

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

➤ NYC Health + Hospitals | Metropolitan

2021 Performance Improvement Plan and Evaluation (Written Submission Only)

➤ NYC Health + Hospitals | Segundo Ruiz Belvis Diagnostic & Treatment Center- Gotham

Semi-Annual Governing Body Report (Written Submission Only)

➤ NYC Health + Hospitals | Kings County

➤ NYC Health + Hospitals | Susan Smith McKinney Nursing and Rehabilitation Center

1. OPEN PUBLIC SESSION - 3:00 PM

Mr. Pagán

Adoption of Minutes: June 30, 2022

Chair's Report

President's Report

Dr. Katz

2. Authorizing New York City Health and Hospitals Corporation (the "System") to sign a five year lease extension with **Martha Vincent (the "Landlord") for the continued use of approximately 2,078 square feet of space at 769 Onderdonk Avenue, Borough of Queens to operate a primary care program managed by NYC Health + Hospitals/Gotham Health** ("Gotham Health") at a base rent of \$69,000 per year, or \$33.21 per square foot to be escalated by 3% per year for a total of \$366,330.37 over the five year initial term plus a charge for the System's proportionate share of real estate tax increases over a 2012/2013 base year; provided the System will hold an option to renew the lease for an additional five years resulting in base rent over the potential 10-year term of \$791,007.67 and an estimated \$50,469.73 for the tax escalation charges for an estimated total rent over the 10-year term of \$841,477.40.

Mr. Peña-Mora

(Presented to the Capital Committee: 07/11/2022)

VENDEX: NA / EEO: NA

3. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a contract with **Jemco Electrical Contractors, Inc.** (the "Contractor") to complete an upgrade of Emergency Electrical Service Type I at NYC Health + Hospitals/Elmhurst Hospital Center ("Elmhurst") for a term to equal the duration of the proposed construction project for an amount, including a 20% contingency of \$1,258,472, not to exceed \$7,550,830.

Mr. Peña-Mora

(Presented to the Capital Committee: 07/11/2022)

VENDEX: Approved / EEO: Approved

4. Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following six firms: **Rapid Reliable Testing NY, LLC., a/k/a DocGo, MedRite Testing, LLC, Centena Health, Inc., Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc.** (the "Vendors") to perform COVID testing when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount

Dr. Calamia

(Presented to the Medical and Professional Affairs Committee: 07/11/2022)

VENDEX: All Approved (except Centena Health Inc. – Pending)

EEO: All Approved (except Centena Health Inc. – Pending)

5. Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following four firms: **Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing of NY, Inc., d/b/k DocGo, SOMOS Healthcare Providers Inc. and Huron Consulting Group, Inc.** (the "Vendors") to provide COVID surge project management services when necessary as directed the System's President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount

Dr. Calamia

(Presented to the Medical and Professional Affairs Committee: 07/11/2022)

VENDEX: All Approved / EEO: Q.E.D – Pending / All Others Approved

6. Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest renewal of its contract with **New York Legal Assistance Group** (“NYLAG”) under which NYLAG provides certain free legal services to the System’s patients for one year for an additional amount not to exceed \$1,889,182 which, when added to the previously approved funding of \$4,160,424, brings the total not-to-exceed amount to \$6,049,606 (Presented to the Medical and Professional Affairs Committee: 07/11/2022)
VENDEX: Approved / EEO: Approved

Committee Reports

- Medical and Professional Affairs
- Capital
- Equity Diversity and Inclusion
- Finance
- Audit

>>Old Business<<

>>New Business<<

>>Adjournment<<

Dr. Calamia

Dr. Calamia
Mr. Peña-Mora
Mr. Peña-Mora
Ms. Wang
Ms. Hernandez-
Piñero

Mr. Pagán

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 30th day of June, 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
Dr. Vincent Calamia - Virtual
Mr. Gary Jenkins - Virtual, left at 3:35pm
Dr. Michael McRae - Virtual
Ms. Barbara Lowe - Virtual
Mr. Robert Nolan - Virtual, left at 4:40pm
Ms. Anne Williams-Isom, Virtual, left at 3:40pm
Ms. Erin Kelly - Virtual, joined at 3:40pm
Ms. Sally Hernandez-Piñero - In Person
Ms. Freda Wang- Virtual, joined at 3:13pm; left at 4:26
Mr. Feniosky Peña - Mora - In Person
Ms. Anita Kawatra - Virtual -join at 3:14; left at 4:00; rejoin at 4:23
Dr. Michelle Morse - Virtual
Dr. Patricia Marthone - Virtual

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

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasan 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 3:08 p.m.

Mr. Pagán noted that Dr. Morse is representing Dr. Vasan and Erin Kelly is representing Deputy Mayor Anne Williams-Isom when the Deputy Mayor leaves the meeting at 3:40, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on May 26, 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 May 26, 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/Elmhurst.

The Board received and approved the 2021 performance improvement plan and evaluation (written submission) from NYC Health + Hospitals/Morrisania Diagnostic and Treatment Center - Gotham.

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

VENDEX APPROVALS

Mr. Pagán noted there are eleven items on the agenda requiring Vendex approval, of which nine have approval. There are nine items from previous board meetings pending Vendex approval. Two approvals were received since the Board last met.

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

INFORMATIONAL ITEM

Cisco Smartnet Maintenance Contract and Financing

Kim Mendez, Senior Vice President/Corporate Chief Information Officer and Linda DeHart, Vice President of Finance, shared that in May 2022, New York City Health + Hospitals entered into contract 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.

Mr. Peña-Mora commended Ms. Mendez and the team for their work with CISCO in MWBE contracting arrangements.

ACTION ITEM 3:

Mr. Peña-Mora read the resolution

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

Deborah Brown, Senior Vice President External & Regulatory Affairs, recognized and acknowledged the work of Okenfe Lebarty, Senior Director, Government and Community Affairs as the project lead and all the teams for their collaboration and contributions.

Ms. Brown explained that the CHNA is a tri-annual requirement for non-profit providers. NYC Health + Hospitals conducted a comprehensive and inclusive CHNA process that included qualitative and quantitative analysis and input from the newly formed CHNA Advisory Board. The team conducted borough-wide focus groups and over 3,060 community stakeholder identified top risks and causes of poor health and death in their communities. The two major priority areas are: improving health equity and chronic disease; and facilitating access to services.

Ms. Brown discussed the COVID-19 metrics and next steps, which includes returning to the Board in November 2022 to present the Implementation Plan. The full CHNA is publicly available via the NYC Health + Hospitals' public website.

In response to questions from the Board, Ms. Brown explained the impact of COVID-19 in the community goes beyond the need for immediate care; many struggle with long COVID, mental health concerns, financial stability and violence.

The Board congratulated Ms. Brown, Mr. Lebarty and the team for their tremendous work and the successful completion of this project.

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

ACTION ITEM 4:

Dr. Calamia read the resolution

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.

(Presented Directly to the Board)

Chris Keeley, Chief Operating Officer, Ambulatory Care and Test and Trace Corps provided background information on the program, including services. He discussed the timeline of the existing operations, future programming and the budget. Mr. Keeley discussed the justification for the best interest renewal, vendor performance evaluation and MWBE commitment goal of 30%.

The Board asked for clarification about the total dollar amount awarded in the original contract, excluding the extensions and best interest renewals. Mr. Keeley did not have the exact amount, but estimates the amount to be more than \$30 million. He will follow up with precise figures.

Andrea Cohen, General Counsel and Senior Vice President, responded to questions from the Board regarding factors leading to a best-interest renewal. It is standard practice to test the market every five years for competitive rates, however when there are special circumstances such as timing, emergencies or the level of reliance they lead to best-interest renewals/extension.

The Board also asked for clarification about the two parallel contracts. Mr. Keeley explained that the contracts have been approved by the Board but not executed. The contract is multiple years. The services under the current contract are provided fully by the vendor. In the future, the vendor will provide the vehicles, fuel and supplies however, the System will provide staffing, IT support, and lab logistics. The team is working on system inter-operability to retrieve patient data from the vendor and transition them into EPIC.

Mr. Peña-Mora commended Mr. Keeley and the team for their work in advancing the MWBE goals.

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

ACTION ITEM 5:

Dr. Calamia read the resolution

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.

(Presented Directly to the Board)

Dr. Amanda Johnson, Assistant Vice President of Ambulatory Care & Population Health provided background information and current state. She provided information about the contracts to be extended, including geographic representation and data. Dr. Johnson discussed the agency staff demographic which align with the System's diversity goals.

The Board asked for clarification about the type of resources being made available to patients and metrics for success. Dr. Johnson confirmed that the top resources include medical services, services under Human Resource Administration, NYC Well for people who are experiencing mental health symptoms, and rental assistance programs. The success will be quantified by the number of connections to resources/referrals made and the resolution of symptoms/need.

In response to questions from the Board, Dr. Johnson clarified that referrals to Community Based Organizations are based on staffing levels, and the navigator's specific capabilities and language. The System does not have a closed loop referral platform to gather data on patients' utilization of outside resources.

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

ACTION ITEM 6:

Mr. Peña-Mora read the resolution

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.

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

Ross Kristal, Senior Director, Office of Ambulatory Care & Population Health gave background information and financial spend data in addition to details on the current changes since the approval/request and estimated project spend. Dr. Kristal also detailed the programmatic changes and its benefits. The vendor was granted a full MWBE waiver in 2019, which will remain in effect with this extension however, the vendor provided a diversity analysis and is open to conducting a diversity survey and launching diversity-focused initiatives. The vendor performance received an excellent overall rating.

In response to questions from the Board, Dr. Kristal confirmed that there is interface between the appointment text cancelation response and the EPIC system. Appointments are cleared in EPIC once a patient cancels via text.

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

ACTION ITEMS 7, 8, 9:

Mr. Peña-Mora read the resolutions and noted the resolutions will have one presentation, however each will be voted on individually

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.

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

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.

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

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.

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

Mahendranath Indar, Assistant Vice President, Office of Facilities Development, gave the background and current state for the HVAC and electrical contracts. The vendor overall rating evaluations for JEMCO, MacFhionnghaile & Sons, and Vastech were "good", "excellent" and "NA", in that order; he explained that the NA rating for Vastech will change upon completion of the work and subsequent evaluation.

Vastech has an MWBE utilization plan of 31%, JEMCO's is 30.17% and Mac Fhionnghaile & Sons is a NYC certified MWBE firm.

Hearing no questions from Board Members - upon motion duly made and seconded, the Board unanimously approved resolutions 7, 8 and 9.

ACTION ITEMS 10:

Mr. Peña-Mora read the resolution

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

Milenko Milinic, Chief of Capital Design & Construction, NYC Health + Hospitals/Elmhurst provided program background information and a list of Elmhurst capital projects. Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, explained the RFP criteria, provided an overview of the procurement, solicitation results, performance references and the reasons for additional contingency. The vendor's MWBE utilization goal is set at 30%.

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

RECUSAL: Mr. Peña-Mora recused himself from the meeting for the presentation, discussion and approval of action item 11.

ACTION ITEMS 11:

Mr. Pagán read the resolution

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

Mr. Gonzalez gave program background information and a list of NYC Health + Hospitals/North Central Bronx (NCB) capital projects. The RFP criteria was discussed as well as an overview of the procurement, solicitation results and performance references. The reasons for additional contingency of 25% is due to the complexity of the design and unknown conditions. The vendor's MWBE utilization goal is set at 30%.

Mr. Nolan asked for confirmation that the funds being approved will be used solely for the project/purpose discussed in the presentation and not towards the future potential project in Jacobi's building #2. Mr. Gonzales confirmed that the approved funds will be used exclusively for projects listed for at NYC Health + Hospitals/North Central Bronx (NCB).

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

ACTION ITEMS 12:

Sally Hernandez-Piñero read the resolution

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.

(Presented to the MetroPlus Board: 06/14/2022)

Dr. Sanjiv Shah, Chief Medical Officer, MetroPlus, presented the background history with HealthPlex Inc, shared a service overview, cost overview and vendor evaluation.

Dr. Shah responded to questions from the Board. He explained that HealthPlex will not continue to engage with governmental programs at this moment because of its acquisition.

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

ACTION ITEMS 13:

Sally Hernandez-Piñero read the resolution

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.

(Presented to the MetroPlus Board: 06/14/2022)

Dr. Shah explained the State requires a Metroplus vendor to provide dental benefit management services. He gave an overview of the procurement process, eligibility and evaluation criteria. The vendor proposal highlights their 23 years of experience serving health plans, that their proposed network is 65% larger than what the plan currently has and their MWBE utilization plan of 30%.

The Board asked questions regarding dental services for pregnant women and children. Dr. Shah explained they recognize the critical importance of dental care for this population and it is one of the quality programs they are establishing with DentaQuest.

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

ACTION ITEMS 14:

Sally Hernandez-Piñero read the resolution

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.

(Presented to the MetroPlus Board: 06/14/2022)

Dr. Shah provided background information regarding pharmacy benefit management services. He gave an overview of the procurement process, eligibility and evaluation criteria, vendor proposal highlights, and incumbent performance. The MWBE utilization plan, under the proposed agreement has Caremark committing all of the non-self-performed opportunity, representing professional services, to its MWBE partner.

In response to questions from the Board, Dr. Shah clarified that 15.87% of the MWBE utilization will be for fulfillment services and 84.13% will be the vendor's self-performed core software and professional services.

Mr. Peña-Mora congratulated the team for their work in advancing the MWBE efforts with the vendor.

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

ACTION ITEMS 15:

Sally Hernandez-Piñero read the resolution

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)

Lauren Leverich, Chief Financial Officer, Metroplus, shared background information and a scope overview. Ms. Leverich explained the rationale for best interest renewal describing both costs and benefits, the vendor evaluation of performance and highlights. The vendor's MWBE utilization plan consists of 78% being self-performed and 22% commitment to their MWBE partner.

Mr. Peña-Mora commended the team for their work in advancing the MWBE efforts with the vendor.

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

PRESIDENT'S REPORT

MAJOR ANNOUNCEMENT - TREATMENT IN A MOBILE TESTING SITES

Dr. Katz stated that while this specific update was not included in the written report, the Mayor along with a White House representative just announced that New York City Health and Hospitals would be providing treatment in a mobile testing site. This service has not been provided in any other areas of the United States. The patients will get tested and prescribed medication if they test positive. The prescription will be electronically sent to a pharmacy for pick up or delivery.

Dr. Katz clarified in response to questions from the Board that at this moment, the medication cannot be dispensed at the testing units because we have not received approval from the State.

COVID-19 UPDATE

The System began to offer the Pfizer COVID-19 vaccine to patients' ages 6 months - 4 years, following the CDC approval last week. The vaccine is available in all pediatric practices of our 11 public hospitals.

Last month the Test & Trace team joined Mayor Adams, the NYC Department of Education and NYC Department of Health and Mental Hygiene to announce that the City's in-school surveillance testing program administered over two million PCR COVID-19 tests to students and school staff this school year.

On June 8, New York City's healthcare leadership from City Hall, New York City Health + Hospitals and the NYC Department of Health and Mental Hygiene held the City's first Long COVID symposium. More than 400 city-based clinicians and health and social service providers who offer support for New Yorkers with Long COVID attended the symposium.

EXTERNAL AFFAIRS UPDATE

SCOTUS Rulings on Abortion and Guns - The two most significant policy issues the System is confronting are legal changes to the right to choose and to gun safety. New York State continues to protect a person's right to choose. NYC Health + Hospitals will continue to provide safe, legal, accessible abortion services. The Mayor visited NYC Health + Hospitals/Lincoln to learn more about how the health System provides reproductive health services, including abortion.

Colleagues attended the City Council hearing on maternal health this month. Dr. Katz thanked Dr. Machel Allen, the health System SVP and CMO, for her participation in that hearing.

The Supreme Court also struck down New York's century-old concealed carry law, ruling that Americans have a broad right to arm themselves in public. In response, the Governor convened an extraordinary session of the legislature to address statutory changes regarding firearm safety to ensure protection of public safety and health.

The City Council voted to adopt the FY-2023 budget on June 13, 2022, which included the following new funding to NYC Health + Hospitals:

- \$3.6M - Mental Health Continuum work to be completed by the System's Behavioral Health team in NYC public schools • \$635K - to support victims of the sex trade industry and the EMPOWER clinics at NYC Health + Hospitals/Jacobi and Gotham Heath/Gouverneur
- \$508K - to support Immigrant Health Initiative and the work to provide physical and mental health services for vulnerable immigrants
- \$246K - to help end HIV/AIDS and support patients who are receiving PrEP and PEP medications
- \$200K - to support Crisis Management System and gun violence prevention programs

\$57.9M of capital funding, which is primarily awarded by City Council members and Borough Presidents, and is in addition to the \$37.3M capital funding awarded by the Borough Presidents in the FY23 Executive Budget published in April. Highlights of the Adopted Budget awards include: \$10M for the upgrade of the hyperbaric area at NYC Health + Hospitals/Jacobi, \$6.6M for the women's health services integration at NYC Health + Hospitals/Coney Island (in addition to the \$11.9M awarded by the Borough President in the Executive Budget), and \$5M for the expansion of women's health pavilion at NYC Health + Hospitals/Elmhurst.

Dr. Katz joined Council Member Marjorie Velázquez and New York City Council Speaker Adrienne Adams to accept their \$10M contribution to expand the Hyperbaric Medicine Services at NYC Health + Hospitals/Jacobi Hospital. NYC Health + Hospitals/Jacobi is the only facility within the NYC Health + Hospitals System to offer Hyperbaric Medicine and the only facility in the five boroughs providing a multi-patient, walk-in chamber.

NYC HEALTH + HOSPITALS AND DC-9

NYC Health + Hospitals is partnering with District Council No. 9 Local Union 1969 to offer a new, four-year apprenticeship program to train individuals for careers as unionized painters. DC-9 will provide classroom training, and NYC Health + Hospitals will provide supervised on-the-job training. The program will develop a pipeline of candidates with the skills and experience to pass a civil service exam and qualify for unionized painter positions. This program is in line with Mayor Adam's Blueprint for New York City's Economic Recovery.

NYC HEALTH + HOSPITALS PAVES THE WAY FOR MED SCHOOL DEBT RELIEF FOR 26 YOUNG PHYSICIANS

Twenty-six young doctors were selected for NYC Health + Hospitals and the Doctors Across New York State loan forgiveness program. The public health System paved the way for the young physicians to receive a total of \$3 million in loan forgiveness grants in exchange for their commitment to serve in the System for three years. The selected NYC Health + Hospitals doctors will each receive up to \$40,000 per year for up to three years to help cover their loans for medical school.

CELEBRATING PRIDE

It has been more than 50 years since the famous Stonewall Inn uprising, a critical moment in the powerful LGBTQ+ rights movement in America. NYC Health + Hospitals is a pioneer in specialized, culturally competent care for the LGBTQ+ community, opening 7 PRIDE centers in the System since 2014. Just last month the Human Rights Campaign Foundation singled out 18 NYC Health + Hospitals patient care locations across all five boroughs as LGBTQ+ Healthcare Equality Leaders.

RECOGNIZING JUNETEENTH

Juneteenth is a national holiday to honor the profound sacrifice of generations of enslaved people and acknowledge the end of slavery. Structural racism has led to the erosion of basic human rights such as education, housing, employment and access to good medical care. As a result, Black communities continue to suffer from higher rates of illness and death from diabetes, hypertension, obesity, asthma and heart disease. The System's hospitals are recognized as the most racially inclusive hospitals in New York. The System is developing programs that reduce maternal mortality, improving the outcomes of

Black birthing people. NYC Health + Hospitals is committed to the daily work of reversing inequities in health care.

METROPLUS HEALTH WILL OFFER MEDICALLY TAILORED MEALS FOR ELIGIBLE MEMBERS

MetroPlus was approved to participate in a State pilot program beginning July 1st to offer medically tailored meals as part of the health plan's Medicaid benefit package to individuals 18 years and older. To qualify, members must have limited ability to perform their activities of daily living and need help with meal preparation. Members who have a severe illness such as cancer, diabetes, or heart failure may qualify as well. MetroPlus Health will identify and provide outreach to members. Once a member confirms interest, the health plan will partner with God's Love We Deliver to provide three meals daily for 6 months, and will be able to extend the service based on the member's need.


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 5:02P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

Capital Committee VIRTUAL Meeting – June 13, 2022

As reported by Freda Wang

Committee Members Present: Dr. Mitchell Katz, Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang

Ms. Wang called the meeting to order at 10:09 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on May 9, 2022, were unanimously approved.

Senior Assistant Vice President's Report

Mr. Saez, Senior Assistant Vice President, Office of Facilities Development presented his report.

Mr. Saez advised that the Office of Facilities Development had a robust set of activities underway to support the System's facilities.

Our Directors of Engineering and their teams at Jacobi, Metropolitan, and Harlem continue to work to prepare for their Joint Commission surveys. We are in the cooling season and the teams are ensuring our cooling towers and chillers are operational and ready to support the cooling needs of our hospitals. Two of the five cells of our cooling tower at Harlem Hospital are operational, and we plan to have the remaining three cells active by the end of this month. We have removed our dependency of the temporary chillers at the facility.

Across our System there are hundreds of ongoing capital projects and we are working hard to support our facilities to keep these projects moving through the design, procurement, construction and closeout process.

The Decarbonization and Sustainability team, under the leadership of Oscar Gonzalez and led by Omer Cabuk, have completed a number of projects across our System as part of our continuous improvement toward reducing our greenhouse emissions.

Seven elevators motors and controls were upgraded at Coney Island, LED light fixtures and lighting controls were installed at Bellevue Hospital, 20 Air Handling units were refurbished, and a partial lighting fixture upgrade was completed under Phase 1 Energy Upgrade project at Lincoln Hospital, and the installation of two chillers and 30 fan coil units have been substantially completed at Metropolitan Hospital.

The past two weeks in my new role as Director of OFD has only further reinforced my belief that we have an amazing team working at Central Office and at the facilities who remain focused on ensuring our sites are safe and operational so

we can continue to deliver great care to our patients. With the support I have received from Dr. Katz, Chairman Pagán, Capital Chair Peña-Mora, Matt Siegler, and my other peers, I feel confident we can continue to deliver the great work this organization has come to expect from OFD.

At this time, I am happy to take any questions prior to presenting our five resolutions today.

That concluded Mr. Saez's remarks.

The first three resolutions were combined into a single presentation for review and discussion, they will be voted on separately.

Mr. Saez read the resolutions:

Authorizing New York City Health and Hospitals Corporation ("NYC Health + Hospitals") to extend by six months its contract with Mac Fhionnngaile & 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.

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.

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.

Mahendranath Indar, Chief Operating Office, Office of Facilities Development, narrated a presentation providing background and current state information for both HVAC and electrical contracts, vendor evaluations, and the MWBE subcontracting for Vastech and Jemco, indicating Mac Fhionnaghaile & Sons is a NYC certified MWBE.

Ms. Wang asked if the solicitations were in process for both the HVAC and Electrical contracts. Mr. Indar said yes, with presentation planned for the CRC, the Capital Committee and Board of Directors in October of 2022 and this extension will allow us time to complete that solicitation and award.

Mrs. Hernandez-Piñero asked if the new contracts would be issued with the same term of two years. Mr. Indar said it would be the same 2 year term to ensure that we get the best market pricing.

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

Mr. Saez read the resolution:

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.

Mr. Gonzalez narrated a presentation providing project background information, a list of Elmhurst capital projects, the RFP criteria, procurement overview, solicitation results, vendor performance, references and background, rationale for additional contingency, and MWBE utilization plan. Mr. Gonzalez was joined by Erin Egan, Elmhurst - Director of Capital Budgets, Office of Facilities Development.

Mrs. Hernandez-Piñero asked about a mention of Jacobs Project Management in the Executive Summary. Mr. Gonzalez said that was a typo and would be corrected for the Board meeting.

Mrs. Hernandez-Piñero asked for confirmation that H+H was confident that Guth DeConzo could perform well on all active H+H projects. Mr. Gonzalez said yes, since they have performed well in the past.

Ms. Wang asked if the CM pricing was based on the project cost and how contingency was identified. Mr. Gonzalez said it was based on hourly rates but proposals were submitted with a team in mind. He noted that there are some unknowns that may arise, therefore, the contingency would provide for anything above and beyond the projects listed.

After discussion and 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. Saez read the resolution:

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.

Mr. Gonzalez narrated a presentation providing project background information, list of NCB capital projects, RFP criteria, an overview of the procurement, solicitation results, rationale for additional contingency, and MWBE utilization plan. Mr. Gonzalez was joined by Jimmy John, Director of Design and Construction, NYC Health + Hospitals Jacobi/NCB.

Mrs. Hernandez-Piñero asked how many projects outside of the OTxHU were identified as a result of the OTxHU projects and how many were critical capital projects with no association or relation to OTxHU activities.

Mr. Gonzalez asked if she was referring to the inter-dependency of the projects. Mrs. Hernandez-Piñero said yes and also how the hierarchy of needs factored in.

Mr. Gonzalez said that the Fire Alarm was critical work, whereas the energy projects were mostly jobs included because work would be underway for the OTxHU. Mr. John said the Local Law 11 work was a hybrid of critical work with a factor of OTxHU work providing an opportunity to address.

Mrs. Hernandez-Piñero asked how the Master Planner would interface with the Construction Manager. Mr. Gonzalez said the Master Planning RFP was to identify capital needs for the 5-year plan but at NCB there has been coordination with consultants as a result of ongoing work and so there was an unofficial master plan for the site. Organically a master plan has been developed and the CM will help drive that forward.

Ms. Wang asked who was managing the OTxHU at the other sites. Mr. Gonzalez said there was a program manager, AECOM, for Bellevue and Woodhull. At Bellevue there was a CM builder, holding the contracts and managing work. At Woodhull the procurement was under way for the CM portion while Hunter Roberts was contracted with the decanting at Woodhull.

Ms. Wang commented that Jacobs would be the lead at NCB. Mr. Gonzalez said yes. He noted that the projects Jacobs was involved in throughout the system had specific teams working on the specific projects, which would eliminate overlap.

Ms. Wang asked if the contract term in the executive summary was written in error. Mr. Gonzalez said yes and confirmed the term would be for three years with two one-year options to renew will be updated for the Board meeting.

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 10:57 a.m.

INFORMATION TECHNOLOGY COMMITTEE - June 13, 2022

AS REPORTED BY: Dr. Mitchell Katz

COMMITTEE MEMBERS PRESENT: Dr. Mitchell Katz, Feniosky Peña-Mora, Sally Hernandez- Piñero representing Jose A. Pagan in a voting capacity

Dr. Katz called the June 13th meeting of the Information Technology (IT) Committee to order at 11:03A.M.

In accordance with Section 14 of the By-Laws: Committee Attendance. If any member of a standing or special committee of the Board will not be present at a scheduled committee meeting, the member may ask the Chair of the Board to request that another Board member, not a member of that committee, attend the scheduled meeting and be counted as a member for purposes of quorum and voting.

Chairperson José Pagán has delegated Ms. Sally Hernandez-Piñero to be counted for the purpose of quorum and voting at this meeting.

Dr. Katz proposed a motion to adopt the minutes of the joint Medical and Professional Affairs / IT Committee meeting held on April 11th, 2022. It was then clarified for the record the meeting was not a joint committee meeting, only an Information Technology committee meeting was held.

Upon motion made and duly seconded the minutes of April 11th, 2022 IT Committee meeting was unanimously approved.

Dr. Mendez turned over the meeting to Lisa Hendricks of Ambulatory Care and Population Health who presented to the Committee a request for an increase NTE to the existing Lumeon contract to cover an expansion of services. She provided background regarding the original 2018 RFP that was conducted for an automated patient appointment reminder system. Lumeon was selected and approved for a three year contract through fiscal year 2022 with two one year optional extensions through fiscal year 2024. The original Not to Exceed (NTE) was based upon estimated development and appointment volume for only our primary care and women's health services.

As of February 2022, all primary care and specialty clinics rely on automated patient reminder, patient appointment reminders, which are sent via text messages, automated phone calls, or emails based on the patient preference and Epic (H20). Text and email reminders are in 14 languages and patients can respond to confirm or cancel their appointments and these responses are integrated within EPIC. Daily reports, accessible to the sites, provide actionable data so that the sites can see their visits and cancellation within the recording. Ambulatory Care has also been able to use these type of reminders for alerts for proactive communication to change to virtual visits due to natural situations like an impending blizzard or storm.

Ms. Hendricks then presented graphical information showing a background of spend. This information illustrated how by adding in additional clinics and additional appointment reminders, the monthly spend would increase.

Ms. Hendricks stated to the committee that based on additional use cases and feedback back from clinics and patients, Ambulatory Care is being asked to extend the appointment reminders across all ambulatory care practices, including specialties. Specialty appointments account for over 50% of all ambulatory care appointments and missed specialty appointments can lead to delay in care which can have clinical implication.

The proposal is to increase the NTE by \$4.7 million dollars, taking the NTE from 3.8 million to 8.5 million. As of, April of this year, \$2.87 million has been spent with the expansion and continuing appointment reminders. It is expected to reach the original NTE amount by the end of this calendar year. The projected spend going into the next two years of one-year extension for 2023 is 2.8 million and then through June of 2024 end would be 1.9 million. As part of the first year of the contract extension, a better pricing structure was negotiated with Lumeon that allows for not only an additional cost decrease, but volume decreases as the appointment reminders increase.

Ms. Hendricks went on to mention that to date, the vendor performance has been very satisfactory. She also stated other healthcare customers that currently use Lumeon include the Jewish board located in New York City, Tech Medical at USC, Kaiser Permanente, Colon Cancer Alliance, and the Reliance Medical Group. It was also noted a new RFP would be sought for an automated patient communication service during the first year of the extension period.

Ms. Hendricks provided insight into some of the reasons for the program expanding to all of the ambulatory care practices including aligning with industry standard, improving patient experience. It was noted that receiving appointment reminders is a cost effective, centralized system and a decrease in administrative time which allows a focus more on patient centric activities.

Ms Hendricks presents a testimonial from Dr. Vorsanger of Bellevue Cardiology. They've seen a more effective way of rescheduling and seen a historical no show rate of 35 to 40%. They've seen a great reduction of 10 to 20% as they're looking at specific weeks and March where their no show rates declined. Based upon some patient feedback, it was found that getting the appointment reminders was very helpful and it made canceling or rescheduling their appointment much easier. Feedback from the administrative staff, Amy Harris of Elmhurst, noticed a significant drop in their women's health service no show rate from 33% to 25%.

Also with their rehabilitation and physical departments, they saw more than 50% of those types of appointments down to 25 to 30%. Elmhurst was able to successfully reach out to patients during a big snowstorm last January, using the appointment reminder system to communicate to the patients and notify them of cancellations or changes. Additional graphical information was provided to show patient satisfaction survey. A 77% response rate to the survey and 97% of those patients found that the appointment reminder was very helpful. It also showed a look at the ambulatory care no show rates, highlighting a near 50% reduction of appointments from the January to July 2019 period through April 2022. In addition

to the appointment reminders for ambulatory care services, the team also rolled out the service for other use cases. A couple of use cases that are already in production are the mobile insulin titration intervention program, NYC Care membership renewal and quarterly newsletter notifications. Other departments that have expressed interest in the service, and incorporation new types of reminder such as surgery appointment reminders, family member caregiver surgery, and text notification.

Ms. Hendricks went on to present information regarding Lumeon MWBE status. She noted that when the contract procurement was conducted in 2019, this was prior to the system adoption of the vendor diversity policy and a blanket 30% MWBE requirement. Based upon the new policy, the goal would have been set at 3%, with implementation services being the only subcontracted portion of the work. Much of the Lumeon work is self performed, with a lot of the cost tied to licenses.

In 2019, Lumeon was granted a total waiver based on the following, the software is owned by the company and self performs all services except for the hosting, and the hosting is done through AWS who is a Lumeon customer. A waiver in such circumstances is consistent with the business model expectation. A diversity analysis was completed 100% gender was reported by all employees that broke down into about 50% female /50% male with the leadership team and 43% Female to 57% Male amongst the employees. 42% of all employees voluntarily reported their race and ethnicity. Ms. Hendricks presented vendor performance evaluation and the vendor has performed well to our performance expectations and standards. They have been very receptive and been a great partner to work with.

Ms. Hendricks summarized in her conclusion, the request to increase the original NTE that was set to \$3.8 million which only covered primary care and women's health services. The increase would account for the expansion of the appointment reminders to all of Ambulatory Care Services, especially the specialty appointments, as well as the additional use cases that have been requested across the System. The total new contract value that is being requesting of \$8.5 million. 6.674 million is attributed to the ambulatory care appointment reminders of that about 121,000 was for development services. Most of that development was done in the initial phase of the rollout. \$763,000 accounts for the additional use cases that are ongoing or set to go into production which sums to 1.1 million.

As the approved NTE will reached by the end of this calendar year the increase would ensure Ambulatory Care can continue an with increased demand for Lumeon's services to improved the care and patient experience. Ms. Hendricks concluded her presentation.

Dr. Katz thanks Ms. Hendricks for her presentation and then requested Dr. Mendez to formally read the resolution so that is officially part of the committee meeting record.

Resolution:

Dr. Mendez read the resolution authorizing an increase in the funding for the New York City Health and Hospitals Corporation, the System, to contract with LUMEON, Inc. for an automated patient appointment reminder service, which was made in early 2020 for a three-year term, with two one-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.

Dr. Katz polled the committee for questions and Ms. Hernandez-Piñero stated she had a number of questions. She asked to clarify the amount for the original 3 year period and the cost for each one year extension. Ms. Hendricks stated that the 3.842 Million was to cover the 5 years, with no distinction, of original three years plus two one-year extensions. Ms. Hendricks then presented graphical information showing the project spends, if expanded to specialty services, would hit the NTE by the end of this year with the increase of the number of departments from 48 to 78. Ms. Hendricks goes on to explain that specialty appointments represent more than 50% of the total appointments and would increase as more specialties are added.

Ms. Hernandez-Piñero asked when does the patient make the selection whether they receive automated or text messages and it was stated the choice is located in their EPIC chart. The next question posed was in regards to the evaluation of effectiveness, is there a breakdown of whether people preferred automated text or email. Patient Survey participants were asked a choice and the majority of the patients receive a text communication.

Ms. Hendricks stated the payments is based upon the number of text messages, emails and automated phone calls. Depending on the message, each text message is 160 characters so depending on the service, one message may be two text messages, one message may be three. So we may be billed by text message not by total message or patient which accounts for the sharp incline. Ms. Sally then asked Ms. Hendricks to clarify what is proactive communication. Ms. Hendricks stated it's a proactive reminder ahead of the appointment. Patients are contacted two days before their appointment, to remind them of their appointment.

Mr. Peña-Mora questioned whether a chart similar to slide three showcasing the forecast the usage for 2023 and 20 the first half of 2024 to correlate with expenditure that is forecasted during that period. She stated it would be helpful for the board meeting. Ms. Hendricks stated she would provide that information.

Mr. Peña Mora had a follow up question regarding the MWBE analysis. He suggested to be explicit and clarify for the board meeting, so we have reason to hope that in the rebid, which we will be working on shortly, because this is just a one-year extension, that this contractor would either do better or some other contractor would do better on the MWBE.

Dr. Katz requested a copy of corporate social responsibility (CSR) statement which would be helpful. He also stated it would be helpful if there were some examples or initiatives that they are undertaking in terms of implementing the CSR statement. Ms. Hendricks referred to the one page Lumeon CSR statement and highlighted the aspects.

Ms. Hernandez-Piñero had a follow up question and wanted to know how much as spent toward the initial development costs. Ms. Hendricks stated that initially, for the primary care and women's health, it was a little over 100,000 to get started and additional use cases for the mobile insulin intervention that had quite a bit of development.

Ms. Hernandez-Piñero ask if there was a certain competitive advantage or is this something that done easily within the industry, Ms. Hendricks stated there are other companies that do this type of work. Across the board from a development perspective, it is definitely unique to their software but developing and setting up appointment reminders is not unique.

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

EITS Update

Dr. Kim Mendez continued with an overview of the IT Update presentation handed the conversation over to Dr. Bouton for the Clinical Informatics update. Dr. Bouton presented graphical information displaying the number of times a user logs into MyChart per year. From a patient portal activation perspective, the System is firmly in the top 10 percentile nationally, where our System's MyChart activation rate is currently at-72%.

Dr. Bouton stated the System recently went live with a new feature that allows a patient who shows up to their appointment to check in directly from their MyChart account if no paperwork is required. Efforts are being made to make a better patient engagement tool and more useful to our patients by releasing 97% of physician notes, nurse practitioner notes with further expansion to speech language pathology notes.

Dr. Bouton then presented an update regarding the Enterprise remote radiology. The short term model is where a third party vendor that was doing overnight reads at some of our facilities which will be phased out. The long term model is where radiologists at multiple sites can support and also work from home. The initial step of providing 10 workstations into the radiologist's home has been successfully. The next step involves a true enterprise system where a radiologist could do reads from across the System depending on specialty which would require an additional 60 radiology workstations and 11 mammogram stations. Dr. Bouton voiced concern in the vendor receiving the hardware based upon the current international situation. Dr. Bouton concluded we have leveraged support from EITS team in order to maintain the equipment at home and are in the process of hiring full time support for the physicians.

Mr. Koenig provided an update regarding recent successful go lives. The first was on May 7, 2022 with our pilot Epic Willow sites, the Epic Willow ambulatory retail pharmacy module which provides our patients outpatient medications. There were few issues to be resolved and at the elbow support continued through June 3, 2022. Major praise was received from Epic as one of their best Willow ambulatory go lives in recent memory. The next Willow Go Live is scheduled for several sites on August 6, 2022 with close partnership with the pharmacy operations team and a more aggressive roll-out schedule.

On June 6th, 2022, Kings was the final Go-Live for the new MyAM Addiction Management software which is used for dispensing medications for treating addiction management patients. This new software is replacing a legacy system, AMS. Mr. Koenig concluded by highlighting the EITS team is looking forward to reporting back during our next meeting about the Epic Wisdom 2 (dental) module Go Live for our dental clinics, which is scheduled for July 1, 2022 for about half of the clinics and then the remaining half of the clinics going live in October 2022. Mr. Lutz provided an update regarding the migrations over to the new data centers, primarily focusing on QTS and getting out of the more expensive data center at Sunguard, New Jersey. Current progress was at 50% by the end of May, with 19 move waves which has been consolidated down to less than 12 Move waves. The moves includes over 600 servers that have been migrated covering over 200 applications at the same time. The non production sites for Ensemble as well as Epic have already been migrated. Dr. Mendez then added that the overall project is on a two year timeline and the overall application for both of the new data center migrations will be completed by May of 2023.

Dr. Mendez then turned the presentation back to Dr. Bouton to discuss the Epic system optimization. He provided a current scenario of an emergency department admitting somebody to inpatient and could admit people with illogical combinations, such as a pediatric patient and put them in the adult medical Intensive Care Unit. The information would then get cleaned up by admitting office before they went on the back end on the financial side which creating a lot of rework. Cascading logic has now been built into Epic to choose a patient class and gives the services like medicine or surgery that are available for that patient class and as you step down, you only get the those levels of care that are available for that service.

He then went on to highlight that Virtual ExpressCare has also continued to expand by providing what is called Smart sets, which is basically just groups of orders that the physician can easily quickly pull up. This new optimization facilitates a one click workflow and really expedites the process. This provided a good example of how the standardize workflow to make sure patients are getting the right level of care and also simplify and make it quicker for physicians.

Dr. Mendez then turned the topic to Mr. Lutz who then went into the continuous quality improvement with the Management Print Services initiatives. As to align with the contract with Canon which has the ability to consolidate the number of

printers and to make sure that a more efficient and secure print environment exists. Mr. Lutz provided graphical information showing the four pillars that include technology, optimization, user behavior and consolidation. Additionally, Mr. Lutz highlighted the concept Unprint to reduce our carbon footprint.

Dr. Mendez stated in her closing discussion that we are leveraging new functionality in the clinical care environment with Everbridge. Everbridge is the mass notification application that The System uses for disaster and emergency management. The team has been working with a small group, on how to leverage an application module called Care Converge to help drive communication across different cardiac emergency teams such as a STEMI team or an ECMO team to support real time communication. So leveraging an existing software that we have to support care for our patients and streamline that level of communication across our care providers has been really well embraced.

Dr. Katz asked if there are any old business or new business to bring to the committee, hearing none, Dr. Katz adjourned meeting at 11:55 am.

Strategic Planning Committee Meeting – June 13, 2022

As Reported by: Dr. Mitchell Katz

Committee members present: Dr. Mitchell Katz, Feniosky Peña-Mora, Sally Hernandez-Piñero, Freda Wang, Dr. Patricia Marthone

Dr. Mitchell Katz, called the June 13th meeting of the Strategic Planning Committee (SPC) to order at 12:06 pm. Mr. Feniosky Peña-Mora delegated his authority to Dr. Katz to preside over the Board Meeting as Chair due to technical difficulties.

Upon motion made and duly seconded the minutes of the April 11, 2022 Strategic Planning Committee meeting was unanimously approved.

Dr. Katz turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to read the 2022 Community Health Needs Assessment resolution into the record and to proceed with the presentation.

ACTION ITEM

Resolution to adopt 2022 Community Health Needs Assessment

Ms. Brown presented the following resolution:

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").

Ms. Brown reported that it is an IRS requirement for non-profit provider systems to perform a Community Health Needs Assessment every three years. It is a two-part process, first is the development of the Community Health Needs Assessment, which defines the community itself, and second is the implementation strategy, which will be presented to the Board and made publicly available by November 15, 2022.

A requirement of the needs assessment is to conduct a comprehensive and inclusive assessment process. There were thirty-two expert interviews with leaders, twelve Community forums at each NYC Health + Hospitals facility, and five Borough-wide focus groups, including over 3,060 surveys community stakeholders who identified top risks and causes of poor health and death in their respective communities. The top priority areas are improving health equity and chronic disease, facilitating access to services, and responding to the COVID-19 pandemic.

Ms. Brown reported that the next steps are to disseminate the findings, identify and engage stakeholders for implementation planning, from August to October develop strategies and identify effective solutions, present the implementation plan to the NYC Health + Hospitals Board in November, and finally continue to evaluate and monitor the progress.

The Committee commended the dedication and hard work of staff to reflect on the needs of our communities and have an opportunity to access those needs.

After discussion and upon motion made and duly seconded the Resolution to adopt the 2022 Community Health Needs Assessment was unanimously approved.

INFORMATION ITEMS

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

Federal Update

Ms. Brown reported that we are waiting for some opinions to come out from the Supreme Court, which have an impact on policy and operational issues. The Governor is signing a package of abortion related bills, which gives

protection to our providers. There continues to be legislative challenges, and there is ongoing regulatory work. We are working on responses to the IPPS proposed rule, which is about funding for next year.

State Update

Ms. Brown reported that there are many bills circulating, and from now until December there is a process by which the Governor takes the bills that have passed both houses and signs them. The Primaries are coming up. The State has been working on the 1115 waiver, which is important to the future of the Medicaid program.

City

Ms. Brown reported that the City budget agreement was reached, and we now have upcoming Council hearings where we will advocate for our communities.
Mr. Siegler reported on FY-22 Q3 (January 1 to March 31, 2022) Performance

Positive Trends:

Quality and Outcomes

1. Post-Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.92 per 1,000 care days** from 1.96 per 1,000 care days (target: 1.00 per 1,000 care days)
2. Follow-up appointment kept within 30 days after behavioral health discharge: **50.4%** from 43.2% (target: 50%)
4. % Left without being seen in ED: **3.9%** from 5.2% (target 4.0%)

Financial Sustainability

10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **87%** from 86% (target: 76%)
11. % of MetroPlus medical spend at NYC Health + Hospitals: **42.58%** from 40.17% (target: 45%)
12. Total AR days per month: **53 days** from 60 days (target: 45)
14. Enterprise Data Center Migration progress: **Project timeline remains 5/2021-5/2023**
 - **As of March 2022, 38% of 2-year project is complete**
 - **FY22 Q3 milestones are 100% complete** (target: 100%)

Access to Care

16. # of e-consults: **100,389** from 96,055 (target: 95,100)

Culture of Safety

18. Total Wellness Encounters: **1,118** from 498 encounters (target: 600)

Steady Trends (close to or exceeding target):

Access to Care

17. NYC Care enrollment: Decreased slightly **110,377** from 114,496 (remains better than target of: 100,000)

Care Experience

8. MyChart Activations: Remains at **71%** (close to target of: 75%)

Financial Sustainability

9. Patient care revenue/expenses: Remains relatively the same from prior quarter, at **74.8%** from 73.2% (remains better than target of: 60%)
13. Post-Acute Care Total AR Days: **47 days** from 40.6 days (though there was a decline in this metric, it remains better than target of: 50 days)

Negative Trends:

Quality and Outcomes

3. Hgb A1c control <8: **65.3%** from 66.4% (target 66.6%)

Access to Care

15. Unique Primary Care Patients: **400,571** from 413,362 (target: 405,000)

Care Experience

6. Inpatient care - overall rating: **61.82%** from 62.88% (target: 66.3%)
7. Ambulatory care - recommended provider office: **82%** from 84.43% (target: 87.0%)

Equity Measures:

Racial & Social Equity Measures

21. % of total procurement spend on MWBE: **will be reported at end of FY22** (target: 30%)
19. % of New Physician Hires being underrepresented minority (URM), as follows: Women: 43%; Non-Binary: 0%; **Ethnic Groups Hired other than White: Asian (8.8%); Black or African American (3.5%); Hispanic or Latino (1.1%)**

COVID-19 Metrics:

COVID-19

22. Total # of COVID-19 Test Administered: **522,470** from 859,176

- 23. Total # of COVID-19 Positive Tests: **84,529** from 74,418
- 24. Post-Acute Care COVID-19 Infection Rate: **210.7** from 9.27
- 25. COVID-19 Vaccine: # 1st Dose: **22,500** from 522,754
- 26. COVID-19 Vaccine: # 2nd Dose: **27,393** from 450,150
- 27. % of Occupied Beds: **71%** from 74%
- ##. Third doses and boosters administered: **215,387 (October 2021 through May 2022)**
- ##. Average Pandemic Response Lab (PRL) Turnaround Time (in Hours): **16.29** (April 2022), **18.00** (May 2022)

FOLLOW-UP ITEMS:

- The Committee expressed an interest in looking into a MyChart Utilization measure, to go along with the MyChart Activations metric.

Dr. Katz thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 12:48 pm.

SUBSIDIARY REPORT

MetroPlus Health Plan, Inc.

Board of Directors Meeting - Tuesday, June 14th, 2022

As Reported By: Dr. Talya Schwartz

Draft minutes subject to adoption at the next MetroPlusHealth Board of Directors meeting on Tuesday, September 13th.

Ms. Sally Hernandez-Piñero, Chair of the Board, called the meeting to order at 2:05 P.M.

ADOPTION OF THE MINUTES

The minutes from the Board of Directors meeting held on Tuesday, March 29th, 2022, were presented to the Board. On a motion by Ms. Hernandez-Piñero and duly seconded, the Board adopted the minutes.

ACTION ITEM

Ms. Sally Hernandez-Piñero, Chair of the Board, moved the agenda to the Action Items.

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

*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 to negotiate and execute a 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.*

Ms. Lauren Leverich, Chief Financial Officer, provided an overview of the Background, Scope, Renewal Justification, Vendor Evaluation & Highlights, MWBE Utilization Plan, Service Level Agreement and CRC Approval Request.

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

A **second** resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance & Performance Improvement (QAPI) Committee, for Board approval.

*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.

Dr. Sanjiv Shah, Chief Medical Officer, provided an overview of Procurement, RFP Criteria, Vendor Proposal Highlights, Incumbent Performance, WMBE Utilization Plan and MetroPlus Approval Request.

Board Members asked questions and made a comment.

Dr. Talya Schwartz, President & CEO, and Dr. Shah responded to the questions.

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

A **third** resolution was presented by Dr. Eric Wei, Chair of the Quality Assurance & Performance Improvement (QAPI) Committee, for Board approval.

*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.*

Dr. Sanjiv Shah, Chief Medical Officer, provided an overview of the Background, Service, Extension Justification, MetroPlus Approval Request and Vendor Evaluation.

Board members asked questions regarding the agreement parameters.

Dr. Shah responded to those questions.

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

A **fourth** resolution was presented by Ms. Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, for Board approval.

*Authorizing the Executive Director of MetroPlusHealth Plan, Inc. ("MetroPlus" or the "Plan"), to increase the spending authority for the contract with **Silverline** dated April 20, 2021, and to allocate additional funds for Salesforce system integrator services for the fulfillment of the contract for an amount not to exceed \$8,009,000 for the total 4-year term.*

Mr. Ganesh Ramratan, Chief Information Officer, provided an overview of the Background, Service Overview, Spending Authority Request and MetroPlus Approval Request.

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

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

*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.*

Dr. Sanjiv Shah, Chief Medical Officer, provided an overview of the Background, Procurement, Eligibility and Evaluation Criteria, Vendor Proposal Highlights, MWBE Utilization Plan and the Request for Approval by the Board of Directors.

Board Members asked questions regarding provider network and access.

Dr. Shah responded to those questions.

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

A **sixth and final** resolution was presented by Ms. Vallencia Lloyd, Chair of the Customer Experience & Marketing Committee, for Board approval.

*Authorizing the Executive Director of MetroPlus Health Plan, Inc. ("MetroPlus" or the "Plan") to negotiate and execute a contract with **Gartner, Inc ("Gartner")** to provide consulting services for a term of 1 year, for an amount not to exceed \$481,500 for the total 1-year term.*

Mr. Ganesh Ramratan, Chief Information Officer, provided an overview of the Background, Procurement, RFP Criteria and Request for Approval.

Dr. Talya Schwartz, President & CEO, further discussed the Gartner Resolution proposal.

Board members asked questions.

Dr. Schwartz and Mr. Ramratan responded to those questions.

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

NEW BUSINESS

Ms. Sally Hernandez-Piñero, Chair of the Board, requested to move on to new business. Given the meeting was pressed for time due to the robust resolution agenda, Ms. Raven Ryan Solon, Chief Regulatory and Compliance Officer was asked to cover key items in her Regulatory Updates presentation.

Ms. Solon provided Regulatory Updates regarding the New York State Budget Eligibility and Coverage Expansion, Key Impact Provisions, Regulatory Highlights, and the No Surprises Act (NSA).

Ms. Hernandez-Piñero then asked Ms. Lauren Leverich, Chief Financial Officer, to provide the Finance Update.

Ms. Leverich presented the 2022 Q1 MMCOR P&L, Rate Filings and Medicare Bid.

Ms. Hernandez-Piñero requested to move onto Dr. Shah's presentation on Quality Incentive Programs.

Dr. Shah discussed the Medicaid Quality Incentive Results MY2020, Medicaid Quality Incentive MY2020, EP Quality Incentive Results MY2020 and HIV SNP Quality Incentive Results My 2019.

Executive Session was called for and entered.

Executive Session was exited.

There being no further business, Ms. Hernandez-Piñero adjourned the meeting at 3:53 P.M.

Mitchell H. Katz, MD

NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER

REPORT TO THE BOARD OF DIRECTORS

June 30, 2022

CORONAVIRUS UPDATE

Vaccines Now Available for Babies, Toddlers and Preschoolers - Our health System began to offer COVID-19 to our youngest patients - ages 6 months - 4 years, following the CDC approval last week. We are offering the Pfizer vaccine in all pediatric practices of our 11 public hospitals. We hosted a press and photo session to mark the moment we vaccinated one of our first babies at NYC Health + Hospitals/Bellevue. After a brief moment of tears, it was all smiles and wide eyes for one of our first infant recipients to date -- the 9-month- daughter of NYC Health + Hospitals physician Hannah Jackson, who said she was eager to be able to protect her child. She advised all parents to vaccinate their children as soon as possible and talked about what this meant to her family. She said they were worried about her baby getting COVID, especially long COVID, and felt so relieved to finally be able to protect her child. NYC Health + Hospitals has already administered more than 1.75 million COVID-19 vaccine doses and we are proud to now offer this vital protection against serious illness and death to our youngest New Yorkers. These vaccines will make sure kids can safely enjoy daycare, preschool, summer camp, and visits with other family members.

2 Million COVID-19 Tests in Public Schools - Last month our Test & Trace team joined Mayor Adams and our partners from the NYC Department of Education and NYC Department of Health to announce that the City's in-school surveillance testing program administered over two million PCR COVID-19 tests to students and school staff this school year. Our COVID-19 surveillance testing program has proved that schools are the healthiest and safest place for our students to be, and has enabled us to keep our schools open during every stage of the pandemic. We are proud that in New York City we have created a national model for how to offer safe, in person education - which has been and will be crucial to helping our students recover from the COVID-19 pandemic.

Long COVID Symposium - On June 8, New York City's healthcare leadership from City Hall, NYC Health + Hospitals and the NYC Department of Health and Mental Hygiene held the City's first Long COVID symposium. The event focused on care coordination for New Yorkers with Long COVID as they navigate the City's medical and social support systems. More than 400 city-based clinicians and health and social service providers who offer support for New Yorkers with Long COVID attended the symposium.

EXTERNAL AFFAIRS UPDATE

SCOTUS Rulings on Abortion and Guns - The two most significant policy issues we are confronting as a health System are legal changes to the right to choose and

to gun safety. The Supreme Court made seismic changes to protections in each area in rulings last week.

The Court's ruling to overturn Roe v. Wade has left the issue of regulating abortion to the States. We are fortunate to provide health care in a State that continues to protect a person's right to choose. NYC Health + Hospitals will continue to provide safe, legal, accessible abortion services to all who make this deeply personal choice. We are more determined than ever to fulfil our mission of caring for all, regardless of immigration status or ability to pay. We are thankful to Governor Hochul and the NYS legislature for their recent actions to protect the medical professionals who provide abortion care, and to Mayor Adams and his administration for their commitment to our work and the rights of all New Yorkers.

The mayor visited NYC Health + Hospitals/Lincoln to learn more about how our health System provides reproductive health services, including abortion. He talked to our front line staff and to our Hospital Police who are also providing an essential service to keep our patients and staff safe.

Our colleagues in the City Council held a hearing on maternal health this month, and we thank them for their unwavering commitment to comprehensive and respectful care for all pregnant people. We thank Dr. Machel Allen, our health System SVP and CMO, for her participation in that hearing.

The Supreme Court also struck down New York's century-old concealed carry law, ruling that Americans have a broad right to arm themselves in public. Our health system already sees the tragic impact of gun violence. In response, the Governor convened an extraordinary session of the legislature for today. This session is intended to address statutory changes regarding firearm safety to ensure protection of public safety and health. Again, we are grateful to live in a State and a City that is so committed to our security and safety.

Elections - Primary elections were held this week for NYS Assembly, Governor, Lieutenant Governor, judges and party positions. Gov. Kathy Hochul and Lt. Gov. Antonio Delgado won in the Democratic primary. Rep. Lee Zeldin and Lt Governor candidate Alison Esposito will face them in the November election. We still have other primary elections -- for the Congressional and State Senate seats--that will be held on Tuesday, August 23rd.

New Funding - The City Council voted to adopt the FY2023 budget on June 13, 2022, which included the following new funding to NYC Health + Hospitals:

- \$3.6 m - Mental Health Continuum work to be completed by our Behavioral Health team in NYC public schools
- \$635K - to support victims of the sex trade industry and our EMPOWER clinics at NYC Health + Hospitals/Jacobi and Gotham Heath/Gouverneur
- \$508K - to support Immigrant Health Initiative and our work to provide physical and mental health services for vulnerable immigrants

- \$246K - to help end HIV/AIDS and support our patients who are receiving PrEP and PEP medications
- \$200K - to support Crisis Management System and our gun violence prevention programs
- We also received \$57.9M of capital funding, which is primarily awarded by City Council members and Borough Presidents, and is in addition to the \$37.3M capital funding awarded by the Borough Presidents in the FY23 Executive Budget published in April. We are very appreciative of all the generous support from the City's elected officials. Highlights of the Adopted Budget awards include: \$10M for the upgrade of the hyperbaric area at Jacobi Hospital, \$6.6M for the women's health services integration at Coney Island Hospital (in addition to the \$11.9M awarded by the Borough President in the Executive Budget), and \$5M for the expansion of women's health pavilion at Elmhurst Hospital.

I had the opportunity to join Council member Marjorie Velázquez and New York City Council Speaker Adrienne Adams earlier this week to accept their \$10M contribution to expand the Hyperbaric Medicine Services at Jacobi Hospital. Those funds will be used to replace the special chamber that provides hyperbaric oxygen therapy to rapidly reverse life-threatening carbon monoxide poisoning to victims of fires and other accidents, and also used to help heal chronic wounds. Jacobi Hospital is the only facility within the NYC Health + Hospitals system to offer Hyperbaric Medicine and the only facility in the five boroughs providing a multi-patient, walk-in chamber.

We are very grateful to all the members of the NYC Council for their generosity - all funding allocations, no matter the size, can make a real impact on the health of so many New Yorkers who rely on our services.

NYC HEALTH + HOSPITALS AND DC-9 LAUNCH APPRENTICESHIP PROGRAM FOR PAINTERS

NYC Health + Hospitals is partnering with District Council No. 9 Local Union 1969 to offer a new, four-year apprenticeship program to train individuals for careers as unionized painters. DC-9 will provide classroom training, and NYC Health + Hospitals will provide supervised on-the-job training. The program will develop a pipeline of candidates with the skills and experience to pass a civil service exam and qualify for unionized painter positions. Our health System depend on union painters to help maintain our facilities across the City. The apprenticeship will help develop a pipeline of trade healthcare heroes, and I hope this initiative brings to light the value our trade professionals have on our built environment. Painters are one of the critical and vital trade vocational career paths for young people to consider as they graduate high school and think about their futures. This program is very much in line with Mayor Adam's Blueprint for New York City's Economic Recovery, and will connect New Yorkers to quality jobs and in-demand skills. Union painters earn on average a salary of \$82,000 a year.

NYC HEALTH + HOSPITALS PAVES THE WAY FOR MED SCHOOL DEBT RELIEF FOR 26 YOUNG PHYSICIANS

Twenty-six young doctors will get a break on their medical school debt through a partnership between NYC Health + Hospitals and the Doctors Across New York State loan forgiveness program. The public health System paved the way for the young physicians to receive a total of \$3 million in loan forgiveness grants in exchange for their commitment to serve in our System for three years. The NYC Health + Hospitals doctors will each receive up to \$40,000 per year for up to three years to help cover their loans for medical school. The physicians were selected as part of the Doctors Across New York program, a State funded initiative that began in 2008 to help train and place physicians in underserved and diverse communities. Medical school debt drives too many early-career physicians away from the public hospital System and the community we serve. Loan forgiveness programs like Doctors Across New York change the equation and help attract talented young clinicians to a career in public service with NYC Health + Hospitals

CELEBRATING PRIDE

It has been more than 50 years since the famous Stonewall Inn uprising, a critical moment in the powerful LGBTQ+ rights movement in America. The riots, named after a popular gay bar in Greenwich Village, started when a violent police raid was stopped by an outraged army of patrons. The protests lasted 5 days. This was June 28, 1969 and the reason we celebrate PRIDE in the month of June. Even with all the progress we have made in LGBTQ+ rights since Stonewall many members of our community still face stigma and trouble accessing medical care. It is more important than ever that we remain at the forefront of building an inclusive workplace and providing identity and gender affirming care for New Yorkers. NYC Health + Hospitals is a pioneer in specialized, culturally competent care for the LGBTQ+ community, opening 7 PRIDE centers in our health care system since 2014. Just last month The Human Rights Campaign Foundation singled out 18 NYC Health + Hospitals patient care locations across all five boroughs as LGBTQ+ Healthcare Equality Leaders. But discrimination is still alive and well in our world. We see it in recent race based shootings, sobering suicide rates among gay and transgender youth, and an alarming number of anti-LGBTQ+ bills being introduced around the country. We must ask ourselves as we kick off this PRIDE month, especially in the wake of a pandemic that marginalized the already marginalized, how can we push this movement further? As we celebrate PRIDE, we honor the energy and legacy of Stonewall and commit to serving as a beacon for health systems around the world, shining a light on the equity, inclusion and diversity that is the beating heart of NYC Health + Hospitals.

RECOGNIZING JUNETEENTH

Juneteenth, our national holiday acknowledging the end of slavery, was long overdue. It is a day to honor the profound sacrifice of generations of enslaved people and ask ourselves, how can we change the story for their descendants? We start by striving to eliminate the health disparities that persist today among Black men, women and children stemming from the painful legacy of slavery and the

enduring problems of racism. Structural racism has led to the erosion of basic human rights such as education, housing, employment and access to good medical care. As a result, Black communities continue to suffer from higher rates of illness and death from diabetes, hypertension, obesity, asthma and heart disease. These are largely preventable and mostly treatable diseases with the right access to preventive care.

That is where the NYC Health + Hospitals family comes in. We can make a difference. We can be that chapter in the history book where real and lasting change takes place, by making sure that every person, of every race, in every one of our communities who walks in our doors and needs attention, is welcomed, heard, respected and cared for. Our hospitals are recognized as the most racially inclusive hospitals in New York. We are proud to be leaders in eliminating racist clinical practices and stereotypes that have no basis in human biology. And we are developing programs that reduce maternal mortality improving the outcomes of Black birthing people. We are committed to the daily work of reversing inequities in health care. That is why I am here and I know that is why so many of our colleagues at NYC Health + Hospitals are here too.

METROPLUS HEALTH WILL OFFER MEDICALLY TAILORED MEALS FOR ELIGIBLE MEMBERS

MetroPlusHealth was approved to participate in a State pilot program beginning July 1st to offer medically tailored meals as part of the health plan's Medicaid benefit package to individuals 18 years and older. To qualify, members must have limited ability to perform their activities of daily living and need help with meal preparation. In addition, members who are high utilizers and have a severe illness such as cancer, diabetes, or heart failure may qualify as well. MetroPlusHealth will proactively identify and outreach to members to determine interest in the free benefit. Once a member confirms interest, the health plan will partner with God's Love We Deliver to provide three meals daily for 6 months, and will be able to extend the service based on the member's need.

NEWS AROUND THE HEALTH SYSTEM

- [NYC Health + Hospitals/Jacobi Receives \\$10M in Funding From Bronx Council Member and New York City Council Speaker](#)
 - [Crain's New York Business Honors NYC Health + Hospitals/Jacobi Chief Operating Officer Jordana A. Bailey as a "Notable LGBTQ" Leader](#)
 - [Statement From NYC Health + Hospitals President and CEO Mitchell Katz, MD on U.S. Supreme Court's Decision to Overturn Roe v. Wade](#)
 - [Statement From NYC Health + Hospitals President and CEO Mitchell Katz, MD on Bruen Supreme Court Decision](#)
 - [NYC Health + Hospitals Administers First COVID-19 Vaccines for Children Under Age 5](#)
 - [NYC Health + Hospitals and the NYC Health Dept. Host NYC's First Long COVID Symposium](#)
 - [NYC Health + Hospitals Debuts Obstetrics Virtual Reality Technology](#)
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- [NYC Health + Hospitals Announces New Season of Farmers Markets Near Patient Care Sites](#)
 - [Health System President & CEO Ranked Fourth on City & State 'Pride Power 100' List](#)
 - [26 Doctors Receive Medical School Loan Forgiveness in Exchange for Commitment to NYC Health + Hospitals](#)
 - [Health System Launches Produce Prescription Program Study](#)
 - [Mayor Adams Announces that over 2 Million Covid-19 In-School Tests have been administered this school year](#)[NYC Health + Hospitals and DC 9 Announce New Apprenticeship to Train Union Painters](#)
 - [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](#)
 - [Bellevue Receives Renewed Grant for Chaplain Residency Program as Three New Chaplains Graduate](#)
 - [Director of Bellevue's Program for Survivors of Torture Elected President of The National Consortium of Torture Treatment Programs](#)
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RESOLUTION - 02

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a five year lease extension with **Martha Vincent (the “Landlord”)** for the **continued use of approximately 2,078 square feet of space at 769 Onderdonk Avenue, Borough of Queens to operate a primary care program managed by NYC Health + Hospitals/Gotham Health** (“Gotham Health”) at a base rent of \$69,000 per year, or \$33.21 per square foot to be escalated by 3% per year for a total of \$366,330.37 over the five year initial term plus a charge for the System’s proportionate share of real estate tax increases over a 2012/2013 base year; provided the System will hold an option to renew the lease for an additional five years resulting in base rent over the potential 10-year term of \$791,007.67 and an estimated \$50,469.73 for the tax escalation charges for an estimated total rent over the 10-year term of \$841,477.40.

WHEREAS, the System has operated a primary care program at this location since 1994; and

WHEREAS, in 1994 the System assumed the management responsibility for this and a number of other clinics that had been managed by the NYC Department of Health and Mental Hygiene; and

WHEREAS, Gotham Health was formed in 2015 to address the primary care needs of families and individuals in their own neighborhoods and it operates a network of thirty (30) Federally Qualified Health Centers (“FQHCs”) across the five boroughs that offer patient-centered primary and preventive care.

NOW, THEREFORE, be it

RESOLVED, that New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to sign a five year lease extension with Martha Vincent (the “Landlord”) for the continued use of approximately 2,078 square feet of space at 769 Onderdonk Avenue, Borough of Queens to operate a primary care program managed by NYC Health + Hospitals/Gotham Health (“Gotham Health”) at a base rent of \$69,000 per year, or \$33.21 per square foot to be escalated by 3% per year for a total of \$366,330.37 over the five year initial term plus a charge for the System’s proportionate share of real estate tax increases over a 2012/2013 base year; provided the System will hold an option to renew the lease for an additional five years resulting in base rent over the potential 10-year term of \$791,007.67 and an estimated \$50,469.73 for the tax escalation charges for an estimated total rent over the 10-year term of \$841,477.40.

EXECUTIVE SUMMARY

NYC HEALTH + HOSPITALS/GOTHAM HEALTH RIDGEWOOD 769 ONDEDONK AVENUE, QUEENS, N.Y.

- OVERVIEW:** New York City Health and Hospitals Corporation (the “System”) seeks authorization from its Board of Directors to sign a five-year lease extension with a five-year option with Martha Vincent (the “Landlord”) for the continued use of space at 769 Onderdonk Ave., Borough of Queens, to operate a primary care program under the NYC Health + Hospitals/Gotham Health (“Gotham Health”) structure.
- NEED/PROGRAM:** The System has operated a primary care program at this location since 1994. Gotham Health was formed in 2015 to join with the System to qualify as a Federally Qualified Health Centers (“FQHC”) to operate approximately 30 sites across the five boroughs that offer patient-centered primary and preventive care. The Ridgewood clinic provides adult, adolescent and pediatric primary care.
- UTILIZATION:** The clinic’s utilization for FY 2020/21 was approximately 6,587 patients.
- TERMS:** The System will continue to occupy approximately 2,078 square feet of space, and will pay a base rent of \$69,000 per year, or \$33.21 per square foot. The base rent represents a 3.7 % increase over the rent payable during the last year of the prior term. Annual rent increases will be 3% on the first year rent of the new term. The System will pay its proportionate share of real estate tax increases over a 2012/2013 base year. The System will hold an option to renew the lease for an additional five years. The rent for the entire potential 10-year term is \$791,007.67. Although one cannot predict with certainty how much real estate taxes will increase over the next 10 years, based on the past pattern of increases, the System estimates that the total real estate tax escalation over the potential 10-year term will be \$50,469.73. That means that the total rent over the potential 10-year term will be \$841,477.40.

HELMSLEY SPEAR
Established 1866

June 21, 2022

Mr. Dion Wilson
Legal Affairs – Office of the General Counsel
NYC Health + Hospitals Corporation
125 Worth Street
New York, 10013

Re: Fair Market Value Report
H+H Program
769 Onderdonk Ave, aka 1851 Madison Avenue, Ridgewood, NY 11385

Dear Dion:

You have requested that I comment on the value of the referenced property for the rental renewal. The referenced premises is an H+H program which is currently paying a rent of \$32.00 per RSF. This shall serve to comment on the unit's rent valuation going forward.

This letter confirms that I've reviewed the proposal of the economic rent terms, as presented, of the lease by and between Landlord and NYC Health + Hospitals Corporation's intended response as Tenant comprising the following:

- The unit is currently occupied and zoned for use as medical offices appropriate for the sponsored program.
- The lease is up for renewal effective October 1, 2022 in accordance with a five-year renewal option after affixed six month, one-time lease extension.
- The Landlord has proposed renewal terms.
- The Tenant has responded with the terms provided herein.
- The unit collectively totals approximately 2,078 RSF on the Ground Floor of the referenced premises.
- This evaluation is for the purpose of a lease renewal.

Landlord and Tenant agree to a proposed starting base rent at \$33.21 RSF, which represents about a 3.7% rental increase from the \$32.00 RSF currently being paid. The lease renewal calls for a 3.0% compounded yearly base rent increase plus electric and a proportionate share of increases in taxes over a 2012/2013 base year.

The renewing Tenant will provide Landlord with a continued rent stream uninterrupted by vacancy, little or no Tenant Improvement Allowance, no gap in marketing a vacant space and the time it takes to do so, and any free rent which would be given to a new Tenant. In addition, ancillary costs such as architects and engineering, commissions, and hard and soft legal fees are also avoided.

(Please see space comparables.)

Given the proposed Landlord rent and NYC Health + Hospitals response, we value the rents in the general vicinity of this location at a range of \$32.00-40.00/RSF. The agreed to rent proposed of \$33.21 per RSF plus electric is consistent with the market. Further, the 3.0% rent increase is average for percentage rent escalations and remains consistent with current market conditions, if on the higher side of annual escalations.

In the event that I can be of any further assistance to you, please do not hesitate to call.

If you have any further questions, please let me know.

Very Truly Yours,

A handwritten signature in black ink, appearing to read "Michael E. Dubin". The signature is fluid and cursive, with a long horizontal stroke at the end.

Michael E. Dubin
Executive Managing Director

Schedule A – Comparables

Address	Cross Streets	Square Feet	Price Per SF	Closed Deal (Y/N)
269 Withers St	Withers St & Woodpoint Rd	2,000	\$36.00	Y
117 Grattan St	Grattan St & Porter Ave	1,575	\$37.33 + elec	Y
117 Grattan Street	Grattan St & Porter Ave	1,370	\$36.65 + elec	Y
46-55 Metropolitan Ave	Metropolitan Ave & Woodward Ave	1,900	\$24.60 + elec	N
1717 Troutman St	Troutman St & Cypress Ave	1,100	\$25.56 + elec	N
801 Woodward Ave	Woodward Ave & Putnam Ave	1,150	\$38.09	Y
55 Meadow St	Meadow St & Bogart St	1,400	\$35.00 + util	Y
987 Lafayette Ave	Lafayette Ave & Stuyvesant Ave	1,200	\$28.00	Y
1717 Troutman St	Troutman St & Cypress Ave	1,450	\$24.00 + util	N
10 Troutman St	Troutman St & Bushwick Ave	1,100	\$40.91	N
10 Troutman St	Troutman St & Bushwick Ave	1,100	\$40.90	N
272 Morgan Ave	Morgan Ave & Grand St	1,350	\$30.52 + elec	N
186 Morgan Ave	Newtown Creek	1,800	\$32.00	Y
65 Graham Ave	Graham Ave & Moore St	1,729	\$43.00	N
46-55 Metropolitan Ave	Metropolitan Ave & Woodward Ave	1,550	\$25.44 + util	N
70 Graham Ave	Graham Ave & Varet St	1,800	\$32.00	N
6121 Fresh Pond Rd	Fresh Pond Rd & 62 nd Ave	1,100	\$38.18	Y

**Lease Extension Request with Martha Vincent
(the “Landlord”) for approximately 2,078 square
feet of space at
769 Onderdonk Avenue, Borough of Queens**

NYC Health + Hospitals/Gotham Health Center

**Board of Directors Meeting
July 28, 2022**

**Leora Jontef, AVP, Housing & Real Estate
Theodore Long, MD, SVP, Ambulatory Care Operations**



Background

- NYC Health + Hospitals has operated a primary care program at Onderdonk Avenue since 1994 when we assumed management from NYC Department of Health and Mental Hygiene.
- Since its formation in 2015, Gotham Health Ridgewood has been among the sites for which Gotham Health shares governance authority with H+H
- The Gotham Health Ridgewood clinic provides adult, adolescent and pediatric primary care in 2,078 square foot ground floor space.
- The clinic's utilization for FY 2020/21 was approximately 6,587 patient visits.





Lease Terms

This resolution requests a lease renewal for 2,078 square feet, ground floor space.

- Rent for the first year of the new term at \$33.21 per square foot, a 3.7% increase above the current rent. Current rent is \$32.00 per square foot.
- Annual rent increases will be 3% on the first year rent of the new term of \$33.21 per square foot plus a share of real estate taxes increase above the 2012/2013 base year estimated to be approximately \$23,373.47 over the five year initial term and \$27,096.26 over the five year option term.
- A five year initial term commences October 1, 2022 and ends September 30, 2027.
- H+H will hold a five year renewal option after the initial five year lease term.
- Occupancy costs over the five year initial term including base rent plus estimated real estate tax increases will total \$389,703.84. Occupancy costs over the five year option term including base rent plus estimated real estate tax increases will total \$451,773.56 for a ten year base rent plus real estate tax increase total of \$841,477.40
- The rent is at the fair market value for this type of space.
- Utilities are not included in the rent

Rent Schedule

Initial Term					
Year	Annual	PSF	Real Estate Taxes	Base Rent + R.E. Taxes	
1	\$ 69,000.00	\$ 33.21	\$ 4,402.50	\$	73,402.50
2	\$ 71,070.00	\$ 34.20	\$ 4,534.58	\$	75,604.58
3	\$ 73,202.10	\$ 35.23	\$ 4,670.61	\$	77,872.71
4	\$ 75,398.16	\$ 36.28	\$ 4,810.73	\$	80,208.89
5	\$ 77,660.11	\$ 37.37	\$ 4,955.05	\$	82,615.16
	\$ 366,330.37		\$ 23,373.47	\$	389,703.84
Option					
1	\$ 79,989.91	\$ 38.49	\$ 5,103.70	\$	85,093.62
2	\$ 82,389.61	\$ 39.65	\$ 5,256.82	\$	87,646.42
3	\$ 84,861.30	\$ 40.84	\$ 5,414.52	\$	90,275.82
4	\$ 87,407.14	\$ 42.06	\$ 5,576.96	\$	92,984.09
5	\$ 90,029.35	\$ 43.32	\$ 5,744.26	\$	95,773.61
	\$ 424,677.30		\$ 27,096.26	\$	451,773.56

Board of Directors Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to sign a five year **lease extension with Martha Vincent (the “Landlord”)** for the continued use of approximately 2,078 square feet of space at 769 Onderdonk Avenue, Borough of Queens to operate a primary care program managed by NYC Health + Hospitals/Gotham Health (“Gotham Health”) at a base rent of \$69,000 per year, or \$33.21 per square foot to be escalated by 3% per year for a total of \$366,330.37 over the five year initial term plus a charge for the System’s proportionate share of real estate tax increases over a 2012/2013 base year; provided the System will hold an option to renew the lease for an additional five years resulting in base rent over the potential 10-year term of \$791,007.67 and an estimated \$50,469.73 for the tax escalation charges for an estimated total rent over the 10-year term of \$841,477.40.

RESOLUTION - 03

Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Jemco Electrical Contractors**, Inc. (the “Contractor”) to complete an upgrade of Emergency Electrical Service Type I at **NYC Health + Hospitals/Elmhurst Hospital Center** (“Elmhurst”) for a term to equal the duration of the proposed construction project for an amount, including a 20% contingency of \$1,258,472, not to exceed \$7,550,830.

WHEREAS, in 2018 CMS cited Elmhurst for its electrical service not meeting National Fire Protection Association standards because it does not separate the service into the three branches, (i) critical for medical equipment in patient rooms; (ii) life safety for exit lights and emergency lighting; and (iii) equipment for boilers, vacuum pumps, medical air pumps, HVAC, etc.; and

WHEREAS, CMS gave the System a time limited waiver of such citation which has expired with a further extension now being sought thereby making it urgent that the System upgrade Elmhurst’s electrical system; and

WHEREAS, the System solicited closed, competitive bids by posting the invitation to bid in the City Record resulting in three bids being submitted and the CRC endorsed a finding that the Contractor was lowest responsible, responsive bidder; and

WHEREAS, the Contractor has completed many previous projects for the System as a Job Order/Requirements contractor and has earned an overall rating of “Good;” and

WHEREAS, the Contractor has submitted an MWBE plan with four MWBE subcontractors which are projected to earn 31.76% of the contract price; 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 Jemco Electrical Contractors, Inc. (the “Contractor”) to complete an upgrade of Emergency Electrical Service Type I at NYC Health + Hospitals/Elmhurst Hospital Center (“Elmhurst”) for a term to equal the duration of the proposed construction project for an amount, including a 20% contingency of \$1,258,472, not to exceed \$7,550,830.

EXECUTIVE SUMMARY
CONTRACT WITH JEMCO ELECTRICAL CONTRACTORS, INC.
FOR CONSTRUCTION SERVICES
AT NYC HEALTH + HOSPITALS/ELMHURST HOSPITAL CENTER
FOR UPGRADE OF EES TYPE II

- OVERVIEW:** In 2018 CMS cited Elmhurst for its electrical service not meeting National Fire Protection Association standards because it does not separate the service into the three branches, (i) critical for medical equipment in patient rooms; (ii) life safety for exit lights and emergency lighting; and (iii) equipment for boilers, vacuum pumps, medical air pumps, HVAC, etc. CMS gave the System a time limited waiver of such citation which has expired with a further extension now being sought thereby making it urgent that the System upgrade Elmhurst's electrical system. Under the proposed contract, work is projected to start on approximately September 2022.
- PROCUREMENT:** The System solicited competitive sealed bids for the necessary construction services to upgrade the EES Type II system. After receiving three bids, the CRC endorsed a finding that the Contractor was the lowest responsible and responsive bidder.
- TERMS:** The proposed contract will be in effect for the duration of the project which, it is estimated, to be 2 years. The contract is for an amount not to exceed \$7,550,830 which includes a 20% contingency of \$1,258,472.
- FINANCING:** The proposed project will be financed with City Capital.
- MWBE:** The Contractor has proposed an MWBE subcontracting plan that represents 31.76% of the contract value. The main MWBE subcontractor will be Turtle & Hughes, a supplied which will receive 28.61% of the contract price with Deutscher & Daughter, Park Avenue Building & Roof and Tedco group making up the balance of the plan.

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

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

Re: Vendor responsibility, EEO and MWBE status

Vendor: Jemco Electrical Contractors, Inc.

Date: July 15, 2022

Digitally signed by
Tallbe, Keith
Date: 2022.07.15
11:41:42 -04'00'

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
31.76%

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 Award Contract to Jemco Electrical
Contractors, Inc.
For Emergency Electrical System
Upgrade Type I (EES)
at Elmhurst Hospital**

**Board of Directors Meeting
July 28, 2022**

**Manuel Saez – Senior Assistant Vice President, OFD
Oscar Gonzalez – Senior Assistant Vice President, OFD
Milenko Milinic – Chief of Capital Design & Construction, Elmhurst
Erin Egan – Director of Capital Projects & Contract Control, OFD/Elmhurst**

Request for Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Jemco Electrical Contractors, Inc. (the “Contractor”)** to **complete an upgrade of Emergency Electrical Service Type I at NYC Health + Hospitals/Elmhurst Hospital Center (“Elmhurst”)** for a term to equal the duration of the proposed construction project for an amount, including a 20 % contingency of \$1,258,472, not to exceed \$7,550,830.

Program Background

- The EES Type I is the Emergency Electrical System that provides separation of emergency power into three distribution branches:
 - 1) Critical (Red outlets for monitors, medical equipment in patient care areas, etc.)
 - 2) Life Safety (exit lights, emergency lighting)
 - 3) Equipment (medical air pumps, vacuum pumps, HVAC, boilers, etc.)
- The current state of Elmhurst's existing system does not meet current National Fire Protection Association (NFPA) codes and must be upgraded as required by the NYS DOH and CMS in order to comply with the NFPA requirements for critical branch separation.
- NYC Health + Hospitals / Elmhurst was cited by CMS in March of 2018 and was granted a Time Limited Waiver by NYS DOH in July 2018 which expired July 1, 2021. Facility has been working on an extension with the DOH since prior to expiration.
- The EES Type I project will take 2-years to bring the system up to code by running three new branches to support emergency power throughout the facility

Overview of Procurement

- 3/14/22 & 3/15/22: Site tour for bidders; 8 vendors attended
- 4/13/22: Proposal deadline, 3 proposals received
- 5/10/22: Pre-qualification meeting with lowest responsible bidder – JEMCO

Construction Contract

- Sourced via public bid
- Jemco Electrical Contractors, Inc. was the lowest of three (3) bidders
- MWBE 31.76% subcontractor utilization plan presented

Subcontractor	Certification	Supplies/Services	Utilization Plan %	Utilization \$s
DEUTSCHER & DAUGHTER	WBE	Service	.48	\$30,203
PARK AVE BUILDING & ROOF	MBE	Supplies	.76	\$47,822
TEDCO GROUP	MBE	Service	1.91	\$120,184
TURTLE & HUGHES	WBE	Supplies	28.61	\$1,800,244
Total			31.76%	\$1,998,453

- Contract amount is **\$6,292,358**
- Jemco is currently one of our JOCs Electrical Contractor (2020-2022) and also a previous JOCs Electrical Contractor (2018-2020). Evaluations for both contracts were rated 84% and 93% respectively. Additionally, the ratings listed in MOCs included 2 Excellent and 4 Good.
- Expected to begin Fall 2022 completion in expected in Fall 2024

Performance Evaluation

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

71% - 80% ----- Satisfactory
81% - 90% ----- Good
91% - 100% ----- Excellent

Project Budget

Elmhurst EES	
Construction	\$6,292,358
Project Contingency (20%)	\$1,258,472
Total	\$7,550,830*

*Full funding for this project has been allocated and CP is pending with OMB for approval

Reasons For Higher Contingency

- Higher potential for unforeseen field conditions due to aging quality of building
- Any requests or change to draw from the contingency is evaluated through the change order process

Board of Directors Request

- Authorizing New York City Health and Hospitals Corporation (the “System”) to execute a contract with **Jemco Electrical Contractors, Inc. (the “Contractor”)** to complete an upgrade of **Emergency Electrical Service Type I** at **NYC Health + Hospitals/Elmhurst Hospital Center (“Elmhurst”)** for a term to equal the duration of the proposed construction project for an amount, including a 20% contingency of \$1,258,472, not to exceed \$7,550,830.

RESOLUTION - 04

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into stand-by contracts with the following six firms: **Rapid Reliable Testing NY, LLC., a/k/a DocGo, MedRite Testing, LLC, Centena Health, Inc., Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc.** (the “**Vendors**”) to perform COVID testing when necessary as directed the System’s President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.

WHEREAS, at the onset of the COVID epidemic, the System had to rush and use emergency procurement procedures to contract with laboratories to conduct the huge volume of testing that the System required making normal procurement impossible; and

WHEREAS, the System wishes to put in place a set of agreements with testing and laboratory firms procured in a conventional, competitive way which firms would not be asked to perform any immediate services but which would rather be available to provide COVID testing services on an as-needed basis if the System’s President determines that it is necessary and appropriate to use such services; and

WHEREAS, by procuring the Vendors in this way, the System is assured of better pricing and the procurement of the Vendors will stand up to scrutiny by Federal or any other funders; and

WHEREAS, given the contingent and uncertain nature and scale of the work the Vendors may be asked to perform, it is not possible to establish any limit on the funding of their contracts in advance but such limits will be established when and if the President authorizes the System to activate the Vendors’ contracts; and

WHEREAS, an open and competitive RFP process was conducted by Supply Chain Services starting in March 2022 with a solicitation posted in the City Record and sent directly to 28 vendors, leading to a pre-proposal conference with 22 vendors in attendance and 15 proposals submitted; and

WHEREAS, the Evaluation Committee rated the six Vendors the highest and that selection was endorsed by the Contract Review Committee; and

WHEREAS, the contracts with the Vendors will be managed by the Senior Vice President for Ambulatory Care.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to enter into stand-by contracts with the following six firms: Rapid Reliable Testing NY, LLC., a/k/a DocGo, MedRite Testing, LLC, Centena Health, Inc, Elevation Health LLC, Premier Assist and Fulgent Genetic., Inc. (the “**Vendors**”) to perform COVID testing when necessary as directed the System’s President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount..

EXECUTIVE SUMMARY
SIX STAND-BY LABORATORY TESTING CONTRACTORS
TO BE USED ONLY AT THE DIRECTION OF THE PRESIDENT

- OVERVIEW:** At the onset of the COVID epidemic, the System had to rush and use emergency procedures to contract with laboratories and testing companies to conduct the huge volume of testing that the System required making normal procurement impossible. Similarly, the rapid escalation of the Omicron surge required the System to complement existing resources with emergency contracts to meet Citywide demand. The System wishes to avoid these problems in any future COVID surge when testing is needed by putting in place stand-by contracts with laboratory and testing firms procured in advance using conventional, competitive processes.
- NEED:** The response to the COVID epidemic has depended on widely available, free testing. While one cannot predict if such a situation will arise in the future, the System wishes to be prepared for any future surge in case it is. Further, the System wishes to have contracts procured in a FEMA compliant way without having to rely on emergency actions.
- PROCUREMENT:** An open and competitive RFP process was conducted by Supply Chain Services starting in March 2022. A solicitation was posted in the City Record and sent directly to 28 vendors. 22 vendors attended a pre-proposal conference. 15 proposals were submitted. A Selection Committee approved by the Contract Review Committee judged the six Vendors to be best suited to serve the System's needs. The criteria applied and their weighting was: relevant experience – 30%; thoroughness of plan for rapid deployment – 30%; cost – 25%; and MWBE plan: 15%. Of the Vendors, three had previously had testing contracts with the System: Rapid, Reliable Testing, MedRite and Fulgent. All of them performed in a consistent and satisfactory manner. Rapid Reliable and MedRite both attained their MWBE goals. Fulgent had trouble meeting its MWBE goals but has improved in this regard and reached its goals.
- TERMS:** Proposals were requested to provide cost details sufficient for the System to understand baseline daily costs per testing team deployed and supplemental costs for tests performed each day, which is variable based on location and demand. Selected vendors provided a range of staffing and site models, ranging from \$79,000 to \$151,000 daily per team, with supplemental per test costs ranging from \$0 to \$95. These pricing structures largely match existing pricing from testing vendors currently under non-emergency contracts. Vendors were strongly encouraged to use the City's Pandemic Response Lab to ensure the System secured the best cost for PCR tests.
- MWBE:** All the Vendors have committed to 30% MWBE goals except for Elevation Health which is, itself, an MWBE.

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

Vendor: T2 Surge Testing Requirements Contracts

Date: July 19, 2022

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>
Rapid Reliable Testing NY, LLC	Approved	Approved	30%
MedRite Testing LLC	Approved	Approved	30%
Centena Health Inc.	Pending	Pending	30%
Elevation Health LLC	Approved	Approved	100%
Premier Assist, LLC	Approved	Approved	30%
Fulgent Genetics, Inc.	Approved	Approved	30%

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

**Identifying Prequalified
COVID Testing Vendors for Surge Response**

**Application to Award Contracts - Rapid Reliable Testing NY, LLC,
a/k/a DocGo, MedRite Testing, LLC, Centena Health, Inc, Elevation
Health LLC, Premier Assist and Fulgent Genetics, Inc**

**Board of Directors Meeting
July 28, 2022**

**Theodore Long, MD, Senior Vice President, Office of Ambulatory
Care and Population Health**

**Chris Keeley
COO, Office of Ambulatory Care**

Request for Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into stand-by contracts with the following six firms: Rapid Reliable Testing NY, LLC, a/k/a DocGo, MedRite Testing, LLC, Centena Health, Inc., Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc (the “Vendors”) to perform COVID testing when necessary as directed the System’s President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.

- **Scope:** future COVID-19 emergency/surge testing services
- **Justification:**
 - While “routine” DOE and community testing exists, this type of surge response capacity does not exist
 - In preparation for potential future surges, we seek to establish a roster of prequalified vendors with operational expectations, cost structures, and reporting obligations built into a standby agreement.
 - These contracts will have firm commitments regarding how many testing units/locations a given vendor can scale up to and on what timeline.
 - This will help avoid the need for emergency procurement and contracting.

Background / Current State

- Under the “routine” contracts, pricing is based on a per-test or per-team-per-day basis.
- NYC H+H encouraged bidders to put forward similar structures, but due to the speed with which we need the vendors to respond in a surge scenario, we remained flexible and allowed varying pricing structures to be proposed.
- **Any ancillary costs (e.g. interfaces, internal resources)**
 - Vendors would be managed by existing testing team/staff under the Test & Trace Corp program or under the Office of Ambulatory Care, with optional added support from a project management vendor sourced via a separate RFP.
 - No additional internal resources are expected to be required.

RFP Criteria

➤ Minimum criteria:

- 5 years in business in public health testing
- Experience with rapidly deploying health services in an emergency response scenario

➤ Substantive Criteria

- 30% Relevant experience
- 30% Thoroughness of plan for rapid and timely deployment in NYC
- 25% Cost
- 15% MWBE

➤ Evaluation Committee:

- Director of Implementation, Ambulatory Care Operations (2)
- Senior Project Manager, Medical and Professional Affairs
- Senior Operations Analyst
- Associate Director, System-wide Special Pathogens Program, Central Office Emergency Management
- COO, Ambulatory Care Operations

Overview of Procurement

- 03/25/22: RFP published on City Record, sent directly to 28 vendors
- 04/01/22: Pre-proposal conference held, 22 vendors attended
- 04/19/22: Proposal deadline, 15 proposals received
- 04/28/22 – 04/29/22: Evaluation committee debriefed on vendor proposals
- 05/02/22: Evaluation committee finalized scoring. The six highest rated firms were selected



Past Vendor Performance

- Vendors with prior NYC Health + Hospitals experience:
 - Rapid Reliable Testing NY, LLC: satisfactory performance. MWBE performance dipped in Winter 2021 due to expenses required to respond to Omicron surge. Vendor has made positive, good faith progress towards re-stabilizing MWBE attainment.
 - MedRite: satisfactory performance and MWBE attainment.
 - Premier Assist: satisfactory performance and MWBE attainment.
 - Fulgent Genetics: satisfactory performance. Underperformed MWBE goals in parts of 2021, but has made steady progress towards consistent attainment with NYC Health + Hospitals direction and has been a satisfactory MWBE performer under current contract.
- Vendors without prior NYC Health + Hospitals experience:
 - Centena Health, Inc.: Informal coordination work at times, and been satisfactory partner; provides extensive relevant work directly to patients
 - Elevation Health Group: Has the current community testing vendor contract but have not utilized their services directly; currently subcontractor for CIC Health for school testing and been satisfactory performer.

MWBE Utilization Summary

Assigned MWBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Not Meeting Goal <u>or</u> Meeting Partial Goal	# Requesting Waiver
MWBE	8	2	N/A	N/A	N/A
Non-MWBE	20	13	6	4	3

Awarded Vendors' MWBE Utilization Plan Summary

Vendor Name	MWBE Subcontracted SOW	UP Goal %	Subcontractor(s)
Rapid Reliable Testing NY, LLC	Staffing	30%	CFF Consulting First Match Services
MedRite	Staffing & Medical Supplies	30%	Staffing Boutique Alliance Supply Inc.
Centena Health, Inc	Staffing & Medical Supplies	30%	Nursing New York LLC Brookline LLC (DBA LiloClean)
Elevation Health	N/A (<i>NYC Certified WBE</i>)	100%	Langalo Translation Vital Statistics LLC
Premier Assist	Staffing	30%	Admiral Staffing
Fulgent Genetics, Inc	Staffing	30%	Cure Staffing, Inc.

Board of Directors Request

- Office of Ambulatory Care and Population Health is seeking approval to award contracts to six firms, with a \$0 contract value, to provide COVID Testing Vendors for an emergency response
“Rapid Reliable Testing NY, LLC, a/k/a DocGo, MedRite Testing, LLC, Centena Health, Inc, Elevation Health LLC, Premier Assist and Fulgent Genetics, Inc”
- NYC Health + Hospitals will require written emergency authorization from its President/CEO to activate this agreement, and then OMB will be informed of the President/CEO approval, and asked to provide agreement to cover incurred costs, prior to vendors beginning service. Following President/CEO activation, Board of Directors will be notified and provided expected expenditures.
- In a delta surge scenario, we estimate these services could cost \$75M. In a omicron surge scenario, we estimate a cost of \$26M. No costs would be incurred if these services are not activated.
- Expenses will be covered by the T2 MOU between OMB and NYC Health + Hospitals, which is to be extended beyond current expiration date.
- August 2022 anticipated contract start date

RESOLUTION - 05

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into stand-by contracts with the following four firms: **Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing of NY, Inc., d/b/k DocGo, SOMOS Healthcare Providers Inc. and Huron Consulting Group, Inc. (the “Vendors”)** to provide COVID surge project management services when necessary as directed the System’s President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.

WHEREAS, at the onset of the COVID epidemic, the System had to rush and use emergency procurement procedures to contract with a firm to provide project management services to help manage the range of COVID testing and vaccination efforts the System undertook; and

WHEREAS, the System wishes to put in place a set of agreements with firms with project management capabilities procured in a conventional, competitive way which firms would not be asked to perform any immediate services but which would rather be available to provide project management services on an as-needed basis should there be another COVID surge but only if the System’s President determines that it is necessary and appropriate to use such services; and

WHEREAS, by procuring the Vendors in this way, the System is assured of better pricing and the procurement of the Vendors will stand up to scrutiny by Federal or any other funders; and

WHEREAS, given the contingent and uncertain nature and scale of the work the Vendors may be asked to perform, it is not possible to establish any limit on the funding of their contracts in advance but such limits will be established when and if the President authorizes the System to activate the Vendors’ contracts; and

WHEREAS, an open and competitive RFP process was conducted by Supply Chain Services starting in March 2022 with a solicitation posted in the City Record and sent directly to 7 vendors, leading to a pre-proposal conference with 11 vendors in attendance and 6 proposals submitted; and

WHEREAS, the Evaluation Committee rated the four Vendors the highest and that selection was endorsed by the Contract Review Committee; and

WHEREAS, the contracts with the Vendors will be managed by the Senior Vice President for Ambulatory Care.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to enter into stand-by contracts with the following four firms: **Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing of NY, Inc., d/b/k DocGo, SOMOS Healthcare Providers Inc. and Huron Consulting Group, Inc. (the “Vendors”)** to provide COVID surge project management services when necessary as directed the System’s President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.

EXECUTIVE SUMMARY
FOUR STAND-BY PROJECT MANAGEMENT CONTRACTORS
TO BE USED ONLY AT THE DIRECTION OF THE PRESIDENT

- OVERVIEW:** At the onset of the COVID epidemic, the System had to rush and use emergency procedures to contract with a project manager to help coordinate the testing and vaccination programs it operated making normal procurement impossible. The System wishes to avoid this problem in any future COVID surge when testing and/or vaccination is needed by putting in place stand-by contracts with companies with project management capabilities procured in advance using conventional, competitive processes.
- NEED:** The response to the COVID epidemic has depended on widely available, free testing. The scale of the operation stretched the System's in-house capabilities and depended on emergency project management services procured unconventionally. While one cannot predict if such a situation will arise in the future, the System wishes to be prepared for any future surge in case such services are needed again. Further, the System wishes to have contracts procured in a FEMA compliant way without having to rely on emergency actions.
- PROCUREMENT:** An open and competitive RFP process was conducted by Supply Chain Services starting in March 2022. A solicitation was posted in the City Record and sent directly to 7 vendors. 11 vendors attended a pre-proposal conference. 6 proposals were submitted. A Selection Committee approved by the Contract Review Committee judged the four Vendors to be best suited to serve the System's needs. The criteria applied and their weighting was: relevant experience – 30%; thoroughness of plan for rapid deployment – 30%; Cost: 25%; and MWBE plan: 15%. None of the Vendors had done previous work for the System in the proposed capacity.
- TERMS:** Proposals were requested to provide fixed hourly rates and proposed staffing structures. Proposals range from \$2,000 to \$37,500 per day dependent on variations in fixed hourly rates, scopes of services offered, and size of staffing structure proposed.
- MWBE:** All proposers were required to meet an M/WBE goal of 30%. QED National is a registered M/WBE. SOMOS is a non-profit and is exempt from MWBE commitment, however 85% of the work will be performed via staffing subcontractors. Rapid Reliable Testing, LLC and Huron both proposed meeting the 30% M/WBE goal through use of subcontractors.

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

From: Keith Tallbe Tallbe, Digitally signed by
Senior Counsel Keith Date: 2022.07.19
Office of Legal Affairs 09:40:43 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: T2 Surge Project Management Requirements Contracts

Date: July 19, 2022

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>
Q.E.D., Inc.	Approved	Pending	100%
Rapid Reliable Testing NY, LLC	Approved	Approved	30%
Somos Healthcare Providers, Inc. ¹	Approved	Approved	85%
Huron Consulting Group, Inc.	Approved	Approved	100%

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.

¹ Somos is a not-for-profit entity.

**Project Management Vendors for
Surge Response**

**Application to
Issue Request for Proposals - Q.E.D., Inc. d/b/a QED National, Rapid
Reliable Testing NY, LLC, d/b/k DocGo, SOMOS Healthcare
Providers Inc. and Huron Consulting Group, Inc.**

**Board of Directors Meeting
July 28, 2022**

**Dr. Theodore Long, Sr. Vice President, Office of Ambulatory Care
and Population Health
Chris Keeley
COO, Office of Ambulatory Care**

For Board Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into stand-by contracts with the following four firms: Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing NY, LLC, d/b/k DocGo, SOMOS Healthcare Providers Inc. and Huron Consulting Group, Inc. (the “Vendors”) to provide COVID surge project management services when necessary as directed the System’s President with each contract to have a two-year term and with the set of contracts not having a pre-established not to exceed amount.

- **Scope:** COVID-19 emergency/surge project management services to support NYC Health + Hospitals' oversight of surge testing sites/vendors.
- **Justification:** NYC Health + Hospitals, via the Test & Trace Corps, currently contracts with multiple private companies to provide testing services, and flexible project management support to augment existing staff capacity.
- In preparation for any future surges, NYC H+H seeks to establish a roster of prequalified vendors to provide project management support, with operational expectations, cost structures, and reporting obligations reflective of lessons learned during the Omicron surge.
- In doing so, NYC H+H aim to establish firm commitments regarding staffing availability and ramp-up timeline so that NYC H+H can rapidly expand services as needed in the future.
- **History of services:** Test & Trace previously worked with one vendor, QED, for project management support regarding the daily operations of surge vendors engaged during the Omicron surge.

- While general vended project management support exists, dedicated surge support capacity does not.
- NYC H+H will encouraged vendors to supply pre-negotiated hourly or weekly rates, but due to the speed with which NYC H+H needs the vendors to respond in a surge scenario, NYC H+H permitted bids with varying pricing structures.
- **Any ancillary costs (e.g. interfaces, internal resources)?**
 - Vendor would be managed by existing testing team/staff under the Test & Trace Corp program or under the Office of Ambulatory Care.
 - No additional internal resources are expected to be required.

RFP Criteria

➤ **Minimum criteria:**

- 5 years in business
- Experience deploying project management support services in an emergency response scenario

➤ **Substantive Criteria**

- 30% Relevant experience
- 30% Thoroughness of plan for rapid and timely deployment to support NYC
- 25% Cost
- 15% MWBE

➤ **Evaluation Committee:**

- Director of Implementation, Ambulatory Care Operations (2)
- Senior Project Manager, Medical and Professional Affairs
- Senior Operations Analyst
- Senior Director, System-wide Special Pathogens Program, Emergency Management
- COO, Ambulatory Care Operations

Overview of Procurement

- 03/25/22: RFP published on City Record, sent directly to seven vendors
- 04/01/22: Pre-proposal conference held, 11 vendors attended
- 04/19/22: Proposal deadline, six proposals received
- 05/02/22: Evaluation committee debriefed on vendor proposals
- 05/09/22: Evaluation committee finalized scoring. The four highest rated firms were selected



Past Vendor Performance

- Vendors with prior NYC Health + Hospitals project management experience:
 - QED: satisfactory performance. QED contract was held by NYC DOHMH.
 - Huron: satisfactory performance and MWBE attainment. Contract was held by H+H/T2.
- Vendors without prior NYC Health + Hospitals project management experience
 - SOMOS: Prior testing experience, but not project management experience.
 - Rapid Reliable Testing NY, LLC: Prior testing experience, but not project management experience.

MWBE Utilization Summary

Assigned MWBE Goal: 30%

M/WBE Status	# Invited	# Responded	# Meeting Goal	# Requesting Waiver
MWBE	2	2	N/A	N/A
Non-MWBE	5	4	3	0 (See Below)

Awarded Vendors' MWBE Utilization Plan Summary

Vendor Name	MWBE Subcontracted SOW	UP Goal %	Subcontractors
QED Inc.	N/A (NYC & NYS certified WBE)	100%	NA - Self
Rapid Reliable Testing NY, LLC	Staffing	35%	CK2 Solutions Inc. (DBA Pridestaff) CFF Consulting First Match Services
SOMOS (non-profit)	Project Management Support	85%	NA - Self
Huron	Project Management Support	30%	MCGGUSA LTD.

Board of Directors Request

- The Office of Ambulatory Care and Population Health is seeking approval to award contracts to four firms, with a \$0 contract value, to provide contingency emergency project management services.
“Q.E.D., Inc. d/b/a QED National, Rapid Reliable Testing NY, LLC, d/b/k DocGo, SOMOS Healthcare Providers Inc. and Huron Consulting Group, Inc.”
- NYC Health + Hospitals will require written emergency authorization from its President/CEO to activate this agreement, and then OMB will be informed of the President/CEO approval, and asked to provide agreement to cover incurred costs, prior to vendors beginning service. Following President/CEO activation, Board of Directors will be notified and provided expected expenditures.
- It is estimated these services could cost \$2M-\$5M/year, no costs will be incurred if these services are not activated.
- Expenses will be covered by the T2 MOU between OMB and NYC Health + Hospitals, which is to be extended beyond current expiration date.
- The contracts are planned to be available for emergency use effective August 2022.

RESOLUTION - 06

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a best interest renewal of its contract with **New York Legal Assistance Group** (“**NYLAG**”) under which NYLAG provides certain free legal services to the System’s patients for one year for an additional amount not to exceed \$1,889,182 which, when added to the previously approved funding of \$4,160,424, brings the total not-to-exceed amount to \$6,049,606.

WHEREAS, NYLAG is a non-profit, civil legal services organization combatting economic, racial, and social injustice by advocating for people experiencing poverty or in crisis; and

WHEREAS, the System’s relationship with NYLAG’s LegalHealth division dates back to 2002 when NYLAG started offering free legal services to the patients at NYC Health + Hospitals/Elmhurst from which the relationship expanded to all of the System’s acute care hospitals and serves patients of its Long-Term Care and Gotham facilities as well; and

WHEREAS, NYLAG’s LegalHealth unit focuses on immigration, family law, debtor-creditor, landlord tenant, wills, guardianships and similar issues; and

WHEREAS, the System’s relationship with NYLAG has evolved from the System permitting NYLAG to be present at certain System facilities through real estate licenses to provide its services as NYLAG chose to design them using funds from other sources to its current state where the System provides a large portion of NYLAG’s funding for its work within the System as a service provider working under the System’s Population Health unit to address social determinants of health; and

WHEREAS, following several previous authorizations, in 2019 the System’s Board of Directors authorized a License and Services Agreement with NYLAG for two years with a one-year option for an amount not to exceed \$4,160,424; and

WHEREAS, the System, having exercised its one-year option with NYLAG, wishes to negotiate a new multi-year agreement with NYLAG that will further the evolution of the relationship with NYLAG using data that will be newly available from EPIC in the coming months to better target NYLAG’s services to address social determinants of health; and

WHEREAS, because data from EPIC will only be available in the months to come, the System seeks a one-year renewal of the current NYLAG agreement to allow time for the new data to be gathered, analyzed and the new agreement to be negotiated in light of the data; 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 execute a best interest renewal of its contract with New York Legal Assistance Group (“**NYLAG**”) under which NYLAG provides certain free legal services to the System’s patients for one year for an additional amount not to exceed \$1,889,182 which, when added to the previously approved funding of \$4,160,424, brings the total not-to-exceed amount to \$6,049,606.

EXECUTIVE SUMMARY
ONE YEAR RENEWAL OF AGREEMENT WITH
NEW YORK LEGAL ASSISTANCE GROUP
FOR FREE LEGAL SERVICES OFFERED TO SYSTEM PATIENTS

OVERVIEW:	<p>NYLAG is a non-profit, civil legal services organization combatting economic, racial, and social injustice by advocating for people experiencing poverty or in crisis with which the System has worked since 2002. At the beginning, NYLAG started offering free legal services to the patients at NYC Health + Hospitals/Elmhurst but from there the program expanded to all of the System’s acute care hospitals and to patients of its Long-Term Care and Gotham facilities as well. NYLAG’s LegalHealth unit focuses on immigration, family law, debtor-creditor, landlord tenant, wills, guardianships and similar issues.</p> <p>Besides its geographic expansion, over the years the nature of the System’s relationship to NYLAG has evolved as well. Initially, the System permitted NYLAG to be present at certain System facilities through real estate licenses. NYLAG designed its program with little input from the System and its funding was primarily secured through other sources. Over the span of the relationship, this changed to where the System funds much of NYLAG’s work within the System. Further, the System came to regard NYLAG as a service provider engaged to advance the System’s goal, pursued through its Population Health unit, to address social determinants of health.</p>
PROCUREMENT/ AUTHORIZATION	<p>The NYLAG agreement was last approved by the Board in 2019 when an agreement of two years with a one-year option was approved. The funding cap was \$4,160,424. A “best interest renewal” for one year is requested.</p>
NEGOTIATION OF FUTURE CONTRACT:	<p>The System, having exercised its one-year option with NYLAG, wishes to negotiate a new multi-year agreement with NYLAG that will further the evolution of the relationship with NYLAG. The System wishes in its next contract with NYLAG to be able to assess which of its services have the greatest impact on patients’ social determinants of health. The System has only recently developed the ability to follow NYLAG’s work through Epic. It wishes to get six months with the data that will be generated to inform the next agreement to better target NYLAG’s services. Thus, a one-year renewal of the agreement is sought.</p>
MWBE:	<p>NYLAG is a not-for-profit corporation and thus the System’s MWBE subcontracting goals are inapplicable. The staff at NYLAG is 72% minority and/or women while the board is 31% women and 23% minority.</p>

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 09:10:19 -04'00'

Re: Vendor responsibility, EEO, and MWBE status

Vendor: NY Legal Assistance Group (NYLAG)

Date: June 24, 2022

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

Vendor Responsibility

Approved

EEO

Approved

M/WBE UP

Exempt (non-profit)

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.

New York Legal Assistance Group (NYLAG) application for Best Interest Renewal

**NYC H+H Board of Directors
July 28, 2022**

**Dr. Nichola Davis, VP and Chief Population Health Officer
Jeni Clapp, AVP – Social Determinants of Health
Emily Foote, Senior Director – Social Determinants of Health
Office of Ambulatory Care + Population Health**

For Board Consideration

- Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a best interest renewal of its contract with New York Legal Assistance Group (“NYLAG”) under which NYLAG provides certain free legal services to the System’s patients for one year for an additional amount not to exceed \$1,889,182 which, when added to the previously approved funding of \$4,160,424, brings the total not-to-exceed amount to \$6,049,606

Background

- NYC Health + Hospitals operates one of the country's oldest and largest medical-legal partnerships, through which free legal services have been provided to NYC Health + Hospitals patients since 2002.
- NYC Health + Hospitals has had agreements with NY Legal Assistance Group (NYLAG) for General Legal Services since 2002. Initially, H+H provided space license agreements for NYLAG's externally funded work. Over time, H+H began funding NYLAG directly and in 2019, Population Health received CRC and NYC Health + Hospitals' Board of Directors approval for a centralized Master Services Agreement for 2 years with a 1-year option at a not-to-exceed cost of \$4,160,424.
- NYLAG is a non profit, civil legal services organization combatting economic, racial, and social injustice by advocating for people experiencing poverty or in crisis. Services include comprehensive, free civil legal services, financial empowerment, impact litigation, policy advocacy and community partnerships.
- NYLAG's LegalHealth division provides direct services to NYC Health + Hospitals patients at clinics across the health system. LegalHealth attorneys work to improve health outcomes by addressing corresponding legal needs, removing legal barriers to better health for patients with limited financial resources.

LegalHealth MLP Program Overview

Distinguishing features

- The LegalHealth medical-legal partnership at NYC Health + Hospitals provides:
 - Direct assistance to patients by establishing attorneys as an extension of the care team, letting LegalHealth staff address legal issues in the context of medical care and needs
 - Ongoing education and support to NYC Health + Hospitals staff managing complex social matters for patients, leading to legal referrals and remedies for patients
- Legal services include assistance with:
 - Housing (eviction prevention, housing quality, and housing discrimination)
 - Immigration – applications for green card or other immigration status, naturalization, sponsorship, and more
 - Health insurance and public benefits denials, appeals, and alternative eligibility categories
 - Advance planning – e.g. wills + pooled trusts, employment, income maintenance

Overall Program Goal and Objectives

- Sustain and strengthen medical-legal partnership to address health-harming legal needs of patients
 - Provide direct legal assistance to a minimum of 4,000 NYC Health + Hospitals patients to improve social, medical, and behavioral health outcomes
 - Educate NYC Health + Hospitals staff on health-harming legal issues (e.g. housing, immigration, benefits denials) to generate referrals
 - Improve program operations, patient outcomes, and financial sustainability

Current NYLAG Partnership

- Goals for centralized services include increased flexibility to target services in response to need as well as improved data collection in order to monitor and improve program operations and demonstrate financial sustainability.
- The COVID-19 pandemic disrupted operations at NYC Health + Hospitals' facilities; however, Population Health and LegalHealth leadership pivoted quickly to a remote services model, and were able to re-establish referral mechanisms and maintain the availability of the service to patients. While remote services are preferable to some patients, we are currently working to establish a hybrid model where patients have the option of in-person appointments if they prefer.
- Plans for a first-of-its-kind referral + scheduling system to be built in Epic were delayed due to the pandemic; however, an official DMND was submitted in late 2021 and the build is nearing completion. The Clinical Services Planning Committee of NYC Health + Hospitals approved continued funding for the partnership as well as the addition of two dedicated Pop Health FTEs to support the new Epic system in April 2022.

LegalHealth by the numbers

Key Takeaways

- Individual cases can take years to resolve so totals don't reflect ongoing work on prior year intakes
- Slight dip in performance in 2020 due to pandemic-related disruption to service, transition to remote model
- Top referring sites: Elmhurst, Lincoln, Gouverneur, Jacobi, Kings, Bellevue

Metric	2019	2020	2021
Matters Intaked	4,730	4,268	4,565
Unique Patients Served	3,839	3,678	3,918
Closed Cases	4,683	2,391	4,385

Primary Language – Patients seen in 2021 (n = 3918)

- English = 1816 (46.3%)
- Spanish = 1786 (45.6%)
- French = 83 (2.1%)
- Creole or French Creole = 49 (1.3%)
- Mandarin or Cantonese = 30 (0.7%)
- Begali / Bangla = 30 (0.7%)
- Russian = 18 (0.5%)
- Arabic = 14 (0.4%)
- Urdu = 11 (0.2%)
- Other = 81 (2%)

NYLAG Request for Renewal

- The Office of Ambulatory Care & Population Health is confident about the future of this program and the benefits to patients and plan to pursue a multi-year agreement for services. Before revisiting the terms of a new contract however, we want to secure some critical information including:
 - Operational implications of running the LegalHealth program using the Epic system for referrals and scheduling
 - Insights from early Epic data on appointment utilization
- The Epic system for legal referrals and scheduling is expected to go live in late summer or fall of 2022. The launch of this program will allow for expanded access to LegalHealth appointments for more patients, help us understand the social and health impacts of the intervention on patient and population health, and enable us to build a robust ROI for the program.
- To meet these goals, the Office of Ambulatory Care & Population Health is requesting to renew the current agreement for the period September 1, 2022 – August 31, 2023 with a not-to-exceed amount of \$1,889,182.
- Cost breakdown: (Detailed budget in appendix)
 - Total NYLAG program personnel (13.05 FTE) = \$1,551,002
 - Includes COLA and fringe adjustment – 4.3% increase
 - Total OTPS: \$338,180

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.

- **Vendor Due Diligence:** There are several non-profit legal service providers in NYC; however, they do not have the same expertise as NYLAG. NYLAG has unique expertise in “health-related legal needs” having developed their medical-legal partnership model over two decades. They have also built longstanding relationships with members of H+H facilities’ clinical and administrative teams, leading to more responsive care for patients.
 - In 2019, the Mayor’s Office for Immigrant Affairs released an RFP for immigration legal services to be delivered in public hospitals: after a thorough review process, NYLAG was selected as the vendor and awarded a 3 year contract with a 3 year renewal option.
 - City Council has also awarded NYLAG funding to provide additional services at NYC Health + Hospitals under its Immigrant Health Initiative for the last decade.
- **Pricing Due Diligence:** All four of the city’s major non-profit legal services providers¹ have executed collective bargaining agreements with staff in recent years and salaries steps are comparable across these organizations.
 - Annually, NYLAG staffs 714 legal clinics² at NYC Health + Hospitals for an approximate cost of \$2,645 per clinic.
- **Performance:** NYLAG has maintained its commitment to providing legal services to NYC Health + Hospitals patients at a steady rate, despite operational interruptions and barriers caused by the pandemic.

1) Other large NYC non-profit legal services providers: The Legal Aid Society, Legal Services NYC, Mobilization for Justice (MFJ)

2) There are 14 general legal clinics at H+H each week, 51 weeks a year. Each clinic can see 6 patients. Patients seen in clinic often receive ongoing assistance (up to full representation) outside of clinic from legal staff through court and administrative processes.

Vendor Performance Evaluation

Department of Supply Chain
Vendor Performance Evaluation
New York Legal Assistance Group (NYLAG)

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?	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	Satisfactory

Workforce Diversity

New York Legal Assistance Group (NYLAG)

EEO Status: Approved

	Gender		Race/Ethnicity				
	Female	Male	Asian	Black	Hispanic	2+ Races	White
Board of Directors							
	31%	69%	4%	12%	8%	None reported	77%
Workforce							
Executive/Sr Mgmt	82%	14%	4%	None reported	11%	None reported	79%
Officials/Managers	86%	14%	16%	3%	5%	6%	70%
Professionals	66%	32%	10%	8%	5%	3%	55%
Support Staff	71%	21%	7%	4%	51%	4%	24%
Company Wide	72%	24%	10%	5%	25%	4%	51%

- NYLAG has 26 Board Members
- Demographic data was provided for 341 employees. Among the categories:
 - Gender 4% declined to respond
 - Race 30% declined to respond
 - Ethnicity 5% declined to respond

Board of Directors Approval

- The Office of Ambulatory Care & Population Health is seeking Board approval for a 12-month best interest renewal of the agreement with New York Legal Assistance Group (NYLAG), to continue operating the LegalHealth medical-legal partnership program at NYC Health + Hospitals.
- The not-to-exceed cost of the extension will be \$1,889,182.
- Funding has been allocated by NYC Health + Hospitals' Clinical Services Planning Committee (CSP).
- The renewal maintains terms of the existing agreement and provides for a NYLAG program personnel COLA + adjustment to fringe.
- The contract allows for termination for convenience at the discretion of NYC Health + Hospitals .
- The proposed renewal term of the agreement will be September 1, 2022 – August 31, 2023
 - These 12 months will allow time to launch the new Epic referral system and evaluate procurement of a future multi-year agreement and vendor selection as needed
- Non-profit entities cannot be certified as MWBEs under NYS or NYC law; however, diversity of leadership, management, and staff will be considered for a multi-year service agreement.

Appendix

Budget

New York Legal Assistance Group, LegalHealth		
General Legal Services H+H - Program Budget		
9/1/22 - 8/31/23		
Personnel	FTE	Budget
Director & Associate Director	0.3	\$ 50,928
Supervising Attorney	0.5	\$ 60,181
Supervising Attorney	0.5	\$ 59,183
Senior Supervising Attorney	0.5	\$ 66,748
Senior Staff Attorney	0.5	\$ 46,560
Senior Staff Attorney	1	\$ 101,222
Senior Staff Attorney	0.5	\$ 50,281
Senior Staff Attorney	1	\$ 116,549
Senior Staff Attorney	0.5	\$ 53,753
Senior Staff Attorney	0.5	\$ 56,592
Staff Attorney	1	\$ 78,261
Staff Attorney	1	\$ 95,578
Staff Attorney	0.25	\$ 22,237
Staff Attorney	1	\$ 91,902
Paralegal	1	\$ 49,816
Paralegal	1	\$ 52,886
Paralegal	0.4	\$ 19,950
Paralegal	0.6	\$ 33,410
Reporting & Outreach	0.5	\$ 28,082
Reporting & Outreach	0.5	\$ 32,046
Total		\$ 1,166,167
Fringe Benefits @	33%	\$ 384,836
Total Personnel		\$ 1,551,002

OTPS	
Occupancy	\$90,073
Professional Liability Ins	\$7,340
Office Supplies	\$2,772
Union Expenses - Legal	\$1,535
Telephone and Internet	\$4,606
Repairs and Maintenance	\$7,485
IT Outsourced Services	\$6,717
Accounting Fees	\$2,303
Computer Consulting	\$16,504
Payroll Service Fees	\$4,606
Postage	\$2,748
Dues & Fees	\$2,034
Legal Research/Subscriptions	\$10,421
Training & Conference Fees	\$2,879
Translation Services	\$3,838
Local Travel	\$576
Total OTPS	\$166,436
Total Direct Expenses	\$1,717,438
Indirect @10%	\$171,744
Total Budget	\$1,889,182