: **Tuesday, May 17, 2022** at Lincoln Hospital
- For Brooklyn: **Tuesday, June 14, 2022** at Kings County Hospital

Speakers are asked to register in advance by writing or calling:

**Ms. Colicia Hercules, Secretary to the Corporation, at 212-788-3360**

**PRSIDENT' S REMARKS:**

Dr. Katz discussed how the pandemic is in the midst of a transition period with hospitalizations low due to high vaccination rates. New Yorkers have a unique ability to call 212-COVID19, and be immediately connected with an emergency medicine doctor, nurse practitioner, or physician assistant, who will assess the person's health and be able to start them on either an oral drug called Paxlovid, which will be delivered to their home or an intravenous monoclonal antibody, which we

will make an appointment and provide transportation. These new treatments reduces the health impacts of those who contract the virus.

**PRESENTERS:**

Today we will hear from the (4) facilities presenting their verbal annual reports. Each presenter is allotted 5 minutes, note we appreciate the members of the CABs for their commitment and dedication to Health + Hospitals.

1. Cumberland - Mr. Corey Evans
2. Elmhurst - Mr. Carlos Cortes
3. Gouverneur - Ms. Laryssa Shainberg
4. Lincoln - Mr. Ngande Ambroise

Dr. Pagán moved the agenda and asked the CAB Chair of Cumberland, Corey Evans to present his report.

**NYC Health + Hospitals/ Cumberland**

Mr. Corey Evans, Chair of Cumberland's CAB, started his report discussing the completion of the façade project at Cumberland which improves the overall aesthetics of Cumberland's external façade. He discussed the limited expansion of COVID operations due to COVID Variant to 7 days a week. Cumberland also implemented 4 VRI interpreter units in the clinic for improved language interpretation services to our patients.

OASAS surveyed the facility's chemical dependency program and issued a license approval. All Gotham's sites received donations including Cumberland from the Frontline Impact Project and the Lubetzky Foundation for healthcare staff and frontline workers, donations included snack bars, waters, sanitizers, and more. Cumberland recently unveiled a Pediatrics painting developed by a local artist and also raised over 5K for breast cancer awareness.

**NYC Health + Hospitals/ Elmhurst**

Carlos Cortes, Chair of Elmhurst's CAB, started his report by stating that over 99% of adults over the age of 18 are fully vaccinated in Elmhurst and Jackson Heights and over 92% in Corona. Since the pandemic started, Elmhurst has participated in over 100 town halls, webinars, and information sessions discussing the pandemic and the vaccine.

Elmhurst has been working with local elected officials to secure \$5 million to renovate the Infectious Diseases Clinic, \$50 million to expand the Women's Pavilion, and \$6 million to create greener entranceways to the hospital. Elmhurst received \$3 million from the Federal government for renovations to the Labor and Delivery Unit. Elmhurst has worked to increase language access by commissioning 25 additional video iPads for

clinical inpatient units to access multiple languages in seconds. Mr. Cortes ended his report with a personal story that expressed concerns about wait times around specialty services at the hospital, and encouraged the hospital to continue to focus on recruitment to address staffing shortages that contribute to long wait times.

#### **NYC Health + Hospitals/ Gouverneur**

Laryssa Shainberg, Vice Chair of the Gouverneur CAB, discussed the ongoing vaccination efforts available to the public at Gouverneur. She explained that the CAB is in ongoing conversations with the facility to develop plans to activate underutilized space on the first floor -ideas in consideration include an urgent care, the relocation of the World Trade Center program, and the development of a diabetes center. The nursing home portion received approval to provide dialysis services on-site reducing the transportation burden on residents. Patient satisfaction scores have steadily improved with the site at or above average for H+H facilities.

#### **NYC Health + Hospital/ Lincoln**

Ngande Ambroise, Chair of Lincoln's CAB, discussed new infrastructure projects at the hospital such as a new radiology system, a new birthing simulation room, a recharge room, and a wellness resource lounge for staff. New whiteboards created by PFAC were installed to improve patient safety. The lobby concierge is a place to navigate and answer patient's visitor questions. A mural was recently unveiled in OB/GYN for Women International Day.

The top three patient complaints are ineffective communication, lost property, and attitude/inappropriate behavior. At Lincoln the Patient Experience Team meets with the head of the 11 departments, line staff through various improvement committees' meetings, unit huddles, executive Town Hall and trainings to improve effective communication. To decrease lost property complaints, we began a Steering Committee to identify gaps and implement a strategy best practice action to our process, and create a new policy and procedure to reduce this area of complaint. As for behavioral complaints, Lincoln continues to reinforce in-service staff on the process of complying. Identified staff are subject to iCARE and other hospital re-trainings. When applicable, disciplinary action may be issued.

Lincoln hosted a food drive for families of the community for Thanksgiving. Hosted a tree lighting ceremony with the community and a toy drive for the children of the community. Lastly, Lincoln performed first gender affirming surgery within the pride health center and hosted the Black History Month celebration with Mayor Eric Adams.

Mr. Chris Roker, CEO of Lincoln informed the Committee that he was in the planning/implementation stage of building a new campus. The architect firm has been engaged and the schematic is completed, the building will cost \$550,000,000 - \$600,000,000, 10-12 stories high and 300,000 plus square feet. This will allow for the consolidation of all ambulatory services including ambulatory surgery to better meet the needs of the community.

Dr. Pagán notified the Committee that Mr. Nolan is not here today because he is otherwise engaged in great work that impacts our community.

**ADJOURNMENT:**

Meeting adjourned at 5:52 P.M

**Equity, Diversity and Inclusion Committee Virtual Meeting – May 9, 2022**

**As Reported by:** Feniosky Peña-Mora

**Committee Members Present:** Feniosky Peña-Mora, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Freda Wang, Patricia Marthone, and Michelle Morse - joined at 11:15

**CALL TO ORDER**

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 11:00 a.m.

Mr. Peña-Mora noted for the record that Dr. Michelle Morse is representing Dr. Ashwin Vasan in a voting capacity.

Mr. Peña-Mora moved for a motion to adopt the minutes of the January 10, 2022 meeting.

Upon motion made and duly second the minutes of the January 10, 2022 meeting was unanimously approved.

**DIVERSITY AND INCLUSION UPDATE**

Ivelesse Mendez-Justiniano, the System's Chief Learning Officer and Interim Chief Diversity & Inclusion Officer provided an overview to the Committee of the System's latest diversity and inclusion achievements and activities. Ms. Mendez-Justiniano indicated that key highlights in the Language Access space includes, the completion of the first Medical Interpreting Skills Training (MIST) by 88 staff, the selection of four new training vendors, the fulfillment of 250,000 interpretation requests which resulted in 3.6 million interpretation minutes, and the translation of 687 documents. Top language requests for interpreter services included Spanish, Bengali, and Mandarin and top languages for documents translated included Spanish, Bengali, and Simplified Chinese.

Board member Sally Hernandez-Piñero asked a question regarding those

who completed MIST, whether their jobs require them to have medical interpreter skills or if they are choosing to gain a new skillset. Ms. Mendez-Justiniano clarified that these individuals would be volunteer interpreters for the System in addition to their regular duties.

Dr. Michelle Morse followed up with a question regarding interpreter requests - if the data includes telehealth, or if telehealth interpreter requests could be broken out. Ms. Mendez-Justiniano indicated that the numbers shown represent a system wide total which is inclusive of telehealth and that a more detailed report can be shared afterwards, covering the number of telehealth interpretation requests and the top languages requested.

Ms. Mendez-Justiniano went on to update the Committee on an Apprentice Painter program. The program is focused on recruiting diverse participants and female painters as apprentices, which will help H+H develop a pipeline of candidates with the necessary skills. Ms. Mendez-Justiniano continued on to discuss key System wide communications sent out regarding the observation of various celebrations including Immigrant Heritage Week, Jewish-American Heritage Month, Ramadan, and Black History Month.

The next area Ms. Mendez-Justiniano covered was training; there were 55,169 diversity and inclusion training completions system wide. She then shared that there has been a focus on socialization of Diversity and Inclusion at the facilities for all levels of staff to increase awareness of D&I services and offerings as well as identifying opportunities for future work. Ms. Mendez-Justiniano also highlighted a diverse pipeline initiative as well as a new mentoring program. Ms. Mendez-Justiniano indicated that she serves as a Co-Chair on the NYC Board of Directors Career and Technical Education Council, and during the past quarter, the Council held panel sessions for students and teachers at underserved schools for careers in healthcare at H+H. In terms of the mentoring program, the Committee was informed that Phase 1 of the program had launched in May 2021 and was focused on certifying mentors. 67 mentors completed the training, of which 80% were female and 20% were male. For Phase 2, there is a pilot program currently running which focuses on females aspiring to be leaders within the Finance department.

Board member Freda Wang inquired whether or not mentees have been assigned to the 67 mentors who have completed training and what the gender breakout of the group is. Ms. Mendez-Justiniano noted that mentees are in the process of being recruited and the System is also in the process of purchasing mentoring software in order to match individuals to competencies or leadership roles they're looking to aspire to. Board Chair Jose Pagan followed up with a question as to whether or not there is a pipeline for those being mentored. Ms. Mendez-Justiniano explained that they work closely with Talent Acquisition and System Leads to identify potential roles. Additionally, the mentoring program focuses on encouraging staff to

take charge of their own careers and find roles available internally.

**Mr. Peña-Mora indicated that he would like to see a comparison of the system wide demographics, to the demographics of those completing trainings or participating in the mentorship program to see if there is any under or over-representation. He also expressed interest in seeing how departments compare when looking at training completions. Ms. Mendez-Justiniano mentioned that she will follow up with the information.**

Ms. Mendez-Justiniano was also pleased to report that The Human Rights Campaign Foundation designated 18 Health + Hospitals patient care locations across all five boroughs as LGBTQ+ Healthcare Equality Leaders, which is their top honor. This special designation, part of the Healthcare Equality Index, means that the System's facilities are ranked as leaders in providing expert, culturally competent care to our LGBTQ+ communities based on four criteria: nondiscrimination and staff training, patient services and support, employee benefits and policies, and patient and community engagement. Additionally, the System now has established seven Pride Health Centers across Manhattan, Brooklyn, and the Bronx. There are plans to open one next in Queens. Ms. Mendez-Justiniano also confirmed that the System has adopted Juneteenth as a holiday which will be observed on 6/20/2022 this year. This concluded Ms. Mendez-Justiniano's updates on achievements and activities within Diversity and Inclusion.

#### **M/WBE VENDOR DIVERSITY PROGRAM UPDATE**

Keith Tallbe, Senior Counsel in Supply Chain, presented an update on the System's vendor diversity program. Mr. Tallbe indicated that in March 2021 the vendor diversity policy was issued, and since then the System has been focused on solidifying the procurement processes. These processes include goal setting, new RFP language, pre-proposal conference, matchmaking, award negotiations, new standard contract language, new standard CRC slides, CRC M/WBE form, new utilization plan, new waiver form. He explained that the Vendor Diversity team and the Supply Chain team work closely together to ensure a unified approach to procurement across the System. They review opportunities within the procurement pipeline, assessing vendor diversity as a key element. Mr. Tallbe outlined the entire process for the Committee, covering the procurement development phase, proposal phase, award phase, contracting, onboarding of vendors and their subcontractors, compliance with goals, and finally payment.

Ms. Hernandez-Piñero asked if there is an evaluation phase for MWBE vendors where the System provides feedback to them on the current contract they are working on as well as potential future contracts. Mr. Tallbe explained that a new vendor management program is being worked on across Supply Chain and IT which would allow feedback. However, at the moment, as there is no formal system for feedback,

Supply Chain has a process to flag those items that require close ups and key strategic contracts all have quarterly business reviews.

Ms. Hernandez-Piñero followed up with a question regarding how the System monitors capacity. Mr. Tallbe clarified that when the team does an availability and capacity analysis, they look into vendors' annual revenue as well as their largest contract awarded to ensure the System's contract with the vendor is reasonable. If the contract with the System is greater than the vendor's annual revenue or their largest contract, follow up discussions take place to address the issue.

Mr. Tallbe continued and briefly reviewed historical utilization and some of the efforts implemented to help drive that utilization. He shared the System's M/WBE spend breakdown in FY 2020 and FY 2021. The FY 2021 utilization rate jumped to 28% (from 15% the year prior) and the number of total diverse vendors increased from 209 to 284.

Mr. Tallbe proceeded to highlight major accomplishments over the course of the past year which include:

- Exceeded last year's total MWBE amount in Q3
- Converted 29 non-NYC MWBEs to get certified by NYC
- Doing business with 33 new diverse vendors
- On target to achieve 30% utilization on T2 testing vendor pool
- Worked with OFD and CBRE to place goals on a large strategic contract, with an overall utilization plan of 37%, representing \$37M MWBE award.
- \$205 million in spend with a NYC WBE for CoViD-19 test kits.
- Partnered with EITS to include MWBE quantitative scoring on all goods purchasing resulting in a large majority MWBEs winning those awards.
- A few major Closed Pool Solicitations (totaling \$22,000,000+)

Mr. Tallbe went on to share that as the program development progresses, they are spending more of their efforts on communication and outreach. The System has joined several councils, including Premier, the largest GPO supplier diversity council. The team is also attending key meetings which includes the Mayor's Office of MWBE on a bi-weekly basis and quarterly NYC MWBE Director meetings, among others.

Mr. Tallbe then highlighted upcoming strategic opportunities, some of which include: print and promotion, maintenance, repair, and operations, the standardization of Dell desktops to temp staff efforts, and moving to an MWBE first model for temp staffing.

Dr. Mitchell Katz commended the purchasing team's work as the data

truly shows alignment with the goals of increasing diversity and inclusion. Mr. Peña-Mora, Ms. Hernandez-Piñero, and Ms. Wang also echoed Dr. Katz's sentiment and stated how impressive the work is and how remarkable the progress has been over the course of a year.

#### **EMPLOYEE FEEDBACK SURVEY RESULTS**

Jeremy Segall, Chief Wellness Officer, presented Employee Feedback Survey results to the Committee. He provided an overview of the System survey administration. The survey was issued to all employees (full time, part time, affiliates, contract workers) and Advanced Practice Providers (APPs, which include MDs, DOs, PAs, NPs and non-MD advanced degrees). The survey included quantitative (measured on a 5-point Likert scale) and qualitative questions (open ended). It was distributed electronically during 9/13/21 - 11/3/21. The survey saw a 37% response rate from Employees and a 17% response rate from APPs, which is in line with the 10-30% response rate for healthcare systems across the nation. The survey had a specific module on diversity and LGBTQIA+ which will be reviewed today.

Mr. Segall noted that the key results focusing on Diversity and LGBTQIA+ were as follows:

- Diversity was the highest scoring category compared to all other survey domains for both employee and provider audiences
- Overall favorability at 74% (3.91 score) for Employees and 84% favorable (4.19 score) for Providers
- All measured items within the category were greater than 60% favorable with a score of at least 3.56
- Both Employees and Providers showed highest favorability (above 80%) within statements regarding:
  - LGBTQ staff receiving same benefits as everyone else
  - The organization not tolerating bias against LGBTQ staff
  - The organization protects LGBTQ staff from discriminatory practices
- Overall, when comparing H+H scores with the American Central Hospital Safety Net Database, we are seeing our providers rank higher. In terms of employees, H+H is only slightly off from the National Safety Net aggregate (off by .08 points).

Mr. Pagan and Dr. Katz both acknowledged the great work that has been done. Ms. Hernandez-Piñero inquired about the demographic representation of the survey (pointing out the high percentage of nurses and management participation). Mr. Segall confirmed that the survey participation was very much representative of the workforce demographics. Ms. Hernandez-Piñero went on to comment that any survey that has a 37% response rate is incredible.

**Lastly, Mr. Peña-Mora asked to see a breakdown of the survey results for respondents who identify as LGBTQIA+, to see if there is a difference compared to the sentiment of the majority. Mr. Segall**



**indicates there is no major difference between those two domains, however, he will follow up with the data detail.**

#### **EQUITY AND ACCESS COUNCIL UPDATE**

Dr. Nichola Davis, Chief of Population Health and Co-Chair of the Equity and Access Council ("Council") introduced the Council's leads for the Monitoring and Evaluation group, Dr. Komal Bajaj and Ms. Stephanie Majak, as the presenters for their update. Ms. Majak explained that their main role in supporting Equity and Access Council is the development of MMKs (Measures, Metrics, KPIs) and continued focus improvement for data solutions. Dr. Bajaj described how data informs Equity and Access Council decisions with a 3-step process which includes capturing data, analyzing the data, and improving the data (in terms of the data collection process or using the data to make other improvements).

Ms. Majak then proceeded to share their approach with the Committee. The group defines Equity and Access Measures, Metrics, KPIs (MMKs) as subject matter experts convene to propose MMKs and List of Values (LOVs) definitions for standardization. The MMKs and LOVs are then presented for review and ratification to the Data and Analytics Governance Committee. After ratification the MMKs and LOVs are leveraged to communicate uniformly across the System, to capture better quality data within our technology systems, and develop reports and dashboards. Next the focus shifts to capturing and cleaning Equity and Access MMKs as per the targets below:

- Target 1 - Targeting 75% of patients in Epic with completed race, ethnicity, and preferred language documentation
- Target 2 - Less than 10% of patients in Epic with "Something else" or "Choose to not disclose" for their race, ethnicity and preferred language
- Target 3 - Less than 10% of patients in Epic with incorrect race, ethnicity or preferred language during random sample validation

Dr. Bajaj then explained the need to equip staff who are doing improvement work with the ability to apply an equity lens to their improvement work. She highlighted that the Quality Academy is a 6-month program to train frontline staff on improvement; a robust session was held on applying an equity lens. Dr. Bajaj proceeded to share that those who attend QAPI meetings have seen that the reporting template now includes a separate section for the equity lens. She stated that when looking at outcomes, we want to make sure that different groups are experiencing those outcomes equally and by applying an equity lens thinking about what might be a structural barrier of care, we can see whether different populations experience the gains that we are seeing in aggregate. Dr. Bajaj then discussed

performance improvement projects that were submitted to the Board; of the 49 completed projects, about 20% of the projects discovered a disparity. So next step would be to close those gaps.

Mr. Peña-Mora asked if there was any old business or new business, and hearing none, the meeting concluded and was adjourned at 12:30 p.m.

**Finance Committee VIRTUAL MEETING - May 9, 2022**

**As Reported By: Freda Wang**

**Committee Members Present:** Freda Wang, Dr. Mitchell Katz, Sally Hernandez-Piñero, José Pagán, Feniosky Peña-Mora, Barbara Lowe, Dr. Patricia Marthone

**Health + Hospitals Employees in Attendance:**

John Ulberg, Michline Farag, David Cheung, Andrea Cohen, Keith Tallbe, Colicia Hercules, Jay Weinman, Sarah Lum, Rafelina Hernandez

(Online) Linda DeHart, James Cassidy, Matthew Siegler, Theodore Long, MD, Sonya Rubin, Salema Tyler, Marji Karlin

**CALL TO ORDER**

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 12:38 p.m.

Ms. Wang called for a motion to approve the March 22, 2022 minutes of the Finance Committee meeting.

Upon motion passed and duly seconded the minutes of the Finance Committee meeting held on March 22, 2022 were adopted.

**ACTION ITEM: Medical Malpractice Law Firms**

Mr. Cheung presented a resolution:

**Authorizing the New York City Health and Hospitals Corporation (the "System") to execute three-year agreements with each of the 17 law firms listed in Annex A attached (the "Med Mal Firms") for defending the System in medical malpractice cases on as as-needed basis with the System holding two 1-year options to renew for an amount not to exceed \$86,000,000 over the entire potential five-year term.**

Mr. Cheung provided an overview of the background and current state of medical malpractice claims, the use of in-house and outside counsel. NYC H+H uses outside counsel and in-house attorneys in defending medical malpractice suits. The Office of Legal Affairs typically relies on outside firms for defending the most complex, highly specialized or highest dollar exposure cases. The historical expenses associated with hiring outside counsel is roughly \$14 million per year. These expenses have been completely funded by the City. Outside law firm contracts were awarded after an RFP in 2017. The initial

three-year contract period expired on 02/28/21. Thereafter, the Office of Legal Affairs exercised its rights to extend the contracts through 02/28/23. An RFP was released early due to current challenges of obtaining the same quality of representation under the existing contractual rates, which were substantially below market, resulting in firms substituting less experienced partners and associates to NYC Health and Hospitals cases and/or declining assignments. The hourly rates being proposed under the new RFP are higher than the prior rates. It is estimated that the annual spend for outside counsel could increase by about 2 percent based on negotiated rates with the firms in the new RFP.

Mr. Cheung continued by providing an overview of the procurement process, vendor references and RFP criteria. All vendors considered were closely evaluated, provided appropriate references, and have a strong experience with similarly large health care systems. The 17 highest rated firms based on the scoring criteria were selected; 8 were existing firms and 9 new firms. There were no MWBEs found to be able to perform under this RFP. Legal services are exempt from the MWBE program under operating procedure 100-10 as "personal services", services that are to be performed by uniquely qualified individuals. The vendor Diversity team analyzed the availability and capacity of any MWBE law firms able to perform under this RFP and confirmed that there are no MWBE law firms providing the services requested under this RFP.

Ms. Wang polled the committee for questions.

Mr. Pagán asked about the 8 firms' historical performance.

Mr. Cheung confirmed that we have received a lot of feedback which was taken under consideration during the selection process. There are 11 firms existing on the panel and the selection committee only selected 8 out of the 11. Three of them will not be awarded contracts under this RFP.

Dr. Katz added, this is the kind of RFP where it enables the lawyers to choose the firms based on the expertise. Firms are selected in a case by case basis. Dr. Katz continued, commenting positively on how well our staff have controlled costs around malpractice.

Ms. Hernandez-Piñero requested further clarification regarding the number of firms mentioned. Mr. Cheng confirmed we currently have 11.

Ms. Hernandez-Piñero asked about the reason for the increase from \$70 million to \$86 million, it was mentioned those firms cost \$14 million dollars per year. Therefore, we can state for 5 years it was \$70 million dollars. So, we are going from \$70 million to about \$86 million and the reasoning is to get a better-quality firm and better representation, correct?

Mr. Cheung responded, that it was challenging to maintain the quality with the old contract rates. For which we found it necessary to release a new RFP.

Ms. Cohen added, that the new rates reflects market trends. The quality of the firms at the outset of the earlier period was probably what we thought were adequate and sufficient that the market increases have outpaced what our rates caps were.

Ms. Hernandez-Piñero mentioned, you also had fixed rates at the time. And even the low end of the payment of awards the \$100 million, you still end up spending half a million dollars per year on awards, is that comparable to other systems of our size?

Mr. Cheung responded, that he was unable to compare what is happening to other systems of our size, however we are extremely large and based on what our outside counsel firms are advising us since they represent other hospital systems in NY state, is that their payouts in terms of severity of cases and the value of payouts has been increasing, however, we continue to maintain lower payouts due in part, to the aggressive approach in defending cases and resolving cases in the earlier phase of the litigation.

#### **FOLLOW-UP**

Ms. Hernandez-Piñero requested a chart to look at what lawsuits end up being awarded or settled, when they occurred, what the ultimate payout was, a breakdown of the hospitals and the type of cases. Ms. Cohen explained that the actual amount of the award often have almost as much to do with the circumstances of the plaintiff the way damages are calculated than it necessarily does with the nature of the medical activity that may have resulted in there being a claim. That is important to understand who your plaintiff is, their age, expected earning over their lifetime, and those kinds of things play a significant factor. In terms of looking at areas of alleged errors that may result in cases and where to focus, we do some of that through conferencing with clinical leaders around significant cases to make sure that there is an understanding in leadership, where these happened and where these cases are going. However, to do it in a more systematic database level is a new area that we are hoping to move into but it will probably require us to engage with some more sophisticated and different technology and coding of our cases than we currently have. Mr. Peña-Mora thanked the team for the presentation. He asked for clarification on MWBE non-performance. Ms. Cohen responded, there were no listed MWBE in NYC or NYS that listed Medical Malpractice and had the experience or expertise required under the RFP criteria anywhere in this state. Mr. Peña-Mora noted he was able to find at least one MWBE firm which seems to meet some of the RFP requirements after a quick internet search during the meeting. I am looking online and found one with a NYC office and there are others that are woman owned. The one I'm reviewing says it specializes in Malpractice for insurance and for hospitals. For which this statement

does not seem accurate to me. I would like to propose this is tabled until more information is provided.

Mr. Tallbe explained the process used to search for MWBE firms, we did identify that one MWBE firm. Our process is to review all MWBEs listed by keyword in both the city and state directories as well, as push out to SBS, Small Business Services of New York. As well as to the other certifying diversity agencies we bank in NMSDC. We issued a basic request for services; asked these vendors, these communities if there is capability or interest in performing these services for us? We do this for all solicitation and did indeed reach out to that particular firm you saw there. He stated that particular firm does not have this medical malpractice despite being listed as such, and this particular firm does not have an address with the office of Court administration. We proactively reached out to that one firm and they are not doing this work despite being listed as such in the city certified directory. With our other broader wide RFI efforts, we did not receive any response back from any of those entities indicating that there were any diverse firms that practice Medical Malpractice period, not meeting even the minimum criteria for this procurement.

Mr. Peña-Mora added, was not certain it is the same firm as the name of either firms have not been disclosed. Ms. Cohen suggested to go into an executive session.

Mr. Peña-Mora asked once again to table this to another time instead of an executive session. Further discussion on this matter is needed. One of the things the Board has tried to focus on is ensuring that vendors doing business with H+H really share our goals and are able to represent our patients. That has not been illustrated in the information presented about how these firms advance diversity; how are they striving to diversify and how we are working to support this effort. I do have serious concerns with this contract as presented.

Dr. Katz added, that he was uncomfortable with delaying the process and adjudicating at a Board level a process that is the standard process. Mr. Peña-Mora has made it clear why you should vote no. However, we have done an RFP following the procedures of the corporation. It is undisputed that there were no MWBE able to perform under this RFP. Our group followed their entire process and we understand there can be disagreements on that and the result. However, we need the services and the Board has the full rights to not let it go forward and vote no. But not to change the outcome of this RFP process.

Mr. Peña-Mora clarified there has been a misunderstanding as the outcome is not being questioned, but rather the statements that have been made and the criteria that has been used. That is the reason there should be a more thorough discussion on this. In order to understand how critical this is for us to move this forward now instead of having more discussion, he asked when does the current contract expire?

Ms. Cohen responded the contract does not expire by the end of this month. We went ahead to do this because we were not getting the services that we need to get under the existing contract. This contract expires in a bit over a year.

Ms. Wang added, the issue is that you have not been able to get services, not much a question of the expiration but more the ability of having legal defenses.

Dr. Katz added, these kinds of discussions are positive for a Board. The Board should definitely set the policies. If this is a question of how we should procure services moving forward then this committee should take on and decide how to move forward. What I am uncomfortable about is adjudicating processes that were followed at Board meetings as to me this is problematic. However, it is the Boards right to vote against this.

Mr. Peña-Mora clarified that his request is for a deeper discussion on this as we are getting services and we can bring it in next month. I would like to understand the breakdown further. In past meetings there have been discussions in procurement for legal services and bringing in the issue on diversity and MWBE but this has not been reflected in this procurement.

Ms. Hernandez-Piñero added, fixing our rates last time was an effort at cost containment, you felt you could purchase the services at those costs. You have seen the services that you can get at that price and you have concluded that you are not getting the kind of services that you need without increasing the amount of the contract and doing some change up in firms. Given the volume of contracts we have to deal with annually, delays will create constraints. We should vote on it and between now and the time of the next Board meeting we can address the issue and have a special committee meeting. To table it now, it's a little precipitous as we can do some research without holding the resolution.

Mr. Katz added, there is certainly no problem with doing additional procurements.

Mr. Peña-Mora clarify, the questions asked were not intended to change the procurement but rather referred to the statements presented.

Mr. Pagán asked if the process is exclusionary based on the criteria? According to the definition used, there were no MWBEs and even if we expanded the criteria there would not be that many with this type of expertise. Mr. Tallbe responded that the data received through the analysis will be provided to the Board. We always reviewed those minimum criteria being used and did not find any particular discriminatory criteria that were set here. We often make separate minimum criteria for MWBEs but we did not see our research that there was any justification to do so in this context. We followed standard process and did not find any MWBEs able to participate.

Mr. Pagán questioned if the criteria were expanded, would any MWBE then apply or qualify?

Mr. Tallbe responded, he does not think so. There are minimum criteria that go to fairness, such as overall business size and that was not an exclusion we used here. Representation against the City of NY or against NYC Health and Hospitals would be a qualifying business criteria that we would not change for the benefit of promoting MWBE utilization. Mr. Pagán added, Feniosky mentioned we do not have any information related to diversity. Mr. Pagán asked that the information be provided at the next Board meeting to show that this procurement is aligned with our goals as an organization. Ms. Cohen responded, our standard process, is to do a workforce diversity analysis when the firm is large enough for that to be statistically valid thing to do. There are only 2 firms on this list large enough to do this and that is underway. This can be completed by the Board meeting. The rest only have 20 to 25 total personnel and it is very difficult to do any kind of valid statistical analysis due to the size.

Ms. Wang added, going forward in our procurement process we should try to identify some diversity efforts and programs, policies and data to the extent permissible, particularly in cases where there are no qualifying firms to contract with. From this discussion, we understand there was a process that was conducted that identified who the available firms were, the criteria are very clear and there are standard criteria that is not discriminatory or exclusionary. I would offer more time if there is a desire to hear more details on the specifics, we can go into an executive session. But I would think we vote on it now and I would like to have the workforce diversity information in advance of the Board meeting. Does anyone want to go into an executive session?

Mr. Pagán added, I do not but I would like to see that sort of information provided at the Board meeting so we have better information about alignment.

Dr. Katz added, the information can also be provided on the agency mentioned and not disclosed earlier. We can investigate the disjunction between what was listed on the web and what we discovered in the due diligence.

Ms. Cohen advised on amending the resolution language to move directly to the Board for its consideration.

Ms. Hernandez-Piñero commented, I am uncomfortable with that as the committee is who we look to for recommendation and proposed action. That would indicate I am not complying with my responsibility. I do not have a problem voting it.

Ms. Wang added, let's take a vote on it.

Dr. Marthone thanked the team for their presentation and questioned the scoring criteria used, what consideration was given to declining

of assignments for the 9 firms that did reapply to this RFP and how did you come out with 8 firms that you agreed upon? What was the weighted value?

Mr. Cheung responded, each of the scoring criteria that fall within the slide were 25 percent. There were several firms that declined the assignments. In instances it did not affect the scoring criteria was when the law firm said the rates did not make it possible to accept certain assignments and had a different business model and asked to withhold certain assignments for a period of time until the made some adjustments that did not have a huge impact on their score. When a firm suggests that Health and Hospitals is not a priority account and declines certain assignments, that has a huge impact on that category because we believe Health and Hospitals should be a priority for any firm that works for us. Ms. Cohen added, it is sometimes just on pure operational basis a firm does decline assignments because they may be full at a given time to decline assignments. There can be instances a good firm with good communication good collaboration occasionally has to decline assignments.

Mr. Cheung added, in some instances we have very high exposure cases that were headed towards trial and partners on our account would have tried those cases declined based specifically based on the rates and that had an impact on the scoring.

Dr. Marthone expressed her overall concern of the current 8 firms back on the list are they in fact firms that we can trust, that if they could not handle the job due to capacity at the time, regardless of the rate, would not take the assignment because they will not pass it on to associates that are the lesser skilled of the organization to take on the challenge and put Health and Hospitals at risk.

Mr. Cheung responded, that all firms on our panel and the evaluations committee selected, are amongst the ones that have the highest scoring rates and are firms we would like to continue working with.

Dr. Marthone added, in the future I would like to see what dynamic exactly the declining of assignments played and how the decision was made. Ms. Cohen added, we have more firms in the panel this time which allows us to have more choices in selecting firms going forward.

Mr. Pagán asked about the reasoning for requirements of 15 years of very viable medical malpractice experience. Mr. Cheung responded, Medical Malpractice cases are so complex. It takes many years of experience to really understand the medical issues law requires many years of working with medical records, doctors and experts. It is, the trial experience in front of a jury and presenting complex medical issues to a layperson. It is a skill that mainly requires many years of experience and as an example when you look at a complex medical malpractice case there are two stages of the litigation, pre-trial and when it goes to trial. Experts looking at a case pretrial and suddenly picking a jury, the case becomes very different, as it becomes focused



on what issues the plaintiff can bring to a jury as a potential departure and sometimes the nexus between that is a little tenuous as what they are able to present as a departure question and what most of our treating doctors perceive to be the real medical issue. It is because of the complexity of the issues and now with stream of COVID related cases it becomes more complex and requires a higher degree of expertise and skill.

Mr. Pagán suggested to vote on the resolution to be approved contingent upon further information being provided to the Board on workforce diversity and MWBE procurement.

Ms. Cohen commented, it is not uncommon for us to get feedback in any number of procurements in the committee and then respond to that at the Board level. It could be built into the resolution.

Ms. Lowe added, I am unable to comment towards the discussion at this time. I will have to review it after the meeting and will address any questions to the committee and legal if needed.

Ms. Wang asked whether the new contracts be set up so we do not fall into that position of not getting service again and how could we track the effectiveness. Mr. Cheung responded, we track effectiveness on a continuous basis. We have claims attorneys who are responsible for managing the litigation connected to any of our facilities and they oversee day to day of our outside counsel firms. They approve all the important decisions, review all the invoices that are submitted and deal with issues like responsiveness. We monitor performance and get feedback both from facilities and the offices of risk management.

Following the discussion and upon motion made and duly seconded, the Committee voted 5 yes, 1 abstain, 1 no, the motion was adopted and resolution approved, with the provision that updates discussed will be provided at the upcoming Board meeting.

#### **UPDATED INFORMATION FROM MARCH 22, 2022 FINANCE COMMITTEE MEETING**

Ms. Farag provided a correction to the record for the materials and discussion, presented at the March Finance Committee meeting. In the presentation - Quarter 2, slide 7, the year over year revenue bullet quoted \$376M increase for which a correction is needed to reflect the actual revenue increase from prior year actuals when properly adjusting for the FY21 Testing revenue exclusion, the correct number is \$296.5M; which is up 10 percent as opposed to the 15 percent mentioned. When prior year was being reported, former reports included testing. This is to update the records and accurately reporting, as testing is now being excluded for comparison purposes.

Ms. Wang polled for questions from the board regarding this correction.

No questions from the board.

#### **FINANCIAL UPDATE**

Ms. Lum commenced the presentation by providing the status on the Test and Trace Corp and the expenses related to the Omicron surge. H+H projects \$1.4B of expenses in FY22 and \$197M in FY23 for Test and Trace Corps. These projected expenses have been updated to include spending for T2's Omicron response. T2 has committed to approximately \$550M in expenses for the third Quarter in FY-22. OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date.

Dr. Long, Contact tracers have helped over 1M cases, reaching nearly 90 percent of cases prior to Omicron and identified 1.8 million close contacts throughout the pandemic. Due to low volume, Test and Trace have closed all isolation hotels in April. Given the very high adult vaccination in NYC, Test and Trace's vaccine canvassing program has concluded. Universal contact tracing has concluded. However, H+H's 212-COVID19 hotline will continue to serve as the one-stop shop for all COVID-19 resources. We continue to provide millions of at-home test kits throughout the city for public distribution. Case investigations and contact tracing for high risk setting will continue through DOHMH and all of FY-23 planned programs will be covered by the OMB MOU.

Mr. Ulberg presented the FY-22 YTD highlights. The System expects to close March with approximately \$550M. We beat the budget by \$150M. Direct patient care receipts came in \$272M higher than the same period in FY-21.

Patient care volume is returning to pre-COVID levels in FY-22, but is still 4 percent below in discharges. Overall, our strategic financial initiatives remain on track with our post-COVID strategies, generating over \$595.8M through February with a line of sight of \$679.3M. Mr. Ulberg provided an overview of the external risks. FEMA reimbursement to date totals \$620M. H+H hopes to receive an additional FEMA payment of \$161M by the end of FY22. Current inflationary costs and wage pressures present a challenge to recruitment and staffing. . Mr. Ulberg presented the City's Executive Budget which includes funding for the System's expense priorities. We received funding for SHOW, B-HEARD, Plant-Based Lifestyle Medicine Expansion and Public Health Corps. There is \$30M for Far Rockaway Primary Care Center and \$37M allocated in FY23 Borough President Capital Funding awarded to H+H including funding for Women and Family Birth Centers in Brooklyn as well as infrastructure renovations and medical equipment at various H+H facilities.

Mr. Ulberg continued presenting the FY-23 Enacted State Budget. Medicaid cuts were restored and an additional 1 percent was added. There is \$1.6B in capital infrastructure pool funds, \$800M for Safety Net Hospitals which we are eligible for. Mr. Ulberg provided performance drivers updates. The spending is high but revenue is covering that. Risk performance is better than planned. Cash disbursement is over budget by 6 percent primarily resulting from unbudgeted COVID and vaccine mandate related expenses and Temp rates.

The presentation continued with Mr. Ulberg providing a walkthrough of the major themes of FY-23.

Ms. Wang polled the committee for questions.

Ms. Hernandez-Piñero congratulated Dr. Long. She asked for clarification on the funding source for the Far Rockaway primary care center.

Mr. Ulberg responded, it is a \$30 million grant coming from BDC as a project that we have been working on. Ms. Lowe requested clarification regarding our submission of the Community health needs assessment and whether we will meet the same benchmark or not? Mr. Ulberg responded, yes

Mr. Peña-Mora requested clarification regarding the FEMA reimbursements dollars and do we have it or not, how much money has come, or owed. What is reimbursable?

Mr. Ulberg responded, it continues to be an evolving number as we continue to work on it daily. Mr. Peña-Mora clarified, my question is more towards how much money still being questioned on eligibility and we are not entitled to be reimbursed, do we have a number for that?

Ms. DeHart responded that at this moment we do not have issues where there are questions on eligibility

Mr. Peña-Mora and Ms. Wang thanked the team.

#### **ADJOURNMENT**

There being no further business before this committee, the meeting adjourned at 1:59 PM.

**Mitchell H. Katz, MD**  
**NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**May 26, 2022**

#### **CORONAVIRUS UPDATE**

New York City raised the COVID-19 alert level from medium to high last week based on a steadily increasing number of cases and hospital admissions. However, the number of hospitalized patients with COVID-19 in NYC Health + Hospitals remains low and many of them are in the hospital due to other conditions. With the high alert, we have new guidance for the public:

- We are strongly recommending the use of facemasks for all indoor settings. For people 65 years and older or those at increased risk for severe disease, masks are also recommended in crowded outdoor settings and they should avoid gatherings when possible.
- COVID-19 tests, in particular home tests, are recommended for anyone with symptoms or before/after a gathering or travel.
- Anyone who tests positive for COVID-19, should call their primary care doctor. Anyone who does not have one can call out hotline, 212-COVID-19, to connect with one of our doctors and find out if they are eligible for treatment, and if so, they can have Paxlovid delivered to their home.

Mask use remains the same for health care settings - everyone is required to wear a mask in all our workplaces.

Our NYC Test & Trace Corps team continues to provide testing at approximately 150 sites across New York City, at all NYC schools, and to distribute at-home tests through 192 libraries and cultural institutions and 850 community partners. Last week we announced plans to distribute an additional 16.5M home tests through community based organizations, houses of worship, libraries, and schools. We have already done about 2 million tests in NYC public schools. In fact, Dr. Theodore Long and others who led the surveillance and contact tracing work in the public schools, just authored a JAMA Open Network Journal published this week about how safe our schools have been. Here is the link to the journal article:

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2792541>.

Our 212-COVID-19 hotline continues to serve as the one stop shop for resources and connects callers to our Virtual Express Care team for treatment - thousands of New Yorkers have received paxlovid through this service.

In addition, this week, the Centers for Disease Control reported that 1 in 5 adults who survived COVID-19 have "persistent symptoms," or long COVID. Our COVID-19 Centers of Excellence in Tremont, Jackson Heights and Bushwick provide long-term care for those recovering from

COVID-19 and we urge all New Yorkers who continue to suffer from symptoms to reach out and get the care they need. In addition to these specialized health centers, our Test and Trace Corps Take Care program offers direct connections to COVID-19 treatments, and quarantine and isolation resources, and our AfterCare program continues to provide outreach and referrals to New Yorkers suffering from Long COVID.

### **GUN VIOLENCE: AN EPIDEMIC WE MUST CONFRONT**

How is it possible that here we are again? Just last week I sent a message to our staff, stunned by the horrible shooting spree in Buffalo, so soon after the subway shooting in Brooklyn. I never would have imagined that in such a short time we would experience another shooting, this one taking the lives of 19 children and 2 adults, in an elementary school no less. Adding to this pain, the gunman was also a young person of 18.

The headline in today's New York Times reads, "*The Stupefying Tally of American Gun Violence*" and I thought stupefying was the perfect word. It means to be made stupid or groggy but also astonished and astounded. I feel all of those things, as I'm sure so many New Yorkers do too. The article quoted a statistic that is mind-boggling: according to the non-partisan Small Arms Survey there are now many more guns than residents in the United States.

As stewards of the public health, we should all be alert and alarmed. We are witnesses to a public health crisis as scary as COVID-19, and perhaps as lethal. The number of shootings both here in our backyard, and throughout the country is too long to list.

We must not let ourselves get numb to it. We must not forget what we stand for. Gun violence is an epidemic we must confront.

So, what's next? We pause and grieve, not only for the long journey of mourning these families must now take, but also for this country. We take action: for some of us that may mean marching and protesting, volunteering and donating, and of course, voting. We support each other and we unite. If you know colleagues who are struggling and suffering, reach out. Direct them to the many excellent mental health support services we offer.

And finally, we keep on working. We continue to be the most committed public health system in this country, leading the way in providing safety, dignity and care to everyone we touch.

### **POSSIBLE MONKEYPOX CASE IN NEW YORK CITY**

The City announced last week that it was investigating two possible cases of Monkeypox in New York City. One individual was evaluated at NYC Health + Hospitals/Bellevue and ultimately tested negative.

Another NYC patient, however, is presumed-positive for Monkeypox and is isolating at home. Contacts of this individual who were considered high-risk have been referred to NYC Health + Hospitals/Bellevue for post-exposure prophylaxis with the FDA-approved Monkeypox vaccine, Jynneos. The vaccine is a subcutaneous injection that consists of two doses, four weeks apart. Monkeypox is uncommon in the U.S., but – in the rare circumstance where a positive case is identified – usually presents as a flu-like illness accompanied by swelling of the lymph nodes and followed by rash on the face and body.

#### **PENDING SUPREME COURT ROE V. WADE DECISION**

As the Supreme Court reportedly considers overturning the fundamental protections of Roe v. Wade, NYC Health + Hospitals will continue to provide access to safe, legal abortion services to all New Yorkers. We believe it is critical that New Yorkers have multiple ways to access vital reproductive health and pregnancy termination services, and we are proud to serve in a state that has codified these rights. As the procedure becomes unavailable in other states, we are prepared to scale up our services as needed to maintain this very important right and help women from other states. NYC Health + Hospitals offers a wide range of services, including primary care, family planning, abortion services, prenatal through delivery care, midwifery and doula services, breastfeeding/lactation services, nutrition, mental health support, preventative care, and much more. Our services are available to all New Yorkers without judgment and regardless of ability to pay or immigration status.

#### **TWENTY-FOUR OUTSTANDING PHYSICIANS HONORED AT DOCTOR'S DAY CELEBRATION**

We hosted a very moving celebration to recognize extraordinary patient care and 24 NYC Health + Hospitals physicians for their dedication throughout the pandemic and beyond. The event marked the first in-person Doctors' Day since the COVID-19 pandemic emerged in New York City. Among the doctors we honored were primary care physicians, psychiatrists, ER physicians, pediatricians, correctional health providers and medical simulation experts.

While COVID-19 has been a monumental challenge for all our doctors, they responded heroically. We saw something we had never seen before and it hit us hard. But our physicians – not just the 24 we honored that day – but every doctor in the house -- rose to the occasion the way that they have done throughout history – through 9/11, Ebola, HINI, Super storm Sandy -- and we were happy to be able to recognize them for that. There are aspects of health care that make me a bit cynical, but the value of a doctor in a room with a patient has never been one of them. I have seen the magic that happens, the difference that good doctors make in the lives of people. It is amazing and we are so fortunate to have so many skilled, compassionate physicians dedicated to our mission and our patients.

The event was even more special as we had the opportunity to share a special video message from Dr. Anthony Fauci, Director of the National Institute of Allergy and Infectious Diseases and the Chief Medical Advisor to the President. Dr. Fauci thanked all NYC Health + Hospitals doctors for their remarkable efforts during the pandemic, the lives they saved, the suffering they prevented, the comfort and caring they provided.

### **INVESTING IN PREGNANT PEOPLE AND BABIES**

NYC Health + Hospitals this month launched three new programs that will enhance our labor and delivery services and make sure our obstetric teams receive the most advanced training available.

We are using new obstetrics virtual reality technology that will enable all obstetrics providers, from midwives to attending physicians, to experience simulated lifelike scenarios through a VR headset. The simulations will give teams the opportunity to sharpen their skills and anticipate situations that could be life threatening to the birthing person and baby. For example, one simulation recreates an obstetric hemorrhage and guides teams through all the correct protocols. The portability of the VR headsets allows providers to get a training session in while they are on their shifts, making it convenient and accessible to busy OB staff. Thankfully, serious and life-threatening conditions during childbirth, labor, and the postpartum period are uncommon. However, ensuring that our providers have the skills necessary to deal with these critical situations is essential.

We launched a new doula program at NYC Health + Hospitals/ Elmhurst and Queens. The two hospitals will provide community-based doula support, free-of-charge, to any pregnant person seeking care. Some 20 doulas will be available to pregnant people who plan to give birth at both hospitals over the next few months. The doulas are professional labor “assistants” who provide physical and emotional support to birthing people during pregnancy, childbirth and the postpartum period. Studies confirm that doula care contributes to better birth outcomes by reducing overall C-section rates, shortening the length of labor, and reducing the need for painkillers and hormones. Postpartum, doulas can identify and alert medical teams about post-partum depression. Patients will be referred for doula services and matched with a doula for the duration of their pregnancy and post-partum care. The goal is to match the pregnant patient with a doula who speaks the same language and shares the same cultural and religious background. This program is in partnership with project HoPE, a non-profit that advocates for birth equity, and is one of our many community-based collaborations.

NYC Health + Hospitals/Woodhull marked the official launch of the Family-Centered Cesarean Birth (FCCB) program, which places the family at the focal point of the birthing process during a cesarean birth.

While we encourage vaginal delivery, cesarean births are sometimes necessary. They take place in an operating room under sterile conditions and strict protocols, so they can be a disconcerting experience for the birthing patient and family. The new program at Woodhull helps parents undergoing a cesarean surgery to experience and celebrate the birth of their child by adding certain details like clear surgical drapes that allow the parents to witness the birth and even music selected by the birthing person. Midwives assist with all pre- and post- aspects of the birth, and patients can opt for a doula to support them during their birth. Our goal is to ensure that all our birthing patients can experience the joy of birth with baby and family.

#### **INNOVATIVE DIGITAL THERAPEUTICS PROVIDE SUPPORT FOR PATIENTS WITH SUBSTANCE USE DISORDER**

When the pandemic forced New Yorkers into isolation, Bronx resident Mary W. felt its toll almost immediately. She experienced deep loneliness, which led to heavy drinking and eventually alcoholism. After one particularly bad night last year where she drank excessively and felt depressed, she picked up the phone, and contacted the Comprehensive Addiction Treatment Center at NYC Health + Hospitals/Jacobi. Since then, Wilson has been working with one of our addiction counselors, who she meets with twice weekly for treatment. She also has a different and innovative kind of support at her fingertips: a smartphone application called reSET, which is prescribed by her care team.

Nearly 100 NYC Health + Hospitals patients have received a 12-week prescription to access a mobile app designed to help treat alcohol and substance use disorder. The innovative app, developed by Pear Therapeutics and provided to the health system at no charge, is the only FDA-authorized prescription digital therapeutics for the treatment of substance use disorder and opioid use disorder. The reSET app is available to patients who are currently enrolled in outpatient treatment under the supervision of a clinician and are used in conjunction with traditional treatments and not meant to replace in-person appointments.

With reSET, patients can track their recovery process by identifying their triggers, record recent cravings, and learn coping strategies. As patients progress through the various modules in the app, they are rewarded with gift cards ranging from \$5 to \$100 for recovery success. This is a highly effective treatment strategy known as contingency management, which involves giving patients tangible rewards to reinforce positive behaviors such as abstinence from drugs. For patients without smartphones, NYC Health + Hospitals has been able to provide five free devices and six months of cell data. A Spanish language version of the app is also available to our patients. Since



September 2021, the health system has prescribed the app to patients at four of our hospitals: Jacobi, Bellevue, Kings County and Coney Island. It will soon be available to patients at Harlem and Queens Hospital later this summer.

### **STRIVING FOR NET ZERO**

During a special visit to NYC Health + Hospitals/Lincoln on May 12, I joined the Assistant Secretary of Health, Admiral Rachel Levine, to launch a national program and pledge initiative aimed at reducing emissions across the health care sector. Our environmental challenges are particularly worrisome as climate change often magnifies health care disparities, and people in disadvantaged communities bear the brunt of extremes in increasingly unpredictable weather. Yet, according to government data, the health care sector contributes 8.5% of total U.S. carbon emissions: the greenhouse gases directly connected to climate change.

NYC Health + Hospitals is working hard to reverse this situation. Since 2006, our system has reduced carbon emissions by more than 30% and consumption of fuel oil by an incredible 96%. We are working to secure funding for a new ambulatory care center in the South Bronx which could be a beacon of a "net-zero" footprint; designed and built with the goal of zero carbon emissions that will use no on-site fossil fuels and will be 100% powered by on-site and/or off-site renewable energy. Now we are joining the Federal Government in a pledge to do even more.

I signed the pledge and committed that our health System will aim to reduce emissions by 50% by 2030, and to net zero by 2050. We have agreed to publicly report our progress and develop climate resilience plans for our facilities and communities. The new pledge is in keeping with our public health system's overall mission to reduce our carbon footprint and invest in state-of-the art, greener solutions.

In addition to reducing emissions and dependence on fuel, we have taken many other steps to conserve energy over the last few years. We have retrofitted thousands of fluorescent fixtures with LED bulbs, upgraded old and inefficient cooling towers with state-of-the-art equipment, and are modernizing air-handling units as well. Just a year ago, we received a reward of more than \$1.4 million from Con Edison for our efforts to reduce energy consumption during days of extreme heat during the summer, and have reinvested those funds into continued conservation efforts.

### **NYC HEALTH + HOSPITALS/METROPOLITAN BREAKS GROUND ON NEW FLOOD WALL RESILIENCY PROJECT**

I was pleased to join staff, our construction partners NYCEDC, and community members at the groundbreaking ceremony for a new flood

protection system at NYC Health + Hospitals/Metropolitan that will mitigate the weakness exposed by heavy rains and flooding during Superstorm Sandy. The hospital's critical electrical systems were damaged by contaminated floodwaters during Sandy. This new flood protection system around the hospital campus will minimize risk to public health by allowing us to continue serving our patients and the East Harlem community during and after future storms. The \$120 million project, funded by FEMA, will feature a new perimeter floodwall, an upgraded storm water pumping system, and a beautiful public art project by a local artist that celebrates the community. This is an exciting moment for Metropolitan Hospital as we continue to protect our health care system from extreme weather events that are happening more and more frequently.

#### **OFFICE OF FACILITIES DEVELOPMENT TRANSITION**

Christine Flaherty, who has served NYC Health + Hospitals so well as the SVP of the Office of Facilities Development, is departing our health system for another opportunity closer to her family. Christine made major improvements in our capital program, our physical infrastructure, and helped build our Housing as Health team. While we will miss her greatly, we are excited that three of her outstanding deputies are stepping into larger roles to lead the team.

Manuel Saez, PhD., will be the director for the Office of Facilities Development reporting to me. Oscar Gonzalez will be Deputy Director of the Office and the Director for Capital Development. Mahendranath Indar will be the Chief Operating Officer for the Office. All three have done outstanding work for our health system and will continue to do so in these larger roles. To offer additional support for the transition, SVP Matt Siegler will serve as the executive sponsor of the Office. Leora Jontef and the Housing as Health team will join Matt's organization while continuing to work closely with Office of Facilities Development.

#### **EXTERNAL AFFAIRS UPDATE**

City - We concluded our part of the City Council's Executive Budget hearing on May 18 and appreciated the opportunity to discuss the forthcoming City budget with the Finance Committee and the Committee on Hospitals. We are grateful for the support and partnership of the City Council.

State - The State Department of Health concluded its public comment period for a new 1115 Waiver amendment that addresses health disparities and systemic health care delivery issues highlighted and intensified by the COVID-19 pandemic. We commend these efforts to close the equity gap, which is fundamental to our work as the essential safety net. We submitted comments to the State and continue to partner with our State colleagues on implementing these goals, particularly as we focus on comprehensive care for the special populations we are proud to serve.

This week the Governor swore in Representative Antonio Delgado as the new Lt. Governor and the State Legislature is expected to wrap up their session early next month. We are working up to the last minute to advance our responses to the final bills that are emerging.

Federal - Congress has yet to agree on a COVID-19 funding package, though it is expected that COVID Public Health Emergency will be extended through October. We have submitted FY2023 earmark requests to our Congressional Representatives. While the process will continue for another couple of months, we are optimistic that some of these projects will be funded. We had great success in this year's earmark process, the first in years, and we thank our leaders in Washington DC for supporting our needs.

#### **CONTRACTS DEVIATION**

I want to summarize one continuing agreement to policy I approved for the Street Health Outreach and Wellness (SHOW) program during the last COVID-19 surge. In July 2021, I reported having approved an Exception to Policy amendment for nine months with Rapid Reliable Testing, LLC. This was for six mobile vans to be used on behalf on NYC for testing and vaccinations, and other needed medical assessments and treatments specifically for New York City's unsheltered homeless population.

Given the success with these outreach services and the continuation of the pandemic, I subsequently authorized a four-month extension of the program through June 2022. The program now includes eight vans, with two of the vans dedicated to Mayor Adams' "Subway Safety Plan" and are located at "End of Line" subway stations that are key components of that plan. The other six units are located at intersections selected in concert with the Department of Homeless Services, due to the large number of unsheltered homeless in need of our services at those locations.

The initial SHOW agreement was for a not-to-exceed \$9M, and the additional agreement is for a not-to-exceed \$7.5M. The cost of these services is covered by the City. While most of the staff provided by the vendor are W-2 employees and the vendor owns the vans being used, approximately 10% of their spend has been with diverse vendors, and continues through this period.

#### **NEWS AROUND THE HEALTH SYSTEM**

- [Test & Trace Expands Quarantine and Isolation Guidance Tool with Resource Connection](#)
  - [NYC Health + Hospitals and NYCEDC Break Ground on New Flood Wall Resiliency Project at NYC Health + Hospitals/Metropolitan](#)
  - [NYC Health + Hospitals/Bellevue Receives Renewed Grant for Chaplain Residency Program as Three New Chaplains Graduate](#)
-

- [Director of NYC Health + Hospitals/Bellevue Program for Survivors of Torture Elected President of The National Consortium of Torture Treatment Programs](#)
- [NYC Health + Hospitals/Elmhurst and Queens Hospitals Launch HoPE Doula Program](#)
- [NYC Health + Hospitals/Woodhull Launches Family-Centered Cesarean Birth Program](#)
- [Two NYC Health + Hospitals Facilities Receive "A" Safety Grades from The Leapfrog Group](#)
- [NYC Health + Hospitals Honors 24 Physicians at Doctors' Day Event](#)
- [Test & Trace Celebrates Historic Achievements of COVID-19 Contact Tracing Program](#)
- [SHOW Program Named Finalist in Fast Company's 2022 World Changing Ideas Awards](#)
- [NYC Health + Hospitals Simulation Center Hosts Fifth Annual Simulation Symposium](#)
- [Test & Trace Partners with Over 200 Houses of Worship to Expand At-Home Test Distribution](#)
- [NYC Health + Hospitals Launches Early-Career Psychiatry Leadership Program](#)
- [Test & Trace and New York Mets Celebrate Citi Field Vaccination Team's Nearly 300k Vaccinations](#)
- [NYC Health + Hospitals Designated "LGBTQ+ Healthcare Equality Leader"](#)
- [NYC Care Eliminates Six-Month Residency Requirement for New Members](#)

**Enterprise Information Technology Services  
&  
Finance Committees**

**Informational Item - Cisco Samrtnet Maintenance Contract and Financing**

**Agreements with Coranet (\$131.9 million) and Hitorra (\$35.2 million) for hardware and software maintenance and licensing covering all currently deployed Cisco products for a total of \$167.1 million.**

**Board of Directors Meeting  
June 30, 2022**

**Kim Keziah Mendez, Senior Vice President- Corporate Chief Information Officer  
Linda DeHart, Vice President -Finance**

### Informational Item

In May 2022, New York City Health and Hospitals entered into contracts for a period of 5 years to cover the hardware and software maintenance and licensing covering all currently deployed Cisco products for a total of \$167.1 million. Through this coverage, all networking hardware (routers, switches), firewalls (internet and e-mail protection), Voice Over IP, facility wireless networks and the contact center are all supported directly by Cisco with agreed Service Level Agreements and access to the latest software features and security patches. These contracts were purchased through two Minority-Owned / Women-Owned Business Enterprises (MWBE), Coranet (\$131.9 million) and Hitorra (\$35.2 million). Key Government Finance, Inc. (KGFI), a Cisco financing partner, provided two 5-year 0% interest rate loans for \$65.1 million software and software licenses other 5-year loan at approximately 3% interest for the maintenance contract.

## **RESOLUTION - 03**

Adopting in the name of the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) Board of Directors the twelve Community Health Needs Assessments (“**CHNA**”) prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center (“**HJC**”).

**WHEREAS**, NYC Health + Hospitals operates ten acute care hospitals over 11 campuses and HJC, a long-term acute care hospital; and

**WHEREAS**, NYC Health + Hospitals has tax exempt status under Section 501(c)(3) the Internal Revenue Code; and

**WHEREAS**, The Patient Protection and Affordable Care Act, signed into law in 2010 (the “**Affordable Care Act**”), added to the Internal Revenue Code Section 501(r)(3) which requires that hospitals with 501(c)(3) tax status conduct a CHNA at least once every three years; and

**WHEREAS**, regulations adopted under the Affordable Care Act specify that a CHNA be prepared for each licensed facility operated by hospital organizations enjoying 501(c)(3) status; and

**WHEREAS**, NYC Health + Hospitals has conducted CHNAs covering the three-year period since the last CHNA in 2019 summaries of which are attached as Exhibit A; and

**WHEREAS**, under the Affordable Care Act, a hospital organization’s governing body or a committee authorized by the governing body must adopt the CHNA.

### **NOW, THEREFORE, BE IT**

**RESOLVED**, that the New York City Health and Hospitals Corporation’s Board of Directors hereby adopts the twelve Community Health Needs Assessments prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center.

**EXECUTIVE SUMMARY**  
**ADOPTION OF**  
**2022 NYC HEALTH + HOSPITALS COMMUNITY HEALTH NEEDS ASSESSMENT**

**OVERVIEW:** Through an amendment to the Internal Revenue Code (the “**IRC**”) the Affordable Care Act imposed on all tax-exempt hospital organizations the obligation to conduct a CHNA not less often than every three years with respect to all acute care hospitals they operate. Regulations adopted under the IRC make clear that CHNA’s may properly be prepared for multiple acute care hospitals at one time provided that there is a separate analysis made for each facility. New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) has prepared a CHNA every three years since 2010 and its Board has duly adopted the same.

**PROPOSAL:** NYC Health + Hospitals’ Strategic Planning Committee has collaborated with the Office of External and Regulatory Affairs to prepare the current CHNA. To prepare the proposed CHNA, the team made extensive efforts to engage the various communities through the hospitals’ Community Advisory Boards, new focus group meetings, a new Advisory Group, over 3000 quantitative surveys, and in other ways. A copy of the full CHNA titled, 2022 NYC Health + Hospitals Community Health Needs Assessment has been distributed to every member of the NYC Health + Hospitals’ Board of Directors and upon its adoption by the Board of Directors, the CHNA will be posted on the NYC Health + Hospitals’ public website as required by IRC Section 501(r).



# **2022 Community Health Needs Assessment**

**Board of Directors Meeting  
June 30, 2022**

**Presented by: Deborah Brown  
Senior Vice President External &  
Regulatory Affairs**



## **New Business – Action Item**

Resolution to adopt 2022 Community Health Needs Assessment

- Adopting in the name of the New York City Health and Hospitals Corporation (“**NYC Health + Hospitals**”) Board of Directors the twelve Community Health Needs Assessments (“**CHNA**”) prepared for each of NYC Health + Hospitals’ ten acute care hospitals over 11 campuses and for the Henry J. Carter Specialty Hospital and Rehabilitation Center (“**HJC**”).

## Community Health Needs Assessment (CHNA) background

- IRS requirement for non-profit provider systems
- Opportunity to understand prioritized community health needs and co-create solutions through an implementation strategy
- To be adopted by the NYC Health + Hospitals Board
- 2019 CHNA was approved and made publicly available on the NYC Health + Hospitals website

### FY22 CHNA

- Define the community served
- Assess the community's priority health needs from community input
- Identify assets to address priority needs
- Evaluate impact of actions taken in prior CHNA
- Made publicly available by June 30

### FY23 – FY255

#### Implementation Strategy

*(to be developed)*

- Actions the system will take to address identified needs
- Anticipated impact of these strategies
- Programs, partnerships and resources the system will commit
- Made publicly available by November 15



# NYC Health + Hospitals conducted a comprehensive and inclusive CHNA process that included:

## Qualitative analysis

### +32 Expert Interviews

- System clinical service line leads
- NYC Health + Hospitals Central Office and facility leadership
- NYC Health + Hospitals Board Members
- DOHMH leadership
- MetroPlus leadership

12

Community forums at each NYC Health + Hospitals facility in conjunction with the Community Advisory Board (CAB) meetings

12

NYC Health + Hospitals facility responses

5

Borough-wide Focus Groups

## Quantitative analysis

### +3,060 Surveys

- Intensive primary data review and analysis with internal Data and Analytics team
- DOHMH and NYSDOH literature review and data sources

## + Input from CHNA Advisory Board

This group is a new resource for this year's CHNA and includes:

- CAB Chairs
- Hospital representatives selected by facility CEOs
- NYC Care Director
- Facility faith-based leaders
- Other community members not otherwise accessed

This board meets monthly to provide feedback and insight for the CHNA process.

## Borough-Wide Focus Group Participants

- NYC H+H Board Members
- Dr. Torian Easterling NYC DOHMH
- Academy of Medical and Public Health Services, Inc.
- African International Collaborative Center
- African Refuge, Inc.
- Alliance for Coney Island
- Alliance for Positive Change
- Arab American Family Support Center of New York
- Bellevue Program for Survivors of Torture
- Brighton Neighborhood Association
- Bronx Community Board 3
- Bronx Community Board 8
- BronxWorks
- Brooklyn Community Board 4
- Camelot of Staten Island
- Canvas Institute
- Community Board 1
- Children of Bellevue
- Dream Charter School
- Elmcot
- Emerald Isle
- East Harlem Tutorial
- For the Better Tomorrow
- Grow NYC
- Harlem Hospital Center Auxiliary, Inc.
- Harlem Outreach
- Island Voice
- Korean Community Services
- Los Sures
- Modest Community Service
- New York Hall of Science
- Project Hospitality
- Public Health Solutions
- Queens Community Board 3
- Queens Community Board 4
- Queens World Film Festival
- Shorefront Y
- South Asian Council for Social Services (SACSS)
- Union Settlement
- United Activities, Inc.
- United Sikhs
- Voices Latina



## Over 3,060 community stakeholders identified top risks and causes of poor health and death in their communities

### Top 10 Perceived Risk Factors for Poor Health and Death by Community Stakeholders\*

	Average ranking (Scale 1 to 5)
Housing access, affordability, and quality	3.87
Poverty and low-income status	3.81
Stress and emotional wellbeing	3.78
Community safety and violence	3.72
Mental and behavioral health care access	3.72
Obesity and high BMI	3.71
Hunger, food access, and poor nutrition	3.61
Health insurance access	3.58
Tobacco, vaping, e-cigarette use	3.52
Indoor and outdoor air quality	3.52

### Top 10 Perceived Causes of Poor Health and Death by Community Stakeholders\*

	Average ranking (Scale 1 to 5)
Diabetes and high blood sugar	3.88
High blood pressure	3.80
Mental health disorders and depression	3.80
Obesity and high BMI	3.73
Violence and gun violence	3.61
Drug use and opioids	3.54
Asthma, breathing issues, and lung disease	3.53
Heart disease	3.52
COVID-19	3.47
Cancer	3.47

1 - Not a significant problem

5 - significant problem

## Priority Area

# Improving health equity and chronic disease

### Identified challenges

- High chronic and mental illness
- Populations with unique health challenges who may be at higher risk of chronic and/or mental illness

### Community members identified populations with unique health challenges:

- Youth, adolescents and young adults
- Seniors
- Individuals with food insecurity
- Individuals experiencing homelessness
- Immigrants
- Individuals with mental illness
- LGBTQ+ individuals
- Pregnant people of color

### Seniors

“I don’t think there’s enough attention given to preventative measures to keep the elderly healthy. We’re put on medications to try out and left to our own devices, and that’s sloppy. People can live longer if they get the right attention, but providers are too busy making money.”

— Brooklyn focus group participant

### Youth

“The isolation and trauma from COVID-19 has impacted children who were out of school. Even though they were being home-schooled through virtual classrooms, the fact that they didn’t have normal school life and social interactions put a lot of stress on them. They observed the impact on their parents, grandparents and close friends and begin to worry about whether they were going to lose their family and loved ones.”

— Charles Barron, MD, Deputy Chief Medical Officer, Office of Behavioral Health

### The unhoused

“There is still a significant barrier when we try to isolate the health care component without taking into account what is not possible without stable residence...how do you follow someone with diabetes when they don’t have a stable address or phone number?”

— Vincent Calamia, MD, NYC Health + Hospitals Board of Directors

### Immigrant health

“Many people who speak a foreign language were even not alerted to the fact that a pandemic was coming – a language barrier is a crucial barrier.”

— Community forum participant, NYC Health + Hospitals/ Elmhurst

## Priority Area

# Facilitating access to services

### Our communities report needing additional access to resources including:

- Affordable, healthy food
- Affordable, quality housing
- Behavioral health services that are affordable, easy to navigate, and culturally humble
- Primary care
- Green space or safe places for physical activity
- Violence interruption
- Community resources (i.e., outreach and engagement, youth centers, senior services, etc.)

**Health care access is only one part of the equation** in supporting and improving community health. NYC Health + Hospitals must function within a larger ecosystem of community support.

### Food access

“The price of food has skyrocketed, and many residents are experiencing food insecurity. Even with the assistance of food pantries, the need is very, very high.”

— Community forum participant, NYC Health + Hospitals/Elmhurst

### Housing

“I got on the train before seven AM and counted at least forty men who you could see had slept on the train. Each one of them was a man of color. This is a major problem we are facing in our community.”

— Community forum participant, NYC Health + Hospitals/Kings County

### Violence interruption

“We’re seeing theft in ways that we haven’t seen before because they know they won’t be arrested or will be released the same day.”

— Community forum participant, NYC Health + Hospitals/Harlem

### Behavioral health services

“For anyone with a condition beyond depression, there is nothing, basically. People have to wait months and months to get to see someone and be diagnosed.”

— Community forum participant, NYC Health + Hospitals/Metropolitan



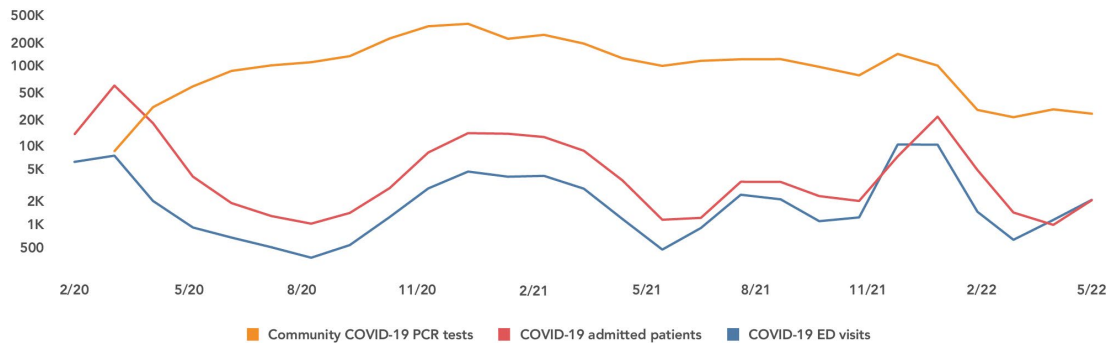
## Responding to the COVID-19 Pandemic

- The first case of COVID-19 in New York City was identified on February 29th, 2020. As of May 20th, 2022, New York City has had 2,452,590 confirmed cases of COVID-19, and 40,322 people have died as a result of the infection.
- Through each wave, NYC Health + Hospitals has provided quality and compassionate care to thousands of patients at its hospitals, clinics, and nursing homes. New Yorkers continue to place their confidence in NYC Health + Hospitals' heroic health care workers, hospitals, and clinics for their care.
- The NYC Test & Trace Corps team provided COVID-19 testing to more than 8 million New Yorkers, doubled its mobile testing fleet, and launched in-home COVID-19 tests and vaccinations.
- NYC Health + Hospitals/Correctional Health Services became the first unit in New York State to get approval to vaccinate in jails. By the end of 2021, the team vaccinated more than 4,500 patients.
- Launched After Care, a program that provides resources and linkages for those experiencing long COVID.
- The NYC Test & Trace Corps reached more than 90% of all new cases, identified more than one million close contacts, and engaged 72% of them in care and services.

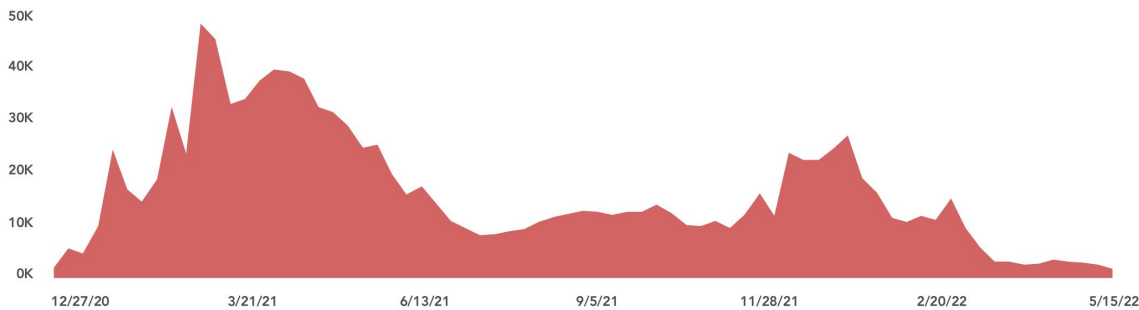


# COVID Metrics

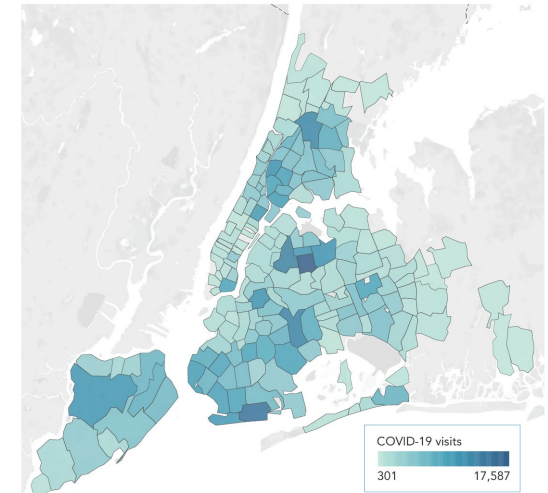
NYC Health + Hospitals Community COVID-19 PCR testing, COVID-19 admissions and ED visits



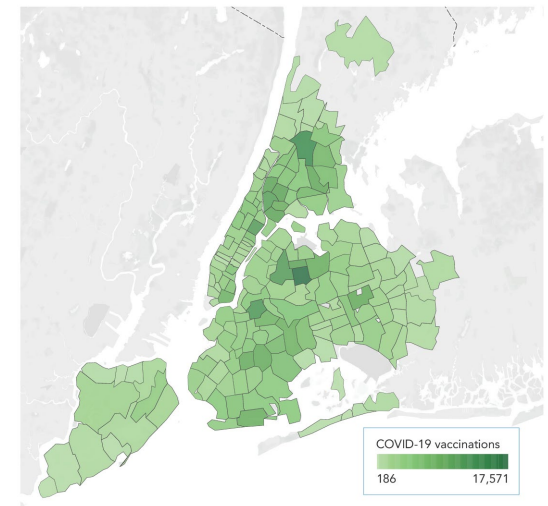
COVID-19 vaccinations administered by NYC Health + Hospitals



COVID-19 visits to NYC Health + Hospitals by zip code



COVID-19 vaccinations administered by NYC Health + Hospitals by zip code





## Next Steps

- Disseminate findings
- Identify and engage community and agency stakeholders for implementation planning
- From August to October, the Office of External & Regulatory Affairs will convene stakeholders to develop strategies and identify effective solutions to address the priority needs presented in the CHNA
- Present Implementation Plan to the NYC Health + Hospitals Board by November 15
- Monitor and evaluate progress 2022 to 2025
- Continue growing community relationships and opportunity for input

# Appendix A:

Report Excerpts



## INTRODUCTION

A child born in Brownsville today has a life expectancy of 75 years.<sup>13</sup> By comparison, a child born just four miles West (or 40 minutes on the train) in Park Slope has a life expectancy that is six years longer.<sup>13</sup> To build healthy and thriving communities, we must strive to reduce these inequities in health outcomes. To close the health gap, our communities need an opportunity to develop healthy behaviors and lifestyle, a positive environment to live, work and play, and easy access to high-quality health services. This CHNA takes a systematic approach to better identify, understand, and prioritize the health needs of the communities served by NYC Health + Hospitals, the largest public health care system in the U.S. This report considers physical and mental health as well as an individual's overall well-being.

### ADDRESSING LONGSTANDING HEALTH INEQUITIES

Our City and our health care system were impacted seismically in March 2020 when COVID-19 arrived in New York City. The arrival of the pandemic brought forward and exacerbated existing health inequities in many neighborhoods in the city.

The hardest hit communities were those with longstanding health inequities, and the pandemic will have a lasting impact on individual and community health for many of our neighbors. Unfortunately, the pandemic also required an unprecedented dedication of resources, forcing a pause on some non-COVID initiatives.

Health equity is defined as the “absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically.”<sup>14</sup> In an equitable society, each person has the same basic access and equal opportunities for healthy living.

As the city comes out of the COVID-19 pandemic, it is now the time to work toward reducing these inequities for all patients across the city. It is more important than ever to engage with community partners, residents, and leadership to gauge the status of each community. In doing so, NYC Health + Hospitals will work collaboratively with the community to recover from this trauma and continue the important work in achieving health equity for all New Yorkers.

### OUR APPROACH

The 2022 NYC Health + Hospitals CHNA was completed by leveraging existing relationships with community partners and creating new ones, convening internal and external system and stakeholders, and delving into robust data analytics capabilities. We strove to bring together a diverse, representational, expansive group to gather authentic feedback, articulation of needs, and constructive criticism. We hope that our findings reflect this inclusive community engagement process, summarized as follows:

- 32 one-on-one expert interviews conducted with community stakeholders including board representatives and members, Central Office and facility leaders, and DOHMH leadership
- 12 community forums hosted at NYC Health + Hospitals facilities between March and April 2022 attended by Community Advisory Board (CAB) members, community agencies, and hospital employees
- Five borough-based focus groups with local Community Based Organizations (CBOs) and Community Boards, and faith-based organizations
- Input from a newly convened CHNA Advisory Board, including the voices of CAB Chairs, hospital representatives selected by facility CEOs, the NYC Care director, facility faith-based leaders, and other community leaders

The CHNA team validated qualitative findings with quantitative data analyses to identify and prioritize community health needs. The following inputs were used:

- 3,060 CHNA surveys were administered and completed by NYC Health + Hospitals community members, patients, and leaders
- Demographic and utilization analyses using NYC Health + Hospitals data
- Review of DOHMH and New York State Department of Health (NYSDOH) publications, data, and analytics



# PRIORITY HEALTH NEEDS

## HEALTH EQUITY AND CHRONIC DISEASE

Every New Yorker deserves to live a healthy life, but not all can or do. As early as birth, biological, social, behavioral, and environmental factors can place our neighbors and community at risk. As individuals age, likelihood of chronic disease increases and health needs become more complex.

Through 12 community forums, 5 focus groups, over 30 one-on-one interviews with community stakeholders and over 3,060 community surveys, priority health needs were identified, including disproportionate birth outcomes and complications during pregnancy, airways diseases, mental health, substance use disorder, Type 2 diabetes, hypertension, conditions related to aging and frailty, and violence.

## ACCESS TO SERVICES

Widespread access to resources is a top priority for residents. The CHNA review has highlighted that health care access is just one part of the equation to improve and support community health. Addressing structural scarcity of resources and providing expanded community services can help improve health and wellbeing.

Our communities report needing additional access to an array of resources including

- Affordable healthy food
- Affordable quality housing
- Behavioral health services that are affordable, easy to navigate, and culturally humble
- Primary care
- Green space or safe places for physical activity
- Violence interruption
- Community resources (i.e., outreach and engagement, youth centers, senior services, nutrition events, etc.)

## STAKEHOLDER INTERVIEWS

The CHNA team conducted 32 interviews with key stakeholders from across the system. This included members from the Board of Directors, Senior Executives, and Facility CEOs, as well as DOHMH leadership (see acknowledgments for full list).

They were asked to discuss the following topics to start:

- Top health challenges in the community they serve and obstacles to address them
- Top socioeconomic issues in the community and obstacles to address them
- The impact of COVID-19 on the community
- Key trends or changes in the health care system, community demographic or financial – health care policy spectrum to consider when addressing community needs
- The biggest challenges and barriers that need to be addressed to ensure the health and wellness of the communities served

### TOP COMMUNITY HEALTH PROBLEMS

**“ALL OF THE WORK THAT WE DO HAS TO BE FRAMED AND ADDRESSED FROM A HEALTH DISPARITIES AND HEALTH EQUITY LENS. WE NEED TO MAKE SURE EVERYONE HAS ACCESS TO WHAT THEY NEED AND WHAT THEY DESERVE.”**

- José A. Pagán, PhD,  
Chair of the NYC Health + Hospitals Board

Interviewed stakeholders identified mental health, chronic disease, access to services, housing, and food access as the top health problems impacting the communities NYC Health + Hospitals serves. Mental health issues have now “become more visible” as a result of COVID-19, and those who were on the threshold for having serious mental health problems have now “crossed over.” Some feel that community members are more self-aware and there’s now more cultural acceptance to address mental health and seek care, though many have limited access to behavioral health services. Stakeholders described this as an opportunity to connect the community with these needed services.

According to stakeholders, the top chronic diseases in communities are diabetes, hypertension, asthma, and obesity, and community members face major challenges in accessing services and care. Care coordination is a challenge due to the fragmented nature of the entire health care system, including NYC Health + Hospitals and other providers, which makes it more difficult for patients to access their medical needs in a simple and straightforward way.

**“HOW CAN WE HAVE A 10-YEAR LIFE EXPECTANCY DIFFERENCE JUST BLOCKS AWAY FROM ONE NEIGHBORHOOD TO THE NEXT? NYC IS NOT THAT LARGE GEOGRAPHICALLY, BUT THERE IS WIDELY VARIABLE ACCESS TO CARE AND RESOURCES, AND THE HEALTH EQUITY CHALLENGES HAVE A GREAT IMPACT.”**

- Eric Wei, MD, MBA,  
Senior Vice President and Chief Quality Officer

Barriers to primary care utilization are a top concern. Time, distance, health literacy, and cultural considerations all play a role in accessing primary care and other health care services. Resources need to be provided in an effective, culturally, and linguistically humble way that builds trust with community members. Lack of trust and appropriate services cause many to not seek care or know about the care that is available to them, which can lead to worse health outcomes.

Poverty and increased homelessness are also top concerns for stakeholders. Communities continue to face challenges with housing supply, and rising housing costs and old infrastructure leave many living in suboptimal housing and facing greater financial strain. Food access remains an issue for communities, as many residents across the city live in food deserts or in areas where healthy food is inaccessible due to higher prices.

### TOP SOCIOECONOMIC ISSUES IN THE COMMUNITY

**“NOT HAVING A HOME MAKES IT DIFFICULT TO ACCESS CARE AND DIFFICULT TO DO OUTREACH. A PATIENT’S ABILITY TO MANAGE THEIR CARE AND MEDICATION REGIMEN, AND RECEIVE TREATMENT IS COMPROMISED BY THEM NOT HAVING A HOME.”**

- Gregory Calliste, CEO,  
NYC Health + Hospitals/Woodhull

Stakeholders identified poverty, homelessness, employment, health care costs and the cost of living as the top socioeconomic challenges throughout their communities. The perceived increase in homelessness is a “very visible signifier” of change, as neighborhoods have seen an increase in unhoused community members across the city. There are significant barriers keeping community members from accessing supported housing or shelters, which can lead to worse health. The current process to get people into housing is inaccessible for many,

# Queens

## BOROUGH FOCUS GROUP FINDINGS BOROUGH'S BIGGEST CHALLENGES

Queens focus group members believe the top challenges in the borough are mental health, access to resources, immigrant health, and the impact of COVID-19 on the community.

Community members are concerned about the mental health of their neighbors, many of whom are "walking around with trauma and depression," but are unable to access the help they need. As isolation worsened mental health during the pandemic, the community has also seen a spike in substance use, especially in young people who use opioids, alcohol, marijuana, or vape to "self-medicate." Many face barriers in accessing mental health care, due to cost or being uninsured, or a lack of culturally appropriate services in their language.

Queens includes a large immigrant population with unique health needs. Language barriers prevent residents from accessing health care and limit employment opportunities, even for those who have the education and skills needed. Undocumented community members have additional challenges accessing resources due to documentation and fear. "Anything can scare our undocumented community from seeking services, especially mental health." There has been an increase in violence against Asian community members, which has left many fearful and unable to go out and enjoy or live their lives as they normally would.

Parts of Queens including Elmhurst were the "epicenter of the epicenter" of the COVID-19 pandemic, which has had a lasting impact on the community. There have been increased reports of intimate partner violence, suicide, and homicide. Focus group members believe that these needs are "not going anywhere" and will continue to impact the community well beyond the pandemic. The lost income and benefits from those who had to leave the workforce or lost their jobs has also been significant and has affected the ability to keep up with bills and the rising cost of living.

Many residents are now struggling with Long COVID after being hit so hard at the beginning of the pandemic, which is a strain on their health and quality of life. It has been a "mass disabling event" for those who can no longer work due to these health effects, and there has been learning loss for kids with Long COVID unable to return to school. There is a need for outreach about the services available for those suffering from Long COVID, which is "devastating" to so many who may not know that's what's going on.

## BOROUGH'S STRONGEST ASSETS

Residents spoke of the strength and resilience within their community, and the diversity that makes Queens unique. Residents here have "many dreams" and "so much strength" and are willing to do whatever they need to survive and provide for their loved ones. The community's civic engagement is a strength to ensure that problems are resolved, and community members receive care.

**8** county health ranking  
out of 62 counties in New York<sup>1</sup>

**84.1** years life expectancy  
compared to New York City average of 81.2 years<sup>1</sup>

## What is the community's perception?<sup>12</sup>

### Top 5 poor health outcomes identified in Queens

Diabetes and high blood sugar  
High blood pressure  
Mental health disorders and depression  
Obesity and high BMI  
COVID-19

### Top 5 service needs in Queens

Housing access, affordability, and quality  
Poverty and low-income status  
Stress and emotional wellbeing  
Health insurance access  
Mental and behavioral health care access

## Leading causes of premature deaths in Queens<sup>25</sup>

Cancer	Heart disease	Unintentional injury	Diabetes	Stroke
<b>5,450</b> deaths	<b>4,806</b> deaths	<b>1,334</b> deaths	<b>672</b> deaths	<b>578</b> deaths
65.5 per 100,000	54.6 per 100,000	19 per 100,000	8.1 per 100,000	7.1 per 100,000

## Health status in Queens

**57%** have one or more chronic conditions<sup>30</sup>



## NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

### COMMUNITY BACKGROUND

The "Crossroads of the World" – Elmhurst, Queens is perhaps the most ethnically diverse community on the planet, a melting pot of 112 countries speaking over 160 languages. The population comprises residents hailing from South and Central America, Asia, the Caribbean, and Eastern Europe. The neighborhood is famous for its truly unique culinary experience with a range of restaurants that reflect the ethnicity of the people who live there and bring a piece of the world home to New York.

Elmhurst is dominated by a robust service industry of salons, laundromats, day cares, and markets. Residents also enjoy easy access to suburban style malls. In the last decade, Queens at large, and Elmhurst specifically, has been rapidly changing with vast construction of new luxury high rises in Long Island City, new office towers at Queens Plaza, and the rapid growth from a thriving film and production industry in Astoria. These factors make Long Island City/Elmhurst/Astoria the fastest growing neighborhood in New York City.

### WHAT THE COMMUNITY SHARED

#### Assets

- Diversity
- Hardworking community
- Immigrant communities

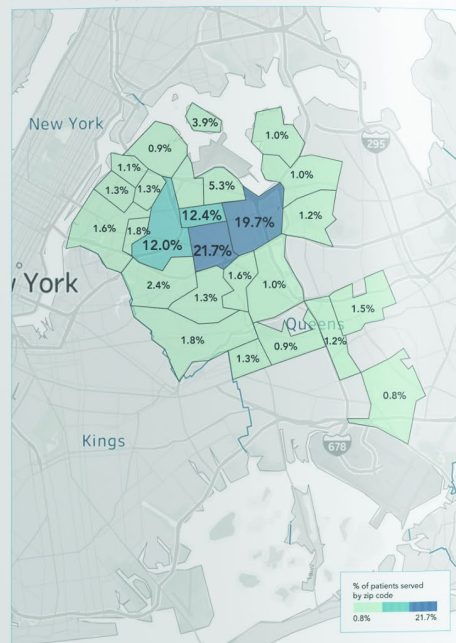
#### Challenges

- Dental health
- Poor medical compliance
- Mental health concerns
- Substance use
- Homelessness
- Language barriers
- Obesity
- Diabetes

#### Neighborhood health

81.6 Life expectancy from birth<sup>50</sup>

Patients served by zip code



Source: NYC Health + Hospitals, DHA, Epic clinical and revenue data, CY21

"WE TEND TO ISOLATE EACH OTHER TO THE GROUPS AND BACKGROUNDS THAT WE CAME FROM AND DON'T SEE THE COMMON ACROSS THE DIFFERENT GROUPS. WE MUST WORK THROUGH IT BECAUSE IN UNITY WE EXCEL."

Community forum participant, NYC Health + Hospitals/Elmhurst

### THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION

Located in Central Queens, NYC Health + Hospitals/Elmhurst is a major provider of hospital and ambulatory care services in the borough of Queens. The 545-bed hospital is a Level 1 Trauma Center, and an Emergency Heart Care Station. Academically affiliated with Mount Sinai School of Medicine, it is a premier health care organization for key specialties, including surgery, cardiology, women's health, pediatrics, rehabilitation medicine, renal services, and mental health services.

#### Our impact



\$1.55B Economic activity<sup>2</sup>

6K Jobs generated<sup>2</sup>

1.7K Babies delivered

120K Total patients  
579K Outpatient visits  
18.3K Inpatient visits  
107K Emergency Department visits  
6.2K Ambulatory surgery  
696K Total visits

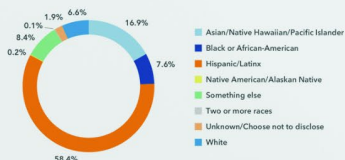
#### Why are patients coming in?

- Opioid dependence & abuse
- Pregnancy
- Well & preventative care for adults and children
- Hypertension
- Diabetes
- Follow-up visits for children
- Diabetes
- Schizophrenia and psychotic disorders

Based on outpatient and inpatient encounters, sorted by rank

#### Who are our patients?

##### Patients by race/ethnicity

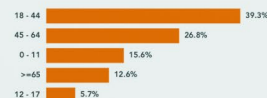


##### Top 10 preferred languages

- English
- Spanish
- Bengali
- Other
- Mandarin Chinese
- Korean
- Hindi
- Cantonese
- Tagalog

54% of patients with preferred language other than English<sup>51</sup>

##### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.

##### Patients by sex

Female 51.49%  
Male 48.48%  
Decline to answer 0.01%  
X 0.01%  
Unknown 0.00%

Source: NYC Health + Hospitals, DHA, Epic clinical and revenue data, CY21

91

## NYC HEALTH + HOSPITALS/ELMHURST

79-01 Broadway, Elmhurst, NY 11373

### ELMHURST COMMUNITY FORUM FINDINGS COMMUNITY'S BIGGEST CHALLENGES

#### Socioeconomic issues

Community members are concerned that the rising cost of housing and food is affecting residents and is contributing to increased poverty in the community. The price of food has "skyrocketed," and many residents are experiencing food insecurity. Even with the assistance of food pantries, the need is very high and affecting the community greatly. Food insecurity is affecting senior citizens as well, and they need more resources to get healthy foods.

Residents stress that it is necessary to consider housing beyond homelessness and determine what is truly "affordable housing" for the community. One forum member shared, "You go to Astoria or Jackson Heights, and you see these beautiful houses on every block, but who is able to afford these houses?" One major contributor to these issues is a lack of employment training or school level completion in the community.

"WHEN PEOPLE AREN'T COMPLETING HIGH SCHOOL, CHANCES ARE THEY WILL ALWAYS BE BELOW POVERTY."

Community forum participant,  
NYC Health + Hospitals/Elmhurst

#### Immigrant health

Elmhurst is one of the most diverse communities in the world and has a large immigrant population with unique health needs. There are over 150 languages spoken in the community, and many residents face language barriers in accessing health care and other resources. This was revealed at the onset of the pandemic as "many people who speak a foreign language were not alerted to the fact that a pandemic was coming – a language barrier is a social barrier."

Many undocumented community members don't have health insurance, and residents state that they don't know what resources are available to them. This information needs to be provided to them, especially where and how to receive services without having to reveal their immigration status. Children and young adults in the community suffer from anxiety because of their immigration status. They need mental health access in a culturally humble and safe way.

Community forum participants are very concerned about the anti-Asian violence that is on the rise in the community. There have been incidents where elderly Asian community members were harmed, and they are concerned with how much the Asian population, especially senior residents, are targets for violence.

#### Access to resources

Many community members have difficulty accessing health care services, and "people go where they can go, when they can go." Those with insurance are able to have private doctors, of which there are plenty in the community. Others use urgent care or wait until the last minute to seek care, leading to worse health outcomes than if they sought care for the issue initially. The uninsured seek care almost exclusively at NYC Health + Hospitals/Elmhurst. As a result, there is overcrowding, and many must travel far to get care.

Residents report that they need more outreach on nutrition education, health insurance coverage and navigation, and other resources available in the community. Community forum participants shared it would also be helpful to bring urgent care and the senior care center back to NYC Health + Hospitals/Elmhurst. Additional community resources like youth centers, cooking lessons and nutrition events, and services for seniors were also recommended.

#### COMMUNITY'S STRONGEST ASSETS

Community forum participants are proud of the diversity in their community. One resident shared that the economic return in the 1980s was due to immigrants from South America, India, and Asia, and that "immigrants came with their visions, their dreams, and strengthened the neighborhood economically." The community is hardworking, and "our immigrant families are here because they want to contribute to the society and our community in a positive way."

### IMPACT OF COVID-19

"COVID BROUGHT TO LIGHT THE ISSUES THAT WERE ALREADY IN OUR COMMUNITY BUT ARE NOW TEN TIMES WORSE, LIKE FOOD ACCESS, EDUCATION, AND THE ECONOMY. IT'S GOING TO TAKE YEARS FOR THE COMMUNITY TO CATCH UP TO WHERE THEY ONCE WERE. WE'VE SEEN THE COMMUNITY BECOME MORE UNITED, AND PEOPLE ARE NOW ADVOCATES FOR THEIR OWN COMMUNITIES AND WORKING TOGETHER TO MAKE A DIFFERENCE."

Helen Arreaga, CEO,  
NYC Health + Hospitals/Elmhurst

The community has seen a sharp increase in mental health issues in all ages as a result of the pandemic. The uncertainty of what is to come, when the next wave will hit, or if they will get sick has increased anxiety, without an outlet to release it. Families dealt with increased stress after being at home together, especially those who had two to three families living in one apartment. Youth especially have dealt with isolation, a lack of connection to their peers, and the added stress of remote learning. Youth are "the future of our country, and we need to do something for them, so they don't get uprooted from their path."

In an attempt to cope, many residents are using and abusing substances who did not struggle with this prior to the pandemic. As a result of increased anxiety and depression, the requests for mental health services are very high, and many find themselves on long waiting lists to get the help they need. Many community members have worse health behavior as well. Some now struggle with unhealthy eating, increases in smoking, drinking, and drug use, lower rates of exercise, and more time spent inside watching tv.

"THE PANDEMIC HIT OUR COMMUNITY THE MOST IN THE COUNTRY. WE WERE BADLY BRUISED BY COVID."

Community forum participant,  
NYC Health + Hospitals/Elmhurst

Numerous community members report that they lost their jobs or lost money in the stock market when the pandemic first hit. As financial insecurity worsened, so has mental health, especially as the rest of everything in the community increased. Families have found themselves spending significantly more on food and household items, causing further financial strains. Food insecurity has impacted more community members, and even with food pantries to provide for families in need, demand is still very high.

Those who could afford it tried to move from apartments to houses during the pandemic, highlighting the need for more space. As a result, housing prices have increased drastically, and rent is also much higher across the community. This further contributes to the financial instability in the community, and many residents feel that they "cannot catch a break." From all the financial strain.

#### Community COVID-19 PCR testing, COVID-19 admissions and ED visits



#### COVID-19 vaccinations



Source: NYC Health + Hospitals, Data, Risk Clinical and services data, COVID

# Bronx

## BOROUGH'S BIGGEST CHALLENGES

In our discussion focus groups, Bronx participants shared that the top challenges in the borough are food access, crime and safety, access to resources, and the impact of COVID-19 on the community.

Community members are concerned that the food environment in their neighborhoods doesn't help residents prevent or manage chronic diseases. Fresh, healthy foods are expensive and inaccessible to many residents, and the food that is available is not good quality or runs quickly. Residents believe this deters people from eating healthfully, as they don't want to waste money on these foods, especially when they are on a fixed or low income. The Bronx focus group participants also stress that the Bronx receives disproportionate unhealthy food marketing compared to other boroughs.

Increased random acts of crime and violence throughout the community have many on edge and experiencing heightened anxiety. Community members report that violent incidents are taking place even where they wouldn't expect it and pointed to the case of a barber shop shooting. Others shared that there are neighborhoods where people are killed at least twice a week in their just trying to get to school, and sometimes end up as victims of violence as well.

Many Bronx residents have challenges accessing resources, including finding the right health insurance coverage, or navigating the coverage they do have. This is especially true for elderly residents and in trying to access mental health services. Some still face language barriers in hospitals and believe staff could be more diverse and "in tune with the people they serve." Residents don't always "trust urgent care" in the Bronx and prefer to go to the ER for care. Urgent care bills are often too high, and after being referred to the hospital it's urgent care anyway, many residents try to save time and money by going directly to the emergency room. There is a need for more access to information on health, food, immigration, and jobs resources within the community.

"The rug that COVID-19 pulled from everyone's feet sent everyone in total disarray," focus group members shared. Conflicting information created confusion and prevented people from seeking help. This exacerbated health conditions or left COVID untreated and led to a lot of death in the community. The pandemic has worsened existing mental health conditions and caused them for many others. Families were "shattered" after losing family members, jobs, and increased economic instability, and this experience has been a trauma for the entire community.

## BOROUGH'S STRONGEST ASSETS

Focus group members described their community as a variety of cultures who live together and create a "family" that sticks together as neighbors and friends. The community will always band together for each other in times of need.

62 county health ranking  
out of 62 counties in New York\*

What is the community's perception?<sup>2</sup>  
Top 5 poor health outcomes identified in the Bronx

- Diabetes and high blood sugar
- Mental health disorders and depression
- Violence and gun violence
- Obesity and high BMI
- High blood pressure

80.9 years life expectancy  
compared to New York City average of 82.8 years

Top 5 service needs in the Bronx

- Community safety and violence
- Poverty and low-income status
- Housing access, affordability, and quality
- Stress and emotional well-being
- Obesity and high BMI

Leading causes of premature deaths in the Bronx<sup>3</sup>

Cancer  
3,675 deaths  
82.4 per 100,000

Heart Disease  
3,534 deaths  
79.6 per 100,000

Unintentional injury  
1,507 deaths  
36.2 per 100,000

Diabetes  
632 deaths  
14.5 per 100,000

Influenza & pneumonia  
513 deaths  
11.7 per 100,000

Health status in the Bronx  
59% have one or more chronic conditions<sup>30</sup>



# NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Pkwy S, Bronx, NY 10461

## COMMUNITY BACKGROUND

Just west of Pelham Bay Park, New York City's largest park, and home to Orchard Beach, this neighborhood is where the City's largest "Aging in Place" initiative subunit meet the city. It is center to New York City's "Aging in Place" initiative and home of the two largest Retirement Community (NORC) residences citywide.

Despite the area's proximity to Pelham Parkway, the Hutchinson River Parkway, and the New England Thruway, the neighborhood ambience is reminiscent of a suburb outside of the bustle of New York City. The diverse, middle-income communities of the Northeast Bronx have seen a recent influx of immigrants from West Africa and the Caribbean.

## WHAT THE COMMUNITY SHARED

### Assets

- CBOs and the services they provide
- Collaboration between the hospital and other institutions

### Challenges

- Diabetes
- Asthma
- Obesity
- Heart disease
- Sexual health
- Crime
- Poverty
- Mental health

## Neighborhood health

78.2 Life expectancy from birth<sup>20</sup>

"IF I WAS YOUNGER, IT MIGHT BE DIFFERENT, BUT RIGHT NOW, PEOPLE ARE GOING CRAZY OUT THERE AT NIGHT, AND IT DOESN'T FEEL SAFE."

Source: NYC Health + Hospitals; Data: Epic clinical and revenue data, CY21

**THROUGH THE LENS OF A COMMUNITY ANCHOR INSTITUTION**  
NYC Health + Hospitals/Jacobi is a 457-bed hospital, academically affiliated with Albert Einstein College of Medicine and working in partnership with PAGER Jacobi is a Level 1 Trauma Center that serves as the Regional Hyperbaric Center and the Regional Snakebite Center for the Tri-state area.

## Our impact



## Why are patients coming in?

- Follow up from child health exams
- Hypertension
- Diabetes
- Pregnancy
- Well & preventative visits for children
- Adult medical exam
- COVID-19
- Mammogram screenings
- Maternal obesity

Based on outpatient and inpatient encounters, ranked by visit

## Who are our patients?

### Patients by race/ethnicity



### Patients by age group



Age was calculated at the time of the visit and therefore a small number of patients may be counted in two age categories during the same year.  
Source: NYC Health + Hospitals; Data: Epic clinical and revenue data, CY21

## Top 10 preferred languages

- English
- Spanish
- Albanian
- Bengali
- Other
- Arabic
- French
- Urdu
- Sign Language
- Vietnamese

**23%** of patients with preferred language other than English<sup>4</sup>

## Patients by sex

- Female
- Male
- X
- Decline to answer
- Unknown

54.64%  
45.34%  
0.00%  
0.00%  
0.00%

# NYC HEALTH + HOSPITALS/JACOBI

1400 Pelham Pkwy S, Bronx, NY 10461

## JACOBI COMMUNITY FORUM FINDINGS COMMUNITY'S BIGGEST CHALLENGES

### Crime and safety

Community members are concerned about increasing crime and its disparate impact. Participants worried that "you only need to go two to three minutes away" and "it's a different story" where residents can't go out at night, and "you have to worry about who you're going to meet in the street." Elderly community members feel especially unsafe, as one forum member shared, "If I was younger, it might be different, but right now, people are going crazy out there at night, and it doesn't feel safe."

### Senior health

Seniors in the community shared the need for additional services that address their unique health needs. Some community associations have senior services and centers which have been reduced because of the pandemic. These services give seniors a place to come together, play games, have meals, and be around others. One community member shared, "When I go there, I feel like I'm at home," and emphasized the importance for the senior community to connect with one another following the isolation of the pandemic.

"WE NEED TO GET THE WORD OUT THAT GOING TO THE DOCTOR AND THE HOSPITAL IS A GOOD THING. WE HAVE CLINICS ALL OVER THE AREA, AND THEY'RE NOT FEELING WELL WHEN THEY JUST PASSED A PLACE WHERE THEY COULD'VE GONE IN AND GOTTEN SOME HELP."

- Community forum participant  
NYC Health + Hospitals/Jacobi

Many believe that there are adequate resources for seniors but that it is a challenge in getting seniors to access them. "There is access for seniors, but sometimes they need someone to guide them to go." The community needs to find a way to bridge the gap for seniors to talk about the resources that are available to them. Seniors who live with HIV are another population that needs consideration and services, as many are treated more generally in centers or enduring stigma.

### Access to resources

According to meeting participants, the community has "ample" places to access health care, including urgent care, hospitals, and NYC Health + Hospitals satellite facilities. However, many community members still face barriers to accessing care. "Those who can't afford health care or insurance delay care because of the costs, and others delay because they're afraid to figure out what's going on with them. These patients often have treatable health conditions but come in too late to seek treatment. Many younger residents don't have primary care providers, and if they don't have the connection to a doctor through their health care plan, they often won't find one to access primary care."

Community members believe it's important for young people to establish themselves with a primary care provider and urge them to seek care regularly. "We need to get the word out that going to the doctor and the hospital is a good thing. We have clinics all over the area, and they will walk right past them and say they're not feeling well when they just passed a place where they could've gone in and gotten some help."

More community outreach is needed, and especially after the pandemic, more mental health outreach and services are needed. Seminars or sessions on health issues for the community would also help residents to come together to learn more about what they're dealing with and connect with others with the same experiences. Residents believe that stigma still exists for those to seek care, which limits community members accessing available resources.

## COMMUNITY'S STRONGEST ASSETS

Local community-based organizations are very widespread throughout the area that Jacobi services and are a significant asset to the community. These partners enable NYC Health + Hospitals/Jacobi to work with others on health needs and bringing more resources to the community.

## IMPACT OF COVID-19

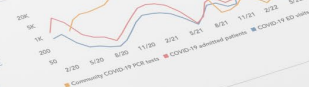
"COVID DELAYED COMMUNITY MEMBERS FROM SEEKING CARE DUE TO THEIR FEAR OF CONTRACTING COVID, REGARDLESS OF OTHER FACTORS THAT MAY ALSO KEEP THEM FROM CARE (I.E., IMMIGRATION STATUS). THERE IS A CORE GROUP OF INDIVIDUALS WHO ARE STILL AFRAID TO RECEIVE CARE IN OUR FACILITY. OUR STAFF ARE STILL UNDER A TREMENDOUS AMOUNT OF STRESS AS A RESULT OF THE PANDEMIC."

- Christopher Mastromanno, CEO NYC Health + Hospitals/Jacobi/Henry Central Bronx

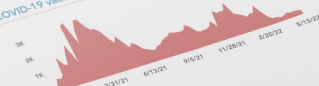
The pandemic has been a time of "loss and trauma" for the community, as residents lost family members and loved ones. There has been an increase in anxiety and depression in response, which has worsened because of "the turmoil and uncertainty" happening now. Many community members know that they cannot resolve these issues quickly and that awareness exacerbates these mental health challenges. Residents believe that these behavioral health issues will continue in the community in the coming years. "The pandemic was one issue - one community forum participant shared, "but knows how long until it's resolved."

The community is grateful for the resources NYC Health + Hospitals/Jacobi provided throughout the pandemic. The hospital has done "great outreach to make vaccines available to those who wanted it and made vaccine information easy for people to understand."

Community COVID-19 PCR testing, COVID-19 admissions and ED visits



COVID-19 vaccinations



Source: NYC Health + Hospitals, DOH, Epic clinical and research data, CCO

## NYC Health + Hospitals/BELLEVUE

### Patients and visit types

<b>116,249</b>	Patients	<b>27,308</b>	Inpatient
<b>688,209</b>	Total visits	<b>95,950</b>	Emergency Department
		<b>573,694</b>	Outpatient

### Community stats



**1,151**  
Babies  
delivered



**9,200**  
Jobs  
generated



**\$2.20B**  
Economic  
activity

### Why are patients coming in?

- Opioid dependence & abuse
- Morbid obesity
- Diabetes
- Hypertension
- Pregnancy
- Posttraumatic stress disorder (PTSD)
- Obesity

### Assets and challenges identified by community members

#### Assets

- Diversity
- Access to resources at NYC Health + Hospitals/Bellevue
- Community unity in times of need

#### Challenges

- Air quality
- Health literacy
- Mental health
- Newly surfaced 9/11 related illnesses
- Health care accessibility
- Substance use
- Cancer
- Violence
- Impact of COVID-19

### Community forum participant comments

“Our ability to come together as a community when there’s something wrong, to be able to work out our differences and fight for our community – that’s our biggest strength.”

“We have seen more people medicating their fears, anxiety, and the struggles. There’s been increases in domestic violence, child abuse, drinking, drugs, and silence. If people don’t die from COVID, they might die from domestic violence at home instead.”

# Appendix B:

2019 CHNA





## 2019 CHNA findings focused on:

### Priority #1

Reducing the burden of life cycle and lifestyle-driven illnesses

### Priority #2

Redesigning healthcare for communities



# **Actions Taken to Address the Significant Health Needs in the 2019 CHNA**



## 2019 Key Priority #1

# Reducing the burden of life cycle and lifestyle-driven illnesses

### ACTIONS TAKEN:

- Launched the Medical Racism initiative and eliminated two common diagnostics tests for kidney disease and pregnancy that are based on biased assumptions and can negatively impact quality of care for patients of color.
- Launched the “Early Steps” mobility pilot program to help reduce recovering med/ surge patients’ stays by approximately two days.
- Launched B-Heard, the Behavioral Health Emergency Assistance Response Division, a new pilot program, where New York City EMTs are accompanied by a social worker to provide mental health services to individuals who call 911.
- Established the Maternal Medical Home, which provides case and care management and wrap around services for pregnant people at risk of severe maternal morbidity.
- Expansion of telehealth services.
- Opened Obstetrics Simulation Lab at NYC Health + Hospitals/Bellevue to help reduce maternal deaths and life-threatening conditions in patients during childbirth.
- Partnered with Coordinated Behavioral Care Independence Practice Association (CBC) to expand the Pathway Home™ program, the program provides care transition of adults with serious mental illness following discharge from in-patient and/or emergency department treatment.
- Launched the Peer Academy program to help recruit and train community members who will become State certified peer counselors and support behavioral health patients.
- Eighteen patient care facilities receive the “LGBTQ+ Healthcare Equality Leader” designation from the Human Rights Campaign (HRC) Foundation.

*continues >*

## 2019 Key Priority #1

# Reducing the burden of life cycle and lifestyle-driven illnesses

### ACTIONS TAKEN:

- All 11 of our hospitals made the U.S. News “High Performing” list in at least one specialty area and four NYC Health + Hospitals skilled nursing facilities recognized on Newsweek’s “Best Nursing Homes” list.
- Expanded Virtual ExpressCare and Virtual Visits, redirecting 911 encounters to prevent thousands of unnecessary EMS transports to nearby hospitals.
- Published the inaugural Nursing Biennial Report, a 222-page summary of systemwide and facility-level nursing highlights and achievements from March 2019 through May 2021.
- The 2021 Lown Institute Hospitals Index for Social Responsibility ranked NYC Health + Hospitals/Metropolitan, NYC Health + Hospitals/Harlem, NYC Health + Hospitals/Queens and NYC Health + Hospitals/Lincoln among the 50 Most Racially Inclusive Hospitals in America.
- Launched the Helping Promote Birth Equity through Community-Based Doula Care (HoPE) program, which provides community-based doula support, free-of-charge, to any pregnant person seeking care at either Elmhurst or Queens Hospitals.
- Announced the expansion of lifestyle medicine services at 6 sites across NYC, the expansion will provide patients living with chronic disease the tools to make healthy lifestyle changes, included providing them access to plant-based diet resources.
- Launched the Family-Centered Cesarean Birth (FCCB) program, which places the family at the focal point of the birthing process during a cesarean birth at NYC Health + Hospitals/Woodhull.



## 2019 Key Priority #2

# Redesigning healthcare for communities

### ACTIONS TAKEN:

- NYC Health + Hospitals opened several new units including:
  - NYC Health + Hospitals/Woodhull new emergency department.
  - NYC Health + Hospitals/Gotham Health, Vanderbilt new Diabetes Center.
  - NYC Health + Hospitals/Bellevue new same day surgery suite.
  - NYC Health + Hospitals/Jacobi new Pride Center to care for LGBTQ New Yorkers.
  - NYC Health + Hospitals/Lincoln new Gender Affirming Integrated Services Practice for LGBTQ Patients.
  - NYC Health + Hospitals/Correctional Health Services broke ground on the Planning for Outposted Therapeutic Housing Unit (OTxHU) at NYC Health + Hospitals/Bellevue. [and other locations] to better serve patients in the criminal legal system.
- Partnered with NYU to launch a new professional development and training program to help early career psychiatrists.
- Announced renaming of the NYC Health + Hospitals/ Coney Island main hospital after Supreme Court Justice Ruth Bader Ginsburg. The entire campus will be renamed NYC Health + Hospitals/South Brooklyn Health.
- Opened 3 COVID-19 Centers of Excellence to care for New Yorkers with long COVID in the Bronx Brooklyn and Queens.
- Achieved a 72 percent MyChart activation rate, empowering our patients to get their test results, schedule appointments, and talk to their providers.
- Partnered with CUNY to create a Nursing pipeline for nursing students and expand professional development for health system nurses.
- NYC Care enrolled 110,000 New Yorkers.
- Launched nation's first Public Health Corps, one of the largest Community Health Workers (CHWs) programs in the country dedicated to assisting New Yorkers to obtain essential services and enable them to meet their health goals. Corps members will be placed throughout the health system.

## **NYC Health Hospitals made the following improvements to promote financial and system stability:**

- Achieved over \$1B in recurring revenue-generating and expense-reducing initiatives as of FY 2021.
- MetroPlus Health plan ranked highest quality Medicaid plan in NY and increased membership by over 50,000 members.
- For the eighth consecutive years, NYC Health + Hospitals' Accountable Care Organization earns Medicare shared savings for reducing cost and providing high quality care for patients.
- Enrolled 90 percent of uninsured patients in health insurance, up from 70 percent.
- Earned 'A' Leapfrog Hospital Safety Grade for spring 2022 at Metropolitan and Queens Hospitals.



## RESOLUTION - 04

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a best interest renewal of the contract with **Rapid Reliable Testing NY, LLC** (the “**Vendor**”) previously authorized under emergency procedures to operate, maintain, and supply mobile healthcare units to provide primary care services to homeless individuals living on the street through its Street Health Outreach and Wellness (“**SHOW**”) program with the amendment to add \$15.3M to the funding of the program for the period July 2022 through July 2023.

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

**WHEREAS**, following an RFP, the Vendor, along with 5 other laboratory companies, was selected for a contract in November 2020 to perform Covid testing for the System as approved by the System's Board of Directors in December 2020; and

**WHEREAS**, on May 21, 2021, the System’s President, using his authority to approve emergency contracts, authorized an amendment to such contract for an eight-month mobile Covid vaccination and testing program for not more than \$9M whereby the Vendor deployed six specially equipped buses staffed with a complement of healthcare providers to travel to areas of the City with homeless individuals in the greatest need for Covid vaccination and testing; and

**WHEREAS**, because of first Delta and then Omicron, it was imperative that the System continue to support Covid-related services to New York’s unsheltered homeless population and so the System’s President again used his emergency powers to authorize an extension of the SHOW contract through June 30, 2022 at an additional cost of not more than \$7.5M; and

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

**WHEREAS**, in parallel, the System conducted a further RFP in Fall, 2021 for companies to operate a fleet of medically equipped vans to bring primary healthcare services to the unsheltered homeless as part of the SHOW program, the Vendor was the most highly rated proposer and the System’s Board authorized the new contract in November, 2021; and

**WHEREAS**, in contrast to the System’s Covid testing and vaccination contract with the Vendor, this second contract was merely for the rental, stocking and maintenance and operation of the medically equipped vans which are to be staffed by System medical personnel rather than the Vendor’s medical personnel; and

**WHEREAS**, the System has experienced delays in being able to re-assign staff to the SHOW vans due to their continued involvement with Covid testing with a consequent delay in transitioning from the original SHOW program authorized under emergency procedures to the new agreement authorized in December 2021 and accordingly, the System seeks to continue the original arrangement using Vendor supplied staff for an additional year through June 2022; and

**WHEREAS**, over the short life of the SHOW program, additional tasks have been added to its scope due to its success including participating in the Mayor’s Subway Safety Plan by launching two new units to offer services at end-of-line subway stops frequented by the target population and servicing the Meer’s Clinic on Wards Island; and

**WHEREAS**, under the proposed extension, the program will start with eight medically equipped busses and will ramp down via transition to the new, System-staffed structure; and

**WHEREAS**, during the transition year, costs will be allocated between Covid and non-Covid services; and

**WHEREAS**, funding for the program is committed in the current Executive Budget;

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

**NOW, THEREFORE, be it**

**RESOLVED**, this 30<sup>th</sup> day of June, 2022 that New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to enter into a best interest renewal of the contract with Rapid Reliable Testing NY, LLC (the “**Vendor**”) previously authorized under emergency procedures to operate, maintain, and supply mobile healthcare units to provide primary care services to homeless individuals living on the street through its Street Health Outreach and Wellness (“**SHOW**”) program with the amendment to add \$15.3M to the funding of the program for the period July 2022 through July 2023.

## **EXECUTIVE SUMMARY**

### **OFFICE OF AMBULATORY CARE STREET HEALTH OUTREACH AND WELLNESS (SHOW) PROPOSED BEST INTEREST RENEWAL OF CONTRACT WITH RAPID RELIABLE TESTING NY, LLC TO FIELD AND STAFF MOBILE HEALTHCARE UNITS**

#### **OVERVIEW**

The System has worked with the Vendor previously for the provision of Covid testing and for the emergency authorized predecessor contract that also focused on the unsheltered homeless primarily for Covid testing. The initial contract with the Vendor was obtained through an RFP for COVID-19 testing services, which was subsequently enhanced pursuant to an emergency contract authorized by the System's President that would have expired in October 2022 but which the System's President authorized to be extended through June 2022. The System procured and obtains System Board approval for a new contract with the Vendor for renting, stocking, and maintaining medically equipped vans that will target the unsheltered homeless as part of SHOW program for which the System is to provide its own clinical and administrative staff. Due to delays in recruiting the necessary staff, the System seeks a one-year extension of the program authorized by the President using his emergency powers to allow a ramp down period within which to phase out the old program and phase in the new one.

#### **PROCUREMENT:**

The predecessors to the proposed best interest renewal were a Board approved, RFP procured contract awarded to the Vendor and five others to conduct Covid testing and then two emergency authorized amendments to that contract to allow for the SHOW program with the Vendor. The Vendor was awarded a second Board approved and RFP procured contract to operate a variation of the SHOW program where the System would provide all medical and administrative staff. The Vendor is distinguished by its having satisfactorily performed primary care services to diverse populations and also controls a fleet of medically equipped vans that can be used in connection with the proposed agreement. The RFP process conducted last fall for the new SHOW program has confirmed that there are no competitors who could operate the SHOW program instead of the Vendor at a competitive cost and level of service. The pricing for the proposed renewal has no increase in unit cost.

#### **TERMS:**

The unit costs will be the same as under the previous iteration of the SHOW program. Vendor will deploy six medically equipped vans. Each van will be staffed with a team of Vendor supplied providers. The System will have the right to terminate the contract on 30-days' notice without cause. The extension agreement will reflect the understanding that the program will ramp down from six vans to zero vans and the old model is phased out in favor of the new one.



**FUNDING:** Covid services will continue to be funded under the System's Covid MOU with City and with the non-Covid services funded by the City pursuant to the current Executive Budget.

**MWBE:** The Vendor has proposed a continuation of the 30% MWBE subcontracting plan which it has been following to date.

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

From: Keith Tallbe **Tallbe, Keith** Digitally signed by Tallbe, Keith  
Senior Counsel Date: 2022.05.25  
Office of Legal Affairs 15:24:36 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Rapid Reliable Testing, LLC

Date: May 25, 2022

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
30%

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

# **T2 Application for Best Interest Contract Renewal with Rapid Reliable Testing NY, LLC for Street Health Outreach and Wellness (SHOW) Program**

**Board of Directors Meeting  
June 30, 2022**

**Theodore Long, MD  
Executive Director, NYC Test & Trace Corps**

**Chris Keeley  
Deputy Executive Director, NYC Test & Trace Corps**

# Background

The Street Health Outreach and Wellness (SHOW) program launched in Spring 2021 under Test & Trace (T2 SHOW) as an effort to bring testing and vaccines to unsheltered homeless New Yorkers. The program also provides basic clinical services (wound dressing; evaluation of symptoms); behavioral health support and harm reduction; and snack and hygiene product distribution.

## Service Delivery

- 550+ wound care services
- 10,000+ medical consultations
- 30,000+ social worker engagements, including 9,000+ focused on substance use and 3,800+ focused on housing
- Distributed 1,300+ Narcan kits and
- Distributed 9,000+ hygiene kits
- *In one typical day in April 2022, our Washington Heights team served 54 patients. We distributed 12 hygiene kits, 5 Narcan kits, and 5 Fentanyl Test Strip Kits; offered 21 clinical services; and had 20 social worker engagements (on topics including housing, financial needs, substance use, and mental health.)*

## NYC Health + Hospitals Linkages

- Referrals to Primary Care Safety Net clinics at Bellevue & Lincoln
- Partnering with Express Care to launch Express Care BH services in April 2022.
- Partnering with the Office of Behavioral Health to design referral pathways to Opioid Treatment Programs.

## Locations

- Vehicles operate in neighborhoods with known high unsheltered homeless population, where possible in partnership with community partners who conduct outreach and facilitate trust, in coordination with other city agencies and City Hall



# Timeline

## Existing Operations (T2 SHOW and Subway SHOW)

**May '21:** Dr. Katz authorized T2 to launch & operate SHOW for 9 months, with \$9M cap.

- *Total units: Launched with 3 T2 SHOW units. Ramped up to 6 T2 SHOW units by 8/21.*
- *Vendor: Rapid Reliable Testing NY, LLC (RRT)*

**April '22:** At request of Mayor Adams, SHOW launched 2 additional units as part of the Subway Safety Plan.

- *Total units: 8 (6 T2 SHOW + 2 Subway SHOW)*

**May '22:** Memo was signed by Dr. Katz authorizing additional \$7.5M through June '22

- *Total units: 8 (6 T2 SHOW + 2 Subway SHOW)*

**June '22:** T2 is requesting Best Interest Renewal from July '22 – July '23 for \$15.3M, to allow for ongoing operations, until we have fully launched H+H SHOW.

- *Total units: Initially, 8 (6 T2 SHOW + 2 Subway SHOW)*
- *Will ramp down, as 6 T2 SHOW units transition to H+H SHOW units*
- *Future of Subway SHOW TBD; pending City Hall input*

## Future Programming (H+H SHOW)

**November 2021:** Office of Ambulatory Care received approval from Board to enter new contract with RRT for a planned future version of SHOW. Under that planned program, RRT will provide vehicles, operate and maintain vehicles, and supply and stock vehicles so that NYC Health + Hospitals can focus on providing patient care and engagement.

*H+H SHOW will have a phased launch, ramping up to 6 units.*

- *First unit scheduled for Summer 2022*
- *Final unit scheduled to launch mid-2023.*

NOTE: Since Nov 2021 approval was received, 3 significant events delayed the timeline for H+H SHOW: (1) expected OMB funds were received in April '22 budget, instead of November '21 (2) Omicron surge in Dec. & Jan. interrupted operational planning, as both staff and vendor working on SHOW are embedded in T2 testing work, and (3) CSP approval was received for new/expanded Primary Care Safety Net clinics, leading to clearer PCSN timeline. Since some SHOW staff will also work in PCSN clinics, this also influenced H+H SHOW timing.

# Budget

- T2 is seeking a Best Interest Renewal for our current agreement with RRT to operate SHOW.
  - No change in cost per unit per month compared to current rate
  - Renewal is to cover more units over more time
- T2 is requesting an addition of \$15.3M to the NTE for SHOW, from July 2022 to July 2023. This will pay for:
  - Initially, 6 T2 SHOW units.
    - T2 SHOW Will ramp down to 0 over the course of the next year as program transitions to NYC Health + Hospitals SHOW units
  - 2 Subway SHOW units, to be operated by vendor for entire life of program
- Funding committed by OMB in April 2022 Executive Budget

# Best Interest Renewal

Under OP 100-05, the system can renew a contract with appropriate vendor and pricing due diligence rather than re-procure when it is in the system's best interest to do so

- The RFP process conducted last fall for NYC Health + Hospitals SHOW has confirmed that there are no competitors who could operate the SHOW program instead of RRT at a competitive cost and level of service.
- The pricing for the proposed renewal has no increase in unit cost.
- SHOW provides needed services to a highly vulnerable population, and has had considerable success in developing relationships with these patients.
- SHOW has recently been asked to add additional units in order to support the Mayor's Subway Safety Plan (Subway SHOW).





# Vendor Performance Evaluation

<b>NYC</b> <b>HEALTH+</b> <b>HOSPITALS</b>	<b>Department of Supply Chain</b>	
	<b>Vendor Performance Evaluation</b>	
	<b>Rapid Reliable Testing NY, LLC</b>	
<b>DESCRIPTION</b>		<b>ANSWER</b>
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?		Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?		Yes
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?		Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?		Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?		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		Yes



# M/WBE

Subcontracting Scope of Work	% of Contract Value	% of Contract Value to M/WBE
Supplies	4%	4%
Staffing	77%	26%
M/WBE Goal:		30%

- The Vendor Diversity team has established a **30%** goal on the **\$15.3M** best interest renewal (due to the emergency nature of the SHOW project launch, no previous goal was in place).
- Subcontracted work on this project falls into two buckets:
  - **Supplies**
    - RRT anticipates 100% of supply category will be with MWBEs, for **4%** of contract value. (*Vendors: Nifty Concept (medical supplies); Hey Girlie Travel (hygiene kit supplies)*).
  - **Staffing**
    - W2 employees account for 75% of staffing spend currently. However, operational requirements concerns prevent RRT from converting APP and social worker roles to MWBE agencies at this point in the program.
    - RRT is utilizing MWBE staffing agencies for all security roles (*vendor: Blessed Rodah*).
    - RRT is in the process of converting 30 RN, CNA, LPN, drivers, and EMS W2 positions to MWBE staffing firms (*vendor: CFF Consulting, Inc.*).
    - These conversions plus security staffing equate to **26%** of contract value, for a total goal of **30%** over the next year.



# Board of Directors Approval Request

- T2 is seeking approval for a Best Interest Renewal of the contract with Rapid Reliable Testing NY, LLC, to continue operating the Street Health Outreach and Wellness program
- The proposed renewal term of the agreement will be July 2022 through July 2023, allowing time for the full transition to the H+H operated model.
- The contract allows for termination at the discretion of NYC Health + Hospitals.
- Costs will remain at the same rate from the previous contract.
- The proposed addition to the NTE will be \$15.3M. Total NTE will be \$32.8M.
- NYC Health + Hospitals received funding for this program in the City's April 2022 Executive Budget.



# Appendix

# SHOW Unit Types

	Program Operator	Number of Units	Funding Source and Mechanism	Status
<b>T2 SHOW</b>	Vendor operated	6	<ul style="list-style-type: none"> <li>Funding through OMB/T2</li> <li>Today's request will enable continued operation of T2 SHOW throughout transition to NYC Health + Hospitals SHOW</li> </ul>	<ul style="list-style-type: none"> <li>Fully Operational.</li> <li>Will transition to NYC Health + Hospitals SHOW.</li> </ul>
<b>Subway SHOW</b>	Vendor operated	2	<ul style="list-style-type: none"> <li>Funding through OMB</li> <li>Today's request would enable contract mechanism for this funding</li> </ul>	<ul style="list-style-type: none"> <li>Fully Operational (launched April 2022)</li> <li>Will remain vendor operated, even after NYC Health + Hospitals SHOW launch.</li> </ul>
<b>NYC Health + Hospitals SHOW</b>	NYC Health + Hospitals operated, with vendor providing vehicles, maintenance, and supplies	6	<ul style="list-style-type: none"> <li>Funding through OMB</li> <li>CRC approval in November 2021 to enter contract with RRT for vehicles, maintenance, supplies</li> </ul>	<ul style="list-style-type: none"> <li>Planned launch in Fall 2022 (transition from T2 SHOW)</li> </ul>

# SHOW Services (Current Model – T2 and Subway SHOW)

- Clinical Services
  - COVID-19 testing (both PCR and rapid) and vaccination
  - Additional vaccinations (e.g., TDAP, Hepatitis A, flu)
  - Wound care
  - Basic evaluation of symptoms
  - Telehealth consultations
  - Distribution of basic OTC & prescription medications (antibiotics; OTC pain and cold/sinus meds; anti-diarrheal; creams for skin conditions; etc.)
- Behavioral Health Support and Harm Reduction
  - Engagement and education around mental health questions or concerns
  - Screening, brief intervention, and referral to treatment for substance use disorders
  - Harm reduction services, such as naloxone administration training & kit distribution
  - Linkage to additional support as needed
- Snack and Hygiene Product Distribution
  - Non-perishable snacks and water
  - Hygiene kits containing: toothbrush, toothpaste, soap, surgical mask, baby wipes, tissue, menstrual products
  - Socks, Underwear
  - Reusable plastic bags

# NYC Health + Hospitals SHOW (Future) Program Model

- This contract will engage a vendor to provide vehicles, operate and maintain vehicles, and supply and stock vehicles so that NYC Health + Hospitals can focus on providing patient care and engagement.
  - Staffing and clinical operations would be provided by NYC Health + Hospitals and the patients will now be NYC Health + Hospitals patients in Epic with the medical units connected to individual hospital operating certificates (specifically, facilities with Primary Care Safety Net Clinics).
  - This is to be an Ambulatory Care program, not a Test & Trace Corps program
- The staffing model includes:
  - 1 MD/DO
  - 1 PCA
  - 1 Addiction Counselor OR Peer Counselor
  - 1 MSW
  - 1 RN
  - 1 Clerical Associate Level 4
  - 1 CHW (funded through Public Health Corps)
- The SHOW/PCSN staffing model prepares NYC Health + Hospitals to address the Behavioral Health needs of people experiencing street homelessness in the following ways:
  - Addiction counselors, peers counselors, and social workers listed above
  - Facility-based Primary Care Safety Net includes a dedicated psychiatrist.
  - Vehicles can use telehealth to improve access to specialty mental health services.
  - Whenever possible, we will reconnect clients community-based behavioral health providers, assertive community treatment teams, or VA providers

# Vendor Experience

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

## **RESOLUTION - 05**

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute 12-month best interest renewals through June 30, 2023 of contracts with **BronxWorks, Inc. (“BronxWorks”), Chinese American Planning Council, Inc. (“CPC”) and City University of New York Research Foundation (“CUNY”)** for COVID after-care services for amounts not to exceed \$3,797,277 for BronxWorks, \$6,954,858 for CPC and \$6,947,865 for CUNY – for an amount for all three Agencies not-to-exceed \$17,700,000.

**WHEREAS**, in May 2020, the City’s Housing Recovery Operations unit (“**HRO**”) conducted a procurement in accordance with the City’s emergency procurement procedures for companies to provide Resource Navigators to work with the System to help connect COVID positive New Yorkers to services to assist them to maintain COVID quarantine; and

**WHEREAS**, HRO awarded contracts to BronxWorks, CPC and CUNY (the “**Vendors**”) together with two other organizations and, based on performance, the Vendors’ contracts were extended through June 30, 2022; and

**WHEREAS**, the scope of the contracts was expanded to include COVID AfterCare to support New Yorkers suffering from Long COVID including AfterCare navigation, outreach and education about Long COVID and referrals to the System’s COVID Centers of Excellence; and

**WHEREAS**, HRO was dissolved and its staff disbursed to various City agencies; and

**WHEREAS**, prior to HRO’s dissolution, in December 16, 2021 the System’s Board of Directors approved an assumption by the System of HRO’s contracts with the Vendors upon HRO’s assignment of the same with a not-to-exceed amount of \$17,273,816;

**WHEREAS**, the System’s Test + Trace unit (“**T2**”) determined that AfterCare Navigation will still be essential after June 30, 2022 to continue support for New Yorkers affected by Long COVID and the City awarded T2 funds to support the AfterCare programs through the balance of 2022; and

**WHEREAS**, the management of the proposed Vendors will be under the direction of the Sr. Vice President, Ambulatory Care.

**NOW THEREFORE, be it**

**RESOLVED**, the New York City Health and Hospitals Corporation is hereby authorized to execute 12-month best interest renewals through June 30, 2023 of contracts with BronxWorks, Inc. (“**BronxWorks**”), Chinese American Planning Council, Inc. (“**CPC**”) and City University of New York Research Foundation (“**CUNY**”) for COVID after-care services for amounts not to exceed \$3,797,277 for BronxWorks, \$6,954,858 for CPC and \$6,947,865 for CUNY - for an amount for all three Agencies not-to-exceed \$17,700,000.



**EXECUTIVE SUMMARY**  
**12-MONTH EXTENSIONS OF AGREEMENTS**  
**WITH THREE VENDORS FOR COVID AFTERCARE SERVICES**

**OVERVIEW:** The System seeks approval for 12-month extensions of agreements with BronxWorks, Inc. (“**BronxWorks**”), Chinese American Planning Council, Inc. (“**CPC**”) and City University of New York Research Foundation (“**CUNY**”) for COVID after-care services. These contracts were assigned to the System by the Housing Recovery Operations unit of the City prior to HRO’s dissolution. Originally, the contracts were for Resource Navigation for COVID positive New Yorkers, i.e., helping connect such New Yorkers to services. As the epidemic wore on AfterCare services became the focus. These are AfterCare navigation, outreach and education about Long COVID and referrals to the System’s COVID Centers of Excellence. The System wishes to continue such contracts for six additional months to the end of the year to support New Yorkers with Long COVID

**NEED:** Long COVID remains a serious problem for many New Yorkers.

**PROCUREMENT** The Vendors’ contracts were originally procured by HRO under emergency procedures approved by the Mayor’s Office of Contract Services. The System’s assumption of the contracts was approved by the System’s Board of Directors in December 16, 2021. The Contract Review Committee approved the proposed best interest extension of the Vendors’ contracts.

**TERMS:** The agreements in question are terminable by the System without cause on 30-days’ notice. The term of the agreements will be July 1, 2022 – June 30, 2023. The not-to-exceed amounts will be as follows: \$3,797,277 for BronxWorks, \$6,954,858 for CPC and \$6,947,865 for CUNY - for an amount for all three Agencies not-to-exceed \$17,700,000 .

**MWBE:** All three of the Vendors are not-for-profit organizations and so are outside the scope of the MWBE program

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

From: Keith Tallbe  
Senior Counsel  
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Matter: T2 HRO Contracts

Vendor: Multiple - see below table

Date: May 25, 2022

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

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Bronxworks, Inc.	Approved	Pending	N/A
Chinese-American Planning Council	Approved	Pending	N/A
CUNY Graduate School of Public Health and Public Policy	N/A	N/A	N/A

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

**Request to  
Extend NYC Health + Hospitals'  
BronxWorks, The Chinese-American Planning Council Inc. and  
the City University of New York Graduate School of Public  
Health and Public Policy**

**COVID-19 AfterCare Agreements**

**Board of Directors Meeting  
June 30, 2022**

**Theodore Long, MD, MHS**  
Senior VP, Ambulatory Care and Population Health  
Executive Director, Test & Trace Corps

**Amanda Johnson, MD, MBA**  
Assistant Vice President of Ambulatory Care & Population Health

# Background / Current State

- In May 2020, The Office of Housing Recovery Operations (HRO) unit of the NYC Mayor's office was directed by the City to conduct an emergency procurement to contract with qualified vendors to support the City's Test and Trace (T2) program through Resource Navigation in order to meet the needs of New Yorkers required to isolate and quarantine.
- Consequently, HRO solicited 11 vendors to provide the following scope of services:
  - Hire, manage, and coordinate Resource Navigators across the City
  - Train Resource Navigators regarding technology, COVID-19 isolation practices, scripts and resources, and other support areas
  - Develop staffing plan based on the needs of a particular geographic area
  - Conduct performance reviews, identify areas of weakness, and implement performance improvement
  - Invoicing and payment oversight
  - Respond and prioritize contact tracer referrals
- An Evaluation Committee consisting of HRO staff reviewed the 11 proposals using the below selection criteria while following the Mayor's Office of Contracted Services (MOCS) emergency procurement guidance under the Mayor's Emergency Executive Order 101:
  - Long standing community relationships
  - Timing of resource availability
  - Cost
  - Ability to provide coverage across various zip codes

## Background / Current State

- The resulting evaluation led to agreements with five community based organizations (CBOs) and one Agency with an expiration date of December 31<sup>st</sup>, 2020:
  - BronxWorks, Inc.
  - Chinese-American Planning Council, Inc. (CPC)
  - Consortium for Worker Education, Inc.
  - RiseBoro Community Partnership, Inc.
  - Jewish Community Center of Staten Island, Inc. (JCC)
  - The City University of New York Research Foundation (CUNY)
- In July 2021, all six agreements were extended retroactively to cover the period from January 2021 to June 2021. However, HRO elected to retain two CBOs (JCC & RiseBoro) through December 31, 2021 and three vendors (BronxWorks, CPC, and CUNY) through June 30, 2022 on the basis of performance.
- Also in July 2021, Take Care launched the AfterCare program to provide support to New Yorkers experiencing Long COVID. Resource Navigators from BronxWorks, CPC, and CUNY were trained to provide health and social service resources aimed at aiding recovery from Long COVID. These included referrals to NYC Health + Hospitals COVID-19 Centers of Excellence.
- In January 2022, NYC Health + Hospitals assumed the contracts with BronxWorks, CPC, and CUNY after HRO was instructed to redirect its resources to the recovery from Hurricane Ida. These contracts covered the period of January 1, 2022 to June 30, 2022 for an amount not-to-exceed \$17,273,816 approved by the Board December 16, 2021.

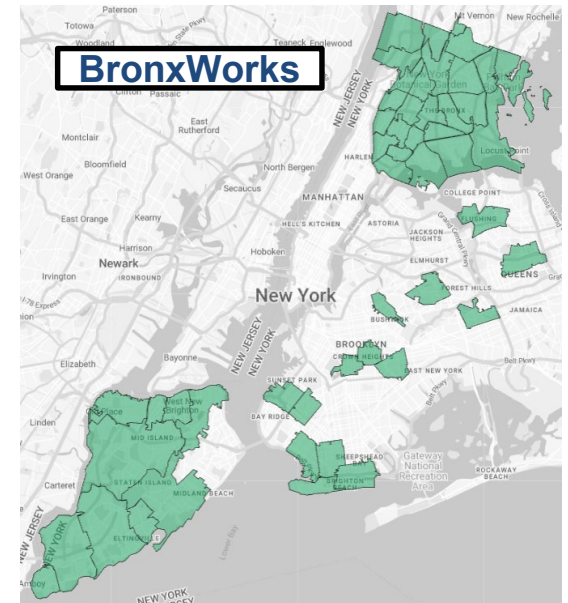
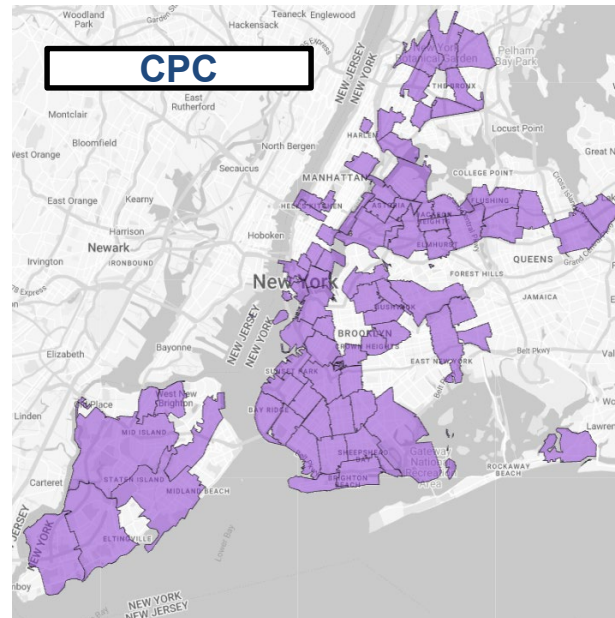
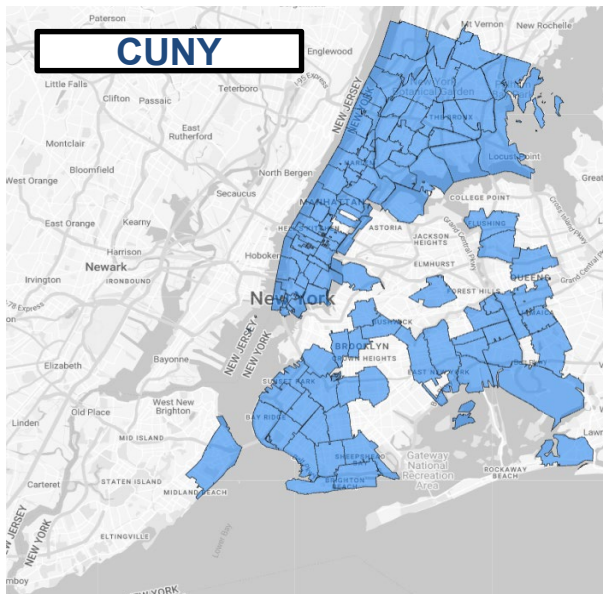
## Contracts to be Extended

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- In April 2022, the Office of Management and Budget (OMB) awarded Take Care additional funds to support the AfterCare program through the end of the fiscal year, from July 1, 2022 through June 30, 2023
- NYC T2 Leadership has determined that AfterCare Navigation will still be essential after June 30, 2022 in order to continue to provide support to New Yorkers affected by Long COVID.
- T2 Leadership has confirmed this work fits into the larger Test & Trace portfolio of managing the City's COVID-19 pandemic response efforts. No other city agency has been identified to take on the responsibility of providing support for people impacted by Long COVID.
- The current program portfolio for AfterCare consists of the following:
  - AfterCare Navigation
  - Outreach and education about Long COVID
  - Referrals to the COVID-19 Centers of Excellence
- Having NYC Health + Hospitals extend the three agreements with BronxWorks, CPC, & CUNY will allow for the continued operation of the AfterCare Navigation program and its corresponding linkages to the COVID-19 Centers of Excellence.

# Contracts to be Extended

- CBO zip code assignment
  - Referrals are automatically assigned to CBOs based on zip codes, then Supervisors assign out referrals to Navigators based on availability and preferred language, if that data is available.
  - Navigators also have access to an interpreter in case they do not speak the client's preferred language
  - BronxWorks covers the entirety of the Bronx, as well as East New York, Crown Heights, Brownsville, and Staten Island
  - CPC covers predominantly Asian communities in lower Manhattan, Sunset Park, Bay Ridge, and Western Queens, as well as Staten Island
  - CUNY covers the remainder of New York City



## Contracts to be Extended

- Current Service Delivery Numbers
  - Navigators have been simultaneously supporting New Yorkers with Long COVID and acute COVID infection or exposure since AfterCare telephonic support launched in July 2021. In that time frame (11 months), outreach has included:

	Referrals Completed	Referrals Connected to Resources
AfterCare	117k	20k
Resource Navigation	142k	67k
<b>Total</b>	<b>259k</b>	<b>87k</b>



# Contracts to be Extended

- The contract terms and value of the agreements to be extended by NYC Health + Hospitals are as follows:
- **BronxWorks**
  - July 2022 – June 2023 amount : \$3,797,277
  - Staff (includes supervisors): 23 AfterCare Navigators
  - Leadership: 8 Supervisors and 5 Senior leaders
- **Chinese-American Planning Council Inc**
  - July 2022 – June 2023 amount : \$6,954,858
  - Staff (includes supervisors): 58 AfterCare Navigators
  - Leadership: 7 Supervisors and 8 Senior leaders
- **CUNY Graduate School of Public Health and Health Policy**
  - July 2022 – June 2023 amount: \$6,947,865
  - Staff (includes supervisors): 59 AfterCare Navigators
  - Leadership: 10 Supervisors and 3 Senior leaders

# Agency Staff Demographics

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

Chinese-American Planning Council				BronxWorks				CUNY			
	Gender	Race	Languages		Gender	Race	Languages		Gender	Race	Languages
<b>Resource Navigator</b>	60% Female, 40% Male	78% Asian 17% Hispanic 3% Black 2% White	English, Cantonese, Mandarin, Toishanese, Fujianese, Spanish, Korean, Bengali, Tagalog, languages of former Yugoslavia	<b>Resource Navigator</b>	77% Female 19% Male 3% Non-conforming	3% Asian 45% Hispanic 35% Black 3% White/Caucasian 3% White/Jewish 3% White/Hispanic 3% Indian 3% South Asian	English Spanish Twi Akan Urdu Bengal Hindi Lao	<b>Resource Navigator</b>	67% Female 27% Male 4% Non-conforming	17% Asian 42% Hispanic 25% Black 21% White 2% Am. Indian/AK Native	Bengali, Hindi, Punjabi, Urdu, Haitian Creole, Spanish, French, Hebrew Italian, Korean, Wenzhounese
<b>Leadership</b>	57% Male 43% Female	71% Asian 7% Hispanic 14% Black 7% White	English Spanish French Hebrew Vietnamese Chinese	<b>Leadership</b>	31% Male 69% Female	8% Asian 31% Hispanic 31% Black 23% White 8% Indian	English Spanish Indigenous languages spoken in Sierra Leone	<b>Leadership</b>	18% Male 82% Female	17% Asian 33% Black 25% White 8% Indian 17% Hispanic	Bengali, Hindi, Punjabi, Urdu, Haitian Creole, Spanish, French, Hebrew Italian, Korean,
<b>Board</b>		All 17 members Asian	English Chinese	<b>Board</b>	70% Male 30% Female	7% Asian 11% Hispanic 11% Black 70% White	English Spanish	<b>Board</b>	N/A	N/A	N/A

*\*CUNY staff reported ethnicity and race separately*

## Board Approval Request

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- The Test and Trace Corps is seeking Board approval to extend its AfterCare contracts for a not-to-exceed amount of \$17,700,000.
- Term of the agreements are from July 1, 2022 through June 30, 2023.
- All agreements are with not-for-profit agencies that self-perform all obligations and are not subject to MWBE requirements.
- Expenses will be covered by the T2 MOU between OMB and NYC Health + Hospitals

## **RESOLUTION - 06**

Authorizing an increase in the funding for the New York City Health and Hospitals Corporation (the “System”) contract with **Lumeon, Ltd.** (“Lumeon”) for an automated patient appointment reminder service, which was made in early 2020 for a 3-year term, with two 1-year renewal options available to the System, from its original funding limit of \$3,842,760 to a new not-to-exceed limit of \$8,553,000.

**WHEREAS**, in 2019, the System conducted an RFP under the supervision of Supply Chain Services and the Contract Review Committee for an automated patient reminder system for use in primary care and women’s health services and, with their approval, determined to award a 3-year contract to Lumeon with the System holding two 1-year options to renew and with the total cost over the potential 5-year term capped at \$3,842,760; and

**WHEREAS**, because the value of the Lumeon contract was below the threshold for the System’s Board of Directors, the Lumeon contract was not presented to Board for approval; and

**WHEREAS**, the Lumeon program has proved to be so successful that adoption for primary care exceeded expectations and parts of the System not originally anticipated have asked to use the Lumeon program for such uses as mobile insulin titration, NYC Care, surgical appointments, family member/caregiver notifications and remote medical device monitoring; and

**WHEREAS**, with the greater penetration of the Lumeon program throughout the System, the originally established funding limit of \$3,842,760 will be exhausted by September 2022; and

**WHEREAS**, the System’s management believes that the requested additional funding of \$4,710,240, bringing the total available funding to \$8,553,000, will be sufficient to fund the contract throughout its remaining term of approximately 30 months, assuming the System exercises both of its 1-year renewal options; and

**WHEREAS**, the System’s Senior Vice President for Ambulatory Care and Population Health will be responsible for the management of the agreement.

**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 for the System’s contract with Lumeon, Ltd. (“**Lumeon**”) for an automated patient appointment reminder service, which was made in early 2020 for a 3-year term, with two 1-year renewal options available to the System, from its original funding limit of \$3,842,760 to a new not-to-exceed limit of \$8,553,000.

**EXECUTIVE SUMMARY**  
**INCREASE IN FUNDING LIMIT FOR CONTRACT WITH**  
**LUMEON LTD. FOR AUTOMATED PATIENT APPOINTMENT REMINDERS**

<b>OVERVIEW:</b>	<p>Following an RFP conducted in 2019, New York City Health and Hospitals Corporation (the “<b>System</b>”) awarded a 3-year agreement with Lumeon Ltd. (“<b>Lumeon</b>”) with the System holding two 1-year options to renew. The agreement by which Lumeon was to provide a patient appointment reminder program, gave the System two 1-year options to renew under a funding limit of \$3,842,760.</p> <p>The Lumeon program has been so successful that its appointment reminders are now used not just in the System’s primary care practices but also in all ambulatory care practices across the System. Additionally, other, unanticipated uses of the Lumeon program have been identified including mobile insulin titration, NYC Care, surgical appointments, family member/caregiver notifications and remote medical device monitoring. Because of the greater than anticipated penetration of the Lumeon program across the System, the originally provided funding of \$3,842,760 will be exhausted by September 2022 and an additional \$4,710,240 will be required to fund the contract for the balance of its term.</p>
<b>PROCUREMENT/ AUTHORIZATION</b>	<p>The Lumeon contract was procured through an open and competitive RFP that was supervised and approved by the Contract Review Committee through the contract award to Lumeon. Because the original funding threshold was less than \$5M, the approval of the Board of Directors was not sought. However, now that the full amount of the contract as increased pursuant to the subject resolution exceeds that threshold, the approval of the Board is requested.</p>
<b>PROGRAM:</b>	<p>The Lumeon program provides automated patient appointment reminders including the ability to notify patients of appointments through text, automated phone calls, or email based on patient preference. Texts and email reminders are in 14 languages. Patients can respond to confirm or cancel, and those responses are integrated with Epic. Daily reports are generated that are accessible to sites with actionable data on visit confirmations and cancellations. Text alerts can be sent for proactive communication, e.g. change in-person to virtual visit because of impending blizzard. With increased funding, the System will be able to use Lumeon for additional uses such as mobile insulin titration, NYC Care, surgical appointments, family member/caregiver notifications and remote medical device monitoring.</p>
<b>MWBE:</b>	<p>A Full waiver is in effect for this extension - in accordance with OP 100-05. Lumeon had been given a complete MWBE waiver in 2019. An analysis of the current market could have yielded a 3% or \$115K MWBE subcontracting during the implementation services (project management and data collection which are non-propriety services completed in 2019). The second part of its business is managed services which are handled entirely by Lumeon’s trained W-2 employees (see diversity analysis in the presentation).</p>

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

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

Re: Vendor responsibility, EEO and MWBE status

Matter: Automated Appointment Reminders

Vendor: Lumeon Inc.

Date: May 25, 2022

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
3% RFP Goal  
0% Utilization Plan  
Total Waiver

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

# **Automated Patient Communications via Lumeon, Ltd.**

## **Request to Increase NTE Board of Directors Meeting June 30, 2022**

**Ross Kristal, MD, Senior Director**  
**Lisa Hendricks, Senior Assistant Vice President**  
**Theodore Long, MD, Senior Vice President**

**Office of Ambulatory Care & Population Health**

# Background

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- In 2018, an RFP was conducted for an automated patient appointment reminder system.
- Lumeon was selected and approved for a 3 year contract (through FY22) with two one-year optional extensions (through FY24).
- The original NTE was based on estimated development cost and estimated appointment volume for primary care and women's health services only.
- As of February 2022, all primary care and some specialty clinics are live with Lumeon automated patient appointment reminders.
  - Notify patients of appointments through text, automated phone calls, or email based on patient preference
  - Text and email reminders are in 14 languages
  - Patient can respond to confirm or cancel, and those responses are integrated with Epic
  - Daily reports accessible to sites with actionable data on visit confirmations and cancellations
  - Text 'alerts' for proactive communication, e.g. change in-person to virtual visit because of impending blizzard



**Lumeon Monthly vs Cumulative Costs**  
by Date of Service (Accrual)  
Excludes One-Time Implementation Costs

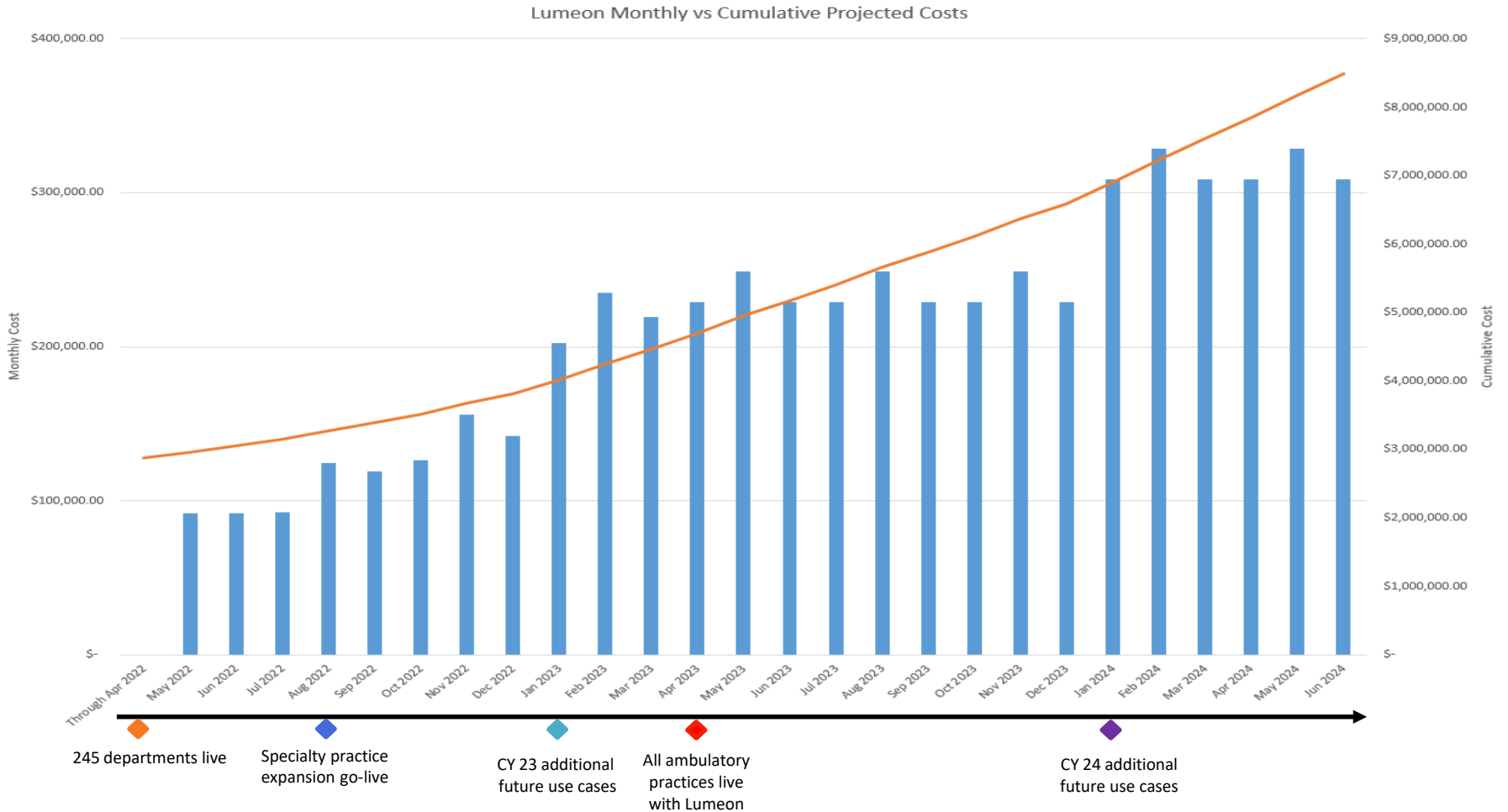
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# Changes/Request

- Changes since approval:
  1. Expanding appointment reminders beyond primary care practices to all ambulatory care practices across the system.
    - Specialty appointments account for over 50% of all ambulatory care appointments
    - Missed specialty appointments leads to delay in care, which can have clinical implications
  2. Additional use cases for this automated patient communication tool.
- Seeking to increase the NTE by \$4,710,240, from \$3,842,760 to \$8,553,000 through FY24
  - Spend to date (4/2022): \$2.87M; Expected total spend (12/2022) \$3.84M;
  - Projected Spend (2023) 2.8M; Projected Spend (6/2024) 1.9M
- Vendor performance has been satisfactory.
  - Current Lumeon healthcare customers: The Jewish Board (NYC), Keck Medicine USC, Kaiser Permanente Colon Cancer Alliance, Reliant Medical Group
- We have negotiated a better pricing structure for NYC Health + Hospitals that will go into effect with the 1 year extension.
- We will be issuing a new RFP for these automated patient communication services during the first 1 year extension period.

# Estimated Projected Spend

Spend to date (4/2022): \$2.87M; Expected total spend (12/2022) \$3.84M; Projected Spend (2023) 2.8M; Projected Spend (6/2024) 1.9M



# Programmatic Change #1

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## Expanding automated patient appointment reminders to all ambulatory care practices across the enterprise.

- **Industry standard**
- **Improved patient experience** to receive the same appointment reminders for all ambulatory care practices within a facility and across the system
- **Cost effective, centralized system** (some facilities use more expensive, less effective, facility-arranged robo-call systems, which we could retire)
- **Decrease use of admin time** making outbound reminder calls allowing them to do more work that benefits the system
- **Decrease number of calls to contact center** to confirm appointments allowing agents to do more work that benefits the system
- Likely **increase in utilization and reduction in no show** rates
- **Epic growth consultants strongly recommended** automated appointment reminders for specialty practices as an intervention to improve clinic efficiencies and patient experience

# Benefits of Lumeon: Facility Testimonials

In my own personal experience, as well as the clinic overall, the **Lumeon reminders have made a noticeable difference in patient show rates. More patients are showing up, and patients who can't show up are appropriately rescheduling their appointments** so that other patients can be seen. Even in **recently reviewing dashboards for our clinic, we have seen that our no show rates have been declining since we initiated Lumeon scheduling.** For our busy clinic, it is essential that we minimize our no show rates to allow for the most patients to receive timely care.

*-Matthew Vorsanger, MD, Department of Cardiology, Bellevue*

**...I believe Lumeon has had a big impact on my clinic. My no show rate has historically been around 35-40 % over the years but recently I have noticed a significant drop in my no show rate.** I looked over my clinic numbers for the week of 3/7/22 to 3/11/22 so these are unofficial and it showed a 10-20% no show rate. I can't wait to see the dashboards over time to see the overall trend.

**My patients have been telling me that it has been very helpful for them to have the reminder call/texts and a few even told me that it makes cancelling or rescheduling their appointment easier.** One patient said in the past they tried to call the Hospital to cancel their appointment and after being transferred a few times and being left on hold they gave up so they were just a no show...

*-Scott Singer, PA-C, Department of Urology, Bellevue*

Lumeon has been a wonderful tool for our practice. It has improved our no-show rate and allows us to quickly communicate with our patients about significant events.

For example, **women's Health Services department was suffering from no-show rates over 33%. However, after the implementation of text reminders our rates dropped to 25% or less (based on June-Aug 2021 data)**

**Physiatry department** which was plagued with **no-show rates of up to 50% or more, now has no-show rates between 25-30% on a regular basis.**

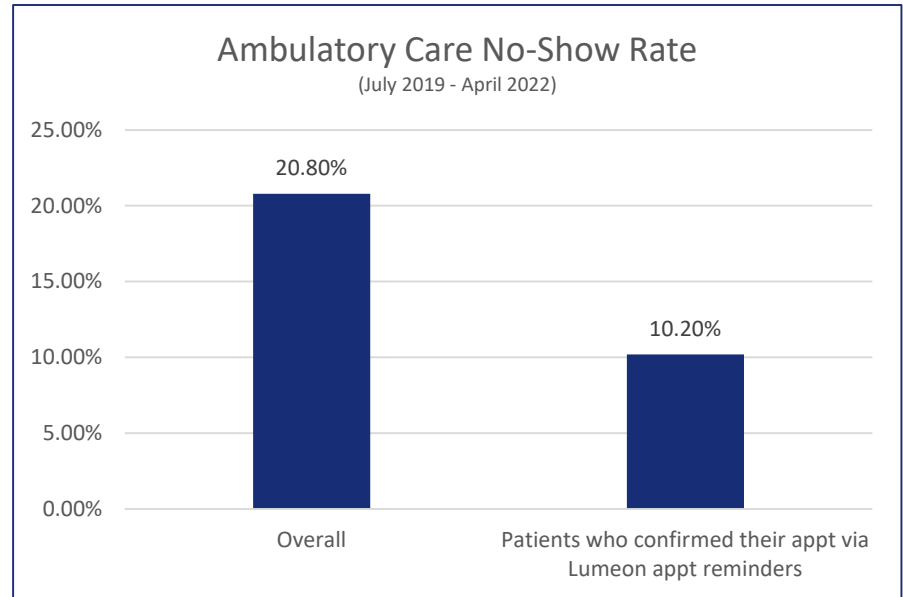
**We used Lumeon to successfully reach patients during a snowstorm in January. The system works well for communicating to patients, en masse, for urgent or emergent situations.**

*-Amy Harris, Associate Executive Director, Ambulatory Care, Elmhurst Hospital*

## Patient Survey

- **Surveyed population:**
  - Patients at all Acute Care and Gotham facilities
  - Those that received and replied to their appointment reminder text message from March 17 to March 21, 2022
  - Preferred language is English and Spanish
- **Survey Question:**
  - NYC Health + Hospitals cares about your feedback. Was the text reminder helpful for you to attend or cancel your appointment?  
Reply 1 if Yes  
Reply 2 if No
- **Survey Data:**
  - Surveys responded: 77%
  - “Yes” response: 97.3%
  - “No” response: 2.7%

## No-Show Rate



- Patients who confirm their appointments via Lumeon appointment reminders have a 50% lower no show rate.
- With system wide implementation, and improving appointment reminder engagement, system wide no show rates can be further reduced with the use of automated appointment reminders.

### Additional use cases for this patient communication tool

- Departments across the system have been or are would like to utilize Lumeon's services to efficiently and effectively improve care and patient experience.

Mobile Insulin Titration  
Intervention (MITI)

NYC Care Membership  
Renewal and Quarterly  
Newsletter Notifications

Surgery Appointment  
Reminders

Family Member/  
Caregiver Surgery Text  
Notifications

Remote Medical Device  
Monitoring

Future Use Cases

- When this procurement was conducted in 2019, prior to adoption of the system's Vendor Diversity Policy, this procurement was assigned a blanket M/WBE Goal of 30%
  - Analyzing the opportunity today, the goal would be set at 3% (\$115K), with implementation services (project management and data collection – non-propriety services completed in 2019) being the only subcontracted portion of work
  - The self-performed work is as follows
    - Self-performed:
      - Licenses
      - Maintenance
      - Professional services
- Lumeon was granted a total waiver in 2019 based on the following
  - The software is owned by Lumeon
  - Lumeon self-performs all services except hosting
  - The hosting is done through AWS for all of Lumeon's customers and is indivisible overhead
- A Full waiver is in effect for this extension
  - A waiver in such circumstances is consistent with the business model exceptions under the vendor diversity policy, OP 100-10
- Diversity analysis was completed
  - 100% gender reported by all employees: 50% F/M leadership and 43/57% F/M employees
  - 42% race & ethnicity reported by all employees:
    - 70% leadership reported: 10% Asian, 60% White
    - 32% employees reported: 3.5% Asian, 3.5% Hispanic, 25% White
  - Lumeon open to conducting a diversity survey of current employees and adding initiatives focused on diversity



# Vendor Performance Evaluation

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

## Summary of Request to Increase NTE

- Existing NTE of \$3,842,760 will reach its limits by the end of calendar year 2022 due to the expansion of ambulatory care patient appointment reminders to all ambulatory services and additional demand since the initial NTE approval
- The Office of Ambulatory Care & Population Health is seeking Board approval to increase the NTE for the Lumeon contract by \$4,710,240 for the duration of the contract.
- Updated total contract value is \$8,553,000 (2019-2024)

Projected Spend Through FY 24			
Use Cases	Communication Costs	Development Costs*	Total Costs
Ambulatory care appointment reminders	\$ 6,552,420	\$ 121,580	\$ 6,674,000
Additional use cases	\$ 633,000	\$ 130,000	\$ 763,000
Future use cases (15% of known use case projected costs)			\$ 1,116,000

\* Majority of Development Costs spent at initial launch of services

- The current increase will allow for an RFP process to test the market for future use.
- Increased demand for Lumeon's automated patient communication services will efficiently and effectively improve care and patient experience.

# Board of Directors Request

- Authorizing an increase in the funding for the New York City Health and Hospitals Corporation (the “System”) contract with Lumeon, Ltd. (“Lumeon”) for an automated patient appointment reminder service, which was made in early 2020 for a 3-year term, with two 1-year renewal options available to the System, from its original funding limit of \$3,842,760 to a new not-to-exceed limit of \$8,553,000.

## Corporate Social Responsibility

Here at Lumeon, we seek to sustain a business that is successful and respected in its ethical standing by our stakeholders. These include clients, investors, regulators, suppliers and the community. We embrace the role our business plays on a day to day basis in contributing to a better society.

### Our Ethical Values;

- Openness – nobody's perfect, and we won't hide it when we're not
- Honesty – we are honest about what we do and the way we do it
- Social responsibility – we encourage people to take responsibility for their own community, and work together to improve it
- Equity – we carry our business in a way that is fair and unbiased

We are aware that the running of our business will, in many ways, affect our place of work, the community and the wider environment in which we operate. We believe that the way we run our business can and should make a positive difference in these areas and we aim to ensure that continued efforts are made to achieve that.

Our corporate social responsibilities are identifiable in the following areas:

#### **Environment**

With regard to the business' impact upon the environment, we are committed, amongst other initiatives, to:

- efficient printing
- reducing the amount of waste produced by the business
- ensuring that water/electricity is used responsibly by our staff
- recycling materials as extensively as possible
- using technology to lessen the need for travel
- using public transport wherever possible when travelling is unavoidable.

#### **Charitable/community work**

Lumeon is keen to support and become involved in community initiatives and charitable work. We do this in the form of sponsorship, donations to national and local charities which may be suggested by our staff, and the funding of community projects. Every suggestion is given due consideration.

#### **Education**

We recognise the importance of education in our community, and supporting individuals during this process is key to advancement. We actively

encourage our employees to take up training courses, often funded by ourselves, and we offer a number of work experience placements in partnership with local schools.

#### **Our employees**

**Involvement:** We keep our employees fully informed of our policies and procedures and we encourage them to share their ideas with us on both internal processes affecting them, and the way our service is provided to clients. We maintain an open and honest approach to all of our communications.

#### **Equal Opportunities**

We are committed to providing an environment of equal opportunities for all members of our workforce. No account of any of the protected characteristics set out in the Equality Act 2010 shall be taken to a detrimental effect in any decision involving recruitment, promotion, provision of facilities etc. See our Inclusion & Diversity policy for more detail in this regard.

#### **Business partnerships**

We will strive to engage with local suppliers and businesses where possible to meet the business' operational needs, in order to support businesses within our area and decrease our carbon footprint.

In respect of our entire CSR initiative, we expect no lesser standards from our suppliers and business partners.

#### **Ongoing commitment**

We are fully committed to the principle of CSR and aim to ensure that no relevant policy decisions are made within the business, without first evaluating the potential CSR impact.

## Lumeon & You

### Governance

### Corporate Social Responsibility

This policy does not form part of any colleague's contract of employment and it may be amended at any time.

### References

Corporate Social Responsibility Statement  
Inclusion & Diversity Policy  
Anti-Slavery policy  
Recruitment & Selection Policy  
Anti-Bribery & Anti-Corruption Policy

Department	People Team
Last Revised Date	March 2022

<b>Lumeon Ltd</b>	<b>Environmental and Sustainability Policy</b>
<b>Department:</b> HR	<b>Last Reviewed:</b> 31/01/2020
<b>Approved by:</b> COO	<b>Date Approved:</b> 04/02/2020

#### 1. Purpose

- 1.1 The purpose of this policy is to inform employees of Lumeon's activities around ensuring environmental responsibility and sustainability.

#### 2. General Principles

- 2.1 Lumeon will ensure that all environmental risks of their work are assessed, managed and controlled and will maintain and develop the business in a sustainable manner.
- 2.2 Lumeon will meet and, wherever possible, exceed the requirements of environmental legislation and regulations.
- 2.3 Lumeon promotes recycling, minimising waste generation, the use of recycled materials, whilst reducing the consumption of materials wherever possible and considers the amount of carbon emissions produced as a direct result of its business.

#### 3. Scope

- 3.1 The policy applies to all employees at all locations where Lumeon Ltd. operates.

#### 4. Target Audience

- 4.1 The target audience of this policy is all employees at Lumeon Ltd.

#### 5. Equality and Diversity

- 5.1 Lumeon will ensure that all its policies and practices are non-discriminatory and will promote equal opportunity by preventing and eliminating discrimination on the grounds of race (this includes ethnic or national origins, colour and nationality); age, disability, gender reassignment, sex and sexual orientation, marriage and civil partnership, religion and belief, pregnancy, maternity and paternity.
- 5.2 This policy will be accessible, responsive and sensitive to the diverse needs of individuals

#### 6. Recycling

- 6.1 Lumeon encourages recycling wherever reasonably possible and request that all employees use the paper recycling bins in the office. The recycling of batteries is also encouraged.
- 6.2 If employees require larger items to be recycled, such as boxes, please inform the Office Manager.

#### 7. Travel

- 7.1 Employees are encouraged to think about their carbon footprint when travelling for work purposes and to use public transport wherever possible.
- 7.2 Employees who commute are encouraged to make use of Lumeon's Cycle to Work Scheme, giving them the opportunity to purchase a bike and, therefore, reducing their carbon emissions.
- 7.3 Employees who use a car for work are asked to consider their environmental impact and to use environmentally friendly models wherever possible.

#### 8. Lighting and Electricals

- 8.1 Employees are requested to turn off all lights when they leave an office or meeting room and to think about their light usage while at work.

<b>Lumeon Ltd</b>	<b>Environmental and Sustainability Policy</b>
<b>Department: HR</b>	<b>Last Reviewed: 31/01/2020</b>
<b>Approved by: COO</b>	<b>Date Approved: 04/02/2020</b>

- 8.2 Electricals are to be turned off when employees have finished using them and employees are encouraged to think about electrical usage while at work.

#### 9. Air conditioning

- 9.1 Air conditioning is provided in the office and employees are asked to use only when necessary and ensure that it is turned off when no longer needed.

#### 10. Waste Collection

- 10.1 Lumeon uses registered waste collection companies and a local government agency to remove any wastage and will ensure as far as reasonably possible that these agencies work ethically and with environmental consideration.

#### 11. General Working Practices

- 11.1 Employees are asked to consider the necessity of printing onto paper before doing so and printing on two-sided paper wherever possible.
- 11.2 Printer cartridges are collected and will be recycled where possible.
- 11.3 Wherever possible employees should be holding meetings digitally rather than travelling to locations unnecessarily.
- 11.4 Employees are asked to ensure that taps are turned off when finished with and water wastage is considered.

For further information regarding the Environmental and Sustainability policy and procedure please contact HR.

#### 12. Version Control

Version	Date	Change Description	Updated By	Approved By
0.1	18/07/2016	Created policy	Victoria Henley	
1.0	27/07/2016	Changed status to approved	Victoria Henley	Andrew Wyatt
1.1	13/09/2017	Annual review – no changes	Victoria Henley	Andrew Wyatt
1.3	12/02/2019	Annual Review and updated protected characteristics under the Equality Act 2010. Scope and Target Audience updated.	Monica Wray	Andrew Wyatt
1.4	31/01/2020	Annual review and updated printer cartridges and battery recycling.	Anne Donnelly	Andrew Wyatt



## **RESOLUTION - 07**

Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to extend by six months its contract with **Mac Fhionnghaile & Sons Electrical Contracting, Inc.** (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide electrical work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.

**WHEREAS**, in May 2020 NYC Health + Hospitals’ Board of Directors approved a two-year stand-by contract with the Contractor to provide electrical work at its facilities on an as needed basis; and

**WHEREAS**, the Contractor has performed satisfactorily over the two-year term of its agreement which is due to expire at the end of July 2022 and

**WHEREAS**, Supply Chain Services together with the Office of Facilities Development are in the process of preparing a new bid package to award electrical contracts to qualified firms; and

**WHEREAS**, an additional six months on the Contractor’s agreement will take NYC Health + Hospitals through until the pending bid solicitation is completed while using only funding approved in 2020; and

**WHEREAS**, the overall responsibility for the proposed contract shall be under the purview of the Office of Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) is authorized to extend by six months its contract with Mac Fhionnghaile & Sons Electrical Contracting, Inc. (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide electrical work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.

## **EXECUTIVE SUMMARY**

### **MAC FHIONNGHAILE & SONS ELECTRICAL CONTRACTING, INC.**

#### **ELECTRICAL WORK**

- OVERVIEW:** NYC Health + Hospitals seeks authorization to extend by six months the two-year contract with the Contractor for electrical work approved by the Board of Directors in May 2020 without increase in the not to exceed limit of \$6,000,000 approved previously.
- NEED:** NYC Health + Hospitals' facilities frequently needs electrical repair and installation work done. Due to fluctuating demands, NYC Health + Hospitals has determined that these needs can often best be met by outside firms on an as-needed basis through requirements contracts. A new bid package is now in process for a new electrician solicitation but new companies will not be procured, approved and under contract before the Contractor's contract will expire. An additional six months will make the bridge.
- PROCUREMENT:** The Contractor was procured through competitive sealed bids.
- PERFORMANCE SCORE:** 100% rating - MacFhionnghaile & Sons Electrical Contracting is the current JOC contractor and the rating is for work provided throughout NYC Health + Hospitals.
- MWBE UTILIZATION:** 100% utilization achieved.

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

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

Digitally signed by  
Tallbe, Keith  
Date: 2022.05.31  
13:01:05 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: MacFhionnghaile & Sons Electrical Contracting, Inc.

Date: May 31, 2022

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
NYC/NYS WBE

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.

## **RESOLUTION - 08**

Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to extend by six months its contract with **Jemco Electrical Contractors** (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide electrical work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.

**WHEREAS**, in May 2020 NYC Health + Hospitals’ Board of Directors approved a two-year stand-by contract with the Contractor to provide electrical work at its facilities on an as needed basis; and

**WHEREAS**, the Contractor has performed satisfactorily over the two-year term of its agreement which is due to expire at the end of July 2022 and

**WHEREAS**, Supply Chain Services together with the Office of Facilities Development are in the process of preparing a new bid package to award electrical contracts to qualified firms; and

**WHEREAS**, an additional six months on the Contractor’s agreement will take NYC Health + Hospitals through until the pending bid solicitation is completed while using only funding approved in 2020; and

**WHEREAS**, the overall responsibility for the proposed contract shall be under the purview of the Office of Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) is authorized to extend by six months its contract with Jemco Electrical Contractors (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide electrical work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.

## **EXECUTIVE SUMMARY**

### **JEMCO ELECTRICAL CONTRACTORS**

#### **ELECTRICAL WORK**

- OVERVIEW:** NYC Health + Hospitals seeks authorization to extend by six months the two-year contract with the Contractor for electrical work approved by the Board of Directors in May 2020 without increase in the not to exceed limit of \$6,000,000 approved previously.
- NEED:** NYC Health + Hospitals' facilities frequently needs electrical repair and installation work done. Due to fluctuating demands, NYC Health + Hospitals has determined that these needs can often best be met by outside firms on an as-needed basis through requirements contracts. A new bid package is now in process for a new electrician solicitation but new companies will not be procured, approved and under contract before the Contractor's contract will expire. An additional six months will make the bridge.
- PROCUREMENT:** The Contractor was procured through competitive sealed bids.
- PERFORMANCE SCORE:** 86.5% rating – Jemco is the current JOC contractor and the rating is for work provided throughout NYC Health + Hospitals
- MWBE UTILIZATION:** 24.8% utilization achieved with a plan for an additional 8% bringing the total contract MWBE utilization to 32.8%

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

From: Keith Tallbe      Tallbe, Keith  
Senior Counsel      Digitally signed by  
Office of Legal Affairs      Tallbe, Keith  
Date: 2022.05.31  
12:55:50 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Jemco Electrical Contractors, Inc.

Date: May 31, 2022

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
30.17%

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.

## **RESOLUTION - 09**

Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) extend by six months its contract with **Vastech Contracting Corporation** (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide heating, ventilation and air conditioning (“HVAC”) work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.

**WHEREAS**, in May 2020 NYC Health + Hospitals’ Board of Directors approved a two-year stand-by contract with the Contractor to provide HVAC repair and installation services to its facilities on an as needed basis; and

**WHEREAS**, the Contractor has performed satisfactorily over the two-year term of its agreement which is due to expire at the end of July 2022 and

**WHEREAS**, Supply Chain Services together with the Office of Facilities Development are in the process of preparing a new bid package to award HVAC contracts to qualified firms; and

**WHEREAS**, an additional six months on the Contractor’s agreement will take NYC Health + Hospitals through until the pending bid package is completed while using only funding approved in 2020; and

**WHEREAS**, the overall responsibility for the proposed contract shall be under the purview of the Office of Facilities Development.

**NOW, THEREFORE, be it**

**RESOLVED**, that New York City Health and Hospitals Corporation be and hereby is authorized to extend by six months its contract with Vastech Contracting Corporation (the “**Contractor**”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide heating, ventilation and air conditioning (“**HVAC**”) work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.

## **EXECUTIVE SUMMARY**

### **VASTECH CONTRACTING CORPORATION**

#### **HVAC SERVICES**

**OVERVIEW:** NYC Health + Hospitals seeks authorization to extend by six months the two-year contract with the Contractor for heating, ventilation and air conditioning (“HVAC”) work approved by the Board of Directors in May 2020 without increase in the not to exceed limit of \$6,000,000 approved previously.

**NEED:** NYC Health + Hospitals’ facilities frequently need HVAC work. Due to fluctuating demands, NYC Health + Hospitals has determined that these needs can often best be met by outside firms on an as-needed basis through requirements contracts. A new bid package is now in process for a new HVAC solicitation but new companies will not be procured, approved and under contract before the Contractor’s contract will expire. An additional six months will make the bridge.

**PROCUREMENT:** The Contractor was procured through competitive sealed bids.

**PERFORMANCE SCORE:** No rating currently available for current contract as the four projects assigned to Vastech for this contract are currently in progress and not completed. Previous contract rating was 92.1%

**MWBE UTILIZATION:** No projects are complete and Vastech is working with H+H MWBE team to meet 30% goal with project value not self-performed and any future projects assigned through this contract.



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: Vastech Contracting Corp.

Date: May 31, 2022

---

Digitally signed by  
Tallbe, Keith  
Date: 2022.05.31  
12:57:13 -04'00'

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
30%

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

**Electrical and HVAC  
Job Order Contracts  
Request for Time Extension  
for Mac Fhionnghaile & Sons Electrical  
Contracting, Inc; Jemco Electrical Contractors  
and Vastech Contracting Corporation**

**Board of Directors Meeting  
June 30, 2022**

Mahendranath Indar, AVP, Office of Facilities Development  
Leithland Tulloch, Sr. Director, Office Facilities Development

## Background / Current State

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- Job Order Contracting (JOCs) are Construction Contracts that are awarded based on public bid, whereby bidders use a multiplier, against an itemized catalog of services, to establish their base bid. Solicitation and award in alignment with NYC Health + Hospitals Operating Procedure 100-5.
- Current Electrical and Mechanical/HVAC contracts were awarded in 2020 and will expire in July 31,2022.

## HVAC Contracts - Current State

Contractor	Original Contract Award	Increase to Contract	Work Issued to Date	Remaining	Contract Expiration
Vastech	\$6,000,000		\$1,068,254.33	\$4,931,745.67	7/31/2022
Rashel*	\$6,000,000	\$0	\$0	\$0	n/a

\* Rashel as a company made a decision to only perform work in the private sector. As a result they were removed from the pool and no work was issued to the company.

- Vastech has four active HVAC upgrade projects at Jacobi (3) and Elmhurst (1)

# Electrical Contracts - Current State

Contractor	Original Contract Award	Increase to Contract	Work Issued to Date	Remaining	Contract Expiration
Jemco	\$6,000,000	\$0	\$3,132,642	\$2,867,358	7/31/2022
MacFhionnghaile & Sons	\$6,000,000	\$0	\$2,621,194	\$3,378,806	7/31/2022

- Jemco used for Point Click Care (PCC) make ready work
  - PCC Is the long term care electronic patient record software
- Mac Fhionngnaile & Sons used for EPIC make ready work
  - EPIC is the acute and ambulatory care electronic patient record software

# JEMCO Vendor Evaluations

Vendor Performance Evaluation	
JEMCO	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	YES
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	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	GOOD

<70% -----Not satisfactory  
71% - 80% ----- Satisfactory  
81% - 90% ----- Good  
91% - 100% ----- Excellent

# MacFhionnghaile & Sons Vendor Evaluations

## Vendor Performance Evaluation

MACFHIONNGHAILE & SONS

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	YES
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	YES
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	YES
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	YES
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	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

<70% -----Not satisfactory  
71% - 80% ----- Satisfactory  
81% - 90% ----- Good  
91% - 100% ----- Excellent

# VASTECH Vendor Evaluations

<div> <div> <div>NYC</div> <div>HEALTH+</div> <div>HOSPITALS</div> </div> <div> <div>Vendor Performance Evaluation</div> <div>VASTECH</div> </div> </div>	
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?	NO
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	NA*

\* All the work currently assigned to Vastech is in progress and has not been evaluated. Work will be evaluated upon completion of the project.

<70% -----Not satisfactory  
71% - 80% ----- Satisfactory  
81% - 90% ----- Good  
91% - 100% ----- Excellent



# MWBE - HVAC

- Vastech is the only HVAC vendor under this contract pool
- Vastech submitted a 31% MWBE Utilization Plan (below)

Subcontractor	Certification	Supplies/Services	Utilization Plan
Infinity Contracting	MBE	Heating and Ventilation	10%
Eastern Plumbing	WBE	Plumbing	7%
American Building Contractors Association	MBE	Milwork Fabrication	4%
ANR Mechanical	MBE	Refrigeration, A/C, Mechanical Piping	5%
RJ Green	MBE	Site Work	2%
Duetscher & Daughter	MBE	Carpentry	3%
<b>TOTAL</b>			<b>31%</b>

- Vastech has been issued four work orders totaling \$1,068,254
- Vastech plans to self-perform 67% of this work which is valued at \$715,730 and to date has no MWBE utilization
- Of the remaining balance of \$352,254, Vastech will work with the Vendor Diversity team to identify every opportunity to meet their MWBE utilization plan of 31%
- The Vendor Diversity team will also work closely with Vastech on any future work assigned through this contract to ensure MWBE utilization is maximized

# MWBE - ELECTRICAL

- **Jemco: 30.17% MWBE subcontractor Utilization Plan**
- **Jemco Current MWBE utilization is 25%**
  - Jemco has issued a \$248,000 PO to a MWBE vendor for work in progress
  - Jemco is forecasting they will spend \$30,000 with a MWBE supplier for work in progress

Subcontractor	Certification	Supplies/Services	\$ Paid to MWBE	% Paid to MWBE	\$ PO Issued to MWBE, not paid	% PO issued to MWBE, not paid	\$ Forecasted Assignment	% Forecasted Assignment
American Building Contractors	MBE	Supplies	\$31,590	1%	\$248,000	7%		
AGA	MBE	Supplies	\$185,000	5.90%				
Denali Electric	MBE	Supplies	\$121,235	3.90%				
Deutscher & Daughter	WBE	Supplies	\$72,030	2.30%				
Eastern Plumbing	MBE	Supplies	\$9,586	0.30%				
Park Ave Supplies	MBE	Supplies	\$102,340	3.30%			\$30,000	1%
Tedco	MBE	Supplies	\$228,255	7.30%				
Turtle & Hughes	MBE	Supplies	\$26,480	0.80%				
<b>TOTAL</b>			<b>\$776,516</b>	<b>25%</b>	<b>\$248,000</b>	<b>7%</b>	<b>\$30,000</b>	<b>1%</b>

**Total \$ Assigned to Jemco      \$    3,132,642.00**

- **Mac Fhionnghaile & Sons is a NYC certified MWBE and as such, their MWBE utilization will always be 100%**

# Board of Directors Request

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- Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) extend by six months its contract with Vastech Contracting Corporation (the “Contractor”) approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide heating, ventilation and air conditioning (“HVAC”) work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.
- Authorizing New York City Health and Hospitals Corporation (“NYC Health + Hospitals”) to extend by six months its contract with Jemco Electrical Contractors (the “Contractor”) and MacFhionnghaile & Sons approved by NYC Health + Hospitals’ Board of Directors in May 2020 to provide electrical work on an as-needed basis throughout NYC Health + Hospitals without any increase in the previously approved funding.

## RESOLUTION - 10

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Guth DeConzo Consulting Engineers, PC** (“DeConzo”) to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/Elmhurst (“Elmhurst”) for a term of three years with the System holding two 1-year options to renew with a 20% contingency of \$1,839,500 for an amount not to exceed \$11,027,000.

**WHEREAS**, with the substantial expansion of the System’s portfolio of construction and major repair projects, the System has turned to private entities to provide planning, construction management and project management services; and

**WHEREAS**, approximately 20 construction and major repair projects at Elmhurst are currently in the planning stages or are under consideration including critical roof replacements, ED expansion, Neuro ICU, Labor & Delivery renovation, ambulatory surgery center, construct new PICU/NICU, convert psych beds to med/surg beds, LL 11 façade repairs and Emergency System Type I upgrade, and Monplane – Cath Lab replacement with an estimated project total of \$140,000,000; and

**WHEREAS**, to secure the necessary planning, construction management and project management services the System conducted an RFP process involving the direct solicitation of 51 firms, a pre-proposal conference at which 17 firms attended, 10 firms submitting proposals and the evaluation Committee’s determination that DeConzo best meets the needs of the System; and

**WHEREAS**, DeConzo has recently performed work for the System at NYC Health + Hospitals/Queens, Bellevue and Woodhull as well as substantial work at NYU Langone, Memorial Sloan Kettering, Good Samaritan, SUNY Downstate and at Stonybrook University and its performance in those connections for the System has been evaluated as acceptable to good while good references were provided by the other institutions; and

**WHEREAS**, a particularly large contingency of 20% has been requested in view of the large portfolio of projects involved and the complexity of some of them; and

**WHEREAS**, DeConzo has proposed a 30% MWBE subcontracting plan that includes, principally the use of Macan Deve Engineers, P.C. for site supervision, constructability review, safety management and other field service and DACK Consulting Solutions for cost estimating, scheduling services and document control; and

**WHEREAS**, the System’s Office of Facility Development 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 contract with Guth DeConzo Consulting Engineers, PC (“DeConzo”) to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/Elmhurst (“Elmhurst”) for a term of three years with the System holding two 1-year options to renew with a 20% contingency of \$1,839,500 for an amount not to exceed \$11,027,000.

**EXECUTIVE SUMMARY**  
**STAND-BY CONTRACT WITH GUTH DECONZO CONSULTING ENGINEERS, PC**  
**FOR PLANNING, CONSTRUCTION AND PROJECT MANAGEMENT SERVICES**  
**AT NYC HEALTH + HOSPITALS/ELMHURST HOSPITAL CENTER**  
**FOR VARIOUS PROJECTS**

**OVERVIEW:** The System's portfolio of construction and major repair projects has substantially grown over the last several years. To manage such projects, the System has turned to private entities to provide planning, construction management and project management services. The System believes that private firms in such roles will be responsive to the Systems' needs, accountable and will function on a professional level.

**PROCUREMENT** The System conducted an RFP process involving the direct solicitation of 51 firms, a pre-proposal conference at which 17 firms attended, 10 firms submitting proposals and the evaluation Committee's determination that DeConzo best meets the needs of the System

**PROJECTS:** Approximately 20 projects at Elmhurst are in early planning stages or are under consideration. These projects include including critical roof replacements, ED expansion, Neuro ICU, Labor & Delivery renovation, ambulatory surgery center, construct new PICU/NICU, convert psych beds to med/surg beds, LL 11 façade repairs and Emergency System Type I upgrade, and Monplane – Cath Lab replacement with an estimated total for the entire list of projects of \$140,000,000.

**TERMS:** The proposed contract will be for three years with two 1-years options for the System to exercise. No work will be committed to DeConzo by the execution of the proposed contract but rather DeConzo will be available to accept work orders for the proposed projects as their planning and financing is finalized.

**FINANCING:** The proposed projects will be financed with City Capital.

**MWBE:** DeConzo has proposed a 30% MWBE subcontracting plan that includes, principally the use of Macan Deve Engineers, P.C. for site supervision, constructability review, safety management and other field service and DACK Consulting Solutions for cost estimating, scheduling services and document control.

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

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

Iraniss Morel-Dziengeleski  
Digitally signed by Iraniss Morel-Dziengeleski  
Date: 2022.06.24 09:14:39 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Guth DeConzo Consulting Engineers, PC

Matter: NYC Health + Hospitals/Elmhurst, Construction and Project Management

Date: June 24, 2022

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

**Vendor Responsibility**

Approved

**EEO**

Pending

**MWBE**

30% MWBE Utilization Plan

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.

**Elmhurst Hospital**  
**Comprehensive Construction Management**  
**Services for Capital Portfolio**  
**with**  
**Guth DeConzo Consulting Engineers, PC**

**Board of Directors Meeting**  
**June 30, 2022**

Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development  
Milenko Milinic – Chief of Capital Design & Construction, NYC Health + Hospitals / Elmhurst  
Erin Egan – Director of Capital Budgets – Elmhurst, Office of Facilities Development

## Program Background

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- Elmhurst Hospital has a number of capital projects with significant public interest in investing in the Hospital
- Major infrastructure components at Elmhurst Hospital are nearing the end of their useful life
- Capital projects require complex phasing to ensure hospital service lines remain operational during the construction, especially the active Emergency Department, which is the Elmhurst core project
- Recent infusions of capital dollars at Elmhurst require more resources and expertise to deliver the work.
- To ensure additional opportunities to secure funding, all funding needs to demonstrate progress
- Funding for this contract will come from City Capital
- Current portfolio consists of 20 capital projects with a dollar value of \$140,000,000



# Elmhurst Capital Projects

	Project Stage	Designer	Current Estimate Total Project Cost (\$000)
<b>Major Clinical Modernization Projects</b>			
ED Expansion – CORE PROJECT	Design – DD	Lothrop	\$65,000
Neuro ICU	Pre-Design	N/A	\$12,000
Labor & Delivery Renovation	Design – SD	Gertler & Wentz	\$12,000
Ambulatory Surgery Center	Design – DD	JFKM/TPG	\$9,000
Construct New PICU/NICU	Pre-Design	N/A	\$5,500
Cysto Conversion to two full size OR's	Bid	Gertler & Wentz	\$2,500
Convert Psych Beds to Med/Surg Beds	Pre-Design	N/A	\$5,000
Radiation Oncology Suite Renov.	Pre-Design	N/A	\$1,400
<b>Bond Funded Projects</b>		SubTotal	\$112,400
Critical Roof Replacements	Bid	Lothrop	\$2,000
E7 MICU AHU Replacement	Bid	MGE	\$1,290
Central Sterile AHU Replacement	Bid	MGE	\$982
UST#8 Replacement	Bid	Greenman – Pederson	\$650
<b>Infrastructure Projects</b>		SubTotal	\$4,922
LL 11 Façade Repairs	Award	Superstructures	\$4,800
Type I EES Upgrade	Pre-Bid	Kallen & Lamelson	\$3,100
Elevator Mod – Cars 1-5, Annex O & G	Pre-Design	N/A	\$3,500
Elevator Mod – Cars 6,7 & 10	Pre-Design	N/A	\$1,500
<b>Turn Key Projects</b>		SubTotal	\$12,900
Monoplane – Cath Lab Replacement	Procurement	GE	\$4,460
Nuclear Camera Replacement	Procurement	GE	\$1,170
CT Simulator Replacement	Procurement	GE	\$1,008
LINAC Replacement	Procurement	Varian	\$5,400
		SubTotal	\$12,038
<b>Total</b>			<b>\$139,265</b>

# RFP Criteria

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## ➤ Minimum criteria:

- Minimum 5 years of healthcare project and/or construction management experience
- MWBE Plan, waiver, or certification

## ➤ Substantive Criteria

- 25% Approach and Methodology
- 25% Qualifications of Proposers Consultants and Staffing
- 20% Appropriateness & Quality of Firms Experience
- 15% Cost
- 15% MWBE

## ➤ Evaluation Committee:

- Voting Members
  - Three members of Elmhurst Capital Design & Construction team
  - One EITS member
  - One member Lincoln Capital Design & Construction Team
- One OFD team
  - One member OFD team

# Overview of Procurement

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- 02/22/22: RFP published on City Record, sent directly to 51 vendors
- 03/01/22: Pre-proposal conference held, 17 vendors attended
- 03/18/22: Proposal deadline, 10 proposals received
- 04/22/22: Evaluation committee completed first round of scoring. Five firms were shortlisted
- 05/12/22 – 05/19/22: Shortlisted firms presented proposal solution to evaluation committee
- 05/26/22: Evaluation Committee debriefed on vendor presentations and submitted final scoring. Guth DeConzo was the highest rated proposer



# Solicitation Results

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- Guth DeConzo is the highest rated proposer and is the selected vendor
- Contract award amount is \$9,197,500
- A contingency of 20% totaling \$1,839,500 was added to the contract award amount
- Total NTE for this contract with 20% contingency is \$11,027,000
- Guth DeConzo historically has provided excellent Construction Management services for Elmhurst Hospital Center through the New York Power Authority (NYPA) for two energy projects – instantaneous hot water heaters and AHU installs
- H+H also received additional excellent ratings when checking references from NYS Office of General Services and SUNY projects for Guth DeConzo CM Services



Guth DeConzo have previously & successfully performed Construction Management Services for H+H/Elmhurst,

- 2019: Managed an Emergency Domestic Hot Water tank system Replacement. Project was completed in phases to maintain hot water capabilities to the facility at all times
- 2021: Managed the replacement of AHU-9 which services administrative and critical care areas

Current Project List	Current Status
Woodhull Elevator Modernization	Project is complete. Currently in closeout.
Coney Island Elevator Modernization	Project is complete. Currently in closeout.
Metropolitan Chiller Replacement	Substantial completion target date is November 2022
Queens Hospital Energy Upgrades	Substantial completion target date is November 2022
Lincoln Fuel Tank Replacement	Substantial completion target date is December 2022
Bellevue Hospital CHP	Substantial completion target date is December 2023
Lincoln Hospital Phase 1B	Substantial completion target date is May 2024

# Reasons for Additional Contingency

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- Design coordination complexities
- Intricacies in assembling the multiple contracts
- Nuances in coordination of the various construction projects, including but not limited to locations, scheduling, duration & minimization to patient impact for the progression of the aggregate capital portfolio
- Complexities in phasing construction in an active hospital with a landlocked footprint

## M/WBE Utilization Plan (UP)

### Assigned M/WBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
M/WBE	12	2	N/A	N/A
Non-M/WBE	39	8	8	0

### Guth DeConzo Utilization Plan: Conforming Utilization Plan of 30%

Subcontractor Name	Certifying Agency	M/WBE Utilization	Subcontractor's Scope of Work
Macan Deve Engineers, P.C.	NYC	15%	Site Supervision, Constructability Review, Safety Management, Other Field Services
DACK Consutling Solutions	NYC	15%	Cost Estimating, Scheduling Services, Document Control

## Board of Directors Request

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- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with Guth DeConzo Consulting Engineers, PC (“DeConzo”) to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/Elmhurst (“Elmhurst”) for a term of three years with the System holding two 1-year options to renew with a 20% contingency of \$1,839,500 for an amount not to exceed \$11,027,000.



## RESOLUTION - 11

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Jacobs Project Management Co. (“Jacobs”)** to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/**Jacobi Hospital North Central Bronx Campus (“NCB”)** for a term of three years the System holding two 1-year options to renew with a 25% contingency of \$2,816,186 for an amount not to exceed \$14,080,929.

**WHEREAS**, with the substantial expansion of the System’s portfolio of construction and major repair projects, the System has turned to private entities to provide planning, construction management and project management services; and

**WHEREAS**, several construction and major repair projects at NCB are currently in the planning stages or are under consideration including the renovation and reuse of part of NCB for the System’s Outposted Therapeutic Housing Unit (“**OTxHU**”) initiative, the renovation of the NCB Operating Room, energy efficiency upgrades and façade repairs among others totaling in estimated cost \$357M; and

**WHEREAS**, to secure the necessary planning, construction management and project management services the System conducted an RFP process involving the direct solicitation of 51 firms, a pre-proposal conference at which 16 firms attended, 11 firms submitting proposals and the evaluation Committee’s determination that Jacobs best meets the needs of the System; and

**WHEREAS**, Jacobs has recently worked on several projects for the System including the urgent repurposing of parts of NCB to create 120 ICU beds during the peak of COVID, its construction of the Jacobi Express Care facility and indoor air enhancements to address the risk of COVID infection at Kings County Hospital Center and at Queens Hospital Center and its performance in those connections has been evaluated as acceptable to good; and

**WHEREAS**, an unusually large contingency of 25% is requested for the proposed contract due to the complexity of some of the projects to be in Jacobs’ portfolio; and

**WHEREAS**, the Jacobs has proposed a 30% MWBE subcontracting plan that includes, among other things, the extensive use of Laland Baptiste, a minority owned firm, as a major subconsultant to provide key roles such as Construction Manager for the Local Law (LL 11) project, inspectors, and design staff with healthcare facility expertise to support these projects; and

**WHEREAS**, the System’s Office of Facility Development 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 contract with Jacobs Project Management Co. (“**Jacobs**”) to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/Jacobi Hospital North Central Bronx Campus (“**NCB**”) for a term of three years with the System holding two 1-year options to renew with a 25% contingency of \$2,816,186 for an amount not to exceed \$14,080,929.

**EXECUTIVE SUMMARY**  
**STAND-BY CONTRACT WITH JACOBS PROJECT MANAGEMENT CO.**  
**FOR PLANNING, CONSTRUCTION AND PROJECT MANAGEMENT SERVICES**  
**AT THE NCB CAMPUS OF NYC HEALTH + HOSPITALS/JACOBI HOSPITAL CENTER**  
**FOR VARIOUS PROJECTS**

- OVERVIEW:** The System's portfolio of construction and major repair projects has substantially grown over the last several years. To manage such projects, the System has turned to private entities to provide planning, construction management and project management services. The System believes that private firms in such roles will be responsive to the Systems' needs, accountable to the System and will function on a professional level.
- PROCUREMENT** The System conducted an RFP process involving the direct solicitation of 51 firms, a pre-proposal conference at which 16 firms attended, 11 firms submitted proposals and the evaluation Committee determined that Jacobs best meets the needs of the System.
- PROJECTS:** A number of projects at NCB are in early planning stages or are under consideration. Several of these pertain to the System's OTxHU initiative but others address unrelated but important concerns. These projects include fire alarm/sprinkler upgrades, Operating Room renovation, energy upgrades, Emergency Electrical System Type I upgrades, Local Law 11 façade rehabilitation, boiler replacement, staff relocation 6<sup>th</sup> floor, 1B, 1<sup>st</sup>, 2nd, 3rd and 4<sup>th</sup> floor, entrance and lobby rearrangement, exterior and interior signage, ADA complaint bathrooms and ambulatory care expansion. The estimated cost of the entire portfolio of projects is \$357M.
- TERMS:** The proposed contract will be for three years with two 1-year options for the System to exercise. No work will be committed to Jacobs by the execution of the proposed contract but rather Jacobs will be available to accept work orders for the proposed projects as their planning and financing is finalized.
- FUNDING:** The projects will be funded with City capital.
- MWBE:** 30% MWBE plan with special reliance on Laland Baptiste, a minority owned firm, as a major subconsultant to provide 23% of the work in roles such as construction manager for the Local Law (LL 11) project, inspectors, and design staff with healthcare facility expertise to support the projects. Other MWBE firms have been identified for the 7% balance remaining to hit the 30% target.

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

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

Digitally signed by  
Tallbe, Keith  
Date: 2022.06.09  
08:37:47 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Jacobs Project Management, Co.

Matter: NYC Health + Hospitals/North Central Bronx, Construction and Project Management

Date: June 9, 2022

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
30% MWBE Utilization Plan

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.

**NCB Comprehensive Construction  
Management – Program Management for  
Capital Projects  
with  
Jacobs project Management Co.**

**Board of Directors Meeting  
June 30, 2022**

Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development  
Jimmy John, Director Design & Construction, NYC Health + Hospitals / Jacobi & NCB

# Program Background

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- NCB Hospital has a number of existing, uninitiated, and active capital projects with significant public interest in investing in the Hospital.
- Major infrastructure components at NCB Hospital are nearing the end of their useful life
- Some capital projects have direct adjacencies that will require complex coordination and staging. These projects cannot be coordinated without supporting the existing operational team.
- To ensure additional opportunities to secure funding, all funds need to demonstrate progress
- NYC Health + Hospitals is in the process of securing a master planning contract for NCB. The CM vendor will be responsible for coordinating the execution of key milestones, project schedules, and will help enable long term strategic decision making.

# NCB Capital Projects

Name of Project	Project Stage	Designer	Current Total Project Funding
OTxHU Program	Schematic Design	Lothrop/ Moody Nolan	\$240M
OTxHU Decant <ul style="list-style-type: none"> <li>• Emergency Dept.</li> <li>• CPEP</li> <li>• Entrance Lobby</li> </ul>			
Fire Alarm/ Sprinkler update	Schematic Design	Lothrop	\$25M
OR renovation	Planning	Lothrop	\$3.5M
Energy Upgrade	Design Kickoff done	MGE	\$38M
Type 1 EES	Design Kickoff done	MGE	\$18M
Local Law 11 façade rehabilitation	100% Construction Documents	Superstructure	\$16M
Boiler replacement	Planning	MGE	\$17M
TOTAL			\$357.5M

- Fire watch will be in place when project work impacts any fire life safety system
- Close coordination with facility and clinical teams to ensure project work will have minimal impact on delivery of service
  - When possible, scheduling project work for times outside of normal business hours for clinical areas
  - Phasing work to reduce impact to facility's capacity to provide care on inpatient units and ORs

# RFP Criteria

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## ➤ Minimum criteria:

- Minimum 5 years of healthcare project and/or construction management experience
- MWBE Plan, waiver, or certification

## ➤ Substantive Criteria

- 25% Approach and Methodology
- 25% Qualifications of Proposers Consultants and Staffing
- 20% Appropriateness & Quality of Firms Experience
- 15% Cost
- 15% MWBE

## ➤ Evaluation Committee:

- Voting Members
  - Two NCB Capital Design & Construction team members
  - Two OFD team members
  - One EITS team member
- Advising Members
  - One Lincoln Capital Design & Construction team member
  - One OFD team member

# Overview of Procurement

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- 02/22/22: RFP published on City Record, sent directly to 51 vendors
- 03/02/22: Pre-proposal conference held, 16 vendors attended
- 03/18/22: Proposal deadline, 11 proposals received
- 04/22/22: Evaluation committee completed first round of scoring. Four firms were shortlisted
- 05/11/22 – 05/20/22: Shortlisted firms presented proposal solution to evaluation committee
- 05/26/22: Evaluation Committee debriefed on vendor presentations and submitted final scoring. Jacobs was the highest rated proposer





# Solicitation Results

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- Jacobs is the highest rated proposer and is the selected vendor
- Contract award amount is \$11,264,744
- A contingency of 25% totaling \$2,816,186 was added to the contract award amount
- Total NTE for this contract with 25% contingency is \$14,080,929
- Jacobs has performed satisfactory on the following projects:
  - System wide ExpressCare (MWBE utilization at 30%)
  - ENY Water Infiltration project (Active project, MWBE anticipated to reach 30% by completion)
  - Harlem Boiler project (Active project, MWBE utilization anticipated to reach 32% by completion)
  - Indoor Air Quality Enhancement – Brooklyn & Queens (MWBE utilization at 28%)



# Reasons for additional contingency

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- Complexities in design coordination and assembling multiple design contracts into one project to bid
- OTHU takes up 4 floors and 80% of the hospital is getting affected due to decant and construction
- Difficulties in coordination of construction for all the different packages whilst ensuring continuity and manage limited disruptions to current patient services
- Challenges in managing tight timelines to finish the project by spring 2025 i.e. managing multiple shifts and phases
- CPM would help formulate a logistics plan during all phases of the project along with safety and ICRA/ ILSM protocols to be put in place

# M/WBE Utilization Plan (UP)

Assigned M/WBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
<b>M/WBE</b>	12	2	N/A	N/A
<b>Non-M/WBE</b>	39	9	9	0

**Jacobs Utilization Plan:** Conforming Utilization Plan of 33.9%

Subcontractor Name	Certifying Agency	M/WBE Utilization	Subcontractor's Scope of Work
Laland Baptiste, LLC	NYC / NYS	23.0%	Construction support, scheduling, code consulting
DACK Consulting Solutions, Inc.	NYC / NYS	2.9%	Estimating
PACO Technologies, Inc.	NYC / NYS	4.0%	Construction phase support
JED Engineering, P.C.	NYC / NYS	3.5%	Construction phase support
Crescent Consulting Associates, Inc.	NYC / NYS	0.5%	MWBE Compliance / Outreach
<b>Total</b>		<b>33.9%</b>	

## Board of Directors Request

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- Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute a contract with Jacobs Project Management Co. (“**Jacobs**”) to provide, planning, construction management and project management services on an as needed basis with respect to several pending projects at NYC Health + Hospitals/Jacobi Hospital North Central Bronx Campus (“**NCB**”) for a term of three years the System holding two 1-year options to renew with a 25% contingency of \$2,816,186 for an amount not to exceed \$14,080,929.

## RESOLUTION - 12

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate an extension of the contract with **HealthPlex, Inc. (“HealthPlex”)** to provide **dental benefit management services**. The Plan seeks to extend the contract by 3 months from the current end date of September 30, 2022, to the new end date December 31, 2022, for an amount not to exceed \$2,000,000.

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

**WHEREAS**, MetroPlus currently provides dental benefits for approximately 600,000 members in its Medicaid, Essential Plans, Child Health Plus, and other plans, and utilizes a dental benefits management vendor for the administration of the dental program; and

**WHEREAS**, in 2017, HealthPlex was selected through an RFP process to provide dental benefit management services to MetroPlus; and

**WHEREAS**, on July 12, 2017, the Board of Directors of MetroPlus authorized the Plan to enter into a five-year contract with HealthPlex; and

**WHEREAS**, the current HealthPlex contract expires September 30, 2022; and

**WHEREAS**, the Plan seeks to extend its five-year contract with HealthPlex by 3 months to December 31, 2022; and

**WHEREAS**, the Plan seeks spending authority for an amount of \$2,000,0000, to support the extended duration;

**WHEREAS**, on June 7<sup>th</sup>, 2022, the MetroPlusHealth Quality Assurance and Performance Improvement Committee considered and approved the submission of the resolution to the MetroPlusHealth Board of Directors for the proposed contract between MetroPlus and HealthPlex; and

**WHEREAS**, on June 14<sup>th</sup>, 2022, the MetroPlusHealth Board of Directors considered and approved the submission of the resolution to the NYC Health + Hospitals Board of Directors for the proposed contract between MetroPlus and HealthPlex;

**NOW THEREFORE**, be it

**RESOLVED**, that a resolution be submitted to the Board of Directors of the NYC Health + Hospitals, to authorize the Executive Director of MetroPlus to extend the contract with HealthPlex, Inc. (“HealthPlex”) to provide dental benefit management services. The Plan seeks to extend the contract by 3 months from the current end date of September 30, 2022, to the new end date December 31, 2022 for an amount not to exceed \$2,000,000.


## **EXECUTIVE SUMMARY**

### **AUTHORIZING METROPLUS HEALTH PLAN, INC. TO EXTEND ITS FIVE-YEAR CONTRACT WITH HEALTHPLEX BY 3 MONTHS AND INCREASE THE CURRENT SPENDING AUTHORITY**

- BACKGROUND:** MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York. In 2017, HealthPlex, Inc. (“HealthPlex”) was selected through an RFP process, to provide dental benefit management services to the Plan and on July 12, 2017, the Board of Directors of MetroPlus authorized the Plan to enter into a five-year contract with HealthPlex.
- NEED:** HealthPlex’s contract expires September 30, 2022. HealthPlex serves as the Plan’s dental benefit manager that provides dental benefits on the Plan’s behalf, supporting the Plan in meeting dental regulatory requirements, as well as cost containment, and quality enhancement. HealthPlex provides dental service access to over 600,000 members. This extension will provide sufficient time to continue the current procurement and successfully implement these services.
- PROPOSAL:** MetroPlus seeks to extend the contract by 3 months from the current end date of September 30, 2022, to December 31, 2022, for an amount not to exceed \$2,000,000.



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

From: Robin Fisk   
Deputy General Counsel, MetroPlusHealth, Inc.

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

Vendor: HealthPlex, Inc.

Date: June 7, 2022

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

**Vendor Responsibility**  
Approved

**EEO**  
Approved

**MWBE**  
30% Waiver

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

# **MetroPlus Health - Application to Enter Into 3-Months Contract Extension – HealthPlex, Inc.**

**NYC Health + Hospitals  
Board of Directors Meeting  
Thursday, June 30<sup>th</sup>, 2022**

**Dr. Sanjiv Shah, Chief Medical Officer**





# Background

- The Plan is seeking a best-interest extension for the Dental Benefit Management services agreement with the current vendor, HealthPlex, Inc.
- HealthPlex was awarded the contract in 2017 through an RFP process.
- The contract is set to expire 09/30/22.
- Seeking to extend the contract by 3 months, through 12/31/22, to finalize the contract with a newly selected dental vendor, receive NYS Dept. of Health approval and implement the new vendor as of 1/1/23 for administrative simplification.
- HealthPlex 2021 admin fees were \$5.96 million.
- The Quality Assurance and Performance Improvement Committee approved the HealthPlex, Inc. Resolution on Tuesday, June 7<sup>th</sup>, 2022.
- The MetroPlusHealth Board of Directors approved the HealthPlex, Inc. Resolution on Tuesday, June 14<sup>th</sup>, 2022.

# Service Overview

**Our agreement with HealthPlex provides dental benefits to our membership, including:**

- Credentialing and Maintenance of a Dental Provider Network
- Dental Claims Processing
- Utilization Management
- Provider and Member Call Center Support
- Network Management

# Cost Overview

- The Plan is seeking \$1,500,000 for the 3-month extension and \$500,000 for run-out services.
- Starting January 1<sup>st</sup>, 2023, there will be run-out services provided by HealthPlex.
- Run-out services are a regulatory requirement to minimize member/provider disruption and ongoing reporting of plan operations required by NYS and CMS.
- The requested funds reflect potential membership growth through December 31<sup>st</sup>, 2022 and run-out services.

# Vendor Evaluation

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the 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
<b>Performance and Overall Quality Rating Satisfactory</b>	<b>Good</b>

# Board of Directors Request

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate an extension of the contract with HealthPlex, Inc. (“HealthPlex”) to provide dental benefit management services. The Plan seeks to extend the contract by 3 months from the current end date of September 30, 2022, to the new end date December 31, 2022, for an amount not to exceed \$2,000,000.

## **RESOLUTION - 13**

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate and execute a contract with **DentaQuest of New York, L.L.C. (“DentaQuest”)** to provide dental benefit management services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$6,000,000 per year for \$30,000,000 over the full-term of the contract.

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

**WHEREAS**, MetroPlus currently provides dental benefits for all its lines of businesses, and its existing contract with HealthPlex expires on December 31, 2022; and

**WHEREAS**, MetroPlus seeks to provide a fully integrated dental program to its members working with its selected vendor towards the goal of improving health and reducing health care costs; and

**WHEREAS**, an RFP for Dental Benefit Management services was issued in compliance with MetroPlus’ contracting policies and procedures; and

**WHEREAS**, DentaQuest was the vendor selected to provide these services;

**WHEREAS**, on June 8<sup>th</sup>, 2022, the MetroPlusHealth Finance Committee considered and approved the submission of the resolution to the MetroPlus Board of Directors for the proposed contract between MetroPlusHealth and DentaQuest of New York, L.L.C; and

**WHEREAS**, on June 14<sup>th</sup>, 2022, the MetroPlusHealth Board of Directors considered and approved the submission of the resolution to the NYC Health + Hospitals Board of Directors for the proposed contract between MetroPlusHealth and DentaQuest of New York, L.L.C;

**NOW THEREFORE**, be it


**RESOLVED**, that a resolution be submitted to the Board of Directors of NYC Health + Hospitals, to authorize the Executive Director of MetroPlus to negotiate and execute a contract with DentaQuest to provide dental benefit management services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$6,000,000 per year for \$30,000,000 over the full-term of the contract.

## **EXECUTIVE SUMMARY**

- OVERVIEW:** MetroPlus seeks a vendor to provide dental benefit management (DBM) services for all lines of business. The Plan seeks a single vendor to provide administration of dental services, including credentialing and maintenance of a dental provider network, dental claims processing, utilization management, provider and member call center support, and network management.
- PROCUREMENT:** MetroPlus issued a Request for Proposals on April 1, 2022. A mandatory pre-proposers conference was held on April 8, 2022, which 5 prospective vendors attended. 2 proposals were received, evaluated, and scored by an Evaluation Committee based on relevance & quality of experience, quality of proposed approach & adherence to SOW, network size, access & availability, strength of claims process functions, strength of customer service functions, cost and MWBE utilization plan or MWBE status. DentaQuest of New York L.L.C. was selected on these criteria.
- TERM:** The term of the proposed agreement is three years with two one-year options to renew solely exercisable by MetroPlus.
- MWBE:** 30% MWBE utilization plan has been submitted.



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

From: Raven Ryan Solon   
Chief Compliance & Regulatory Officer, MetroPlusHealth, Inc.

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

Vendor: DentaQuest of New York, L.L.C.

Date: June 21, 2022

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

**Vendor Responsibility**  
Pending

**EEO**  
Pending

**MWBE**  
30% Utilization Plan

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.



# **MetroPlus Health - Application to Enter Into Contract – DentaQuest for Dental Benefits Management Services**

**NYC Health + Hospitals  
Board of Directors Meeting  
Thursday, June 30<sup>th</sup>, 2022**

**Dr. Sanjiv Shah, Chief Medical Officer**



# Background | Current State

- MetroPlusHealth requires a vendor to provide dental benefit management services.
- The Plan seeks a single vendor to provide administration of dental services, including credentialing and maintenance and management of a dental provider network, dental claims processing, utilization management, and provider and member call center support.
- MetroPlusHealth seeks to provide a fully integrated dental program to its members working with its vendor towards the goal of improving health and cost.
- The current contract with HealthPlex was procured by RFP in early 2017; the contract was signed in Sept. 2017.
  - Last year HealthPlex invoiced \$5.96 million in admin costs.
  - The current contract expires 9/30/2022 and a separate application to extend to 12/31/2022 has been presented to the Board.
- The Finance Committee approved the DentaQuest Resolution on Wednesday, June 8<sup>th</sup>, 2022.
- The MetroPlusHealth Board of Directors approved the DentaQuest Resolution on Tuesday, June 14<sup>th</sup>, 2022.

# Overview of Procurement Process

- **04/01/22:** RFP was sent directly to 4 vendors and posted to the City Record.
- **04/08/22:** Mandatory pre-proposer conference call was held, 5 vendors attended.
- **05/13/22:** Proposal due date; 2 proposals received.
- DentaQuest ranked most favorably by the Evaluation Committee.

# Eligibility & Evaluation Criteria

## Minimum Criteria

- MWBE Utilization Plan, Waiver, or MWBE Certification.
- 3 current clients with over 300,000 members, which include government lines of business.
- Experience with NYS or NYC plans.

## Evaluation Criteria

- Relevance and Quality of Experience 15%
- Quality of Proposed Approach and Adherence to SOW 15%
- Network Size, Access, Availability 15%
- Strength of Claims Process functions 10%
- Strength of Customer Service functions 10%
- Cost 25%
- MWBE 10%

## Evaluation Committee

- Deputy Chief Operating Officer
- Chief Medical Officer
- Chief Compliance & Regulatory Officer
- Chief Operating Officer
- Chief Financial Officer
- Chief Information Officer
- Senior Director of Customer Services
- Deputy Executive Director of Quality Management

# Vendor Proposal Highlights

- DentaQuest has over 23 years of experience serving health plans in the state of New York.
  - Currently serves some of the largest Plans in New York, including Healthfirst, Fidelis, Affinity, and several others.
- Proposed network that is 65 percent larger than what the Plan has currently, including a congruency with the existing network of 91% by TIN and 89% by NPI.
  - DentaQuest has committed to good faith efforts at recruiting providers to mitigate disruption, including specialists that are relatively scarce.
- Offers innovative approaches to address provider and member needs, such as digital outreach strategies, tele-dentistry, optimized dental home, etc.

# MWBE Utilization Plan

- Under the proposed agreement DentaQuest will commit 30% to its MWBE partners, M. Davis & Company, Inc. (19 %) and Curcio, Inc. dba Curcio Printing and C&L Lettershop (11%).
- M. Davis & Company, Inc. is an approved NYS MBE and will provide outbound call services.
- Curcio, Inc. dba Curcio Printing and C&L Lettershop is an approved NYS WBE and will provide fulfillment, printing, survey, and promotional items.

# Board of Directors Request

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate and execute a contract with **DentaQuest of New York, L.L.C. (“DentaQuest”)** to provide dental benefit management services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$6,000,000 per year for \$30,000,000 over the full-term of the contract.

## **RESOLUTION - 14**

Authorizing the submission of a resolution to the Board of Directors of New York City Health and Hospitals (“NYC Health + Hospitals”), to authorize the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate and execute a contract with **CaremarkPCS Health, L.L.C. a Delaware limited liability company (“Caremark”)** to provide pharmacy benefit management and pharmacy network services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$63,000,000.

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

**WHEREAS**, MetroPlus currently provides pharmacy benefits for approximately 660,000 members in health plans, and our existing contract with Caremark expires on December 31, 2022; and

**WHEREAS**, MetroPlus seeks to provide a fully integrated pharmacy program to its members working with its selected Pharmacy Benefit Manager towards the goal of improving health and reducing health care costs; and

**WHEREAS**, an RFP for Pharmacy Benefits Management services was issued in compliance with MetroPlus’ contracting policies and procedures; and

**WHEREAS**, Caremark was the vendor selected to continue to provide these services; and

**WHEREAS**, on June 7<sup>th</sup>, 2022, the MetroPlusHealth Quality Assurance and Performance Improvement Committee considered and approved the submission of the resolution to the MetroPlus Board of Directors for the proposed contract between MetroPlus and Caremark; and

**WHEREAS**, on June 14<sup>th</sup>, 2022, the MetroPlusHealth Board of Directors considered and approved the submission of the resolution to the NYC Health + Hospitals Board of Directors for the proposed contract between MetroPlus and Caremark;

**NOW THEREFORE**, be it

**RESOLVED**, that a resolution be submitted to the Board of Directors of the NYC Health + Hospitals, to authorize the Executive Director of MetroPlus to”) to negotiate and execute a contract with CaremarkPCS Health, L.L.C. a Delaware limited liability company (“Caremark”) to provide pharmacy benefit management and pharmacy network services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$63,000,000.



## **EXECUTIVE SUMMARY**

- OVERVIEW:** MetroPlus seeks a vendor to provide pharmacy benefit management (PBM) services for all lines of business. The Plan seeks to provide a fully integrated pharmacy program to its members by working with its selected Pharmacy Benefit Manager towards the goal of improving health and reducing health care costs.
- PROCUREMENT:** MetroPlus issued a Request for Proposals on September 8, 2021. A mandatory pre-proposers conference was held on September 15, 2021, which 4 prospective vendors attended. 3 proposals were received, evaluated, and scored by an Evaluation Committee based on ability to adhere to the scope of work, quality of experience, management & organizational capability, technical qualifications, cost & potential savings and MWBE utilization plan or MWBE status. CaremarkPCS Health, L.L.C. was selected on these criteria.
- TERM:** The term of the proposed agreement is three years with two one-year options to renew solely exercisable by MetroPlus.
- MWBE:** 15% MWBE utilization plan has been submitted.



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

From: Robin Fisk   
Deputy General Counsel, MetroPlusHealth, Inc.

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

Vendor: CaremarkPCS Health, L.L.C.

Date:

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

**Vendor Responsibility**

Pending

**EEO**

Approved

**MWBE**

15% Utilization Plan

15% Waiver

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

# **MetroPlus Health - Application to Enter Into Contract – Caremark PCS Health LLC for Pharmacy Benefit Management Services**

**NYC Health + Hospitals  
Board of Directors Meeting  
Thursday, June 30<sup>th</sup>, 2022**

**Dr. Sanjiv Shah, Chief Medical Officer**



# Background

- MetroPlus requires a vendor to provide pharmacy benefit management (PBM) services.
- The Plan seeks to provide a fully integrated pharmacy program to its members by working with its PBM towards the goal of improving health and reducing costs.
- The scope of work was developed based on current agreement with CVS Caremark and referencing previous RFP documents. The Plan has engaged pharmacy consultants, Solid Benefit Guidance (SBG), to assist with this procurement.
- The current contract with CVS Caremark was procured by RFP, signed in 2017 and will expire on 12/31/22.
- Current annualized administrative spend is \$14.4M.
- The Quality Assurance and Performance Improvement Committee approved the CVS Resolution on Tuesday, June 7<sup>th</sup>, 2022.
- The MetroPlusHealth Board of Directors approved the CVS Resolution on Tuesday, June 14<sup>th</sup>, 2022.

# Overview of Procurement

- **09/08/21:** RFP was sent directly to 15 vendors and posted to the City Record.
- **09/15/21:** Mandatory pre-proposer conference call was held, 4 vendors attended.
- **11/05/21:** Proposal due date, 3 proposals received.
- CVS ranked most favorably by the Evaluation Committee.

# Eligibility & Evaluation Criteria

## Minimum Criteria

- MWBE Utilization Plan, Waiver, or MWBE Certification
- Vendor must have at least one current contract covering members in New York City for New York Medicare and Medicaid populations covering over 100,000 Medicare Part D and Medicaid members nationwide.
- Vendor must have experience delivering similar services as requested in this RFP for at least 5 years.

## Evaluation Criteria

Evaluation Criteria	Weight %
Relevance and quality of experience	10%
Management and organizational capability	10%
Ability to adhere to the scope of work	10%
Technical Qualifications	20%
Cost & Potential Savings	40%
MWBE Utilization Plan or MWBE Status	10%

## Evaluation Committee

- Director of Pharmacy
- Chief Medical Officer
- Chief Financial Officer
- Head of Product
- Lead Clinical Quality Examiner
- Senior Director of CORE Operations
- Senior Director of Compliance Operations

# Vendor Proposal Highlights

- Caremark will provide significant savings in all areas, including drug costs, admin fees and additional rebate dollars, with an average savings of 7% (PBM RFPs typically generate only 5% savings).
- \$8.5M renewal credit.
- Tripled total dollars at risk for service level/performance guarantees.
- Agreed to additional performance guarantees for drug related Medicare CAHPS survey results, provider satisfaction and timely State/Federal mandated implementation.
- Will provide additional account management support.
- CVS Caremark pharmacies include major chain pharmacies such as: Rite Aid, CVS, Target, Stop & Shop, HIV Specialty Pharmacies and local independent pharmacies. Walgreens/Duane Reade is included for some LOBs. The Medicare network includes additional nationwide pharmacies.
- NYC H+H pharmacies remain in-network for all MetroPlus members.

# Incumbent Performance

- Consistently met all service level/performance guarantees.
- Call center support 24/7 x 365 handling over 3.5M member and provider calls annually.
- Member satisfaction survey indicating 95% overall satisfaction with prescription benefit services.
- Successful completion of Article 44 survey with no deficiencies related to pharmacy services.
- Conducted 540 in-field audits last year on behalf of the Plan, which identified \$2.4M in FWA activity.
- Caremark's rebate strategy generates the Plan millions of dollars annually.



# MWBE Utilization Plan

- Opportunities to utilize MWBE firms directly on behalf of a client for a PBM are historically limited due to the system-oriented nature of the PBM business and handling of sensitive Protected Health Information (PHI).
- Under the proposed agreement, Caremark will commit all of the non-self performed opportunity, representing professional services, to its MWBE partner, Universal Printing Company, LLC.
- Universal Printing Company, LLC is an approved NYS WBE and will provide fulfillment, printing, survey, and promotional items.
- Caremark previously submitted a 1% MWBE Utilization Plan, and in working with MetroPlusHealth has made significant progress and commitment to this priority.

	Percent
Core Software and Professional Services	84.13%
Fulfillment Services	15.87%
Total	100.00%

# Board of Directors Request

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate and execute a contract with CaremarkPCS Health, L.L.C. a Delaware limited liability company (“Caremark”) to provide pharmacy benefit management and pharmacy network services for a term of three years with two 1-year options to renew, each solely exercisable by MetroPlus, for an amount not to exceed \$63,000,000.

## **RESOLUTION - 15**

Authorizing the submission of a resolution to the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”), to authorize the Executive Director of MetroPlus to enter a best interest renewal contract with **Clarity Software Solutions, Inc.** for fulfillment and distribution services for a term of two (2) years, for an amount not to exceed \$8,000,000, not including postage, for the total two (2) years.

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

**WHEREAS**, MetroPlus offers comprehensive health services coverage to enrollees in its Medicaid, Child Health Plus, Partnership in Care, MetroPlus Gold, Medicare, MetroPlus UltraCare, MetroPlus MarketPlace (Exchange), HARP, MLTC, MetroPlus Essential Plan, Goldcare I and Goldcare II, lines of business; and

**WHEREAS**, MetroPlus is required to provide said services in accordance with established regulatory guidelines and to timely distribute materials to members consistent with regulatory guidelines; and

**WHEREAS**, an RFP for fulfillment and distribution services was issued in 2017 in compliance with the contracting policies and procedures of MetroPlus; and

**WHEREAS**, Clarity Software Solutions, Inc was selected as the successful respondent and has since demonstrated its ability to provide said services effectively; and

**WHEREAS**, MetroPlus seeks to re-engage Clarity to ensure continuity of essential fulfillment and distribution services and to avoid the significant costs of engaging a new vendor such as potential member abrasion, implementation demands, loss of historical work product, and potential regulatory fees for nonconformance with upcoming electronic fulfillment mandate; and

**WHEREAS**, on June 8<sup>th</sup>, 2022, the MetroPlusHealth Finance Committee considered and approved the submission of the resolution to the MetroPlus Board of Directors for the proposed contract between MetroPlusHealth and Clarity Software Solutions, Inc.; and

**WHEREAS**, on June 14<sup>th</sup>, 2022, the MetroPlusHealth Board of Directors considered and approved the submission of the resolution to the NYC Health + Hospitals Board of Directors for the proposed contract between MetroPlusHealth and Clarity Software Solutions, Inc.

**NOW THEREFORE**, be it

**RESOLVED**, that a resolution will be submitted to the Board of Directors of MetroPlus Health Plan, Inc. (“MetroPlus” or the “Plan”), to authorize the Executive Director of MetroPlus to enter a best interest renewal contract with Clarity Software Solutions, Inc. for fulfillment and distribution services for a term of two (2) years, for an amount not to exceed \$8,000,000, not including postage, for the total two (2) years.

## EXECUTIVE SUMMARY

**BACKGROUND:** MetroPlus, a subsidiary corporation of NYC Health + Hospitals, is a Managed Care Organization and Prepaid Health Services Plan, certified under Article 44 of the Public Health Law of the State of New York. The Certificate of Incorporation of MetroPlus reserves to NYC Health + Hospitals the power to approve MetroPlus contracts, other than with NYC Health + Hospitals or a health care service provider, with an annual value in excess of \$3,000,000.

In 2017, Clarity Software Solutions, Inc. (“Clarity”) was selected through an RFP process, to provide fulfillment and distribution services to MetroPlus and on July 12<sup>th</sup>, 2017, the MetroPlus Board of Directors authorized MetroPlus to enter into a five year contract with Clarity at an annual cost not to exceed \$2,900,000 for a total contract cost not to exceed \$14,500,000, not including postage.

**NEED:** Clarity’s contract expires on August 7<sup>th</sup>, 2022. MetroPlus seeks to enter a best interest renewal with Clarity for an additional 2-year term. This will allow MetroPlus to ensure continuity of these services, and to avoid significant regulatory fines for non-conformance to electronic member preference requirement, member abrasion related to inability to conform with electronic member preference and avoid disruption to downstream vendor implementations which have significant dependencies on Clarity.

Clarity serves as the Plan’s fulfillment and distribution partner, automating and streamlining print services, and providing improved member engagement through healthcare communications. Clarity provides outreach across all MetroPlus lines of business, totaling to ~8.5 million communications per year, including essential Plan information such as ID Cards, Booklets, Letters, and Invoices.

**PROPOSAL:** The term of the proposed agreement is two years. Plan conducted an RFI process to assess market for industry standard pricing and found Clarity’s pricing to be competitive.

**MWBE:** Clarity has committed to subcontracting to a WBE vendor, Highroad Press, LLC who is certified in NYS. A WBE utilization plan for 21.9% has been submitted, seeking a waiver on the remaining 8.1%



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

From: Robin Fisk   
Deputy General Counsel, MetroPlusHealth, Inc.

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

Vendor: Clarity Software Solutions, Inc

Date: Tuesday, May 17<sup>th</sup>, 2021

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

**Vendor Responsibility**

Approved

**EEO**

Approved

**MWBE**

22% Utilization Plan  
8% Waiver

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

# **MetroPlus Health - Application for A Best Interest Contract Renewal – Clarity Solutions Software, Inc.**

**NYC Health + Hospitals  
Board of Directors Meeting  
Thursday, June 30<sup>th</sup>, 2022**

**Ms. Lauren Leverich, Financial Officer**



# Background

- MetroPlusHealth is seeking a best interest renewal of its contract with Clarity.
- Clarity provides fulfillment and distribution services to Plan members.
- The contract would be extended for a term of 2 years
- Clarity was awarded the contract in 2017 as a result of an RFP process. The current contract expires August 2022.
- The Plan seeks spending authority of \$8,000,000 to support the new contract term.
- The Finance Committee approved the Clarity Resolution on Wednesday, June 8<sup>th</sup>, 2022.
- The MetroPlusHealth Board approved the Clarity Resolution on Tuesday, June 16<sup>th</sup>, 2022.

# Scope Overview

- The Plan currently sends out ~8.5M pieces of mail per year:
  - Materials Include ID cards, welcome packets, booklets, letters, and invoices.
- Currently, fulfillment activities are handled by multiple vendors including Clarity, Vanguard, SS&C, and internal mailroom.
- MetroPlusHealth is working to centralize all fulfillment to Clarity.
- Additionally, the Plan is seeking to expand the scope of the Clarity services to enable digital fulfillment for Plan members, per an upcoming State mandate, which will not allow for sufficient time to re-procure.
- MetroPlusHealth currently spends an average ~\$4M on fulfillment and distribution services.



# Rationale for Best Interest Renewal

## Costs:

- Significant regulatory fines for non conformance to electronic member preference requirement.
- Member abrasion related to inability to conform to electronic member preferences.
- Disruption to a currently ongoing downstream vendor implementations which have significant dependencies on Clarity, such as Salesforce.
- Plan conducted an RFI process to assess market for industry standard pricing and found Clarity's pricing to be competitive.

## Benefits:

- Potential improvement in vendor performance.
- Potential savings in transactional costs.

# Vendor Evaluation

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	n/a
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
<b>Performance and Overall Quality Rating Satisfactory</b>	<b>Good</b>

# Vendor Highlights

- **Volume of materials mailed by Clarity (2021):**
  - ID Cards: ~930,000
  - Books: ~20,000
  - Member Guides: ~160,000
  - Letters: ~2,900,000
  - Invoices: ~370,000
- Clarity achieved an above 98% timeliness SLA for ID cards, booklets and invoices.
  - Some challenges in achieving timeliness for Letters (~76% timeliness) after significant increase in historical volume, i.e., 1.1M (2019), ~115K (2020), 2.9M (2021).
- Dedicated Account Management support model across business segments.
- Culture of compliance; HITRUST & SOC2 certified.

# MWBE Utilization Plan

- Under the proposed renewal, of the \$8M, \$6.2M (78%) is being self performed by Clarity.
- 100% of the remaining opportunity will be committed to Clarity's MWBE partner, Highroad Press LLC.
- Highroad Press, LLC is an approved NYS WBE.
- Highroad Press, LLC will provide paper included in letters and invoices as well as the additional sheets includes in ID card packages, member guide and booklet packages.

# Board of Directors Request

- Authorizing the Executive Director of MetroPlus Health Plan, Inc. (“MetroPlus” or “the Plan”) to negotiate and execute a best interest renewal of its contract with Clarity Software Solutions, Inc. for fulfillment and distribution services for a term of two (2) years, for an amount not to exceed \$8,000,000, not including postage, for the total two (2) years.