

AGENDA

**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

Date: July 11th, 2022
Time: 9:00 AM
Location: VIRTUAL MEETING

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – April 11, 2022

ACTION ITEMS:

1) Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into stand-by contracts with the following six firms: Rapid Reliable Testing, Inc., a/k/a DocGo, Medrite Urgent Care, 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. LONG

Vendex: Approved- (Rapid Reliable Testing, LLC, Elevation Health, LLC, Premier Assist LLC)

Pending-(Medrite LLC, Centena Health Inc, Fulgent Therapeutics, LLC)

EEO: Approved

Pending-(Centena Health Inc.)

2) 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, 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. LONG

Vendex: Approved

Pending-(Q.E.D., Inc.)

EEO: Approved

Pending-(Q.E.D., Inc.)

3) 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

DR. LONG

funding of \$4,160,424, brings the total not-to-exceed amount to
\$6,049,606

Vendex: Approved

EEO: Approved

CHIEF MEDICAL OFFICER REPORT

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Virtual - Medical and Professional Affairs Committee - April 11, 2022

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Barbara Lowe, Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:01AM. On motion made and seconded, the Committee adopted the minutes of the November 1st, 2021 Medical and Professional Affairs committee.

ACTION ITEM:

Ellis Epstein, Senior Director, Correctional Health Services presented the resolution to the committee -

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a three-year contract with EAC Network ("EAC") for services to operate the Community Reentry Assistance Network ("CRAN") program to assist persons detained by the New York City Department of Correction as they leave detention and reenter the community with the System holding two 1-year options to renew for an amount not to exceed \$25,000,000 over the entire potential five-year term.

CRAN provides reentry services for individuals who are previously incarcerated in New York City jail system with a particular emphasis on those receiving mental health treatment. Ms. Epstein provided background information on the services currently being provided and a current contract summary, lessons learned, contract requirements, a summary of the procurement, the vendor selection process, information on the MWBE and workforce diversity of the vendor.

The Committee requested clarification on if the number of people being served is under the current budget, how you will handle the increase of patient with the same budget. Ms. Ellie Epstein responded: The budget is staff and rent, the Brad H agreement requires an office location in prime spots in all 5 boroughs that is the significant expense of the contract that does not change depending on the number of clients served. The staff does not fluctuate from year to year because we anticipate and account for the possibility that clients will; come in and ask for services and do not want to be in a position to turn them away. Even though the numbers dropped because of COVID, they have the capacity to serve far more than they did and with broadening the eligibility, the staff will be able to serve many more without a change in the budget.

The Committee recommended in the future to maybe they can consider getting a breakdown on how we manage, and how much of a difference it is making in this client population.

The Committee raised a question: With concerns on women returning to society given all their trauma, what is the intervention after their release that you are providing? Ellis responded: the patients are coming out of a difficult environment and are experiencing tremendous instability as they transition from a partial setting back to the community. It is

one of reasons and challenges of the program there aren't requirements placed on patients. We recognize they are coming from a place where their autonomy has been significantly limited, they have not been able to make choices for themselves. It is a patient driven service program. The contract includes a number of psychologists and psychiatrists on staff, in order to help support the case managers and clients in the event they are in the middle of a crisis. All case manager and staff go through trauma informed care training, and are very sensitive to the reality of their patients' experience. The case managers' clients start meetings prior to their release from jail.

The resolutions were duly seconded, discussed and unanimously adopted by the Committee with conditions for consideration by the full board.

CHIEF MEDICAL OFFICER REPORT

Machelle Allen MD, Systems Chief Medical Officer/Sr. Vice President of Medical and Professionals Affairs reported to the committee a full report is included in the materials, she highlighted the following.

Clinical Service Lines:

Clinical service lines are charged with implementing system wide initiatives. In critical care there is an artificial intelligence support of diagnosing status epilepticus, there is an initiative for teleICU consults, under internal medicine they're implementing high value care, specifically looking at decreasing the utilization of unnecessary test. Peri-op, we've been working for a couple of years under the leadership of Dr. Manish Parikh to improve our OR operational efficiency and increase revenue. Five major pillars, Critical care their Ceribell initiative and their teleICU would fall under quality and outcomes. High valued care implementation would be care experience. Peri-Op would be increasing financial stability.

Maternal Mortality and Morbidity Reduction Program Update and maternal medical: Dr. Wendy Wilcox, Chief Women Health Officer, presented on Maternal Mortality and Morbidity Reduction Program Update and maternal medical home. In 2018, the former mayor asked NYC Health + Hospitals to devise a multi-point program to reduce maternal morbidity and mortality in New York City. At the time, more than 3,000 women experienced a life-threatening event during childbirth, and about 30 women die each year in New York City. Black, non-Hispanic women were 8 times more likely to die in childbirth than white women in New York City. Black, non-Hispanic women are still 3 times more likely to suffer a life-threatening event in pregnancy than white women. NYC Department of Health has not released an updated report, those numbers have decreased, which is great news. There was a four-point program, our simulation program built six mini labs in six of our acute care maternity hospitals, especially the ones that have trauma centers. We offered three courses, the first one, cardiovascular collapse and acute life-threatening blood lost. The second was Material Medical Home and we successfully integrated questions to our epic EMR to optimize interval pregnancies, and most of our sites have integrated a maternal mother baby coordinated care. The courses that were developed and offer are OB Life Support, more than 85 percent of our staff was trained,

and are all multidisciplinary, multi-specialty teams, and the same with the obstetric hemorrhage. Severe hypertension in pregnancy course has developed and the training has started. We added counteracting unconscious bias in substance use disorder, and that course has developed and pilot has started at Bellevue. The course was recognized by a proprietary company, called Health Scholars. They have partnered with us to create a virtual simulation course which will be released and be offered to our providers. The goal is to train all of the providers that we have across our system. This work was nationally recognized and will be present at the 2022 national ACOG conference in May. Maternal home: the purpose of the Maternal Home is to provide support and comprehensive wrap-around services for pregnant persons who have need for this support due to clinical, behavioral health or factors related to social determinants of health. Maternal Home now employs 9 licensed social workers, 1 in the pipeline and 1 to be hired, 6 maternal care coordinators and 3 directors responsible for programming, administration and clinical oversight. This was an important program to help H+H patients throughout the COVID-19 pandemic. The initial aim was to reach 2,000 high risk women in 5 years, we have exceeded that goal. Ten out of our eleven maternity hospital were active due to staffing, we are recruiting. We reached 16.4 percent of total H+H births. Brooklyn was the largest segment of that population. The end of 2018 we started the planning, 2019 we developed it and hired people to start, curated our epic screens, and had the pilot program at Kings County Hospital. 2020 was the first full year of the program working. Last year we served over 2000 unique patients, and made over 6000 referrals. 1596 referrals were made to community-based organizations in 2021. Medical support management, and dental had the largest number of referrals, for pregnancy and parenting, we referred 22 percent to doula services. Nurse Family Partnership had 13 percent of the referrals as well as lactation support, social determinants of health had eleven percent of referrals for mental health services, and we increased our WIC referrals.

3-2-1 Impact:

Drs. Jennifer Havens, and Mary McCord, presented on 3-2-1 Impact. The acronyms for 3-2-1 is *Integrated Model for Parents and Children Together*. The idea which emerged at the same time as the maternal medical home was being developed, was to bring together women health, behavioral health, and pediatrics in a real two generation model. The goal was to integrate those disciplines and support health outcomes and social emotional outcomes in children and their families. The start of the program was with New York State Department of Health, it was called the first thousand days of Medicaid initiative. The initiative had a ten-point program for how Medicaid can support children in the early phases of life, and one of those ten points were to come up with an advance primary care model that supports families, 3-2-1 IMPACT is the same exact model. This program is intended to implement that model. Drs. McCord and Haven were active on the committee, Dr. McCord was the Co-Chair. Robin Hood showed interest and asked for Health + Hospitals to be the brain building organization, with the funding from Robin Hood/FUEL, NYC Health + Hospitals and, Mayors Office NYC Opportunity. The program was able to start at 3 sites, Bellevue, Queens, and Gouverneur. Those sites began in 2019, then COVID hit, it was on hold and launched in October 2020. The program has multiple

components: the key is generational model; mother and child are both supported- link to women health. The women health was key to getting what needs are identified and support is started in women health. Prior to this program, it was usual for the child to come to Peds to a medical team that would have no knowledge of what support was in place for the family. All Primary care patients 0-3yo receive services. There is a Risk Tiered Approach to Care, where a Clinical assessment and Universal Screening is done. They are connected to social workers and community health services. The primary care team is involved in assessing the results of the screening. All parents get support and education using an evidence-based model that has been shown to improve cognitive and social emotional outcomes in kids. One of the unmet needs and most important is parental mental health and dyadic mental health between the mother and child. It is almost impossible to get the people service since there is limited availability, also young mothers, and young depressed mothers can't get to services, having services Integrated is important. It is key for the valued based care to be recognized. There is a State-wide coalition towards Value Based Payment model. If you look at value based care as being short term return on investment for high risk, high cost people you won't spend any money on children, there is a tiny number of children that fit the bill. We are developing a value based payment model with partners across the State.

The seamless connection to prenatal care is key steps, the video interaction project, and reach out and read are the evidence based support programs that are available for all children, especially healthy steps intensified services with higher risk. A lot of time was spent on the hand off between women's health and Peds, tools were built into epic to support that, so when you are in Peds you can see information from the mother's chart, which is important to know the integrated behavioral health services on both sides screening and then care coordination.

Initial 6 months performance data: This data is essential number of touches we've had with patients in the first 6 months. We can now see what percentage of children engaged in welfare or in prenatal care have received services, and what percentage are tiered or are they considered people getting more services. It is coming out in the current data that we have reached a lot of children. October 2020 - March 2021 6,430 unique patients were seen in the IMPACT population. In that same period, IMPACT had over 12,995 patients touches. *H+H, City and State Wide: Impact*. This is an emerging model of care in early childhood, not just in H+H, elsewhere as well. We are further along than most, in terms of having a model and making it generational. It began with DOH first thousand days initiative. We have active work going on with NYU, and Montefiore through Robin Hood funding to expand Early Intervention referral model and the Early Childhood Community Health Worker model to other Health Systems. We are also expanding, we have 3 primary sites where we piloted the full program, we found that many components of the program are scaling up. Rather than trying to put in sites as a whole, we have the community health workers now in every Health + Hospitals primary care practice. The screening is up and running, using a tablet base system that we're piloting in Peds. The Managed care partners, MetroPlus and Healthfirst are active partners

in VBP model development and New York State is engaged - goal is to have a payment model in place by 2023. Ripple effects: IMACT across H+H, the early intervention piolet has been going well, and working with Department of Health division of Early Intervention, they are interested in this and expanding it to other systems. Because there are community health workers and an epic based system that we can track the referrals, we're able to intervene earlier when the referrals fall through the cracks, so far, we have 80 percent engaging successfully in services of referrals. Together the system is moving from reactive to proactive. Proactive is important, as a child adolescents' psychiatrist who ran Bellevue inpatient service for eleven years, we see as a regular practice in the child mental health field we wait to a child gets old before we intervene. Being proactive is important, we know who these kids are early in life, particularly in primary care. Supporting kids and families like this does have a profound potential to reduce mental illness in kids and adolescents. It's hard to move the system in that direction, there is a lot of financial barriers, but this has been transformational for our system. When the RFP went out internally to our system when we received the Robin Hood grant, eight sites applied, we picked the three that were the furthest along with integrating women's health, Peds and behavioral health. There is huge interest across the system and the State. An example was given, Dr. McCord could see a child 15 times in the first year of life for a well child visit, you can't do a bill for a mental health intervention unless there is a diagnosis, this is being addressed with DOH and OMH. Things can be done early before people get sick and get the families the support they need. Work is being done aggressively with the State on adapting models that California and Massachusetts are using where you can use risk coding and Z coding instead of actual psychiatric diagnosis, preventive work with families. Work is being done to expand the women health model, which will focus on higher risk moms. Future endeavors are to interface, things like depression prevention in women's health. The roll out of depression screening across the system was a little concerning being that a pediatrician nor OBGYNs weren't going to treat the mothers because their finish. How would you get the mother behavioral health service, they will not go to a mental health clinic, and adult psychiatry aren't going to have the capacity to deal with pregnant or just delivered women. Building a model is important to help support these families as early as possible.

The committee commended the team on the work they have done, and has asked that they come to the full Board meeting and present on their topic. Question raised, when you go to the State and present the work that is being done, what is the biggest issue that they bring up? Dr. McCord responded: The issue is with the behavioral Health billing, it is extremely difficult for social workers to bill and they recently have been allowed to bill, and are licensed under article 31 settings, they bill all the time independently. It was set up for pregnant women only or kids under 21 and for the postpartum it was sixty days and you had to have a diagnosis of postpartum depression. We have been able to get them to extend that up to a year, Postpartum should be three years. We have to have our social workers in our primary care systems be able to generate revenue for the work they do. The coding and paying for it is part of the

problem as well. A lot of the work is delivered by people that are non-billing providers, the community health workers are a prime example.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee a full report is included in the materials, she highlighted the following.

Social Work Champion Luncheon held April 1, 2022

Celebrated the end of Social Work Recognition Month and awarded 42 Social Workers Champion Awards. Two hundred and ninety members came out to support

NYS Staffing Committee has been launched at 11 Acute Care Hospitals and LTACH

Directors of Nursing Training

- Training including educating new Directors of Nursing Quality Best Practices, Infection Prevention, technology utilization and NDNQI data submission.

CUNY & H+H Academic Practice Partnership (CHAPP)

CUNY & H+H Academic Practice Partnership (CHAPP) Annual Health Equity Forum

Successfully launched CUNY & H+H Academic Practice Partnership (CHAPP's) first annual health equity forum:

- **Topic:** Health Equity: Implications for Nursing Practice during COVID
- **Attendance:** > 190 members from CUNY and H+H
 - **Breakout Sessions:**
 - Race Matters in Healthcare Matters by Juliette Blount, NP
 - The Future is You: Sharing Knowledge and Experience by Dr. Jamesetta Newland.

Nurse Leader Workgroups

The Nurse Leader Workgroup was launched successfully with twelve (12) different workgroups identified. The vision is to lead and establish a nurse leader best practice infrastructure at NYC Health + Hospitals.

Phase 1 Workgroup includes:

- Nurse Leader Orientation
- Nurse Leader Academy
- Nurse Leader Annual Competencies
- Nurse Leader Job Descriptions, Evaluations, & Recruitment
- Nurse Leader Continuing Education, Development & Certifications

- Nurse Leader Mentoring and Succession Planning
- Nurse Leader Diversity, Inclusion, Equity and Access Opportunities

Phase II Workgroup includes:

- Nurse Leader Conferences
- Nurse Leader Research & Grants
- Nurse Leader Organizational Memberships
- Nurse Leader Networking Opportunities
- Nurse Leader Recognition

METROPLUS HEALTH PLAN, INC.

Sanjiv Shah, MD, Chief Medical Officer, MetroPlus Health Plan reported to the committee, a full report is included in the materials, he highlighted the following.

Regulatory Highlights

Recertifications for Medicaid, Essential Plan, and Child Health Plus are still in a moratorium status, but NYS is using the working timeline of July 2022 to commence instituting their plans for recertifying the entire population within the 14-month window allotted by CMS. If the Federal PHE is extended beyond July, the 14 months will begin at the end of the PHE. CMS has indicated that all recertification processes must have commenced by the 12-month mark and conclude by the end of the 14th month.

The proposals for the NYS FY 2022-23 budget contain a significant number of coverage expansions. These include expanding income levels for Essential Plan eligibility from 200% to 250% FPL; extending postpartum coverage in Medicaid to 1 year following the last day of pregnancy; eliminating the CHP premium for households with income below 222% FPL; and funding coverage for low-income immigrant's ineligible for other government programs, known as Coverage4All. Both houses in the legislature, the governor's office, health plan trade associations, and MetroPlus are in favor of these coverage expansions, and they look very likely to pass into law

New Federal Laws Impacting Information Access for Members

Two new Federal rules, Transparency in Coverage Act and No Surprises Act, are both designed to increase obligations on health plans to provide information about how much services cost a Plan to provide. The Transparency rules require group health plans and insurers in the group and individual markets to provide self-service tools to members to allow them to know what plans are paying their in-network providers. This includes providing machine readable files and a price comparison tool where members can see how much their out-of-pocket costs would vary by provider by June 2022 and a list of 500 shoppable services for out-of-pocket costs by January 2023.

The price comparison tool is impactful to any MetroPlus line of business where members may have cost-sharing rather than a set co-payment, such as QHP and Gold.

Telehealth

In February, MetroPlus Health implemented a new Virtual Visit telehealth platform powered by NYC Health + Hospitals / ExpressCare. Previously our Virtual Visit Platform was managed by AmWell. Upon reviewing and assessing our telehealth needs, we made the decision to partner with NYC Health + Hospitals / ExpressCare to provide services to our members. The partnership is just one way in which we leverage our relationship with NYC Health + Hospitals and the tools and services that they have available. To date, we are pleased to report that the implementation of the new platform has been successful, and we continue to focus on refining our operational process. The service has seen approximately 200 calls per week, of those about 80% requested to be connected to a provider and of those approximately 20% were looking for a BH provider.

2020 HIV Special Needs Plan (SNP) Managed Care Quality Incentive Award

The New York State Department of Health (NYS DOH), Office of Health Insurance Programs (OHIP), announced that \$17.4M has been made available for an HIV Special Needs Plan (SNP) Quality Pool. By virtue of the performance scores each plan achieved during 2019 on various quality, satisfaction, and compliance measures, each plan is entitled to receive a portion of the quality pool. The amount earned by MetroPlus was \$6,507,164 and was received by the Plan in February 2022.

There being no further business, the meeting was adjourned 10:02AM.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into stand-by contracts with the following six firms: Rapid Reliable Testing, Inc., a/k/a DocGo, Medrite Urgent Care, 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, Inc., a/k/a DocGo, Medrite Urgent Care, 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 Tallbe, Keith
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: T2 Surge Testing Requirements Contracts

Date: May 25, 2022

Digitally signed by Tallbe,
Keith
Date: 2022.05.25 15:16:21
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The below chart indicates the vendor's status as to vendor responsibility, EEO and MWBE:

<u>Vendor</u>	<u>Vendor Responsibility</u>	<u>EEO</u>	<u>MWBE</u>
Rapid Reliable Testing, LLC	Approved	Approved	30%
MedRite LLC	Pending	Approved	30%
Centena Health Inc.	Pending	Pending	30%
Elevation Health LLC	Approved	Approved	100%
Premier Assist, LLC	Approved	Approved	30%
Fulgent Therapeutics, LLC	Pending	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

Medical & Professional Affairs Committee
July 11, 2022

**Ted Long, MD, Sr. Vice President, Office of Ambulatory Care and
Population Health**

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

Background / Current State

- **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:
 - DocGo: Consistent, 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: Consistent, satisfactory performance and MWBE attainment.
 - Premier Assist: Consistent, satisfactory performance and MWBE attainment.
 - Fulgent Genetics: Consistent, 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:
 - CTS Mobile Testing: Informal coordination work at times, and been satisfactory partner
 - 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 or 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)
DocGo	Staffing	30%	CFF Consulting First Match Services
Medrite	Staffing & Medical Supplies	30%	Staffing Boutique Alliance Supply Inc.
CTS Mobile Testing	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	Staffing	30%	Cure Staffing, Inc.

M&PA 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
- 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

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, 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, 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 Healthcare Providers Inc proposed meeting 85% M/WBE attainment via staffing subtractors. DocGo 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, Keith
Senior Counsel
Office of Legal Affairs

Re: Vendor responsibility, EEO and MWBE status

Vendor: T2 Surge Project Management Requirements Contracts

Date: May 25, 2022

Digitally signed by Tallbe,
Keith
Date: 2022.05.25
15:20:45 -04'00'

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.	Pending	Pending	100%
Rapid Reliable Testing, LLC	Approved	Approved	30%
Somos Healthcare Providers, Inc.	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.

Project Management Vendors for Surge Response

**Application to
Issue Request for Proposals**

**Medical & Professional Affairs Committee
July 11, 2022**

**Dr. Ted Long, Sr. Vice President, Office of Ambulatory Care and
Population Health**

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

Background / Current State - Scope

- **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.

Background / Current State - Contracting

- 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: Consistent, satisfactory performance. QED contract was held by NYC DOHMH.
 - Huron: Consistent, 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.
 - DocGo: 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 National	N/A (<i>NYC & NYS certified WBE</i>)	100%	NA - Self
DocGo	Staffing	35%	CK2 Solutions Inc. (DBA Pridestaff) CFF Consulting First Match Services
Somos	Project Management Support	85%	NA - Self
Huron	Project Management Support	30%	MCGGUSA LTD.

M&PA 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.
- 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

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:

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.

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.

**PROCUREMENT/
AUTHORIZATION**

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.

**NEGOTIATION OF
FUTURE CONTRACT:** 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.

MWBE:

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.

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

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

<u>Vendor Responsibility</u>	<u>EEO</u>	<u>M/WBE UP</u>
Approved	Approved	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

**M&PA Committee of the Board of Directors
July 11, 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

Ambulatory Care + Population Health

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, the Office of 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, Office of 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.

Accomplishments

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

NYLAG Request for Renewal

- The Office of 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 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 (MFY)

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 extend 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



M&PA Approval Request

- The Office of Population Health is seeking M&PA 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 the Pop Health 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

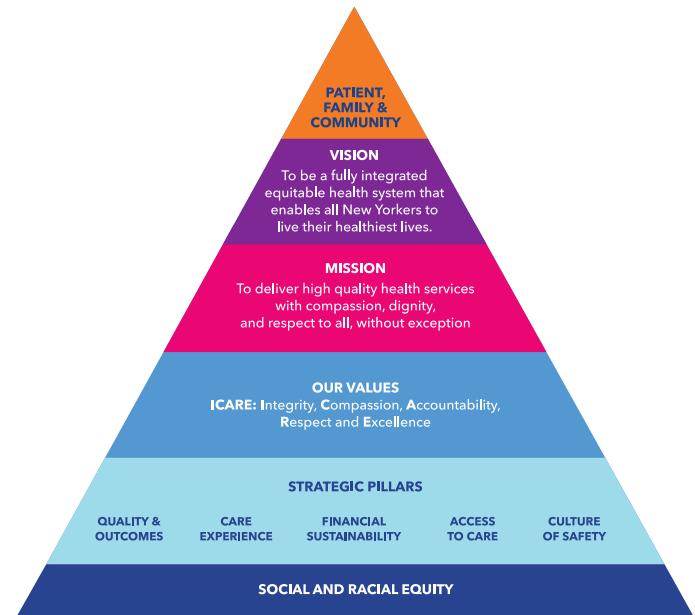
Medical & Professional Affairs Chief Medical Officer's Report

Machelle Allen, MD
Senior Vice President

July 11, 2022

Aligning M&PA Goals and Initiatives

- **Access to Care**
 - Ambulatory Care



Key Performance Indicators

- Primary care continuity rates
- No-show rates
- Video visits rates for virtual care encounters
(as opposed to telephonic)
- COVID-19 vaccination rates among ambulatory patients
- COVID-19 therapeutic usage for high risk ambulatory patients

Key Performance Indicators

- Primary care continuity rates
 - Updating rolling templates for scheduling
 - Updating Contact Center scripts to emphasize continuity



Hospital-Based Ambulatory Care Practices

Key Performance Indicators

- No-show rates
 - Updating rolling templates for scheduling
 - Expanding Lumeon text reminders for specialty clinics



Hospital-Based Ambulatory Care Practices

Key Performance Indicators

- Video visits rates for virtual care encounters
 - New, improved user-friendly video platform

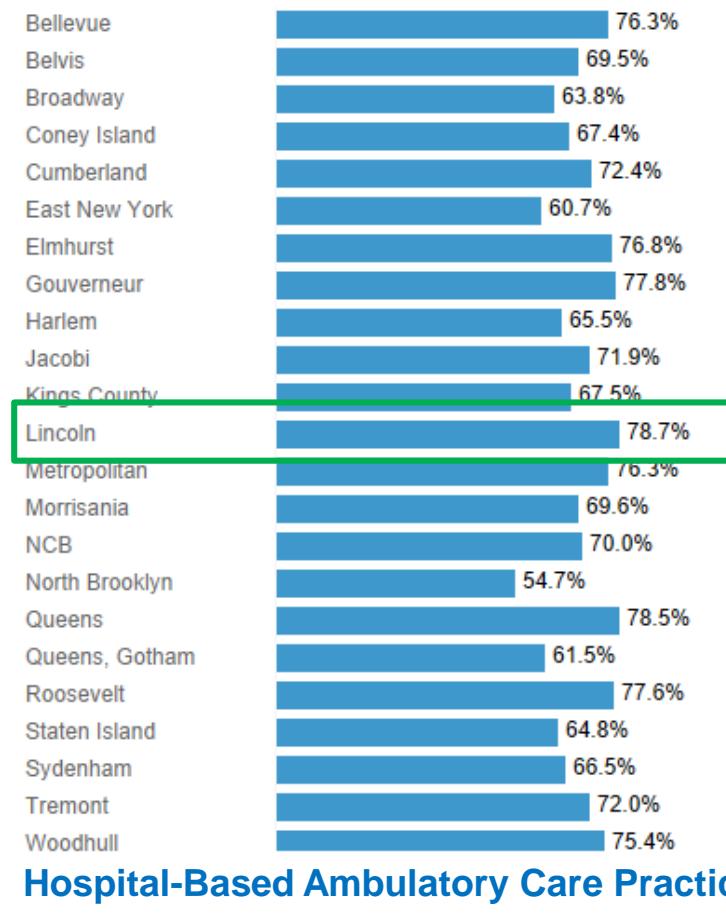


Hospital-Based Ambulatory Care Practices

Key Performance Indicators

- COVID-19 vaccination rates among ambulatory patients

- 72.1% of primary care patients have received at least one dose



Key Performance Indicators

- COVID-19 therapeutic usage for high risk ambulatory patients
 - June: 3,506 Paxlovid prescriptions
 - June: 474 Bebtelovimab infusions



Hospital-Based Ambulatory Care Practices

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Medical & Professional Affairs Committee

NYC Health + Hospitals

June/July 2022



Special Projects:

CUNY & H+H Academic Practice Partnership (CHAPP) - Bimonthly Health Equity Forum

Following a successful first annual health equity forum in March 2022, CHAPP hosted its second bi-monthly health equity forum to kick off Nurses Week 2022. The session was focused on wellness and was a platform for attendees to engage in promoting their health.

- **Topic:** Promoting Your Health During the Pandemic and Beyond
- **Date & Time:** May 6, 2022 from 2pm – 3pm.
- **Attendance:** > 50 people
- **Agenda:**

Welcome & Introductions: Drs. Natalia Cineas and Patricia Boyce

Talk/Speaker: Promoting Your Health During the Pandemic and Beyond by Dr. Cynthia Sterling-Fox (*Assistant Professor of Nursing, Medgar Evers College, CUNY*).

Overview: The purpose of the forum was to discuss behaviors in promoting health and teaching skills that promote healthy behaviors.

Special Projects:

The Nurse Antigone: Project by and for nurses that presents dramatic reading of Sophocles' Antigone on Zoom

NYC Health + Hospitals in collaboration with the Theater of War Productions and Johns Hopkins School of Nursing, hosted screenings of the play at Bellevue and Queens Hospital on Zoom. Professional actors and frontline nurses performed the reading of Sophocles' Antigone for an audience of 700 people on Zoom.

- **Topic:** To help frame powerful, guided discussions about the unique challenges faced by nurses before, during, and after the COVID-19 pandemic.
- **Date & Time:** May 25, 2022 – 5pm-7pm
- **Attendance:** >700 registrations
- **Agenda:**

The Performance: Stage and film actors and chorus of Nurses read Dramatic scenes from Sophocles' Antigone (60 minutes)

The Panel: A panel of nurses used their personal and professional experiences to comment on their relation to the ancient play (15 minutes)

Audience Discussion: We had a facilitated discussion about the play, its core themes, and how they relate to the past, present and future of nursing (45 minutes)

Special Projects:

Nurse Leader Workgroups

The Nurse Leader Workgroups in Phase 1 had their individual workgroup kick-off meetings with their respective nurse leader members. The workgroups are tasked to lead and establish a nurse leader best practice infrastructure at NYC Health + Hospitals.

- **Nurse Leader Orientation** – led by Natalia Cineas (SCNE) and Joann Gull (CNO – Elmhurst) has 49 nurse leader members
- **Nurse Leader Academy** – led by Lillian Diaz (CNO – Lincoln) and Manjinder Kaur (CNO – Coney Island) has 30 nurse leader members
- **Nurse Leader Annual Competencies** – led by Angela Edwards (CNO – Woodhull) and Nancy Arias (CNO – Corrections) has 31 nurse leader members
- **Nurse Leader Job Descriptions, Evaluations, & Recruitment** – led by Neena Philip (CNO – NCB) and Suzanne Pennacchio (CNO – Jacobi) has 31 nurse leader members
- **Nurse Leader Continuing Education, Development & Certifications** – led by Abbi-Gail Baboolal (Interim CNO – Queens) and Mary Deady-Rooney (DCNO – Metropolitan) has 55 nurse leader members
- **Nurse Leader Mentoring and Succession Planning** – led by Natalia Cineas (SCNE), Keisha Wisdom (CNO – Harlem), and Ivelisse Mendez-Justiniano (Chief Learning Officer) has 54 nurse leader members
- **Nurse Leader Diversity, Inclusion, Equity and Access Opportunities** – led by Natalia Cineas (SCNE), and Shewon Erie (CCO – Community Care) has 27 nurse leader members

Culture of Safety:

Behavioral Health Associate Academy:

- Completed Cohort 1, 2, 3, 4, 5, 6 with 87 graduates from November 2021 to May 2022. This was an interdepartmental initiative that includes Nursing, Behavioral Health, and Workforce Development.

Clinical Institute Withdrawal Assessment (CIWA) Tool for Alcohol Withdrawal

- A new clinical assessment tool for nursing and medical staff was implemented to improve the management of patients experiencing alcohol withdrawal.
- As part of the implementation, a new process for documentation was established for nursing and medical staff in the electronic medical record at Coney Island Hospital, Elmhurst Hospital, and Lincoln Hospital

Systems Nursing

- Nicole Morris joined the NYC H&H Corporation Office of Patient Centered Care as the new Senior Director of Nursing Education

The Office of Patient Centered Care headed by our System Vice President and Chief Nursing Executive allocated ~\$ 4M to standardize nursing education and orientation across the NYC Health + Hospital system to improve patient care, patient outcomes. This learning management system will also help increase national nursing certifications.

Quality/Excellence/Outcomes:

Quality

Director of Nurse Quality Training for Acute Care Hospitals

- The Director of Nursing Quality Training was completed over 6 days (March 8-10 and March 15-17, 2022).
- The courses included a comprehensive review of roles and responsibilities of various quality leaders at NYC Health and Hospitals Corporation, such as the Chief Quality Officer, Patient Safety Officer, Infection Prevention Clinicians, and the Directors of Nursing Quality.
- Education was provided on the internal and external quality programs and initiatives: The Joint Commission's National Patient Safety Goals, the Center for Disease Control's National Healthcare Safety Network, The Leapfrog Group (a healthcare consumer watchdog organization), the NYC Health + Hospitals Hand Hygiene compliance program, and the NYC Health and Hospitals Corporation's department of Quality and Safety.
- Training for internal and external Quality Assurance databases was completed for collecting and reporting data on Nurse Sensitive indicators which will inform the department of nursing how each hospital is performing in comparison to other hospitals throughout the country.

Quality/Excellence/Outcomes:

Nursing Quality Kick-off

- The first meeting of the Nursing Quality Council was held on May 11, 2022.
- Nurse leaders from each Acute Care Hospital attended the meeting, including the Directors of Nursing Quality, Deputy Chief Nursing Officers, and Directors of Nursing for inpatient Medical and Surgical services.
- The agenda included discussion on Nursing Quality infrastructure at each hospital and a presentation of current patient fall prevention processes at NYC Health and Hospitals Corporation with a review of evidence-based practice interventions to reduce the risk of patient falls. A system wide patient fall initiative is in development.

Nursing Research/EBP/Innovation

- Scientific review committee continued approval for Nursing Doctoral projects – 5 DNP studies approved in Q1 2022
- Informational sessions about Nursing research projects and approval seminar completed on April 8th, 2022

Quality/Excellence/Outcomes:

Nursing Clinical Ladder Program

- The application process for the 2022 Nursing clinical ladder program opened on February 1st and closed on March 31st

Certification

- National certified nurses' day was celebrated by the healthcare system on March 17th

Access to Care:

Social Work:

- *Social Work Shared Governance Council* has officially launched. Comprised of front-line staff, the participants have elected their Chair, Co-Chair and Secretary, drafted their charter, and chose to form two systemwide committees: Recruitment & Retention and Staff Wellness & Recognition.

As the frontline staff's *Social Work Council* evolves, Social Work leadership will function as leader/advisors to support their work.

- In addition to the subcommittees formed in November, the *Social Work Director's Council* is in the final stages of adding specialty practice subcommittees, which include:
 - Med-Surg
 - Behavioral Health
 - Women's Health
 - Community Services & Special Projects
 - Addiction Services & Supports
 - Pediatrics

Access to Care:

- Social Work's scope of practice and role refinement activities have made substantial progress. The efforts prioritize clinical functions and best practices that move Social Workers closer to the top of their licensure, and to the benefit of our patients and their families. In partnership with System clinical leadership, target states have been identified for:
 - Women's Health and the 3-2-1 IMPACT (Integrated Model for Parents And Children Together) program
 - Behavioral Health's acute, ambulatory, crisis, and emergency services.

Similar focus this year will be placed on ambulatory care, post-acute care, and specialized community programs.
- Social Work is participating in system-wide efforts with NYC's Department of Homeless Services and with Administration for Children's Services to improve collaboration for our most complex cohorts of patients.

Care Experience:

PROFESSIONAL SHARED GOVERNANCE

- Completed 4 system wide reports (including 3 annual retreats) and 8 hospital wide report outs. Councils have been organized with charters and consistently meeting on a regular basis on all sites.
- Social Work Council and PQRST (Positive Practice, Quality, Research System Team) Council launched in February 2022.
- Next systemwide PSG Report Out in August, 2022. Councils in formation: Care Management Council, System Advanced Practice Nurse Council.
- Twice daily Coaching Calls for PSG frequently asked questions exceeded 98+ weeks (980+ hours) continuing every Mondays to Fridays.
- PSG Dashboards are in production. The dashboards will be used by all PSG Councils at all levels (unit, specialty, hospital, system) to report on performance and guide the alignment of work with hospital and system wide priorities.

Care Experience:

NURSE RESIDENCY PROGRAM

- Launched in April 2019
- 8 active cohorts. New cohorts launched every 3 months, 4x a year.
- 1,005+ enrolled residents to date.
- Graduated 15 cohorts (380+ graduates) to date.
- Total of additional 324 retained RNs or \$32.4M savings (at \$100K recruitment / replacement cost per RN)
- Launching Wellness and Resiliency curriculum content (H3 Wellness Rounds) in 2022.
- ANCC PTAP accreditation in 2022-23

RN MENTORSHIP

- Launched in Bellevue, Coney Island
- 2 retiree mentors, 10 incumbent RN mentees
- Mentorship Training completed via Peoplesoft ELM
- Expansion of Retiree Mentor Pool
- Additional Arms:
 - NRP Alumni Mentors – launched in 2022
 - Leader Mentors
 - Hybrid Mentors/Preceptors
- Embedded into Clinical Ladder Program as of February 2022.

Nursing Finance:

NYS Staffing Committee

- All sites have established staffing committees and have begun to develop staffing plans. The deadline for staffing plan submittal is July 1, 2022, with implementation to begin in January 2023. Sites are on target to have submittals completed by July 1st.



MetroPlusHealth

Medical & Professional Affairs Committee Report

NYC Health + Hospitals
Medical & Professional Affairs Committee Report
Monday, July 11th, 2022

Dr. Talya Schwartz, President & CEO



Regulatory Updates

- The NYS 2023 budget accounted for significant eligibility expansion and coverage expansion, as well as other key provisions as delineated below:

NYS BUDGET: ELIGIBILITY EXPANSIONS

Medicaid Subject to Federal Approval, eff. 1/1/23	Essential Plan Subject to Federal Approval, eff. 1/1/24	CHP Subject to State Plan Amendment, eff. 10/1/22	Medicare Savings Program Subject to Federal Approval, eff. 1/1/23
<ul style="list-style-type: none">Low-income, undocumented immigrants age 65+Increases FPL to 138% for age 65+ and disabled<ul style="list-style-type: none">Keeps resource test but makes it more accessible	<ul style="list-style-type: none">Expands income eligibility to 250% FPL	<ul style="list-style-type: none">Eliminates \$9 monthly premium for families w/income below 223% FPL	<ul style="list-style-type: none">Expands eligibility for Qualified Medicare Beneficiary (QMB) and Qualified Individual (QI) Medicare Savings Programs to income limits of 138% FPL (from 100%) for QMB and 186% (from 120-135%) for QISpecified Low-Income Medicare Beneficiary (SLMB) Program to be discontinued, as previously eligible SLMB beneficiaries will now qualify for QMB

NYS Budget Coverage Expansion

 Pre-Natal & Post-Partum Coverage	<p>Medicaid</p> <ul style="list-style-type: none"> extends postpartum coverage from 60 days to 1 year following pregnancy, regardless of other eligibility factors effective 3/1/2023 adds pre-natal & postpartum services as standard coverage under Medicaid subject to federal approval effective 4/1/22 <p>CHP</p> <ul style="list-style-type: none"> postpartum coverage for 1 year following pregnancy, regardless of other eligibility factors effective 3/1/2023 <p>EP</p> <ul style="list-style-type: none"> postpartum coverage for 1 year following pregnancy, regardless of other eligibility factors effective 3/1/2023
 CBLTSS	<p>EP</p> <ul style="list-style-type: none"> Adds certain community-based services and supports to EP for individual with long-term chronic illnesses <ul style="list-style-type: none"> Effective 1/1/23 for EP 3&4 Effective 1/1/25 for EP 1&2
 Additional Benefits	<p>CHP</p> <ul style="list-style-type: none"> Expands BH, orthodontia, and ambulance benefits to align with Medicaid effective 1/1/23

NYS Budget Coverages Expansion Continued

Telehealth Payment Parity

Effective 4/1/22. Requires health plans reimburse telehealth services (including mental health) on the same terms, to the same extent and at the same rates as comparable in-person services (minus costs associated with in-person services, like facility fees). Applicable to all LOBs except Medicare.

Cancer Center Contracting

Applicable to contracts entered on and after 1/1/2023. Requires Medicaid plans, EPs and QHPs contract with any willing NCI-designated cancer centers.

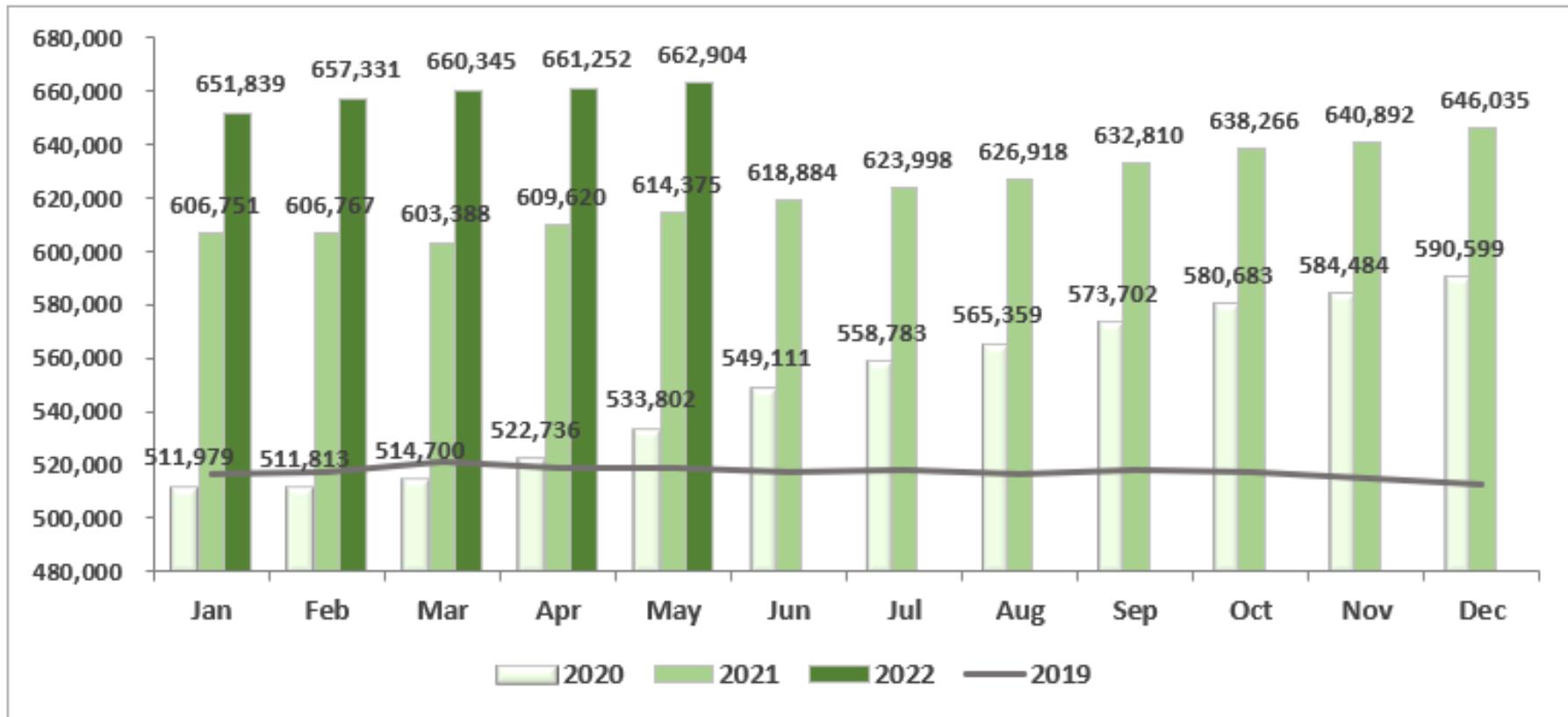
Medicaid Quality Pools

Preserves the mainstream Medicaid and MLTC quality pools (total amount = \$77M state share).

Membership

- Membership for May remains on target at 662,904 members. Year to date membership is up 2.6% and 8% in the last 12 months, driven by Medicaid, EP, QHP, and CHP (with increased market share of 1.8% compared to December of 2021). Premium for QHP was reduced by ~4% starting January of 2022 and resulted in the highest percent of retained members.
- The lift of the HIP mandate for new City employees, starting January of 2021, has resulted in an average new member enrollment of 366 per month compared to 113 into MetroPlusHealth City employee Plan – MetroPlus Gold.

Membership Continued



Quality Awards

- In the first-ever quality incentive pool in the Essential Plan line of business, MetroPlusHealth will receive \$21.4M. The quality program and the award for EP was announced after the measurement year closed and the Plans could not impact their performance. MetroPlusHealth was placed in the second tier for overall performance. The quality award amounts for Medicaid and MLTC have not been announced yet, but MetroPlusHealth placed second tier for Medicaid and HIV-SNP, as well. While our HEDIS (clinical) performance for Medicaid continued to be top notch - highest score in the State (shared position with an Upstate Plan), our customer satisfaction surveys (CHAPS) continue to lag, thus the composite score positioned us in the second tier, but first of all Downstate Plans. All quality awards are slated to be distributed among participating providers with member volume meeting the minimum required threshold for calculation validity.

COVID Vaccinations

- MetroPlusHealth continues to see gradual increase in our membership vaccination rates. Presently, 70% of our members are vaccinated for COVID. City's vaccination rate is 87% (received at least one dose) for all eligible individuals, but only 67.6% for children. Given the high percentage of children in our Plan (35%), it is expected that we will have a lower rate for the overall population. We continue to see highest vaccination rates in the commercial population (QHP at 94%, GoldCare at 93/94% and lowest vaccination rates in the Medicaid and CHP populations with 68% and 54% respectively. MetroPlusHealth continues to outreach to unvaccinated member with reminders and offers of \$100 incentive after the second shot.

COVID Vaccinations Continued

COVID Vaccination Reported from CIR/Claims/Pharmacy Data					
LOB	All Vaccinated Member Count Age 5+	Active Vaccinated Member Count Age 5+ (May 2022)	Disenrolled Vaccinated Member Count Age 5+ (May 2022)	Total Active Member Age 5+ (May 2022)	% of COVID Vaccination Among Active Members (May 2022)
CHP	14,247	12,521	1,726	23,264	54%
EP	97,437	87,767	9,670	114,288	77%
HARP	10,692	9,655	1,037	13,498	72%
HHC	16,221	14,240	1,981	16,896	84%
HHG1	1,388	1,001	387	1,072	93%
HHG2	669	554	115	592	94%
MA	9,430	7,549	1,881	9,337	81%
MAP	20	17	3	19	89%
MCAD	313,523	281,859	31,664	415,948	68%
MCAS	4,204	3,736	468	4,584	82%
MLTC	1,395	1,118	277	1,329	84%
QHP/SHOP	13,787	9,783	4,004	10,430	94%
Grand Total	483,013	429,800	53,213	611,257	70%

"Vaccinated members" refers to individuals received at least 1 COVID vaccine

Latest service date from CIR data: 05/05/2022

Latest service date from Claims data: 05/16/2022

- In preparation for sunsetting of the Federal Public Health emergency, the Sales and Customer Success departments have been planning a number of strategies to retain the membership growth which was obtained during the Pandemic. One of the major components of the removal of the PHE is the requirement that Medicaid Managed Care members renew/recertify their Medicaid eligibility on an annual basis.

To aide members in meeting these eligibility requirements several strategies are being explored and developed:

- Staff education regarding the recertification/renewal process is critical to achieving optimal retention rates.
- Collaboration between Customer Success and Sales regarding member outreach and renewal assistance must be aligned to gain maximum efficiency of resources. Both departments will be implementing and launching staff incentive program.
- Notification to our providers and partners regarding their role in patient education will support our efforts of raising awareness of the importance to maintain coverage and complete the renewal requirements.
- Development of workflows, reporting requirements, and analyzing process improvement strategies, specifically making sure members are assigned to our Certified Application Counselor (CAC), as we historically know this increases the rates of successful recertification and saves significant time and effort for the member.
- Verification and update of contact information (including from Epic and external resources).

ILS | In Lieu of Service

MYM | Medically Tailored Meals

In collaboration with the NYS Department of Health, MetroPlusHealth has submitted and was approved to participate in the ILS MTM 2022 pilot beginning July 1st.

Medically Tailored Meals will be available to individuals 18 yrs. and older who are living with severe illness such as cancer, diabetes, heart failure, HIV/AIDS and have limited ability to perform their activities of daily living.

In addition, the members must fall into one of the following categories:

1) Substitute for Personal Care Aide (PCA) Service:

- PCA hours allotted for meal preparation and food shopping may be substituted for delivery of MTMs.

2) High Volume Service Utilizers:

- Two or more hospital inpatient stays related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months; **or**
- Five or more Emergency Department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months; **or**
- One hospital inpatient stay **AND** four Emergency Department visits related to cancer, diabetes, heart failure, and/or HIV/AIDS within the last 12 months.

ILS | In Lieu of Service

MYM | Medically Tailored Meals

Continued

- MetroPlusHealth will identify and outreach members to determine interest. Once a member confirms interest, God's Love We Deliver, a CBO the Plan has long standing collaboration with, will provide three meals/day for 6 months with the ability to renew based on the member's needs.
- We will work closely with H+H to identify MetroPlusHealth's attributed members who are “high utilizers” and are admitted and seeking frequent care in the emergency departments.
- MetroPlusHealth will track MTM utilization and participate in the pilot evaluation to determine the impact that these meals may have on the health of our members.

Baby Formula Resources for MetroPlusHealth Members

- As part of our goal to deliver a great customer experience, MetroPlusHealth conducted a soft launch of our Intelligent Virtual Agent (IVA) in the beginning of May. In the same way that Siri can locate a phone number or Alexa can play your favorite song, MPH's IVA helps our members and providers get what they need by talking, in either English or Spanish (will incorporate several additional languages in phase II).
- The IVA can take care of simple requests, such as getting a member ID card or changing primary care physician, leaving our CS team free to work with members whose problems require more in-depth human conversation and intervention. This increases our organizational effectiveness and will, we believe, increase our customer satisfaction. Because an IVA is “intelligent,” it learns from every interaction; we continue to look at the interactions and continually fine-tune the system responses.

Introduction to Intelligent Virtual Agent

- There has been a national shortage of baby formula. MetroPlusHealth's Care Management team developed a resource guide identifying community organizations who have formula available. This resource guide is posted on the MetroPlusHealth member website and is updated as new information is made available.
- A texting campaign to members with children 0-12 months of age was initiated on May 23rd providing a link to the MetroPlusHealth website along with a telephone number to reach our Social Determinants of Health (SDoH) Team for assistance. To date, over 40 inquiries have been received from our members who were assisted with getting the needed formula.

CVS Caremark | Pharmacy Benefit Manager

- MetroPlusHealth selected Caremark, through an RFP process, to provide its pharmacy benefit management (PBM) services for all lines of business starting January of 2023. Highlights of the CVS Caremark proposal included over \$282M in savings over 5 years. Additional performance guarantees were added to the proposal for drug related Medicare CAHPS survey, provider satisfaction and timely State/Federal mandated implementation.
- As the incumbent, CVS Caremark has consistently met all service level guarantees and performance guarantees. CVS Caremark's call center has provided 24/7 X 365 days handling of over 3.5 million member and provider calls annually, while scoring a 95% in overall member satisfaction upon member survey. Additionally, last year's Article 44 Survey concluded with no deficiencies related to pharmacy services. Lastly, Caremark's Quality Management Committee (QMC) continuously meets to strive for quality improvement by developing innovative solutions to address pharmacy and health care delivery challenges.