

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

- NYC Health + Hospitals | Harlem

Mr. Pagán

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Metropolitan

1. OPEN PUBLIC SESSION - 3:00 PM

Adoption of Minutes: October 27, 2022

Chair’s Report

President’s Report

2. 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.

(Presented to the Medical and Professional Affairs Committee: 11/1/2022)

Vendex: Pending / EEO: Pending

Dr. Calamia

Committee and Subsidiary Reports

- Medical and Professional Affairs Committee
- Information Technology Committee
- Community Relations Committee
- HHC Insurance Company/Physician Purchasing Group (Subsidiary)

Dr. Calamia

Mr. Peña-Mora

Mr. Nolan

Dr. Calamia

>>Old Business<<

Mr. Pagán

>>New Business<<

>>Adjournment<<

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the Board of Directors of New York City Health and Hospitals Corporation was held in room 1701 at 50 Water Street, New York, New York 10004 on the 27th day of October, 2022 at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated:

Mr. José Pagán
Dr. Mitchell Katz - left at 2:24; joined at 3:09
Dr. Vincent Calamia
Ms. Karen St. Hilaire
Dr. Michael McRae
Ms. Barbara Lowe
Mr. Robert Nolan
Ms. Anne Williams-Isom - left at 3:24
Ms. Erin Kelly - join at 3:24
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Ms. Anita Kawatra
Dr. Michelle Morse
Dr. Patricia Marthone

José Pagán, Chair of the Board, called the meeting to order at 2:04 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted that Karen St. Hilaire is representing Gary Jenkins and Dr. Michelle Morse is representing Dr. Ashwin Vasani, both in a voting capacity.

EXECUTIVE SESSION

Upon motion made and duly seconded, the members voted to convene in executive session because the matters to be discussed involved confidential and privileged information regarding personnel, patient medical information and collective bargaining matters.

OPEN SESSION

The Board reconvened in public session at 3:02 p.m.

Mr. Pagán asked for a moment of silence in honor of Bernard Rosen who passed away over the weekend. He acknowledged Mr. Rosen's commitment to NYC Health + Hospitals and his 21 years of service on the Board of Directors.

Mr. Pagán noted that Karen St. Hilaire is representing Gary Jenkins and Dr. Michelle Morse is representing Dr. Ashwin Vasani, both in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on September 29, 2022 were presented to the Board. Then on motion duly made and seconded, the Board unanimously adopted the minutes.

RESOLVED, that the minutes of the meeting of the Board of Directors held on September 29, 2022 copies of which have been presented to the Board be, and hereby are, adopted.

CHAIR'S REPORT

Mr. Pagán advised that during the Executive Session, the Board received and approved a governing body oral and written report from NYC Health + Hospitals/Coney Island.

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

The Board also received and approved a semi-annual governing body written report from NYC Health + Hospitals/Lincoln; NYC Health + Hospital/Henry J. Carter Specialty Hospital and NYC Health + Hospitals/Henry J. Carter Nursing Facility.

BOARD ENGAGEMENTS

Mr. Pagán thanked Ms. Hernandez-Piñero for representing the Board at the unveiling of the Ruth Bader Ginsburg Bronze Statue event. Ms. Hernandez-Piñero shared positive highlights of the event with the Board.

Mr. Peña-Mora, Ms. Hernandez-Piñero, Ms. Wang, Ms. Lowe, and Mr. Pagán visited the Radiology school at NYC Health + Hospitals/Bellevue on October 14th. All were impressed with how innovative the program is and the staff's commitment and knowledge.

VENDEX APPROVALS

Mr. Pagán noted there are three items on the agenda requiring Vendex approval, all have the approval. There are two items from previous Board meetings pending Vendex approval. Three approvals were received since the Board last met.

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

ACTION ITEM 2:

Mr. Pagán read the resolution

Adopting in the name of the New York City Health and Hospitals Corporation ("NYC Health + Hospitals") Board of Directors an **Implementation Strategy Plan (an "ISP") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("HJC") as a supplement to the Community Health Needs Assessment (the "CHNA") which was approved by the Board of Directors in June 2022.**

(Presented to the Strategic Planning Committee: 10/17/2022)

Debora Brown, Senior Vice President and Okenfe Lebarty, Senior Director of External and Regulatory Affairs provided an overall description of the CHNA process. Mr. Lebarty acknowledged the teams work and support to complete this project. Mr. Lebarty provided background information on Fiscal Year 2022-2023 Implementation Strategy. He outlined the CHNA findings and priority health needs which include improving health equity, fighting chronic disease and facilitating access to resources. The implementation strategy plan process and timeline was shared. Mr. Lebarty provided an in-depth description of each priority area and how they integrate with the strategic goals and planning process. Ms. Brown discussed the resource commitment and evaluation process. Mr. Lebarty shared images from the report.

Ms. Lowe asked for updates on the progress of the implementation process.

The Board commended the team for their great work on this project.

Ms. Brown responded to questions from the Board regarding the public's access to the report and their concerns. The CHNA report and implementation plan are both posted on the NYC Health + Hospital public website which is accessible to the community. There is also an email and different platforms where the report is posted and discussed. Ms. Brown also clarified that the Internal Revenue Service does not provide live feedback on the publicly available document.

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

ACTION ITEM 3:

Ms. Wang read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to sign 3-year agreements with each of **Institute for Community Living, Inc. ("ICL") and Comunilife, Inc. ("Comunilife")** for the provision by ICL of 26 respite beds and by Comunilife of 25 such beds with the System holding two 1-year options to renew both contracts for an amount for the two contracts together not-to-exceed \$17,960,500 over the potential 5-year terms.

(Presented to the Finance Committee: 10/17/2022)

Leora Jontef, Assistant Vice President of Housing and Real-estate provided information as way of background, on the Housing for Health initiative and medical respite program. Marjorie Momplaisir-Ellis, Senior Director of Housing discussed the medical respite services, current state and program successes, highlighting that NYC Health + Hospitals' investment in Medical Respite services is the largest in New York City. Ms. Momplaisir-Ellis provided the cost saving analysis, RFP criteria, and an overview of the procurement process, contract terms and vendor performance evaluation for both Comunilife and Institute of Community Living.

The Board asked for clarification regarding operating costs and savings. Dr. Katz explained the complexity of calculating savings and replacement revenue, but one of the main goals is to improve access, best utilization of clinical resources, and reduction of hospital-length of stay. The team will be able to provide a better estimate and return payer-mix in 6-months-time.

Ms. Momplaisir-Ellis added that the cost of the aftercare services are not part of the budget for medical respite operations.

In response to questions from the Board, Dr. Katz stated that there will be data available in the future that captures patient outcomes and utilization. National data shows that the homeless population have higher mortality rates compared to other groups.

In response to further questions from the Board, Ms. Momplaisir-Ellis listed the services available to the patients.

The Board asked about the potential impact of the proposed regulation on the potential revenue and sustainability of the program. Ms. Momplaisir-Ellis explained that the regulations were just recently released and the team is still reviewing them however, after an initial review, the regulations do not appear to be extremely stringent. There is a lot of focus on the physical space and the programmatic recommendations are very vague.

Mr. Pagán noted for the record that Erin Kelly is now representing Deputy Mayor Anne Williams-Isom in a voting capacity.

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

ACTION ITEM 4:

Mr. Pagán read the resolution

Authorizing the New York City Health and Hospitals Corporation (**the "System"**) to execute five-year revocable license agreements with each of **MetroPCS Wireless, Inc. ("MetroPCS")** and with **T-Mobile Northeast, LLC ("T-Mobile")** to operate cellular communications systems on approximately 200 square feet of space on the roof of the "A-C" Building and 200 square feet of space on the roof of the "A" Building, respectively, on the campus of **NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the "Facility")** at annual occupancy fees for each site of \$74,500 calculated at \$372.50 per square foot to be escalated by 3% per year for a five year total of the two licensees together of \$791,061.

(Presented to the Capital Committee: 10/17/2022)

Ms. Jontef provided background information about the prior Coler license agreements. She provided an overview of the new agreements' terms and five-year occupancy fees.

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

ACTION ITEM 5:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the **"System"**) to execute an agreement with **STV, Inc. ("STV")** to design the flood mitigation system to be constructed at NYC Health + Hospitals/Coler Rehabilitation and Nursing Facility (**"Coler"**) for a cost not to exceed \$7,930,000, inclusive of a 20% contingency of \$1,320,604, over a term to be coextensive with the duration of the project, which is estimated to be eight years

(Presented to the Capital Committee: 10/17/2022)

Oscar Gonzalez, Senior Assistant Vice President - Capital Development Group provided information on the program background. Anniqua Brown, Senior

Director, Capital Development Group shared an overview of the procurement process, RFP criteria and project information, detailing the project timeline and explaining that the 20% contingency is due to the complexity and unknowns of this project. She discussed the vendor performance and MWBE utilization plan.

The Board asked for further clarification of the project contingency. Mr. Gonzalez explained that the design team will need to continue to work with the builders as the project progresses to monitor the execution of the design and redesign as needed to meet complexities when they come up.

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

PRESIDENT REPORT

CORONAVIRUS UPDATE

NYC Health + Hospitals/Test & Treat Corps announced plans to help the City distribute 10,000 COVID-19 at-home test kits to be more accessible to New Yorkers who are blind or have low vision.

The System continues to provide all New Yorkers access to COVID-19 vaccinations and booster shots, testing and treatment. There are 75 mobile Test to Treat units out in the community and over 300 sites offering free testing.

FLU SEASON

This flu season is expected to be severe based on what is occurring in the southern hemisphere. Flu vaccination can keep us from getting sick with the flu, reduce the severity of illness, and reduce risk of flu-associated hospitalization.

The annual staff flu vaccine drive began this month, and we are also offering flu vaccines to all our patients and the public at large. Flu vaccines are available at NYC Health + Hospitals at no charge. It is safe to get both the flu shot and COVID-19 booster on the same day, though they should be given in different arms.

HELPING ASYLUM SEEKERS

NYC Health + Hospitals continues to collaborate with the Mayor's Office and a number of City agencies to help asylum seekers who continue to arrive in New York City. The System helped to open two emergency humanitarian centers, one for families with children and one for single adult men. The sites offer medical care, hot meals, and phones to call

family members in other countries, DOE staff to connect children to school, and resettlement services to help asylum seekers complete their journey.

INVESTING IN MINORITY AND WOMEN OWNED BUSINESSES

As part of a new vendor diversity strategy, the System spent more than \$747 million with minority and women owned business enterprises ("M/WBE") in the last year. This represents a 3,000% growth in spending with M/WBEs since 2017 and 32% of all eligible spending. In 2022, NYC Health + Hospitals did business with 363 unique M/WBE's. These investments are good for business, but they also reflect our core values of equity, diversity, and inclusion.

NYC HEALTH + HOSPITALS HONORS SCHOLAR NURSES

After years of school and training, seventy-two NYC Health + Hospitals nurses have been welcomed into the Doctoral Circle of Excellence: a singular honor bestowed upon nurses who have achieved the highest level of nursing education available. NYC Health + Hospitals celebrated these scholar nurses with a first of its kind event: A Doctoral Circle of Excellence ceremony held at NYC Health + Hospitals/Bellevue last month to recognize these highly educated nurses and honor their academic achievement.

IN RECOGNITION OF HISPANIC HERITAGE MONTH

Many of the facilities hosted celebrations of food, music and culture. The System hosted a panel discussion featuring Latino colleagues talking about their identity and experiences—and ultimately how diversity unites us.

Twenty-five percent of our NYC Health + Hospitals workforce is of Hispanic or Latin heritage. They are a mirror image of the patient population as well, as 27.5 percent of New Yorkers are of Hispanic descent. Despite challenges, obstacles, and discrimination, Latino Americans have demonstrated their dedication, perseverance and success in this country and City, time after time.

NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH CELEBRATES FUTURE OPENING OF RUTH BADER GINSBURG HOSPITAL

NYC Health + Hospitals/South Brooklyn Health staff, patients, and community members celebrated the future opening of the Ruth Bader Ginsburg Hospital. Jane Ginsburg, daughter of the late Supreme Court Justice, joined the team to unveil a 7-foot bronze statue of her mother that will be located in the lobby of the new hospital. The nearly completed hospital will feature a storm-resilient design, a flood-proof Emergency Department,

private patient rooms and modern equipment to serve South Brooklyn and its neighboring communities. The construction of the new hospital is funded by \$923 million from the Federal Emergency Management Agency (and includes upgrades to the rest of the health care campus, including a 4-foot wall to withstand a 500-year storm and to include flood-resilient power, heating, cooling, and water.

NYC HEALTH + HOSPITALS/KINGS COUNTY EARNS COVETED PATHWAY TO EXCELLENCE DESIGNATION FOR ITS COMMITMENT TO NURSES

NYC Health + Hospitals/Kings County received the prestigious Pathway to Excellence designation from the American Nurses Credentialing Center. The hospital is the first in Brooklyn, and only the second facility in New York City to receive this recognition.

NYC HEALTH + HOSPITALS/QUEENS WILL BUILD HEALTH SYSTEM'S FIRST DIALYSIS CENTER TO TRAIN PATIENTS TO DO AT-HOME DIALYSIS; COUNCIL MEMBER MENG PROVIDES \$1 MILLION

NYC Health + Hospitals/Queens announced plans to open a 1700-square-foot dialysis treatment center to train patients with end-stage liver disease or kidney failure to safely and confidently do at-home peritoneal dialysis. U.S. Representative Grace Meng provided \$1 million to support the construction of the new center on the hospital's campus, which will expand access to this life-saving treatment to a diverse, underserved population in the borough of Queens.

EXTERNAL AFFAIRS UPDATE

Federal - U.S. Senator Kirsten Gillibrand announced her One-Health Security Act legislation last Friday at NYC Health + Hospitals/Bellevue. The One Health Security Act would create a federal council charged with preventing, detecting and responding to biological threats that significantly impact the nation's health, economy, and security.

City - Last week, while in Far Rockaway, Council Member Selvena Brooks-Powers announced the formation of the Taskforce on Trauma and Healthcare Access. The Councilmember will be partnering with the System, local elected officials, medical professionals, local residents, and other key stakeholders to evaluate health care access across the region, including the feasibility of a trauma hospital in Far Rockaway, and the creation of a plan around strategic health infrastructure in the eastern portion of the Rockaways. The first meeting will be November 18th.

After questions from the Board, Dr. Katz confirmed that the System has the capacity to manage the influx of children getting sick and can easily expand for additional pediatric beds if needed.

In response to questions from the Board about in-home dialysis, Dr. Katz said that the at-home dialysis technique is very well established, but it is all about having adequate training and resources to provide these services at home. The System works collaboratively with Live-on-NY to connect patients for transplant evaluation. The home dialysis and transplant process work well together.

Mr. Pagán congratulated the Board and the staff on their impressive work expanding the MWBE program.

COMMITTEE REPORTS

Mr. Pagán noted that the Committee and Subsidiary reports were e-mailed for review and were submitted into the record. He welcomed questions or comments regarding the reports.

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:18 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORT

AUDIT COMMITTEE MEETING – October 17, 2022

As Reported by: Sally Hernandez-Piñero

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

The meeting was called to order by Ms. Sally Hernandez-Piñero, Committee Chair at 9:17 am.

Ms. Piñero requested a motion to adopt the minutes of the Audit Committee meeting held on July 11, 2022. A motion was made and duly seconded with all in favor to adopt the minutes.

Ms. Piñero propose a motion to convene an executive session to discuss confidential and privileged matters that may be related to threatened and potential litigation. The motion was seconded, and all were in favor. The Committee moved to Executive Session at 9:21 am

The Committee reconvened in Open-session at 9:43 a.m.

Presentation:

Fiscal Year 2022 Draft Financial Statement

David Guzman mentioned that this year there were significant changes in the financial performance of the System. The System's deficit position improved by \$957 million, revenue has increased by \$1 billion, which was driven by UPO revenue that the System received in FY-2022. The System received \$638 million of conversion revenue for prior years and \$447 Million in the current year. We also had net patient service revenue that increased by \$137 million. In consideration of significant increases due to the Medicaid conversion funding, the System took a conservative position and reduced its Medicaid DSH estimate by \$596 million. We anticipated there conciliation process, which occurs in a three-year lag, to reconcile these amounts.

Ms. Wang asked where were the reduction for the DSH revenue, and how is that reflected?

Mr. Guzman responded that these were the actual revenues and not patient service revenues.

In terms of the appropriations revenue, that increased by \$342 million mainly due to an increase in cash received from the City for debt service, which is not being obligated to pay back. In prior years, we did see a decrease of \$112.6 million in grant revenue mainly due to a \$101.9 million decrease resulting from the Quip Program revenue. The System had two years

of recognized Quip Revenue due to the timing of the contract. Other line revenues increased by \$6.8 Million, largely due to an increase of ACO revenue in the current year. The expenses increased by \$90.7 million, \$70 million of which came from personal services, mainly due to staff, nursing or emergency overtime usage. Other than personal services decreased by \$256.7 million, primarily as a result of pandemic expenditure decreases.

The System's pension costs increased by \$289.5 million, and post-employment benefits other than pension decreased by \$195.7 million due to changes in actuarial calculations. Affiliation contracted services increased by \$155.4 million as a result of contractual increases and estimated contract settlements. Depreciation increased by \$26.8 Million due mainly to continued EITS spending for purchases during the year. This is comprised of capital contribution funded by the City, which increased by \$17.3 million as more capital projects were funded by the City. When compared to prior years and capital contributions, funding by grants and donors increased by \$9.5 million due to FEMA mitigation and capital restructuring, and financing program funding. The System's net deficit at the end of the fiscal year decreased by \$1.46 billion.

Ms. Pinero asked if the PAGNY settlement was included in the affiliation numbers?

Mr. Guzman, responded that it is.

Report of Fiscal Year 2022-Grant Thornton

Mr. Lou Feuerstein, Managing Director with Grant Thornton gave the presentation. Mr. Feuerstein referred to page 3, which showed that those charged with governance, have an oversight position to make sure that the external auditors and management are fulfilling their responsibilities. Mr. Feuerstein stated that page 4 shows COVID considerations, and that Grant Thornton added some additional audit procedures to make sure that various impacts of COVID are for COVID reimbursable programs.

Mr. Feuerstein noted that the auditors are responsible for performing additional procedures to ensure that the risk of fraud is low. Those procedures include interviews with both financial and non-financial senior staff to ask whether there are any concerns. This year, there were no matters that came to the auditors' attention with regard to fraud. There is a little more work in some specific areas of testing that needs to be done. The biggest items left to complete is the quality review of the auditors' work and the financial statements.

Mr. Feuerstein noted that page 7 has a list of areas where the auditors spend additional time and effort on due to their higher dollar values. They are subject to estimation and to management and judgment. In areas such as accounts receivable, net patient services, revenue related contractual allowance, and bad debt reserves, the auditors spend a lot of time reviewing the reconciliations. The auditors also conduct extensive

work on cash realization looking at prior year's receivables and seeing whether they were collected the prior year.

Mr. Feuerstein stated that the estimated settlements with 3rd party payers are reflected on page 8. These are settlements essentially with Medicare and Medicaid funds, which are often advanced and reconciled to specific reports, and the information is reviewed by Grant Thornton to make sure the cost reports are accurate.

Mr. Feuerstein continued to note that page 16 reflects the auditors' review of information technology, which is limited to how it ties in and relates to the financial statements. The auditors look at access program changes to determine if the controls are adequate. Mr. Feuerstein reported that there were no concerns there.

Mr. Feuerstein stated that there were no new accounting pronouncements that were adopted for FY-2022, however, next year the System would have to adopt the lease accounting. That will start July 1, 2023, and will take over the System's operating leases, which are typically explained and disclosed in a footnote, and move them to the balance sheet as a right to use lease assets and the lease obligations.

Mr. Feuerstein stated that Grant Thornton did note a material weakness in internal controls relating to grant income recognition. A downward adjustment of \$114 million in income was required to correct a duplication in grant income accounting. The adjustment, in addition to significant deficiency findings for the prior fiscal three years without the implementation of the recommended plan of correction resulted in a materials weakness finding.

Ms. Piñero asked for a motion to accept financial statements as presented. The motion was adopted.

Internal Audits:

NYC Comptroller's Office Audit of Controls Over Nursing Home Medical Surgical Supplies

Ms. Karyn Wilkinson presented the Internal Audits report on behalf of Catherine Patsos. She stated that the NYC Comptroller's Office had conducted an audit of NYC Health + Hospitals Controls over Nursing Home Medical Surgical Supplies Inventory, which began 2020 at the start of the pandemic. The Comptroller's Office issued a final report on June 29, 2022, which included four recommendations to implement based on its findings. On September 30, 2022 the Comptroller's Office sent Dr. Pagan an audit notification letter, which requested a status report of those recommendations by October 31, 2022.

Office of the State Comptroller's Follow-up Audit on Equipment

Ms. Wilkinson reported that the State Comptroller's Office (OSC) had previously conducted an audit of the System's controls over its equipment, which covered the period between July 2016 and August 2018. The OSC is now doing a follow up to that audit. A preliminary conference was held on August 30, 2022, between NYC Health + Hospitals and the OSC auditors. The auditors are conducting site visits to the facilities, which are ongoing.

Ms. Pinero asked if they going to all the facilities or just a sampling?

Ms. Wilkinson responded that they will do a sampling. They are doing a follow-up to the original audit.

Nurse on boarding

Ms. Wilkinson reported that Internal Audits is conducting an audit of the System's hiring of nurses. This was initiated in November 2021 and was put on hold by nursing administration, so they could timely submit documentation that was that was due to the New York State Department of Health at the same time. The field work has resumed and Internal Audits is currently reviewing documentation for agency nurses in the agency's vendor management system, called WAND.

Auxiliary Audits:

Ms. Wilkinson reported that the New York State Charities Bureau requires that a review compilation or audit report accompany the CHAR500 New York State tax form submitted by the auxiliary. The external auditors provided 22 reports for calendar year 2021, and Internal Audits has reviewed and finalized 12 of those 22 reports. Eleven of them were compilations, and one was a review; Two reports remain outstanding for calendar year 2020, which are for North Central Bronx Hospital and Queens Hospital. One report has been completed for each of the calendar years 2018 and 2019 for Queens Hospital. These reports have been pending a determination from the IRS of the auxiliary's retroactive 501(c)(3) status.

Ms. Wang and Mr. Peña-Mora request that, since the Committee received the financial statements a little later than normal, and did not have time to fully review the documents, can there be an opportunity to review the statements and findings and ask questions at a later time.

Ms. Piñero agreed to allow additional comments and questions to the financial statements before submission on Friday, October 21, 2022.

Office of Corporate Compliance Reports:

Ms. Wilkinson reported that the System is required to conduct monthly exclusion and sanction screening, and that for the reporting period of June 16 through September 28, 2022, there were no individuals or entities that appeared on the OIG or OMIG exclusion lists. There were also no providers identified on the DMF or NPPEL during that same reporting period.

Privacy Incidents

During the period of June 16 through September 28, 2022 there were 78 privacy incidents entered into the Office of Corporate Compliance's case management System. Forty-one of those 78 were found to be violations of the System's HIPAA Privacy and Security Operating Procedures; 16 were found not to be violations, and 21 cases are still under investigation. Of those 41 incidents confirmed as violations, 22 were determined to be breaches; 12 of those were a result of registration errors; 2 involved a workforce member accessing a family members records; 2 resulted in the System's release of information vendor releasing records to the wrong patient; 3 involved workforce members accessing the records of patients without a work related reason; 1 involved a workforce member inappropriately disclosing an HIV status to law enforcement; 1 involved a provider disclosing test results to a family member without patient authorization; and 1 was the result of granting a parent the wrong level of access to the patient's MyChart account.

Mr. Pena-Mora asked in the case resulting the release of information to law enforcement, how did that come about? How did the workforce come into contact with the information?

Ms. Wilkinson stated that a workforce member disclosed HIV status to law enforcement when the patient was brought into the facility.

Mr. Peña-Mora also asked what is being done to protect the patients from this happening again?

Ms. Wilkinson responded that, we have retrained the workforce member and are working with Hospital Police on a training about what can be disclosed and who to contact to disclose certain information.

Ms. Wilkinson reported that of the 43 privacy incidents that were reported during the July 2022 Audit Committee meeting, 25 were still under investigation at that time. Currently 24 of those incidents have closed, and 20 were found to be violations of the System's HIPAA Privacy and Security Operating Procedures, and four were found not to be violations. Of those 20 that were found to be violations, 8 were determined to be breaches. Four of those breaches resulted from registration errors; one was the result of an emergency room doctor providing the patient the wrong after visit summary; one was a workforce member accessing a family member's record; one was and the disclosure of a HIV diagnosis to a family member without authorization. Finally, one was due to an inappropriate access of a workforce member to a patient's record without a work-related reason.

The OCC did not receive any letters from the Office for Civil Rights during the reporting period.

Compliance Reports

During the reporting period, there were a total of 85 compliance reports entered into the tracking database, one of which was a red report, 46 were yellow reports, and 38 were green reports. The red report involved a nurse

who left her shift without giving a patient their medication. This was referred to the Chief Quality Officer of the facility. The charts included in the Compliance report show the issue types and intake method of the cases.

Billing and Coding Auditing Services:

The Office of Corporate Compliance in collaboration with the Office of Revenue Cycle, drafted a request for proposal for a vendor to provide billing and coding auditing services. We are seeking a qualified vendor to conduct pre-submission billing and coding auditing services for inpatient, outpatient, diagnostic and treatment centers, health home, home health, and skilled nursing facilities. Based on the evaluation committee's scoring of the proposals and presentations, KPMG was a winning vendor. Contract negotiations are currently taking place and we hope to launch that work by the end of October 2022.

HIPAA Risk Analysis and Security Assessment:

On an annual basis, the Office of Corporate Compliance, with its vendor Coalfire, conducts annual risk analyses and security assessments. As part of these analyses and assessments, Coalfire conducts onsite and remote interviews, in person and virtual walkthroughs of the System's facilities and clinics, and risk and compliance reviews of applications, and assesses a sample of our vendors. They perform penetration tests on our Systems and applications to determine vulnerability to authorized access. Coalfire has completed all areas of its review, with the exception of Gotham Health Neighborhood and School-based Health Centers, and the enterprise-wide assessments, which should be completed by the end of November.

National Corporate Compliance and Ethics Week and Workforce Member Survey

Ms. Wilkinson reported that every year the Office of Corporate Compliance engages System workforce members in celebrating National Corporate Compliance and Ethics week. This year, it is from November 6th through November 12th. OCC Staff will host in-person and on-line games across the System. In conjunction with National Compliance and Ethics Week, the OCC is launching a workforce member survey regarding its Compliance Program. The survey is designed to assess workforce members' knowledge of our Compliance Program and their access to the OCC. The aggregated data will be used to determine if there are gaps in our compliance program, and if so, we will address those through the OCC's communication plan.

Ms. Pinero asked if there was any old or new business

There being none, the meeting adjourned at 10:37 am

Capital Committee Meeting - October 17, 2022

As reported by: Feniosky Peña-Mora

Committee Members Present: Dr. Mitchell Katz, José Pagán, Feniosky Peña-Mora - left at 11:38 a.m., Robert Nolan, Sally Hernandez-Piñero, Freda Wang

Mr. Peña-Mora called the meeting to order at 11:15 a.m.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on September 12, 2022, were unanimously approved.

Mr. Siegler, Senior Vice President, provided the Senior Assistant Vice President's Report on behalf of Manuel Saez.

Mr. Siegler was pleased to announce H+H was partnering with the ACE mentorship program, which is a free, award-winning, afterschool program designed to attract high school students into pursuing careers in the Architecture, Construction and Engineering industry, including skilled trades. Beginning in November, the system would host high school students at NYC H+H/Metropolitan to introduce them to the career pathways within Architecture, Construction Management, and Engineering available in a healthcare organization. In a first of its kind partnership for the ACE program, Hospital staff will partner with vendors to provide instruction to the students on how to prepare project budgets, compile design specifications and drawings, prepare bid packages, and the elements of managing a construction project. As public health preparedness has become more prominent in recent times, the team was very excited to prepare the next generation of Architects, Engineers, and Construction Managers to support the healthcare organization.

After intense preparation from the Metropolitan team, there were successful completed surveys for the Joint Commission at Metropolitan and Harlem. There were no major findings and the surveyors were very complimentary of the leadership, staff, and quality of care provided at the facility. Metropolitan was very responsive and quickly addressed any findings during the survey. The team was looking to apply lessons learned to prepare Elmhurst for their upcoming Joint Commission Survey.

The system is actively in the process of compiling all new facility needs in preparation for the January plan. Facilities submitted their new needs on September 29th, after which OFD and the Capital Finance team will scrub and validate the data in preparation for a System wide leadership review meeting and facility specific meetings to finalize the system's new needs list. In line with our ongoing work to ensure efforts across the system are strategically aligned, this process will incorporate a review by operations, clinical and financial system leaders to ensure the projects approved for submission are in line with our system's growth strategy

Implementation of the Kahua project management software to better track all aspects of our capital projects from financing, to contracts, to CPs, was ongoing. The team recently went live with Phase 1 for capturing new needs and were on track to complete Phase 2 of the implementation, which currently included all cost applications.

Mrs. Hernandez-Piñero said she would like an update on Capital Plan projects, wondering how progress was going and finding out if any priorities had been shifted.

Mr. Gonzalez explained that there were the new needs and the ongoing Capital projects. He noted that there are occasionally circumstances that prevent some planned projects from moving forward, but there were over 300 capital projects underway throughout the system.

Mrs. Hernandez-Piñero asked if the Board could see a listing or summary of what was going on throughout the system. Mr. Gonzalez said absolutely, we can sort by type of project, location, etc., so we can provide that.

Ms. Wang added that she'd be interested in seeing the Capital Plan prioritization and any detail from the master planning efforts that were taking place.

Mr. Gonzalez explained that with regards to the Master Planning efforts, they were still underway, either in process or with services in the procurement phase.

Mr. Siegler explained that we currently have a prioritized Capital plan, the basis for funding is the City plan, but we are lucky to also have support at the State and Federal level, and earmarked other funding sources that all support the plan. This years' goal was to ensure that everyone would be working off a single, all encompassing, prioritized list. That way, whatever funding becomes available the system is ready to move.

Mrs. Hernandez-Piñero asked how funds from elected officials was handled if it was earmarked for something that wasn't a priority. Mr. Siegler said it's a delicate balance. We ensure we are in alignment on a short list of projects or initiatives that we present as options. In some locations there are particularly active elected officials and we try to tie that into the picture when considering other funding sources in our planning.

Mr. Peña-Mora asked if an education session could be scheduled to discuss/review that Capital Planning process. Such meeting has been scheduled prior to COVID but never occurred because of the shift in focus. Mr. Siegler said that could absolutely be scheduled.

Next on the agenda - Mr. Siegler read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute five-year revocable license agreements with each of MetroPCS Wireless, Inc. ("MetroPCS") and with T-Mobile Northeast, LLC ("T-Mobile") to operate cellular communications systems on approximately 200 square feet of space on the roof of the "A-C" Building and 200 square feet of space on the roof of the "A" Building, respectively, on the campus of NYC Health + Hospitals/Coler Rehabilitation and Nursing Care Center (the "Facility") at annual occupancy fees for each site of \$74,500 calculated at \$372.50 per square foot to be escalated by 3% per year for a five year total of the two licensees together of \$791,061.

Mr. Siegler narrated a presentation providing detailed information on the negotiation, fee terms, expiration and agreement terms.

Ms. Wang asked how the original agreement came into being. Mr. Siegler said it can vary. Usually a company comes to the System to initiate.

Mr. Peña-Mora acknowledged the efforts of the Real Estate team in streamlining agreements, aligning end dates, and other ways the leasing agreements are being approached with H+H front and ensuring our interests are front and center.

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

Member Recusal: Mr. Peña-Mora recused himself from the balance of the meeting and left the room. Mr. José Pagán lead the remainder of the meeting.

Mr. Gonzalez read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute an agreement with STV, Inc. ("STV") to design the flood mitigation system to be constructed at NYC Health + Hospitals/Coler Rehabilitation and Nursing Facility ("Coler") for a cost not to exceed \$7,930,000, inclusive of a 20% contingency of \$1,320,604 contingency, over a term to be coextensive with the duration of the project, which is estimated to be eight years.

Mr. Gonzalez was joined by Anniqua Brown, Senior Director, Office of Facilities Development, who narrated a presentation providing project background information, the RFP criteria, procurement overview, solicitation results, vendor performance, references and background, explanation of contingency, and MWBE utilization plan.

Ms. Wang asked if this contract was for design services, noting that the contingency was rather large. Mrs. Brown said yes, the contract is for design services and construction administration services. She explained that this project would include interactions with external regulatory agencies, such as FEMA, and the Roosevelt Island Operating Corporation (RIO), and various approval processes, so there were some unknown factors and that accounted for the larger contingency.

Mrs. Hernandez-Piñero asked how the \$98 million was being spent. Mrs. Brown reviewed the project schedule, including design, procurement, construction and close-out. All those elements would be factored into that total budget allocation.

Ms. Wang noted that the pre-proposal conference had 26 attendees and then only 4 proposals were received and asked if that were normal. Mrs. Brown said yes. Some attendees were likely subcontractors and this is very specific work so receiving 4 proposals was a good outcome.

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

There being no further business, the Committee Meeting was adjourned at 10:50 a.m.

Equity, Diversity and Inclusion Committee Meeting - October 17, 2022

As Reported by: Feniosky Peña-Mora

Committee Members Present: Feniosky Peña-Mora, José Pagán, Mitchell Katz, Sally Hernandez-Piñero, Freda Wang, and Dr. Shadi Chamany, representing Dr. Ashwin Vasan in a voting capacity

CALL TO ORDER

The meeting of the Equity, Diversity and Inclusion Committee of the NYC Health + Hospitals' Board was called to order at 10:27 a.m.

Mr. Peña-Mora moved for a motion to adopt the minutes of the July 11, 2022 meeting.

Upon motion made and duly second the minutes of the July 11, 2022 meeting was unanimously approved.

EQUITY AND ACCESS COUNCIL UPDATE

Dr. Natalia Cineas, Chief Nurse Executive and Co-Chair of the Equity and Access Council ("Council"), provided an overview of workplace inclusion groups that NYC H+H has established. Natalia explained that inclusion is the practice and policy of providing equal access to opportunities and resources for people who might otherwise be excluded or marginalized, such as those who have physical and mental disabilities and members of other minority groups.

Dr. Cineas detailed the goal of inclusion groups as follows:

- Enhance employee engagement and innovation.
- Improve employee and patient experience.
- Improve leadership skills and abilities.
- Create a safe space for difficult conversations.
- Enhance cultural awareness.

She continued on to share that H+H has established 13 inclusion groups which included the following: Women Mentorship, LGBTQIA+, Anti-Racism Advocates & Allies, Heritage & History, Hispanic/Latinx, Asian American Pacific Islander, African American Caribbean American, Generational, Jewish American, Veterans/Disabilities, Black Female Physicians, Black Male Physicians, and Hispanic/Latinx Physicians.

She explained how the inclusion groups were established and what their progress has been thus far.

- Kickoff meetings were held between December 2021 – February 2022; there were over 20 attendees for each group. Ideas were brainstormed and top three projects were identified for each group.
- Surveys were disseminated to over 400 participants and survey results were assessed.
- Leads were established for the groups.
- Goals and metrics were set.
- A monthly meeting cadence was confirmed.

Dr. Cineas indicated that a consulting firm has been identified to guide the inclusion groups given that some of the groups are discussing sensitive topics and external support will help with gathering information, problem solving, effective diagnosis, action recommendations, implementing changes, facilitating learning, identifying metrics, and organizational effectiveness.

Brenia De La Cruz-Cedeno, the lead for the Hispanic/Latinx inclusion group, then presented the top projects the group will be focused on. She started by sharing the mission and vision that the group established. Their mission is a taskforce leading to inspire, uplift and collaborate with Hispanic/LatinX Communities and Influencers towards a diverse and equitable workplace. The group's vision is bringing health equity and wellness for all Hispanic/LatinX members in the H+H community.

Ms. De La Cruz-Cedeno was pleased to report that the Hispanic/LatinX Making Strides Against Breast Cancer event just recently took place, with the purpose of uniting communities for a common cause and raising money to fund lifesaving initiatives while bringing awareness to H+H employees. Success metrics included walking participation and amounts of funds raised, both of which are being calculated and finalized.

Ms. De La Cruz-Cedeno continued on to discuss the next initiative, which is a workshop contextualizing the use of the terms "Hispanic," "Latina/o," to present-day "LatinX," exploring how "LatinX" crafts space beyond the gender binary towards greater inclusivity. Success metrics include participation in the workshop, live Q&A, and registration count from the System.

This concluded the Equity and Access Council update. Board Chair José Pagán praised the group for all the progress they have made in a short period of time and appreciated the diversity of topics. Board Members Freda Wang and Mr. Peña-Mora echoed similar sentiments.

DIVERSITY AND INCLUSION UPDATE

Ivelesse Mendez-Justiniano, the System's Chief Learning Officer and Interim Chief Diversity & Inclusion Officer shared key highlights of the System's latest diversity and inclusion achievements and activities, as the Board previously accepted her full written report.

Ms. Mendez-Justiniano provided an update on the Medical Interpreter Skills Training (MIST) program given the significant growth it has experienced. She indicated that program had over 144 applicants in its first year. She also indicated the ethnicity and gender breakdown of the 2022 program participants, noting the top titles included: Clerical Associates, Nurses, Coordinating Managers/ Assistant Coordinating Managers, Community Liaison Workers, and Patient Care Associates/ Technicians. Ms. Mendez-Justiniano shared that the program has launched new cohort registration and the program was expanded to include Mandarin and Russian, in addition to Spanish which was the initial language the program focused on. She explained that the program criteria for acceptance is not just based on application, however, participants are assessed for language fluency by an external vendor before they can continue on to the training.

Ms. Mendez-Justiniano then presented updates regarding the Food & Nutrition Educational Assistance program. H+H has an educational trust focused on food and nutrition staff represented by DC37 and 1199, which covers certificates, tuition assistance, and professional dues. In FY 2023, the total amount disbursed was \$25,393. Ms. Mendez-Justiniano went on to compare the program's participant demographics to the overall food and nutrition staff demographics. She pointed out that Asians (39%) and Whites (33%) represented majority of the participants, while majority of the staff are Black/African American (52%) and Hispanic/Latino (21%). We are working on increasing our outreach in order to ensure that participant demographics are better aligned to staff demographics. Outreach has included: visiting the facilities' food and nutrition departments to increase awareness of the program, participating in symposiums, and developing an accessible online application.

Board Member Sally Hernandez-Piñero inquired about the number of staff who have applied to the food and nutrition educational assistance program. Ms. Mendez-Justiniano noted that she will follow up with the data. Ms. Hernandez-Piñero also asked how much money will be available for this year. Ms. Mendez-Justiniano clarified that it's similar to a trust fund and we receive an annual amount of \$150,000 per year.

Ms. Wang requested that for the future, if possible, she would like to see how the training completion demographics compares to the overall staff demographics.

Ms. Hernandez-Piñero also inquired about the status of the expanded nursing mentor program and physician mentor program. Ms. Mendez-Justiniano noted that she has been working closely with Dr. Cineas on the nurse mentoring program. Initially, the nurse mentoring program focused on retired nurses coming back to serve as mentors to new nurses. The expanded nurse mentoring program focuses on developing future nursing leaders. Surveys were

distributed to determine interest in the program; the results revealed that over 500 nurses are interested. In terms of physician mentoring, Ms. Mendez-Justiniano indicated that she met with Doctor's Council which expressed a high level of interest in partnering to develop a mentoring program for their education and professional development. Mr. Peña-Mora added that he would be interested in learning more about pharmacist mentoring opportunities in future meetings.

Mr. Peña-Mora asked if there was any old business or new business, and hearing none, the meeting concluded and was adjourned at 11:00 a.m.

Finance Committee MEETING - October 17, 2022

As Reported By: Freda Wang

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

Health + Hospitals Employees in Attendance:

John Ulberg, Marji Karlin, Michline Farag, Salema Tyler, Allison Hartmann, Linda DeHart, James Cassidy, Baily Jones, Matthew Siegler, Leora Jontef, Marjorie Momplaisir-Ellis, Colicia Hercules

CALL TO ORDER

Ms. Wang called the meeting of the New York City Health + Hospitals Board of Directors Finance Committee Meeting to order at 1:06 p.m.

Ms. Wang called for a motion to approve the July 11, 2022 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on July 11, 2022 were adopted.

ACTION ITEM: Medical Respite Operations and Services

Ms. Jontef presented a resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to sign three-year agreements with each of Institute for Community Living, Inc. ("ICL") and Comunilife, Inc. ("Comunilife") for the provision by ICL of 26 respite beds and by Comunilife of 25 such beds with the System holding two 1-year options to renew both contracts for an amount for the two contracts together not-to-exceed \$17,960,500 over the potential five-year terms.

Ms. Jontef began by providing the background of Housing for Health initiative. NYC H+H launched Housing for Health in 2020, with a goal of securing interim and permanent housing options for patients experiencing homelessness. With Over 46,000 H+H patients experiencing homelessness and 22,000 H+H patients also being DHS clients, Medical Respite is one of our strategies to provide transitional to permanent housing for our patients. Other strategies include using our land working with other agencies and in

some cases funding social services and permanent housing. Expediting this population into stable housing saves lives, improves health outcomes, and reduces expensive emergency health care and in-patient resources. To date, over 450 patients have been permanently housed and over 800 people have benefited from interim housing at medical respite.

Ms. Momplaisir-Ellis presented the background and current state of Medical Respite Services. Patients experiencing homelessness have greater medical acuity and longer hospital stays. When medically cleared for discharge, they often cannot return to a shelter or street due to their post-surgical, medical and/or behavioral health needs. Medical Respite provides a solution, an Interim Housing Option with 24/7 staffing that allows clinical providers to come onsite to perform services like: wound care, oxygen, IV Infusion, physical therapy, and home health aide services.

An overview of the model was presented. The model includes services provided primarily by case managers, peer specialists and social workers. Respite staff provide care coordination, support with transport to medical appointments, and linkage with primary care, behavioral health and substance use services. Since the respite operators currently do not provide any direct clinical services, clinical services are provided by various vendors who come onsite. The clinical aftercare services are arranged by NYC H+H facility discharge planners based on patients' clinical needs. The model provides extensive housing case management to support connections to more stable and appropriate housing. The goal of Medical Respite is to stabilize patients' health, provide needed social services and facilitate connections to more stable and appropriate housing. In addition, other goals are to reduce the length of patients' hospital stay and prevent avoidable hospitalization and ED utilization.

Ms. Momplaisir-Ellis continued providing the state of current contracts and current program successes. NYC H+H has managed Medical Respite Services since 2019. One City Health, H+H Population Health and Post-Acute Care teams executed distinct contracts in 2019 and 2020. In 2020, the Housing for Health team began managing and consolidating the respite contracts. In 2021, H+H signed a best interest extension for 51 beds with two CBOs, Institute for Community Living and Comunilife. In 2022, Housing for Health released an RFP to continue providing Medical Respite Operations and Services. The Medical Respite program has been very successful and highlights of the current program outcomes were presented. Lastly, H+H's investment in Medical Respite services is the largest in New York City.

An overview of the program finance cost savings Analysis was presented by Ms. Momplaisir-Ellis. Currently, the average cost of current beds in respite is \$150 per bed per day. An H+H Medical Respite option assures that patients do not remain in our hospital beds when they no longer have an acute care need. Direct variable supply and labor costs of caring for the patient in the hospital are approximately 5 times the cost of respite. The investment in medical respite directly avoided an estimated \$17 million on hospital operating costs. Furthermore, helping appropriate patients transition to respite frees up inpatient beds for patients who truly need acute care. We estimate that respite has opened up access for 950 new

patients in our hospitals, translating to an estimated net revenue up to \$16 million.

Ms. Momplaisir-Ellis continued by providing an overview of the procurement process, vendor selection process and RFP criteria. All vendors considered were closely evaluated and proved to have strong experience and qualifications. Both proposals received were from providers currently offering respite services. Performance evaluations were presented. Scoring tabulations were completed and the two highest scores; Institute for Living and Comunilife were both selected, respectively. The vendor minimum criteria required entities to be non-profit. In terms of MWBE, Non-profit community-based organizations are exempt from the MWBE requirement.

The contract terms were presented and reviewed by Ms. Momplaisir-Ellis. It was noted in this iteration of the contract; more clinical services are put in place and CBOs will have limited access to view and access patients records on Epic.

Ms. Momplaisir-Ellis requested the Finance Committee's approval to award contracts to Institute for Living and Comunilife, for consideration by the Board of Directors.

Ms. Wang polled the committee for questions.

Mr. Siegler commended the team and added that he was fortunate to be part of One City Health at the end of DSRIP and this is an example of H+H's continued investment of its own funds as a continuation of the prior Medicaid Waiver. H+H has now continued this for several years and has the largest respite program in the City, as far as we are aware. The level of commitment from our System to keep those programs going when many other systems ceased when the waiver ended is a great testament to this team and our system's commitment.

Ms. Lowe added, Dr. Rosa Gil has been phenomenal for decades doing this work and I'm glad that she has continued so we could join her as she would have loved this to have occurred many years ago. This is a very good collaboration, and it means a lot and hope others could learn from our experiences.

Mr. Peña-Mora commended the team for the great work and the impact in terms of both patients' care and the ability for the hospital to be able to give care to other patients. He inquired about the funding allocated to this program and the insurance mechanism used to cover the expenses of these patients, asking if it will cover these housing costs or if completely financed through our operating budget as there is no way recover those costs.

Mr. Siegler responded that at this point it is all our operating budget.

However, there is a meaningful offset as we pointed out in just the inpatient revenue and the savings at the facility level. There is also, we believe, a meaningful contribution to the risk surplus we generate through our value-based contracts when these patients are in those contracts. We are hopeful that there will be some State reimbursement through Medicaid

coming for respite services. There have been policies changes to allow that, but the final regulations are not out. When these do come out, that may be an opportunity for these CBOs to offset some of the costs that they are billing us for, or may open up the potential for even more expansion if we have that kind of steady, very dependable trackable revenue source. As of right now, we fund this out of our operating revenues or margins for the rest of the system and the offsets in other parts of the budget.

Mr. Peña-Mora added, trying to understanding the logic, in theory if these patients were to stay in the hospital will there be revenues coming at a certain point?

Mr. Siegler confirmed that this is correct at a certain point. However, most of the reimbursement on the inpatient side is episodic and episode based. So, if these individuals are staying in the hospital for 3-5 months, the revenue does not continue to increase at pace with the costs of them being there.

Mr. Peña-Mora commented in terms of the presentation, we have tried to be consistent in terms of both MWBE and the demographics, and in this presentation, it was placed in the appendix. He recommended these to be included as part of the main presentation for consistency.

Ms. Hernandez-Piñero asked in regards to the cost of 17 million dollars.

Ms. Jontef responded, the request to contract is for a three-year extension. The resolution for your consideration is that combined amount and the analysis that finance helped with is a one-year examination.

Ms. Hernandez-Piñero added, so these costs should be divided up. The total contract amount should be divided, correct?

Ms. Jontef elaborated on the analysis. On an annual basis, it is around 2-3 and a half million dollars and change. The analysis is on savings and revenue and was also based on one-year, not for the 815 people.

Mr. Siegler added that we want to continue to track the results as the analysis is sensitive to things like the expected length of stay for the individual and the ability to backfill with additional new patients. Those things have fluctuated pretty significantly over the last couple of years and we do these financial analyses as illustrative and directionally correct, but we need to continue to build them out and supply any updates as these proceeds.

Ms. Lowe provided an anecdote of an instance when patients went to Woodhull, they came deliberately when they were not so well to be able to get in the door and then stay for quite some time because they were homeless. So, there is another hidden cost here if you will. This has a two-pronged impact to it if that person is taking a bed when there are also those who need that bed badly.

Dr. Katz commented on the workforce issues. It is interesting the workforce issues that Dr. Marthone talked about earlier also are intensifying the benefits of this. We cannot even hire more nurses and doctors to take care

of patients in the hospital. So, beyond the financial savings that we think there exist, we are literally having trouble with access, so if people move out of the hospital to an appropriate level, we gain the ability to hospitalized them, which we were trying very hard to keep up with the demand for our services. This is one of the ways that we can help, but it is very discouraging. To connect to Sally's discussion, some insurances would have to continue to pay for the hospital bed but are not required to pay for the rest of, as it is not a covered service. It is very complex as for example, if it is Medicare you are getting one payment for the whole hospitalization regardless of how long that person stays, so you are going to save a lot of money by putting them here. If it is Medicaid and you are getting a non-value-based Medicaid, then probably it is not such a great financial deal as Medicaid is paying every day for the day but they are not going to pay for this. However, if it is value-based it is probably okay as they figure in what Healthfirst and MetroPlus are and what our costs are in determining how much money we get at the end of the year.

Getting back to the earlier point that all of the actual financials you can only project using estimates of what you think the mix will be of patients going into it and how that space will be used. The good thing is that prospectively which is what Matt referred to, you can calculate an actual number. For each person that actually moves in, they will tell you in real time but again it is all subject to change and who you put in. We have always tried to do as discussed before, to never consider insurance status as part of care. On the other hand, arguably we are caring for them either way, so maybe here it is acceptable to consider who is paying as we will take care of them either way but maybe it is more financially advantageous for value-based patients to move but it is really, the basic framework it is all wrong. The basic framework should be to take care of people in the right setting, especially if it is less expensive. The current system it is so messed up, that makes it very hard to do what seems like such a straightforward concept. We will take care of everybody in the best setting possible, considering the use of the resources.

Ms. Wang added that we are currently doing so Mitch. The fact that we are moving the patients over even if maybe we could get reimbursed if they stayed in the hospital, seems like the right thing to be doing. And from a financial impact, what we are seeing is that it is dependable on a case by case scenario and whether it is an economic decision that was good or bad, but it certainly freed up beds. We have occupancy rates that are very high in our hospital and so presumably we are getting other patients in that are now generating revenue. This is an attempt to try to do the right thing.

Dr. Katz added that we are trying and it is the rest of the world that is not trying. If the rest would try, we would be able to do better too. We could create many more such beds because the demand is there, but we are limited by the fact that we have to put general funds to this recognizing that even though a large number of these patients are hospitalized, and arguably because the uninsured would still be emergency Medicaid. We are always getting some payments when they are in the hospital. In order to do what is right, we are paying out of pocket instead of the people who are insuring patients and that is what is wrong.

Ms. Hernandez-Piñero added that we are able to get 6,674 referrals for 50 beds.

Dr. Marthone commented that it is almost like we have our own merch, we have our own redesign team. Not to sound too optimistic but makes you wonder how much convincing the modeling that we are doing can convince the rest of the State to follow. And we have a big enough pool of patients to generate the data that it might be worth both our time and their time to see the outcome, see this through at least for another season or two to see where this goes and to see what we can produce and how much savings it would cost in the end. We are not talking about gerrymandering care, because we are not about that, we are about care first. We are talking about what is more practical in terms of the pay per day and let's figure that out. She is for supporting this to see if we can make things work and maybe change the country's mind about how we are doing it.

Ms. Lowe added that a fair amount of marketing is necessary. There are folks who could have gotten more involved and they are very much stigmatizing the population and that is a real issue. We can do a very good job at marketing the benefits of this.

Ms. Wang inquired in regards to the 35% of patients into housing for respite, which is amazing, but would we have been able to do this moving them from the hospital?

Ms. Jontef responded that it would be too difficult. Trying to find housing would take too long as well as the amount of paperwork required to access the housing that these patients would thrive in is quite laborious and so it is impossible to do it in a month or two if you are in the hospital, you have a little bit more freedom of flexibility if you are at respite, you are recovering and then you can start pulling together all the documents. Also, social workers are quite busy and overwhelmed in an in-patient setting. Having this happen offsite is better.

Ms. Wang added, so all these other benefits as well that are not necessarily quantifiable in the same way.

Ms. Hernandez-Piñero inquired regarding respite care being funded. Comunilife were subsidized to create these rest of the facilities, right? The ability to increase the number of units, and the pipeline coming down.

Ms. Jontef responded as of now these two providers are operating 51 beds. We opened up the RFP. We were hoping more people would come on and get another 20 on top of it. As no new providers came onboard, we continued with these providers who were exceeding expectations and satisfactory performers.

Mr. Siegler added it is a pipeline question you are asking Sally. We are thinking a lot about it, if the state coming with regulations to potentially pay for this on one level it is quite positive. But if the regulations essentially regulate respite like a hospital bed, the economics do not work and the pipeline of building new of these will become quite too difficult. We will ultimately look at whether we want to build some of our own and if we want to repurpose some space to do this, but a lot is hanging

in the balance of what do the regulations say and how much like a hospital do regulators try to make these respite settings and there is a trade-off of doing it.

Ms. Lowe added the respite is not the last housing issues for these individuals. There is a bit of a movement now to try to get people into public housing. More is being done and there is a lot of noise going on that would support people being transitioned into their homes. Once they are stabilized and managing well they should be able to get priority at some of the public housing.

Mr. Pagán asked whether there is a way to signal how much of this is needed within the next couple of years? Part of the issue is these organizations are taking the risk now, right? They are saying we put a building, this number of rooms or beds are set up for this and they need to have a sense of like should I double this, triple it. As it takes them a few years to basically set it up.

Ms. Jontef responded in NYC no one is building this. They leverage if someone has it underutilized, or seems to have a relationship with a landlord. In other parts of the country maybe, someone may consider a new construction in another building. In terms of ICL and Comunilife, these contracts are small enough and the term is very finite that they can separate those contracts. That makes it less risky as no one is building new buildings, no one is relying on us to pay that service of a new building. It is just utilizing space that is underutilized.

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

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-22 Year-End highlights. He conveyed that we closed the year with \$700M (28 days cash-on-hand). The budget broke even and closed June with a positive Net Budget Variance of \$29.7M.

Mr. Ulberg continued, stating that direct patient care receipts came in \$617.4M higher than the same period in FY-21 with patient volume coming back, our revenue initiatives maintenance of effort and UPL conversion coming through patient care.

Patient care volume is returning to pre-COVID levels in FY-22, and is 1% ahead of FY-20 in discharges. Revenue base remains strong and resilient primarily driven by returning volume and higher average collectability rate. Overall, our strategic financial initiatives exceeded our fiscal year target of \$614M. Several areas of strong net performance were noted.

Mr. Cassidy presented the cash projections for FY-23. The System closed August with approximately \$600 million (25 days cash-on-hand) and expects to close September with approximately \$550 million (23 days cash-on-hand).

In addition, we continue to work closely with the City on our remaining liabilities due to them as we continue to closely monitor our cash position in relation to any ongoing uncertainty around COVID-19.

Mr. Ulberg presented the external risks. Current inflationary costs and wage pressures present a challenge to recruitment and staffing. Health and Hospitals is diligently working to address this and continues to develop its staffing models to meet industry standard. Temp Agency Nursing Costs continue to present a financial challenge due to higher agency rates and the need to rely on agency temps as we recruit full time nurses. The NY State Mandated Staffing Committee work may present us with additional staffing needs with associated financial needs. Lastly, MetroPlus predicts a reduction in attribution as a result of the Medicaid Recertification.

Ms. Tyler presented the financial performance highlights for FY-22 thru June Net Budget Variance. She noted that June ended with a net budget variance of \$29.7M (0%). Receipts exceeded budget by \$660M Primarily driven by Patient Care Revenue. While Inpatient and Outpatient volume and average collectability rates are higher than budgeted, Risk is higher due to Medicaid enrollment exceeding target, and MetroPlus payments on behalf of prior years. Disbursement exceeded budget by \$630M, which includes expenses associated with COVID, and Temp coverage costs.

Ms. Tyler continued providing FY-22 thru June performance drivers updates. Cash receipts are 7% ahead of budget as patient volume returns at a higher percentage than anticipated, and as H+H meets and exceeds planned strategic service line improvement, managed care contract performance, and revenue cycle initiatives. Risk performance exceeding target is also a contributing factor. FY-22 thru June, cash disbursements are over budget by 7% primarily resulting from unbudgeted COVID and Temp spending and Agency costs exceeding target.

Ms. Karlin presented the FY-22 Revenue Cycle achievements. A reduction in primary denial rate by 6%, which was a huge percentage reduction. Increased cash posting by \$457M (10%) compared to FY-21. The improvement of the overall financial counseling rate from 79% to 89%, generating a cumulative \$154M. Clinical Documentation Improvement (CDI) generated \$89M in benefit; Clinical Documentation Secondary Review generated \$35M. Deployed 13 New Instructor-led Training Modules and 5,265 individuals participated in training delivered by Revenue Cycle Institute. Lastly, Revenue Cycle implemented all requirements of No Surprises Act including 100% automation of Patient Good Faith Estimates. Looking ahead, the goals are to reduce primary denial rate to Epic to the top 25%, leverage additional Epic functionality to improve patient financial experience and Lastly, to improve timeliness of charge capture.

Ms. Hartmann presented an overview of FY-22 Financial Counseling Screening Rates and Revenue Cycle's efforts for enrolling eligible uninsured patients. In FY-22 Financial Counseling Screening rate increased to 90%. An overview of the uninsured patients Financial Assistance metrics were provided. For Patients screened within 72 hours of discharge from Emergency Department 71% were successfully enrolled. Outpatient scheduled population

and the percentage being screened prior to service 32% were enrolled. Additional enrollment opportunities were highlighted. Efforts to continue to optimize screening rates and conversion of screenings into health insurance enrollment. Assisting patients with maintaining continuous coverage through proactive outreach to NYC Care members and Medicaid recipients. Optimize timing of screenings for best patient financial experience. Looking to Pilot a "One Stop Model" for public benefits beginning with SNAP enrollment assistance and targeted initiatives with special population. FY-23 targets continued to be evaluated.

Mr. Ulberg added on this presentation. The 32% enrollment for the outpatient screening prior to service, provides an area of opportunity for improvement. We will study where that is and why is occurring. For these patients, there is opportunity for securing insurance, as well as help them with other services that they may qualify for and do not get the proper access. This is an area of opportunity worth exploring.

Ms. Tyler provided a walkthrough the FY-23 Preliminary Highlights. FY-23 YTD August Inpatient volume is 3.7% higher than FY-22, and is within 1% of reaching Pre-COVID levels. Outpatient non-testing volume is up 2% from prior year and is exceeding Pre-COVID levels by 4%. IP and OP cash is down 3% compared to prior year due to RBG bill holds post name change from Coney Island. When excluding RBG, IP/OP cash receipts are up 3% (\$20.7M). MetroPlus and Healthfirst Enrollment is up 8% compared to the same period last year and 2% ahead of the budget target.

Ms. Farag presented the High Impact areas at the start of FY-23 including Nursing Costs. Temp agency higher rates and need to rely on agency temps as we recruit, continue to present a financial challenge. Continuing at the current level of temp utilization in IP and ED, for example, can result in a significant overspend of the annual budget. As we transition away from COVID surge to regular operations, staff nurses are needed in many areas to manage our returning patient volume as we recruit full time nurses towards modeled staff nurse levels in IP and ED areas. Nurses are also needed to meet the demand in the OR and BH areas as we roll-out those models.

Ms. Lowe commented in regards to the nursing costs. Being a nurse, nursing has become a revolving door unfortunately. We work with universities and student nurses and can work to spice up their offers. There is an opportunity and a number of initiatives to help nurses stay here with us for a while. There are nurses who pulled out their licenses during this period because there was a big bonus financially.

Mr. Ulberg added, we will work on that balance between our own nurses and temp nurses.

Mr. Siegler presented the Value Based Payment Performance Key Drivers of Success updates. H+H drives success in Value Based Payment via three key strategies. These are Growing attributed membership, Growing Risk Surplus and Improve quality of care and boost quality bonus payments. H+H is making progress in all three domains. Membership is up over 110k since January 2020 due to pause in Medicaid recertifications. H+H is building out a new workflow within patient registration to outreach to Medicaid members

needing to recertify at the close of the Public Health Emergency. ACO generated shared savings for 9th consecutive year - one of only 11 nationwide to achieve this. Implementing an outpatient risk adjustment coding tool to support physicians with this work; currently live in Adult Primary Care and piloted within Peds and Express Care. MetroPlus preliminary 2021 qualify results are promising: NYC H+H outperformed rest of provider network on 11 of 14 measures. On measures where H+H was top performer, on average results were 12% better than the network. Strong results in this area.

Mr. Siegler continued by providing an update on Managed Care Contracting. Since September 2021, H+H has added 10 new insurance plans to network and completed 15 contracts renegotiations. As of October 1st, H+H is in network with Cigna. There is continued progress on contract negotiations and settlements with Emblem. Extended United Behavioral Health agreement for three years. Managed care rate increases and settlements brought in \$212M in new revenue in FY-22 up \$70M compared to FY-21.

Ms. Jones commenced the presentation by noting the rebranding and providing the status on the Test and Treat Corp. H+H incurred \$1.32B of expenses in FY22. Revenue included CDC ELC grants, FEMA funding, and ARP funding. H+H received over \$150M of billing revenue at T2 testing sites. OMB has provided H+H with sufficient revenue through the T2 MOU to cover FY-22 committed expenses.

Ms. Wang polled the committee for questions.

Mr. Peña-Mora requested clarification on the FY-23 Cash Projections presentation. He inquired regarding the cash in hand metrics. Is there a quarter where we are lower or higher and can you show the trends over the last years cash in hand?

Mr. Ulberg responded, that is a great question. It is one which we put in front of the State. Desensitize them to that volatility. When we present 25 days cash on hand, that is not a lot of money and the national average for most hospitals is at least 10 times that amount.

Dr. Katz added, the State defines it as 90 days.

Mr. Ulberg continued, we tried to press with our partners at CMS the importance of having continuous flow of funds and we discuss DSH and they come in big lump sums. We can try to manage that. We would rather have those dollars actually get in and put it into the rates. This comes to us every single time, we provide a service and 20% of our funding comes from these supplemental sources. To the extent that we can embed those into the fees that we get paid, we will be far better off and it is another reason why we like Value based payments as it comes into the risk pool and we can manage it. It is more continuous, predictable stream. The volatility of that is we get down to 10 days, sometimes as high as 40 days. Again, we are just trying to smooth that out but 25 days. These are part of some of the discussions we would like to have with CMS.

Mr. Peña-Mora continued, that was the key question. He would like a demonstration for a very similar amount in the year. As I noticed a

different presentation with another measure, accounts receivables at 47 days or 45 days, there is a gap between those two measures.

Dr. Katz commented that part of how James has to do this is to control how we pay the bills. So, the volatility would be much, much greater if it weren't the great work that James and his team has to do. We cannot pay bills as they come. The days are much flatter than the actual revenues coming in.

Mr. Pena-Mora inquired regarding the three measurements, how much do we want to get into the details for accounts receivables and accounts payable.

Ms. Wang commented it is complicated by the relationship with the city.

Mr. Ulberg added we are trying to elevate that to the State and the Feds, we are trying to do that especially as it relates to the supplemental payments. We would rather pay all our vendors as it would help us get better prices at the end but it is this predicament that we really are trying to start with the State. We have conversations with CMS, we live off those supplemental payments, but to the extent that we can increase them at the same time, we make them steadier. We would be better off financially.

Ms. Hernandez-Piñero asked in regards to united behavioral health agreement meaning.

Mr. Siegler responded that United HealthCare subcontracts as many health insurances, their behavioral health services to a vendor called united behavioral healthcare for the medical benefits. We renegotiate our contract with them to improve our rates and terms.

Mr. Ulberg commented on the previous conversation. Hitting the facility DSH cap, under federal rule, you cannot draw in more depth than to cover your costs for serving the uninsured and Medicaid. That is slightly unfair. To only be able to make your costs and should not be safety net system that is 75% Medicaid noninsured be able to earn some sort of margin off of that. And that would help financially too. That would have to change at the federal level with an act of congress.

Ms. Wang inquired regarding the value-based care, does that help us avoid some of this or does not count.

Mr. Ulberg responded to the extent that we get dollars that we earn through quality pools, those do not count in the facility DSH cap. To the extent that we can earn money through the ACO mechanism that does not count. There are things we would like to explore with the government. That is why we preferred value-based payment to the extent that you are rewarded and make margin based on meeting quality objectives that seems like a pretty good model to us and one that we should be rewarded for. It has been part of our plan to hit the DSH cap as it will open other opportunities for us and fill in gaps and discuss further with you as we develop our agenda.

Ms. Wang commented we should do an informational session on cash flow.

Mr. Peña-Mora added he would really appreciate it as he would like to learn more.

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

ADJOURNMENT

There being no further business before this committee, the meeting adjourned at 2:06 PM.

Strategic Planning Committee Meeting - October 17, 2022

As Reported by: Feniosky Peña-Mora

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

Mr. Feniosky Peña-Mora, called the October 17th meeting of the Strategic Planning Committee (SPC) to order at 12:00 pm.

Upon motion made and duly seconded the minutes of the June 13, 2022 Strategic Planning Committee meeting was unanimously approved.

Mr. Peña-Mora turned the meeting over to Deborah Brown, Senior Vice President, External and Regulatory Affairs to read the 2022 Community Health Needs Assessment Implementation Strategy Plan resolution into the record and to proceed with the presentation.

ACTION ITEM

Resolution to adopt 2022 Community Health Needs Assessment Implementation Strategy Plan

Ms. Brown presented the following resolution:

Adopting in the name of the New York City Health and Hospitals Corporation ("**NYC Health + Hospitals**") Board of Directors an Implementation Strategy Plan (an "**ISP**") prepared for each of NYC Health + Hospitals' ten acute care hospitals over 11 campuses and for the NYC Health + Hospitals/Henry J. Carter Specialty Hospital and Rehabilitation Center ("**HJC**") as a supplement to the Community Health Needs Assessment (the "**CHNA**") which was approved by the Board of Directors in June 2022.

Ms. Brown turned the meeting over to Okenfe Lebarty, Senior Director of Community Affairs, to give an update on the Community Health Needs Assessment (CHNA). Mr. Lebarty reported that it is an IRS requirement for non-profit provider systems to perform a CHNA Implementation Strategy Plan, which covers three years (FY 2022-2025). The 2022 CHNA findings has three priority health needs, first is improving health equity, second fighting chronic disease, and third facilitating access to resources. These three priority health needs are broken down by goals and tactics in the report.

The CHNA also touches on the resource commitment and evaluation. NYC Health + Hospitals will continue its financial and in-kind resource commitment through FY 2022-2025 to implement transformative initiatives and programs

to both clinical and nonclinical services. The evaluation will be based on existing quantitative metrics and it is still an ongoing conversation.

Ms. Brown reported that we are fortunate to work for a system in which the CHNA work already consists of the work we do and are proud to do.

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

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

INFORMATION ITEMS

Matthew Siegler, Senior Vice President, Managed Care and Executive Director of OneCity Health/ACO, Dr. Eric Wei, Senior Vice President, Chief Quality Officer, and Ms. Brown reported on FY-22 Q4 (April 1 to June 30, 2022) Performance;

Notable Updates to Targets & Measures:

Quality and Outcomes

5. Integration of Bio Medical Devices - Retired (met goal)

Care Experience

No Changes

Financial Sustainability

- 9. Patient Care Revenue/Expenses - Revised target to 65% (from 60%)
- 10. % of Patients Enrolled in Health Insurance Coverage or Financial Assistance - Revised target to 90% (from 76%)

Access to Care

No Changes

Culture of Safety

No Changes

Racial & Social Equity

- 20. # of Ambulatory Dashboards Stratified with Equity Lend - Retired (met goal)
- 20. # of Equity Lenses Applied to PI Projects, with Data - New Measure

Positive Trends:

Quality and Outcomes

- 1. Post-Acute Care (PAC): All Cause Hospitalization rate: remains consistent at **1.82 per 1,000 care days** from 1.92 per 1,000 care days (target: 1.00 per 1,000 care days)

Care Experience

6. Inpatient care - overall rating: **63.2%** from 61.82% (target: 66.3%)
7. Ambulatory care - recommend provider office: **85.4%** from 82% (target: 87.0%)

Financial Sustainability

10. % of Uninsured patients enrolled in health insurance coverage or financial assistance: **88%** from 87% (revised target: 90%)
11. % of MetroPlus medical spend at NYC Health + Hospitals: **44%** from 42.58% (target: 45%)
12. Total AR days per month: **49.7 days** from 53 days (target: 45)
14. Enterprise Data Center Migration progress: **Project timeline 5/2021-5/2023**
 - **As of June 2022, 50% of 2-year project is complete**
 - **FY22 Q4 milestones are 100% complete** (target: 100%)

Access to Care

16. # of e-consults: **107,027** from 100,389 (target: 95,100)
17. NYC Care: **113,180** from 110,377 (target: 100,000)
15. Unique Primary Care Patients: **413,908** from 400,571 (target: 405,000)

Culture of Safety

18. Total Wellness Encounters: **1,402 encounters** from 1,118 encounters (target: 600)

Steady Trends (including close to or exceeding target):

Quality and Outcomes

3. Hgb A1c control <8: Remains steady at **65.3%** (almost at target of 66.6%)

Care Experience

8. MyChart Activations: Remains steady at **71.3%** (close to target of 75%)

Financial Sustainability

9. Patient care revenue/expenses: Remains the same from prior quarter, at **74.8%** (remains better than target of 65%--this target is the revised target)

Negative Trends:

Quality and Outcomes

2. Follow-up appointment kept within 30 days after behavioral health discharge: **41.5%** from 50.4% (target: 50%)
4. % Left without being seen in ED: **4.4%** from 3.9% (target 4.0%)

Financial Sustainability

13. Post-Acute Care Total AR Days: **52 days** from 47 days (target: 50 days)

Equity Measures:

Racial & Social Equity Measures

19. % of New Physician Hires being underrepresented minority (URM), as follows: Women: 42%; Non-Binary: 0.3%; **Ethnic Groups Hired other than White: Asian (14.1%); Black or African American (4.9%); Hispanic or Latino (2.1%); American Indian (0.5%); Native Hawaiian or Other Pacific Islander (0.3%)**
20. **New Measure:** # of Equity Lenses Applied to Performance Improvement (PI) Projects with Data: FY22 Q3 (Jan-March 2022): **36**, FY22 Q4 (April-June 2022): **18** (Note: this contains partial data only and will be updated in the next reporting quarter)

COVID-19 Metrics:

COVID-19

22. Total # of COVID-19 Test Administered: **337,717** from 522,470
23. Total # of COVID-19 Positive Tests: **31,619** from 84,529
24. Post-Acute Care COVID-19 Infection Rate: **17.4** from 210.7
25. COVID-19 Vaccine: # 1st Dose: **5,567** from 22,500
26. COVID-19 Vaccine: # 2nd Dose: **4,044** from 27,393
27. % of Occupied Beds: **76.5%** from 71%
- ##. Third doses and boosters administered: **232,591** (October 2021 through August 2022)

FOLLOW-UP ITEMS:

- The Committee expressed an interest in looking into a MyChart Utilization measure, to go along with the MyChart Activations metric.
- The Committee expressed an interest in looking into a Social Needs Screening measure, as well as to break down our access measures by racial and social dimensions.
- The Committee expressed interest in an educational session of the MOSAIC program to better understand the recruitment process of diverse clinicians.

Mr. Peña-Mora thanked the presenters.

There being no old business, nor new business, the meeting was adjourned at 1:00 pm.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
October 27, 2022

CORONAVIRUS UPDATE

NYC Health + Hospitals/Test & Treat Corps announced plans to help the City distribute 10,000 COVID-19 at-home test kits that are more accessible to New Yorkers who are blind or have low vision. The at-home test kits – manufactured by Ellume and sent to New York City by the CDC – utilize easier-to-use test components for people who are blind or have low vision and communicate with a user's smartphone to give an electronic text readout of their result. The more accessible test kits will be distributed in the coming weeks through the City and community-based organizations.

We continue to provide all New Yorkers access to COVID-19 vaccinations and booster shots, testing and treatment. We have 75 mobile Test to Treat units out in the community, and have distributed over 60 million home tests, with over 300 sites each day offering free testing. We also continue to offer New Yorkers the convenience to get tested in the comfort of their homes and receive immediate access to life-saving treatment by calling 212-COVID-19, 24 hours a day, seven days a week.

PREPARING FOR TOUGH FLU SEASON

Before COVID-19, flu season was something we were all familiar with and were well trained to prepare for every year. Protecting ourselves and our patients from flu was just part of operating a sophisticated public health system. But COVID-19 changed all that. Now we must prepare for a different kind of flu season; one that comes hand in hand with an on-going COVID-19 pandemic. This flu season arrives with an added sense of urgency with both respiratory viruses co-circulating. Luckily, we have effective vaccines in place. Our annual staff flu vaccine drive began this month, and we are also offering flu vaccines to all our patients and the public at large. Flu vaccines are available at NYC Health + Hospitals at no charge. New Yorkers can call 844-NYC-4NYC to schedule their flu shot at one of our hospitals or Gotham Health centers nearby. We also accept walk-ins. I know many people are wondering if it is safe to get both the flu shot and COVID-19 booster on the same day. The answer is yes, but they should be given in different arms. We cannot know exactly what a flu season will be like. However, based on what we are seeing in the southern hemisphere, we anticipate it may be a serious one in the U.S. We do know that flu vaccination can keep us from getting sick with the flu, reduce the severity of illness, and reduce the risk of flu-associated hospitalization. I already got my flu shot and encourage all our patients and staff to get theirs too.

HELPING ASYLUM SEEKERS

NYC Health + Hospitals continues to collaborate with the Mayor's Office and a number of City agencies to help the asylum seekers who continue to arrive in New York City. Our health system helped to open two emergency humanitarian centers (HERRCs), one for families with children and one for

single adult men. The sites offer medical care, hot meals, phones to call family members in other countries, DOE staff to connect children to school, and resettlement services to help asylum seekers complete their journey.

INVESTING IN MINORITY AND WOMEN OWNED BUSINESSES

Minority and Women owned businesses are major beneficiaries of a concerted change in the way NYC Health + Hospitals is managing our supply chain. As part of a new vendor diversity strategy, our health System spent more than \$747 million with minority and women owned business enterprises (M/WBE) in the last year. This represents a 3,000% growth in spending with M/WBEs since 2017 and 32% of all eligible spending. In 2022, NYC Health + Hospitals did business with 363 unique M/WBE's. They were responsible for an array of goods and services the health system depends on, including information technology, office furniture, facilities maintenance, marketing, moving services, and temporary staff. As a health System, we want to invest in the communities we serve. Every day our procurement team looks for ways to expand our M/WBE portfolio. Not only does it make sense, it is the right thing to do. These investments are good for business, but they also reflect our core values of equity, diversity, and inclusion.

NYC HEALTH + HOSPITALS HONORS SCHOLAR NURSES

After years of school and training, seventy-two NYC Health + Hospitals nurses have been welcomed into the Doctoral Circle of Excellence: a singular honor bestowed upon nurses who have achieved the highest level of nursing education available. NYC Health+ Hospitals celebrated these scholar nurses with a first of its kind event: A Doctoral Circle of Excellence ceremony held at NYC Health + Hospitals/Bellevue last month to recognize these highly educated nurses and honor academic achievement. As the U.S. health care system evolves and patient care becomes more complex, nurses with doctoral degrees are taking on larger roles in problem solving and advocacy and acting as liaisons with other medical professionals. The advanced degrees earned by our nurses include Doctor of Nursing Practice (DNP), Doctor of Health Administration (DHA), PhD, and EdD in nursing. We are so proud of our scholar nurses and grateful for all they do for our patients and for serving as mentors to help other nurses advance in their careers.

IN RECOGNITION OF HISPANIC HERITAGE MONTH

As we celebrated Hispanic Heritage this month, we had a special opportunity to express our appreciation and awe for the Latino workforce at NYC Health + Hospitals. Many of our facilities hosted celebrations of food, music and culture. We also hosted a panel discussion featuring our Latino colleagues talking about their identity and experiences—and ultimately how our diversity unites us. That's why we customized the theme this year from "Unidos: Inclusivity for a Stronger Nation" to say "Unidos: Inclusivity for a Stronger NYC Health + Hospitals."

A full 25 percent of our NYC Health + Hospitals workforce is of Hispanic or Latin heritage. Our Latino staff come from families, cultures and traditions as rich and diverse as the more than 20 nations on earth that

claim Spanish as a primary language. They are a mirror image of our patient population as well, as 27.5 percent of New Yorkers are of Hispanic descent -- more than 2 million people. In our health system, our Hispanic colleagues are hospital CEOs, senior executives in HR and Communications, doctors, nurses, administrative staff, technicians, hospital police officers, food service workers - and more. Their contributions and dedication to the public health of New York City cannot be measured. That is why we single out this month to show our respect and admiration. Despite challenges, obstacles, and discrimination, Latino Americans have demonstrated their dedication, perseverance and success in this country and city, time after time. That so many choose to build careers in health care, serving other New Yorkers, is truly wonderful. There is no question this inclusivity makes us a stronger health care system.

NYC HEALTH + HOSPITALS/SOUTH BROOKLYN HEALTH CELEBRATES FUTURE OPENING OF RUTH BADER GINSBURG HOSPITAL

In a historic ceremony, NYC Health + Hospitals/South Brooklyn Health staff, patients, and community members celebrated the future opening of the Ruth Bader Ginsburg Hospital, marking a new era of health care services for the South Brooklyn community. Jane Ginsburg, daughter of the late Supreme Court Justice, joined us to unveil a 7-foot bronze statue of her mother, and fellow Brooklynite, that will be prominently located in the lobby of the new hospital. The nearly completed hospital will feature a storm-resilient design, a flood-proof Emergency Department, private patient rooms and modern equipment to serve South Brooklyn and its neighboring communities. It is the first new public hospital in New York City since 1982, when the health system opened NYC Health + Hospitals/Woodhull.

The ceremony marked a major milestone in the extensive process to repair and protect the health care campus after sustaining significant damage from Hurricane Sandy in 2012. Construction of the new hospital is funded by \$923 million from the Federal Emergency Management Agency (FEMA) and includes upgrades to the rest of the health care campus, including a 4-foot wall to withstand a 500-year storm and flood-resilient power, heating, cooling, and water. The Ruth Bader Ginsburg hospital will be beautiful -- with skyline views, private patient beds, and state-of-the-art operating rooms. We are honored the Ginsburg family trusted us to carry on the Supreme Court Justice's legacy with a hospital in her name, and we can't wait to welcome patients to the new space in early 2023.

NYC HEALTH + HOSPITALS/KINGS COUNTY EARNS COVETED PATHWAY TO EXCELLENCE DESIGNATION FOR ITS COMMITMENT TO NURSES

NYC Health + Hospitals/Kings County received the prestigious Pathway to Excellence designation from the American Nurses Credentialing Center (ANCC). The hospital is the first in Brooklyn, and only the second facility in New York City to receive this recognition. The Pathway designation is a globally-recognized credential earned by health care institutions that demonstrate a commitment to creating a healthy work environment where nurses feel empowered and valued. The designation is akin to receiving an Olympic medal. It symbolizes being at the absolute top of the nursing profession nationally and globally, but also represents the years of hard

work and training and planning it took to get there. It's not just this award that is cause for celebration, but the way our nurses engage in and deliver patient care every single day. They are happier, and our patients are happier and healthier as a result. Congratulations to NYC Health + Hospitals/Kings County for this special honor.

NYC HEALTH + HOSPITALS/QUEENS WILL BUILD HEALTH SYSTEM'S FIRST DIALYSIS CENTER TO TRAIN PATIENTS TO DO AT-HOME DIALYSIS; COUNCIL MEMBER MENG PROVIDES \$1 MILLION

NYC Health + Hospitals/Queens announced plans to open a 1700-square-foot dialysis treatment center to train patients with end-stage liver disease or kidney failure to safely and confidently do at-home peritoneal dialysis. U.S. Representative Grace Meng provided \$1 million to support the construction of the new center on the hospital's campus, which will expand access to this life-saving treatment to a diverse, underserved population in the borough of Queens. Every year, the center will be able to serve approximately 2,400 patients with chronic kidney disease. This will be the first dialysis training program for patients in the NYC Health + Hospitals system. The project is expected to take a few years to complete.

With some training and support, peritoneal dialysis can be done at home, at school, at work, and while traveling. The treatment increases the patients' quality of life as it allows them more independence and lifestyle flexibility. It is also known to help patients retain kidney function longer than through hemodialysis. We are extremely grateful to U.S. Representative Meng for this essential funding on our behalf, which will enable us to provide a state-of-the-art outpatient dialysis center right in the heart of Queens for members of our patient family.

EXTERNAL AFFAIRS UPDATE

Federal - Across this city, NYC Health + Hospitals' facilities are on the frontlines of existing or emerging infectious disease threats, which is why I was proud to stand with U.S. Senator Kirsten Gillibrand last Friday at NYC Health + Hospitals/Bellevue as she announced her One Health Security Act legislation. The One Health Security Act would create a federal council charged with preventing, detecting and responding to biological threats that significantly impact our national health, economy, and national security. Support for the One Health Security Act legislation includes NYC Health + Hospitals, the Wildlife Conservation Society, the Cary Institute of Ecosystem Studies, Right to Health Action, the Center for Science in the Public Interest, and Entomological Society of America. The legislation will be critical to the health system's pandemic preparedness work and for the efforts to treat patients who might come through our doors. Bellevue Hospital has been addressing infectious diseases for over 200 years, and I'm grateful to the Senator for all her work so that we can do it for 200 more.

City - Last week, I also joined Council Member Selvena Brooks-Powers in Far Rockaway as she announced the formation of the Taskforce on Trauma and Healthcare Access. The Council Member will be partnering with our health system, other local elected officials, medical professionals, local

residents, and other key stakeholders to evaluate health care access across the region, including the feasibility of a trauma hospital in Far Rockaway, and the creation of a plan around strategic health infrastructure in the eastern portion of the Rockaways. The first meeting will be November 18th. I look forward to working with the Council Member to address the need for trauma services for residents of the Rockaways.

OTHER NEWS AROUND THE HEALTH SYSTEM

- [NYC Health + Hospitals Board Chair Jose Pagan Elected to National Academy of Medicine](#)
- [NYC Health + Hospitals Hosts Free Health Insurance Workshops to Prepare New Yorkers for Upcoming Open-Enrollment](#)
- [NYC Health + Hospitals Spent More Than \\$747 Million with Minority- and Women-Owned Businesses in the Last Year](#)
- [Laurie M. Tisch Illumination Fund Previews Healing Walls, a Book Commemorating NYC Health + Hospitals' Community Mural Project from 2019 through 2021](#)
- [NYC Health + Hospitals/Bellevue Announces Renovation and Expansion of Space for Children's Comprehensive Psychiatry Emergency Program](#)
- [Crain's Recognizes NYC Health + Hospitals' Michael Katzab as Notable 2022 HR Leader](#)
- [NYC Health + Hospitals/Kings County Earns Coveted Pathway to Excellence Designation for its Commitment to its Nurses](#)
- [Over 5,000 Patients Have Worked with NYC Health + Hospital Community Health Workers, Who Address Patients' Pressing Social Needs to Improve Their Health](#)
- [NYC Health + Hospitals Urges New Yorkers To Get Mammograms This Breast Cancer Awareness Month](#)
- [NYC Health + Hospitals' Accountable Care Organization Earns Medicare Shared Savings for Ninth Consecutive Year](#)
- [South Brooklyn Community Celebrates Future Opening of New Hospital Named After Ruth Bader Ginsburg](#)
- [NYC Test & Treat Corps to Double Size of Mobile "Test to Treat" Program, Expanding to 75 Mobile Units Offering On-Site Treatment and PCR Testing](#)
- [Mayor Adams, NYC Health + Hospitals Announce Successful Rollout and Expansion of Plant-Based Meals as Primary Option for Patients in NYC Public Hospitals](#)

RESOLUTION - 02

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 with Natera, Inc.

**Board of Directors Meeting
November 17, 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**

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.

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

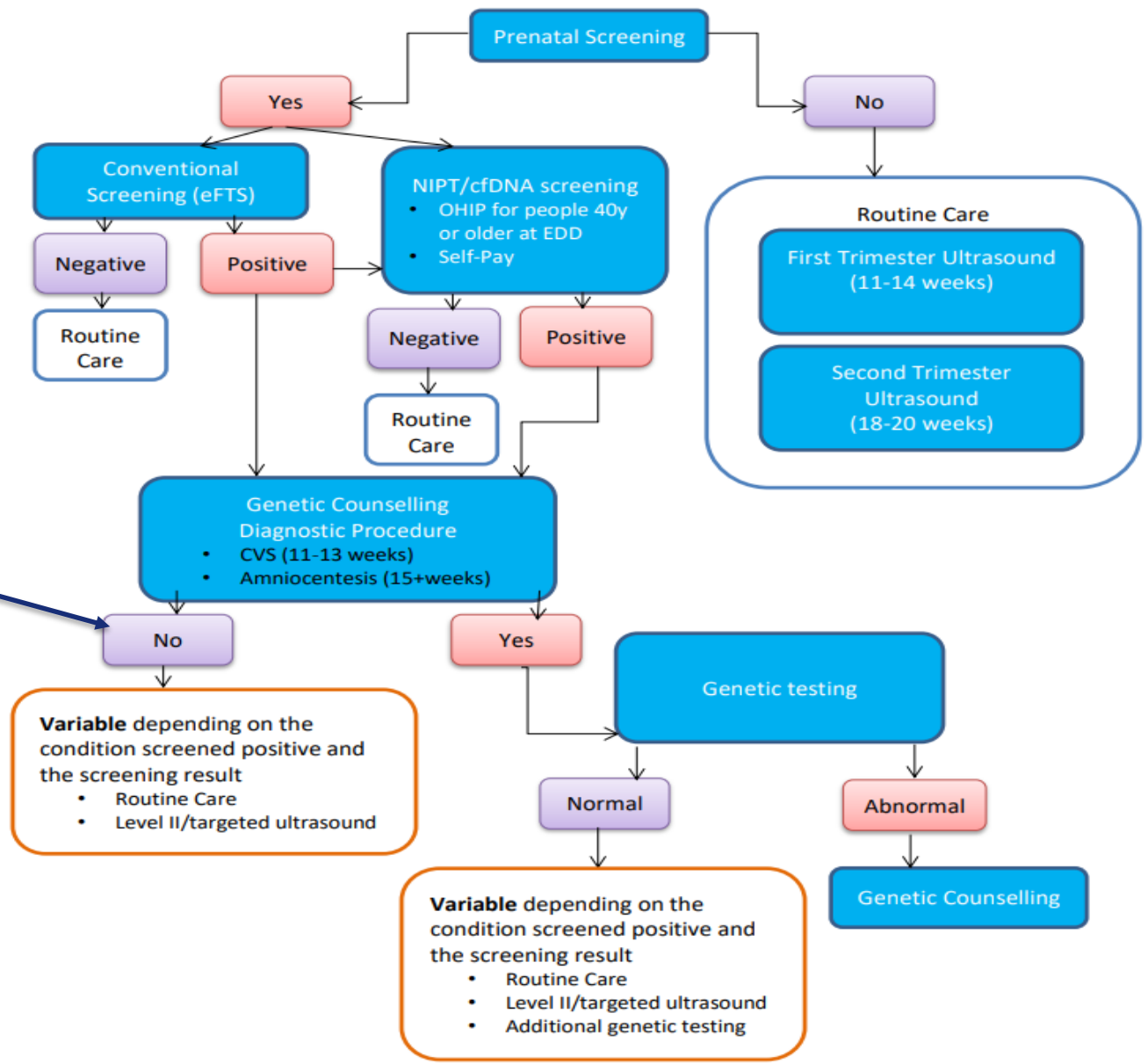
*Adapted from NSGC.org

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
- Hackensack Meridian
- Robert Wood Johnson
- Yale New Haven Health
- Northwell

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.

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