

AGENDA

MEDICAL AND PROFESSIONAL AFFAIRS COMMITTEE

Date: November 1, 2022
Time: 9:00 AM
Location: 50 Water St. New York, NY
10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES – September 12, 2022

ACTION ITEMS:

1) Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a three-year agreement with Natera, Inc. (“**Natera**”) for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus (“**NIPT**”) with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of \$15,000,000.

MS. FORD

Vendex: Pending

EEO: Pending

CHIEF NURSE EXECUTIVE REPORT

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Virtual - Medical and Professional Affairs Committee - September 12, 2022

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia - left at 9:52, Sally Hernandez-Piñero, Dr. Patricia Marthone, Matthew Siegler in a voting capacity for Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:00AM. On motion made and seconded, the Committee adopted the minutes of the July 11, 2022 Medical and Professional Affairs committee.

ACTION ITEM:

Chris Keely, Assistant Vice President, Ambulatory Care presented the resolution to the committee -

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into stand-by contracts with the following seven firms, Medrite LLC, Rapid Reliable Testing, LLC, Premier Assist, The Daybreak Health Group Inc., Somos Healthcare Providers, Inc., Fulgent Genetics, Inc., and Executive Medical Services (the "Vendors") to provide infectious disease mobile response services when necessary as directed the System's President with each contract to have a two-year term with two six-month renewal options and with the set of contracts not having a pre-established not to exceed amount.

July 2022 Health + Hospital performed an emergency procurement for mobile response to Monkeypox (MPV), the terms for those contracts were for 2 months expiring at the end of September 2022. Seeking to have the new contracts start October 1, 2022, when the current contract expires.

Prices for these services are based on a per team, per day basis. For ancillary costs vendors will be managed by existing staff under the office of Ambulatory Care in partnership from laboratory operations and nursing, to ensure adequate standard are established and maintained. No additional internal resources are expected to be required.

The back ground/currents state, we are requesting infectious disease mobile response services to respond to significant treats that infectious disease may cause to the health and safety of New Yorkers. We are looking to contract with vendors to set operational expectations, cost structure and reporting obligations. This type of mobile strategy is proven under COVIDCOVID-19 and is currently operational for MPV response with 10 vehicles operational today under the emergency contracting.

Ambulatory Care is seeking to mitigate the spread of infectious disease such as MPV in New York City. We are seeking vendors to provide testing, treatment and vaccine for infectious disease, including but not limited to MPV. Mr. Keeley mentioned that back in July when he brought COVIDCOVID specific contract to the committee, the Board asked to broaden the scope so that it would not be only for COVIDCOVID, that it would be flexible. This

contract is intentionally designed to provide mobile services, not just MPV and vaccination, it is for a variety of infectious diseases.

The REFP criteria and an overview of the procurement was presented. Seven of the proposed vendors are the ones that were used for COVID and the others are new. All of the prior vendors had strong operational and WMBE performance. They are familiar and work with MWBE vendors for their subcontracted scope of work with everyone establishing at least a 30% target. The new vendors, each of them has at least a 30% target, their references have been checked, all have strong positive references.

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

Ted Long, MD, Senior Vice President, Office of Ambulatory Care and Population Health presented the resolution to the committee -

Authorizing New York City Health and Hospitals Corporation (the "System") to enter into contracts with the following five firms: Medrite, Rapid Reliable Testing, Inc., a/k/a DocGo, Fulgent Genetics, Inc., Community UC, and Premier Assist (the "Vendors") to provide steady-state and standby test-to-treat resources during a COVID-19 surge event with each contract to have a one-year contract period with a one-year option to renew and with the set of contracts that will have a not to exceed amount of \$156,900,000.

In the summer of 2020 we became the first big city in the country to roll out mobile units to bring equity to testing. The initial service was for testing and then a mobile vaccine fleet, which was very effective and enable us to achieve equity. T2 seeks to establish a roster of vendors with operational expectations, cost structures, and reporting obligations that can provide test-to-treat throughout the City to mitigate the potential need for large scale, resource-intensive surge response work, we seek to maintain a baseline of approximately 30 test-to-treat units or even more.

Should a surge occur, contracts will have firm commitments outlining the number of test-to-treat units/locations each vendor can scale up to and on what timeline. This would help to avoid the need for emergency procurement and contracting. For the contract development goals, the scope of work will have the vendor managed by the existing testing team/staff under the NYC Test & Trace Corps program or under the Office of Ambulatory Care. The vendor will staff and operate 'Test-to-Treat' units, including providing qualified clinical personnel authorized to prescribe and distribute therapeutics to patients on-site. The vendor will provide the supplies as well. The vendors will provide a propose, budgets on a per-team-per-day basis and/or on a per-test and per-therapeutic prescription basis. There will be no labor costs and no impact as well.

The RFP criteria and an overview of the procurement was presented. The Office of Ambulatory Care is seeking approval to award contracts to 5 vendors for a baseline capacity that is known to be needed. This can continue to be effective with the renewal terms totaling 2 years for a not to exceed of \$156.9 million. The contract term, will be 1 year with a one-year renewal option at the discretion of New York City Health + Hospitals. This figure will bear the cost of purchasing the therapeutic treatments starting October 2022. If there were other mechanisms for receiving the therapeutic at no charge or cost that will lower the expense to 127.3 million dollars. Expenses will be covered by the T2 MOU between OMB and NYC Health + Hospitals. The city will receive approval from OMB before activating any surge vendors.

The Committee raised some questions for the record: When these contracts are activated will the Board be informed? Dr. Long responded yes. The Committee requested the resolution and presentation to the Board be updated to reflect that information.

Question raised by the Committee: after comparing the two contracts one is 3 times as expensive as the other, is this because of staffing level required?
Response from Dr. Long: yes, that is correct. Mr. Kelley made mention of one of the differences between the 2 contract is that the infectious disease proposal is assuming activating 3 months of every year. Whereas the test to treat is assuming a full year 12 month activation, which is also the difference in the finance.

The Committee raised question: is the intent to activate both of those immediately. *Response from Dr. Long:* yes, for the test to treat, is to maintain a baseline of these right now. There are 30 of these units that exist in the communities today and actually have additional units that are street health outreach and wellness program, which are the ones that are focused on providing Paxlovid to people that are not housed in the NYC. With the 30 units today, this contract will allow us to continue to at least be available every day to New Yorkers as a standard capacity as long as COVID remains a threat.

Questions by the committee: has experience with the utilization been increasing? This contract allows us to continue the model we have since the end of June. In a matter of months, we completed more than 40,000 test and successfully treated more than 1900 New Yorker. Over time each of these units we have started have gained popularity.

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

CHIEF MEDICAL OFFICER REPORT

Manish Parikh, MD, Chief of Perioperative Services, Bellevue Hospital presented to the committee on behalf of the Systems Chief Medical Officer report.

Periop Progress/Updates

Since we had to close ORs since COVID, it has allowed us to rebuild some of the processes. It started with the data since we went live with Epic across H+H in 2019 we are able to standardize some definitions for metrics as it pertains to the operating room. Specifically, when the first case starts, which is when the patient enters the operating room, and standardize reasons for delays, how a patient is defined, which is a schedule procedure same day not performed, and utilization specifically, how is a room utilized, how is the block utilized and how we define prime time, which is the key staffing time when nurses and staffing the rooms and then turn over time, which is defined as wheels out to wheels in.

After standardizing these metrics, a weekly tracker was created. An example was shown for the main operating room and cardiac cath locations across H+H with a weekly volume based on patient class; which is whether a patient is being admitted, whether the patient is already an inpatient, or the patient is outpatient. Over the last couple of years there have been an effort to improve the operational metrics and access to the operating room which is transmitted to increase volume.

Other processes that were changed were pre-admission testing for patient who are undergoing surgery. In many hospitals it was mandatory for every patient to do pre-testing, evidence-based guidelines were used to transition that to be selective pre-admission testing, and that was using Epic.

How cases get booked, there a lot of variation on how cases get booked. It was standardized how cases get booked to determine who goes to pre-admission testing, and what test specifically need to be ordered. Work was spent on nurse staffing models for the operating room and now starting to work on anesthesia staffing models, these are key for the capacity for the OR.

Periop Financial Performance: with the process of improvements it has transmitted to almost 7,500 additional cases in the past year, which is about 85 million in additional revenue.

Robot expansion: working on expanding robotic surgery across H+H. We want to capture patient that are being sent out of the System and be able to convert existing open procedures to minimally invasive, it provides better access for patient care. It allows a lot of hospitals to recruit surgeons.

Question raised by the committee: is the increase volume keeping the overhead and staffing because of the improved efficiency fairly constant? Dr. Parikh responded, yes, a lot of it is efficiencies, there has be some investments in the OR business plans, a lot of it has been from making better use of the existing staff and time.

Committee raised a question: does that reduce a lot of problematic bump rates where we have to bump elective cases on behalf of the hospital, has it affected that? Dr. Parikh responded: yes, it made a major impact because, where some of the emergencies are urgent addon's, if they can not get done they sit in the hospital, and occupy beds. The focus is to

improve the access to the OR and that is what a lot of the work has been focused on. The Committee commended the Dr. Parikh, Dr. Allen and Kenra Ford.

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.

There are a group of nurses and frontline staff in Tarrytown NY presenting at the annual NY Organization of Nurse Executives and Leaders Conference. We have won 2 years in a row the Claire Murray Best Practice award at the New York Organization of Nurse Executive and Leaders (NYONEL) conference. We had 6 presenters at the conference and Bellevue is also showcasing their ECMO program.

We are in a couple of journals across the nation, 3 published manuscripts as of May 2022. The links are provided to read the articles. The third article, "The Future of Nursing 2020-2030", this demonstrates the work that will be done in the future in a nursing report 2020/2030. This is a report that is published every decade, the work that nursing will be doing is outlines within the next 10 years at Health + Hospitals.

Question raised by the committee: in regards to the behavioral health academy, there was mentioned about Metropolitan behavioral Health unit, how long is the program and what does the pipeline look like?

Dr. Cineas response, the behavioral health program is in partnership with M&PA and nursing, it is over a month and essentially it started as a pilot and the goal was to hire over 200 Behavioral Health Associates across the System, we had several cohorts go through. We have finished extremely successful with the graduates. Not only the new Behavioral Health Associates that we are hiring, those who are within the System are getting the same training. At Metropolitan, they are doing cultural safety meeting every month, there are different layers of support that Metropolitan needs and work is being done diligently with them to make sure that they are provided with the level of support. So far, the academy has been extremely successful in partnership with the union as well. The committee commended Dr. Cineas on the work around health equity and nursing leadership, it is important that other systems learn about the work and that National Academies recommendations are being followed.

METROPLUS HEALTH PLAN, INC.

Talya Schwartz, MD, President and CEO, MetroPlus Health Plan reported to the committee, a full report is included in the materials, with the following highlights:

Update on IRA inflation ACT and what it means to us and our members: Marketplace consumers subsidies were extended through 2025 for individuals that spend more than 8.5% of income on paying premiums. The concerns were that a lot of people in this category will find the coverage not affordable without the subsidies. In 2026 CMS will negotiate some of the drug prices,

additionally capping the out of pocket expenses for part D. Some of the seniors have been spending significant amount of money, on out of pocket portion, capping at 2000 is critical and that starts in 2024. Medicare, Medicaid and CHP requires coverage and eliminates cost-sharing for adult vaccines that are recommended by the Advisory Committee on immunization practices.

In terms of memberships there is higher than expected growth, close to 680,000 members currently. We are higher than the projected point for this time period. Recertifications were extended for all of the Medicaid beneficiaries through the end of November, November of 2022 will be extended for a full year through November of 2023.

QHP rates were finalized and approved by DFS. For 2023 MetroPlus will be the most affordable plan in the State despite the increase, it was a very modest increase compared to others and compared to the inflation and increased medical expenses. Currently we are the most affordable plan in all metal levels except for 1, we project in 2023 we will be the most affordable health plan for all metal levels.

MetroPlus has been collaborating with Health + Hospitals, Lincoln Hospital specifically and various City agencies to welcome the asylum seekers, from our prospective to make sure they have appropriate health coverage. To date over 1700 asylum seekers are insured. There is 1 additional event that is planned in 2 weeks, were we expect thousands more to attend, and those numbers are expected to grow.

There has been significant improvement on our CAHP surveys for Medicare beneficiaries, traditionally performing strongly on the clinical measures, but have been lagging on the CAHP measures, which essentially measures consumer satisfaction. Efforts were put into having a dedicated team around consumer satisfaction, they decided to focus on Medicare because of the time that we implement the program and also of the size product, there is approximately 10,000 members on the Medicare line of business. Since the efforts were put in place over a course of 6 months, there has been significant improvement in the CAHP scores for the 21 to 22, improved on all of the measures, except 2 and some of the improvements were significant. The lagging 2 measure are getting appointment quickly and our customer service is being worked on intensely. This improvement in CAHPS ultimately drove our entire star performance and we moved from 3 ½ Medicare plan to become a 4-star Medicare plan.

These are some of the strategies to improve the CAHPS scores. The focus was on what do members need. The effort was started when the Omicron wave was out of control and there were lines of people block longs to get tested, we understood that Medicare members could not stand in the cold to get tested. We procured COVID testing kits and sent it to our Medicare beneficiaries so they could test themselves. Additionally, quite a bit of coordination was done. The coordinators were reaching out to the members but not in a coordination fashion. We streamed lined how we reached out to the members. We made sure they understood what happened at the appointment, after the appointment and what to focus on.

The State is having multiple meetings with various stake holders, including the plans in preparation for the pharmacy benefits transition to fee for service from managed Medicaid. Currently, managed Medicare is administering the pharmacy benefits for beneficiaries both in Medicaid and CHIP, as well as the long-term plans and essential plans. There is intense conversation about moving those services back to the State and administering them fee for service. There are significant concerns by multiple stake holders around this carve out. The main concerns are an ability to assist members with resolving point of sale pharmacy rejections, which is something that we do currently. How do we do the coordination of care without pharmacy being available to us in real-time, which is what we have right now. The inability to access timely pharmacy claims, although the State is claiming that pharmacy claims will be received in a timely fashion. There is significant advocacy against moving the pharmacy into fee for service. There are not any kind of savings associated with moving pharmacy to fee for service. There will be significant negative impact to members and to care management.

The State is prohibiting the plans from paying providers who are not enrolled in New York State as a fee for service provider. Currently we have almost 1600 providers that are not enrolled with New York State Medicaid. Currently as of September 1st we are not able to pay their claims. There is a specific concern, where residents and interns obviously take care of many of the members, including in Health + Hospitals. If any claims are coming from residents or interns, the plans are not allowed to make a payment. We are working on a solution, in the end this is problematic. We are working with Health + Hospitals to make sure that all of the submissions are submitted under the attending ID, so that the plans are able to process all of those claims.

At the end of this month we will celebrate bring Behavioral Health in house. We are getting ready to deploy our care managers in various facilities. The care managers will be assisting with transitions of care with placing members where they need to go, depending on their needs with social determinants of health, with quality measures and also for those who are interested positioning from the mainstream Medicaid into the plan of business where more services are available to them.

Notable utilization trends, we have seen since we transition behavioral health in house a decrease in inpatient mental health average length of stay by 3 days from 15 days. Also, a decrease in 30 days readmission rates for inpatients mental health for hard line of business decrease from 26% to 19%, and for the Medicaid line of business from 21% to 14%. We have not received significant change in length of stay for substance abuse admissions. We are working with the most prominent and highest volume facilities to address the issues, making sure that people are started on MAT before they get discharged and continue on MAT before they get discharged. There is also a lot of work that happens with H+H since H+H has significant MAT capacity. There has been a decrease in acute services, and an increase in outpatient services, which is something we strive to see.

The plan is participating in disseminating project teach. This project was launched by OMH and it is to increase mental health capacity among PCP who provide services to children. It is supporting pediatricians and other providers services to children with mild and moderate mental health illness through telephonic consultation, face to face evaluation, linkage training, whatever providers need, to be more comfortable and provide those services directly since there is a significant shortage and access barriers to pediatric mental health.

Committee member mentioned: Wanted to note that there will be a big wave of recertification once the waiver is no longer granted and MetroPlus has been preparing extensively for that.

Committee member request Dr. Schwartz to bring back to the committee ways in which we can improve on getting appointments and customer care.

Dr. Schwartz, responded on getting appointment quickly they have been in communication and really promoting express care and telemedicine in general. We make sure members understand when it is appropriate to use express care. We had a members advisory committee, where we invited a bunch of members and it was surprising to us while we think everybody knows about telemedicine and, know how to access, and know what it is about. Some people knew about it but did not understand what it meant and some people did not feel comfortable. Yes, a conversation with H+H on access of care and also specifically around express care. In terms of customer service, we think it relates to our call center. We think it is not always completely clear. There are activities to improve, the most important that was implemented is, a specific dashboard per representative in the call center. The member is asked to complete a quick survey, which we had for years, now we have the dashboard that is rep specific and we can see which reps are performing well and which need more training. This will help to target and improve performance.

Committee member congratulate Dr. Schwartz and mention the board members would appreciate if she can report next time on any progress on customer service and a more in those 2 areas.

Mr. Pagán ask if there are any old or new business that needs to come before the Committee - hearing not the meeting was adjourned 9:56AM.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to enter into a three-year agreement with Natera, Inc. (“**Natera**”) for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus (“**NIPT**”) with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of \$15,000,000.

WHEREAS, NIPT are needed for the quality care and safe operation of a labor and delivery practice; and

WHEREAS, currently the System sends NIPT tests out to several reference labs with variable pricing and turnaround time which leads to delayed results and unmet Physician expectations; and

WHEREAS, to address this need, the System conducted an open, competitive RFP process consisting of a posting in the City Record, a pre-proposal conference with six firms in attendance, the submission of six responsive proposals, the Evaluation Committee’s selection of Natera as the highest scoring proposer and the Contract Review Committee’s endorsement of that evaluation; and

WHEREAS, Natera is a 20-year old Texas-based company with offices in New York City and a focus on prenatal and women’s’ health as well as oncology; and

WHEREAS, being a clinical service, this contract is exempt from MWBE subcontracting goals under the System’s rules and no MWBE firms could be found that could perform any of the highly specialized services that Natera will provide under the proposed agreement; and

WHEREAS, the System’s Senior Vice President and Chief Medical Officer 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 enter into a three-year agreement with Natera, Inc. (“**Natera**”) for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus (“**NIPT**”) with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of \$15,000,000.

**EXECUTIVE SUMMARY
PROPOSED AGREEMENT
WITH NATERA, INC.
FOR PRENATAL GENETIC TESTING SERVICES**

OVERVIEW: Non-Invasive Prenatal Tests (“NIPT”) are needed for the quality care and safe operation of a labor and delivery practice. Currently the System sends NIPT tests out to the reference labs with which it customarily works but with variable pricing and turnaround time which leads to delayed results and unmet Physician expectations. The System seeks a solution to this problem.

PROCUREMENT: The System conducted an open, competitive RFP process. A solicitation was posted in the City Record. Six firms attended a pre-proposal conference and all six made proposals. The Evaluation Committee gave Natera the highest scores. The Contract Review Committee endorsed that evaluation.

TERMS: The System will pay Natera on a per test basis. The initial term of the proposed agreement will be for three years but the System will have two 1-year options to extend the term. The projected cost of the contract will not exceed \$15,000,000 over its possible 5-year term

MWBE: Although being a clinical service, this contract is exempt from MWBE subcontracting goals under the System’s rules, Supply Chain Services conducted a search for MWBE firms that might perform Natera’s services or that might be subcontracted to perform some of its services and no firms were found.



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

From: P. Maximilian Colmers
Associate Counsel
Office of Legal Affairs

P. Maximilian Colmers
Digitally signed by P. Maximilian Colmers
Date: 2022.08.25 16:33:03 -04'00'

Re: Vendor responsibility, EEO and MWBE status

Vendor: Non-Invasive Prenatal Test Contract

Date: August 25, 2022

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

| <u>Vendor</u> | <u>Vendor Responsibility</u> | <u>EEO</u> | <u>MWBE</u> |
|---------------|------------------------------|------------|-------------|
| Natera, Inc. | Pending | Pending | n/a |

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

Reference Laboratory Non-Invasive Prenatal Test

Application to Award Contract Medical and Professional Affairs Committee

November 1, 2022

**Kenra Ford - Vice President, Clinical Services Operations,
Medical and Professional Affairs**

**Wendy Wilcox, MD, MPH, MBA, FACOG
Chief Woman's Health Officer
Medical and Professional Affairs**

For Board Consideration

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a three-year agreement with Natera, Inc. (“Natera”) for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus (“NIPT”) with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of \$15,000,000.

- Non-Invasive Prenatal Tests (NIPT) is a genetic testing to detect abnormalities in a fetus.
- NYC Health + Hospitals currently sends Non-Invasive Prenatal Tests (NIPT) to various reference labs resulting in variable test cost, turn around time, and test methodology. Locations in scope are Acute Care and Gotham facilities.
- NYC Health + Hospitals sends about 6,000 tests to reference labs currently.
- Women's Health Council in collaboration with Laboratory Services is seeking to identify a standard reference test provider for NIP testing and carrier screening including 24/7 access to genetic counseling services for both Providers and patients. Reducing variation from the use of multiple reference laboratories and tests will allow enhanced monitoring of quality and service performance, while providing access to testing and counseling services for all patients.

RFP Criteria

➤ Minimum criteria:

- 5 years in business performing NIP Testing in a healthcare setting
- Must have a New York State Department of Health Clinical Laboratory permit
- Annual revenue of at least \$15 million for previous three fiscal years

➤ Substantive Criteria

- 30% Test Quality / Technology
- 30% Integration
- 20% Client Service
- 20% Cost

➤ Evaluation Committee:

- Women's Health Services
- Laboratory Services
- Medical & Professional Affairs
- Integration and Laboratory Information Technology (IT interfaces team)
- Support Laboratory Information Systems Support (IT applications team)
- Genetic Counselor (facility)

NOTE- see MWBE page 9

- 4/21/22: RFP published on City Record
- 5/6/22: Pre-Proposal conference held, six vendors attended
- 5/20/22: Proposal deadline, six proposals received
- 7/20/22: Evaluation committee debriefed on vendor proposals
- 8/02/22: Evaluation Committee submitted final scoring. Natera was the highest rated proposer

Current ACOG/SMFM Guidance

The American Society of Obstetricians and Gynecologists (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) released Practice Bulletin 226, “Screening for Fetal Chromosomal Abnormalities in October 2020, advocating that all pregnancies be screened with NIPT.

NIPT Summary of Recommendations include:

- Prenatal genetic screening (serum screening with or without nuchal translucency [NT] ultrasound or cell-free DNA screening) and diagnostic testing (chorionic villus sampling [CVS] or amniocentesis) options should be discussed and offered to **all pregnant patients regardless of maternal age or risk of chromosomal abnormality**. After review and discussion, every patient has the right to pursue or decline prenatal genetic screening and diagnostic testing.
- Cell-free DNA is the most sensitive and specific screening test for the common fetal aneuploidies. Nevertheless, it has the potential for false-positive and false-negative results. Furthermore, **cell-free DNA testing is not equivalent to diagnostic testing**.
- Patients with a positive screening test result for fetal aneuploidy should undergo genetic counseling and a comprehensive ultrasound evaluation with an opportunity for diagnostic testing to confirm results.

Current NYS DOH Guidance*

A genetics evaluation should be offered to all women interested in prenatal genetic screening or testing.

Women who are pregnant or planning to become pregnant who meet any of the following criteria may be at an increased risk and a **genetics referral should be considered**:

- A personal or family history of a known pathogenic variant/mutation
- A personal or family history of a known or suspected genetic disorder, birth defect, or chromosomal abnormality
- Consanguinity (mother and father are related by blood)
- Women who will be 35 years of age or older at the time of delivery
- Women with positive or abnormal results following maternal serum screening
- Women with abnormal results following a CVS or amniocentesis
- Fetal anomalies identified via ultrasound
- Exposure to potential teratogens during pregnancy, including certain prescription medications, maternal infections, recreational drugs, or radiation
- A history of stillbirth, SIDs, or 3 or more recurrent miscarriages

*Adapted from NSGC.org



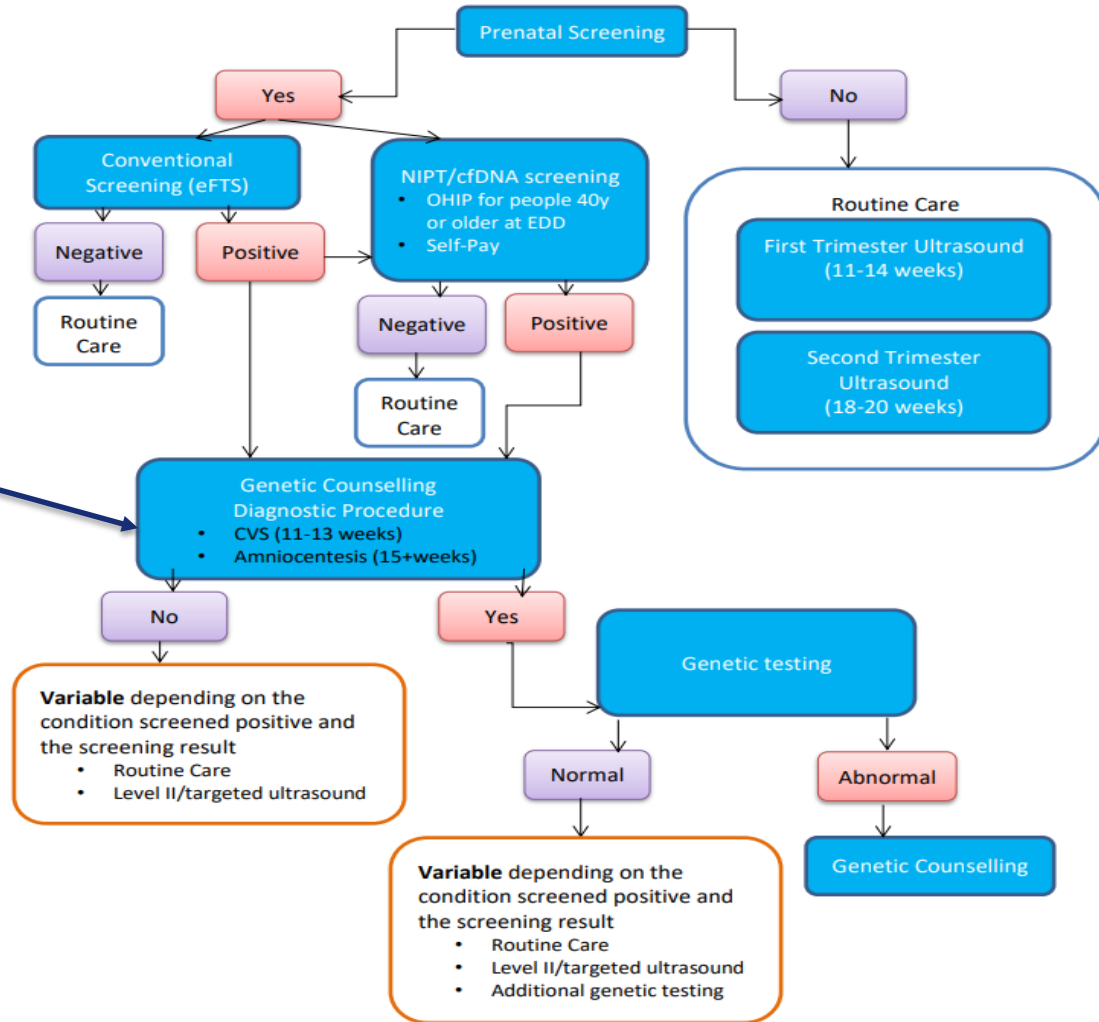
NY Senate Bill S8157

Provides that coverage and access to non-invasive prenatal testing under Medicaid shall not be limited based upon the age of the pregnant patient.

- **Passed Senate & Assembly**
- **2021-2022 Legislative session**
- **Has not yet been passed to the Governor for signing**

A prenatal screening process map

The use of external genetics counselors is expected to supplement our current in-house services



Performance

- *Panorama* screens for common aneuploidies with a sensitivity and specificity of over 98%.*
 - *Panorama's test specifications have been extensively clinical validated in the high risk and average risk populations (most recently in a 20,000 patient prospective NIPT study.)*
 - <https://www.natera.com/company/nat-news/landmark-smart-study-demonstrates-high-accuracy-of-nateras-panorama-nipt-for-22q11-2-deletion-screening/>,
 - *“Panorama” is the only NIPT that uses SNP** technology for aneuploidy risk assessment, differentiating between the DNA of the pregnant person and that of the fetus.*
 - *This helps provide highly accurate risk assessment by avoiding false positives and false negatives, as well as incorrect fetal sex calls.*
 - *Panorama is also the only NIPT that can detect triploidy and give individual fetal fractions on twin gestations*
-
- ** Panorama: Natera's NIPT product*
 - *** SNP: single nucleotide polymorphism*

Performance

- Test Turn Around Time (NYC H+H)
 - 9/26 – 10/26 = 5 days

Counseling Services Overview

- Provider counseling services available 24/7 at no additional cost
- Free Pre and Post Genetics Information Sessions for ALL Patients/Products
- All Genetic Information Sessions can be translated
- 2 min education video available by texting

Current Client List

Public Entity Customers:

- Atrium Health Public (NC)
- SUNY Public (NY)
- Lee Memorial Hospital Public (FL)
- Memorial Health Public (FL)
- StonyBrook University Public (NY)
- MediSys (NY)

Greater NYC Current Customers:

- NYU
- NY Presbyterian
- Montefiore
- Mt. Sinai
- Northwell
- Hackensack Meridian
- Robert Wood Johnson
- Yale New Haven Health



M/WBE Analysis

- The services procured under this contract are clinical laboratory services, which are entirely self-performed by the lab, except for general overhead expenses.
- The Vendor Diversity Team reviewed the vendor diversity databases and found no labs that perform these services.
- Further, any opportunity for subcontracting a portion of the overhead expenses, such as courier services or supplies, was reviewed by the team and there was not enough availability or capacity found to set an MWBE goal on such work.
- After such review and analysis, and consistent with the Vendor Diversity Policy, since there is no meaningful possibility of participation by Diversity Vendors, it was recommended that no MWBE goals be applied to this RFP, which was approved as exempt by the CRC. No new information was found during the solicitation process that changed this analysis.
- Accordingly it is recommended that no goals be applied to this contract.



M&PA Approval Request

Medical and Professional Affairs is seeking approval to enter into contract with Natera for NIP testing and carrier screening services:

- Three years with two one-year renewal options at the discretion of NYC Health + Hospitals
- Termination for convenience at the discretion of NYC Health + Hospitals
- Total contract value not to exceed: \$15,000,000

M&PA Approval Request

Authorizing New York City Health and Hospitals Corporation (the “System”) to enter into a three-year agreement with Natera, Inc. (“Natera”) for the performance of non-invasive genetic prenatal tests to detect abnormalities in a fetus (“NIPT”) with the System holding two 1-year options to renew for a total not-to-exceed cost across the entire potential five-year term of \$15,000,000.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Medical & Professional Affairs Committee

NYC Health + Hospitals

September/October 2022



Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

Nursing Excellence – Pathway to Excellence



AMERICAN NURSES
CREDENTIALING CENTER

- NYC Health + Hospitals/**Kings County** received **Pathway to Excellence®** designation by the American Nurses Credentialing Center (ANCC) on October 14, 2022
 - **First NYC Health + Hospitals facility** to receive this prestigious designation
 - **First hospital in Brooklyn** and one of two hospitals in New York City
 - The Pathway to Excellence Program® is the premier designation for healthy work environments and recognizes health care organizations and Long Term Care organizations for positive practice environments where nurses excel

Quality/Excellence/Outcomes

Nursing Excellence – AACN Beacon Awards



- NYC Health + Hospitals/**Elmhurst Hospital** Center’s **Coronary Care Unit (CCU)** received the American Association of Critical-Care Nurses (AACN) **Silver Beacon** award on October 3, 2022 for nursing excellence

- To top it all, **Elmhurst Hospital’s Medical Intensive Care Unit (MICU)** also received the most prestigious AACN’s **Gold Beacon** award on October 17, 2022 for nursing excellence
 - This makes Elmhurst’s MICU one of two MICU units in all of New York State that received this esteemed Gold Beacon designation
 - A Beacon award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover

Quality/Excellence/Outcomes

Nursing Excellence – AACN Beacon Awards



- NYC Health+ Hospitals/**South Brooklyn Health's** (formerly Coney Island Hospital) **Surgical Intensive Care** (SICU) received the AACN's **Silver Beacon** award on October 18, 2022 for nursing excellence
- All these Beacon awards are unheard of in the span of a few days and a first in the history of NYC Health + Hospitals to receive three Beacon awards in one month

Quality/Excellence/Outcomes

Nursing Excellence

- **2022 Nursing Excellence Award** winners were announced on September 27, 2022
 - Total of 559 nominations with:
 - 24 awards in Excellence in Clinical Nursing
 - 4 System Awards
 - 4 DAISY Awards for nurses advancing Health Equity
 - 1 Structural Empowerment Award
 - Celebration is scheduled on November 14, 2022

Quality/Excellence/Outcomes

Nursing Quality Council

- On August 24, 2022, **Patricia Quigley, PhD, MPH, APRN, CRRN, FAAN, FAANP**, a prominent patient safety expert on fall prevention, presented the latest innovations and best practices for reducing patient falls and falls with injuries in the hospital setting
 - Over 200 nurse leaders and direct care nurses attended the virtual webinar

Office of Patient Centered Care (OPCC) Accomplishments

Doctoral Circle of Excellence

- Inaugural Doctoral Circle of Excellence was held last September 23, 2022
 - The goal for this event was to recognize doctorly prepared nurses and honor their highest academic achievement. This includes graduates of Doctor of Nursing Practice (DNP), PhD, EdD, and Doctor of Health Administration (DHA) in nursing. In addition, it was also to inform and inspire our nurses across the system.
 - The event included nursing doctoral graduates from Jan 2012 to academic year ending May 2022, where 72 nurses across the health system were celebrated
 - **Kenya Beard EdD, CNE, AGACNP-BC, ANEF, FAAN** - Associate Provost Chamberlain University, joined the program virtually as our keynote speaker and inspired attendees through her powerful message on how to be effective influencers and collaborators in leading nursing profession to meet the anticipated health and social care demands based on The Future of Nursing 2020-2030: Charting a Path to Achieving Health Equity)
 - We also heard from two of our own doctoral graduates, **Manjinder Kaur, DNP, RN, NEA-BC** and **Jenny Uguru, DNP, RN, AMB-BC, CLC**, who delivered two powerful speeches on their journeys to getting their doctoral degrees
 - This event will be celebrated annually here after

Office of Patient Centered Care (OPCC) Accomplishments

Fireside Chat with SCNE

- Our first iteration of a numerous series where the System Chief Nursing Executive (SCNE), **Natalia Cineas, DNP, RN, NEA-BC, FAAN**, has an intimate chat with leaders around upcoming initiatives, concerns, and future state of the nursing administration
 - **Topic:** Medication Administration
 - **Brief:** Discussion regarding implementation of Omnicell and changes that it will bring within medication administration for the nursing staff
 - **Date and Time:** September 13, 2022 at 3:00-4:00 PM
 - **Attendance:** >143 people

Culture of Safety

Monkeypox Training Program

- Developed a Monkeypox e-Learning training module based on current FDA and CDC recommendations in response to the recent public health emergency declared in New York state
- Developed and implemented Monkeypox vaccine intradermal administration training for all nurses working at acute care and Gotham primary care clinic sites administering the vaccine

Access to Care

Social Work

- The OPCC has forged partnerships with Adelphi Graduate School of Social Work and Fordham Graduate School of Social Service to host second-year public health social work fellows starting with the 2022-2023 academic year.
 - The focus of these two fellowships, made possible with federal grant money awarded to the schools, is to create a more diverse social work workforce with demonstrated competencies in child & adolescent integrated care.
 - Fordham has placed several fellows at Bellevue, and Adelphi has placed students at both Kings County and Jacobi. We look forward to reporting back on hire rates after graduation in Spring 2023.

Questions

Thank you!



MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs Committee Report

November 1, 2022

Dr. Talya Schwartz, President & CEO



Regulatory Update



Autumn Regulatory Updates

| QHP: ACA “Family Glitch” Fixed by IRS Regulation | Medicaid, Medicare, EP, CHP, QHP: Federal PHE Extended | Medicaid/CHP: Electronic Notice Rules |
|--|--|--|
| <p>Since 2013 only the cost of the policy holder’s portion of a QHP plan was allowed to be considered when determining eligibility for premium tax credits. Now, if the <u>family</u> premium under the employer coverage exceeds 9.5% of the family’s income the household will be eligible for APTC. Estimated to make coverage available to 1 million more Americans.</p> | <p>Federal COVID-19 PHE has been extended until January 11th, 2023. This means the resumption of recertification is being pushed off again into mid-2023. This also allows plans to continue to take advantage of pandemic flexibilities, such as telehealth tools and reduced location restrictions.</p> | <p>Plans must now offer members the option to receive their communications electronically. MetroPlus will utilize the available options of providing all notices through our enhanced member portal.</p> |



Medicare Offerings 2022



Most Competitive Medicare Benefit Package To Date

Medicare open Enrollment period started October 15th and will continue through December 7th for effective date of January 1st, 2023.

Medicare NY market is extremely competitive with several dozens of Plans available. In addition to base benefits, we will also offer:

- Flex card (\$200 to \$400 per year, can be used for utilities, internet)
- Preventative dental
- Additions to comprehensive dental (extractions)
- Increase in max for eyewear benefit (\$100 to \$350 per year)
- Increase in grocery voucher benefit (\$64 to \$100 per quarter)
- Worldwide Emergency Room
- Podiatry (4 visits per year)
- Fitness (up to \$250 per 6 months)
- Nonemergency transportation (14 one-way trips)
- Post discharge meals
- Hearing aids



Medicare Star Ratings

*MetroPlus Health Plan's 2023 Star Ratings
Performance*



Star Ratings Background

The Medicare Star Ratings Program is a rating standard used to determine the quality of Medicare Advantage Plans.

CMS rewards high performing Health Plans in the Star Ratings Program through increased rebates (≥ 3.5 Stars) and quality bonus payments (≥ 4 Stars). The Star Ratings Program is consistent with the “Meaningful Measures” framework, which focuses on the highest priority areas for quality measurement and improvement:

- Effective communication and coordination of care
- Effective prevention and treatment of chronic disease
- Affordability and efficiency
- Safety
- Behavioral health

The 2023 Star Ratings Program reports data largely collected during 2021-2022. The results are available to Medicare beneficiaries during the annual enrollment period for 2023 and called Stars 2023, with financial impact in 2024.



Stars 2023 Performance

We are a 4-star plan!

For the first time in the Plan's history, MetroPlusHealth received 4 Stars in the Medicare Star Ratings Program.

With 4 Stars, the Plan receives rebate dollars AND, for the first time, a Quality Bonus Payment valued at ~\$5 million. These payments can go towards supplemental benefits for Medicare beneficiaries (e.g., vision, dental, transportation for medical and non-medical needs).

Key drivers to our success:

- Preventive Health Screenings, Tests and Vaccines achieved 5 Stars AND Managing Long Term Conditions (e.g., Diabetes) achieved 4 Stars.
- The 5x weighted Part C/D Quality Improvement measures, which capture year-over-year performance improvements, were rated at 4 and 5 Stars, respectively.
- MetroPlus' Part D plan was rated at 5 Stars overall.
- Improved Consumer Satisfaction.



CAHPS 2021 to 2022 Progression

- All, but two CAHP measures, are 3 and 4 stars.
- Significant improvement in Getting Needed Care, Rating Health Care Quality, Rating of Health Plan, Care Coordination, Rating of Drug Plan, and Annual Flu vaccine from previous year.
- **Two areas that need additional improvement:**
 - Getting appointments and care quicky
 - Customer Service



Customer Service

| | 2022 | 2022 SPH BoB |
|---|--------------|-----------------|
| ★ Customer Service (% Usually or Always) | 90.5% | 94.0% |
| Q34. Getting information/help | 83.5% | 88.3% |
| Q35. Treated with courtesy & respect | 96.3% | 97.0% |

Customer Service

While we have improved our performance on courtesy and respect and closed the gap against average, continued effort required around Getting the appropriate information and help measure.

Plan of Action

- More extensive training for the top 5 reasons people contact us.
- Ensure members are satisfied with the information provided through NPS per each representative (in progress).
- Improve first call resolution on these issues.
- Ensure that frequent reasons for complaints are scripted appropriately.



Access To Care

| | 2022 | 2022 SPH BoB |
|--|--------------|-----------------|
| ★ Getting Appointments and Care Quickly (% Usually or Always) | 72.1% | 83.2% ▼ |
| Q4. Obtaining care right away | 83.3% | 89.4% |
| Q6. Obtaining care when not needed right away | 82.7% | 87.4% |
| Q8. Seen within 15 minutes | 50.3% ‡ | 72.8% ▼ |

Appointments and Care Quickly

Our score is lower when it comes to Obtaining care (right away and not needed right away). There is a significant gap in waiting room time.

Plan of Action

- Expand Telehealth and Urgent Care awareness and education (ongoing).
- Advance Telehealth access and availability for members' physicians.
- Ongoing tracking of satisfaction improvement with adjusted H+H scheduling in place.



Getting Needed Care

| | 2022 | 2022 SPH BoB |
|-------------------------------|-------------|-----------------|
| Getting Needed Care | 77.5 | 81.6 |
| Q10. Getting care necessary | 81.2 | 82.7 |
| Q29. Getting specialist appt. | 73.8 | 80.5 |

Getting needed care

While we have seen improvement in this measure, a continued enhancement still required in access to specialists' appointment.

Plan of Action

- Strategic Network expansion opportunities underway



CUNY & Higher Education Markets



The 594K Opportunity

| Target | Market Opportunity | Product | Eligibility & Max Income |
|---|--------------------|----------|------------------------------|
| NYC university students in the 97 universities and colleges | 504,000 | Medicaid | 1 - \$18,075 2 - \$24,353 |
| | | EP | 1 - \$27,180 2 - \$36,620 |
| International Students | 90,000 | EP 4 | 1 - \$18,075 2 - \$24,353 |

- Private school-sponsored plans can cost up to \$300/month.
- MetroPlusHealth is in a position to help connect students to no to low-cost health care.
- We have developed a campaign to help new students to New York, especially CUNY students, get health care and connect to other City agencies.



Multi-Agency Approach

NYC
Mayor's Office of
Immigrant Affairs

NYC
Commission on
Human Rights

NYC
Consumer and
Worker Protection

NYC
Mayor's Public
Engagement Unit

✓ MetroPlus
Health

NYC
HEALTH+
HOSPITALS

IDNYC
Application

Housing related
complaints

Financial
Literacy
Education

Health Care for
Various Status

Health
Insurance
Application

Mental
Health
Services

ACTION NYC
for Immigration
or Legal
Counseling

Hate Crime or
Racial
Discrimination

Student Loan
Scam
Education

Virtual Visit /
Telehealth

Higher Education Partnerships



What Are We Offering Higher Education Institutions?

Engaging & Fair Resource Fair

- We do all the work; schools give us the space.
- Delight: Food, music, fun and more.
- Educate: information about health insurance, housing, ID and rights.

New to NYC GO-TO Resource Website

- Associated information MOIA, CCHR and MetroPlusHealth.
- Assistance with enrollment into health care and other services.

Orientation Speaker's Bureau

- Schools slot us into their orientation.
- We bring speakers to educate students on health insurance, know your rights, mental health and much more.



MetroPlusHealth Community Presence



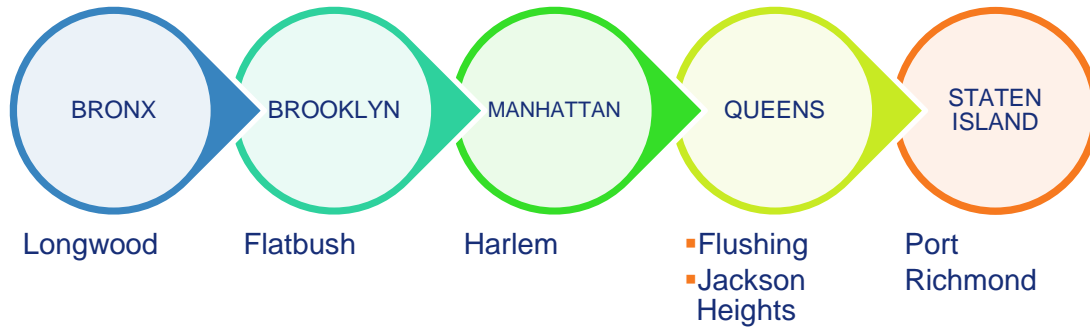
Community Health Plan

- MetroPlusHealth is committed to the communities and neighborhoods we serve. Our presence in these communities ensures residents have access to health insurance education, screening, and enrollment.
- Anchored in 5 New York City boroughs, MetroPlusHealth provides telephonic, virtual, and face-to-face interactions for applicants and members.



MetroPlusHealth Community Presence

- We are currently in 6 community offices, dozens of enrollment locations, and RVs.



HEALTH INSURANCE SERVICES

- Enrollment
- Document submission
- Premium payment
- Recertification / Renewal
- Customer Service functions

OTHER SERVICES OFFERED

- ESL classes
- SNAP, WIC,
- Free wireless cellphone registration
- Health education & screenings
- Immigration Services
- Legal services / counseling
- OCHA classes

