

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

- NYC Health + Hospitals | Susan Smith McKinney Nursing and Rehabilitation Facility
- Henry J. Carter Specialty Hospital
- Henry J. Carter Nursing Facility

Semi-Annual Governing Body Report (Written Submission Only)

- NYC Health + Hospitals | Sea View Nursing and Rehabilitation Facility

1. OPEN PUBLIC SESSION - 3:00 PM

Mr. Pagán

Executive Committee Report – December 15, 2022

Approved by the Executive Committee: Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024**, for a total cost not to exceed \$12,221,174 which includes a 10% contingency..

(Presented Directly to the Executive Committee: 12/15/2022)

Vendex: NA / EEO: NA

Approved by the Executive Committee: Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **New York City Police Department** (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at **Elmhurst Hospital Center ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at Queens Hospital Center ("Queens")** to operate radio communications equipment with the occupancy fee waived.

(Presented to the Capital Committee: 12/05/2022)

Vendex: NA / EEO: NA

Approved by the Executive Committee: Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

(Presented to the Capital Committee: 12/05/2022)

Vendex: NA / EEO: NA

Approved by the Executive Committee: Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. ("Array")** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull")** over a five-year term in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its **Outposted Therapeutic Housing Units ("OTxHU")** which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197

(Presented to the Capital Committee: 12/05/2022)

Vendex: Approved / EEO: Approved

2. Adoption of the Executive Committee Minutes: December 15, 2022

Mr. Pagán

3. **Chair’s Report**

Mr. Pagán

4. **President’s Report**

Dr. Katz

5. Approving the New York City Health and Hospitals Corporation **Annual Board Committee Assignments Effective February 1, 2023**, as set forth in the attachment hereto as mandated by Article VI, section 1(C) of the By-Laws,

Mr. Pagán

Further authorizing as set forth in Article V, section 1 – the **Vice Chair shall be chosen by the Board from among themselves and shall be elected annually - approving the New York City Health + Hospitals Corporation to appoint Freda Wang as the Vice Chair of the Board of Directors**

(Being presented Directly to the Board: 01/26/2023)

VENDEX: NA / EEO: NA

6. Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract **with Ambulnz Holdings, LLC** (the “Contractor”) for a single-vendor patient transportation system for a term of three-years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581
(Presented to the Finance Committee: 01/09/2023)

Ms. Wang

VENDEX: Pending / EEO: Pending

Committee and Subsidiary Reports

- Equity Diversity and Inclusion Committee
- Strategic Planning Committee
- Finance Committee
- Community Relations Committee
- HHC Accountable Care Organization (Subsidiary)
- MetroPlus Health (Subsidiary)

Mr. Pagán

Mr. Pagán

Ms. Wang

Mr. Nolan

Dr. Katz

Ms. Piñero-Hernandez

>>Old Business<<

>>New Business<<

>>Adjournment<<

Mr. Pagán

CALL TO ORDER - 2:00 PM

Mr. Pagán

Executive Session | Facility Governing Body Report

Mr. Pagán

➤ NYC Health + Hospitals | Bellevue

Semi-Annual Governing Body Report (Written Submission Only)

➤ NYC Health + Hospitals | Jacobi/North Central Bronx

1. OPEN PUBLIC SESSION - 3:00 PM

Adoption of Board of Directors Meeting Minutes: November 17, 2022

Chair's Report

President's Report

2. Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024**, for a total cost not to exceed \$12,221,174 which includes a 10% contingency..

Mr. Pagán

(Presented Directly to the Board: 12/15/2022)

Vendex: NA / EEO: NA

3. Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **New York City Police Department** (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at **Elmhurst Hospital Center ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at Queens Hospital Center ("Queens")** to operate radio communications equipment with the occupancy fee waived.

Mr. Peña-Mora

(Presented to the Capital Committee: 12/05/2022)

Vendex: NA / EEO: NA

4. Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

Mr. Peña-Mora

(Presented to the Capital Committee: 12/05/2022)

Vendex: NA / EEO: NA

5. Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. ("Array")** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull")** over a five-year term in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its **Outposted Therapeutic Housing Units ("OTxHU")** which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197(Presented to the Capital Committee: 12/05/2022)

Mr. Pagán

Vendex: Approved / EEO: Approved

AS REPORTED

Committee and Subsidiary Reports

- Audit Committee
- Capital Committee
- Finance Committee
- HHC Capital Corporation Semi-Annual Report (Subsidiary)

>>Old Business<<

>>New Business<<

>>Adjournment<<

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

Mr. Pagán

AS REPORTED

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 17th day of November 17, 2022 at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José Pagán
Dr. Mitchell Katz
Dr. Vincent Calamia
Ms. Karen St. Hilaire
Dr. Michael McRae
Mr. Robert Nolan
Mr. Feniosky Peña-Mora
Ms. Erin Kelly
Ms. Sally Hernandez-Piñero
Ms. Freda Wang
Ms. Anita Kawatra - Arrived at 2:24 p.m.
Dr. Michelle Morse - Arrived at 2:05 p.m.

José Pagán, Chair of the Board, called the meeting to order at 1:59 p.m. Mr. Pagán chaired the meeting and Salim Morales, Corporate Secretary, kept the minutes. **AS REPORTED**

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasan, Erin Kelly is representing Deputy Mayor Anne Williams-Isom and Karen St. Hilaire is representing Gary Jenkins - all 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 3:08 p.m.

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasan, Erin Kelly is representing Deputy Mayor Anne Williams-Isom and Karen St. Hilaire is representing Gary Jenkins - all in a voting capacity.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on October 27, 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 October 27, 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/Harlem.

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

VENDEX APPROVALS

Mr. Pagán noted there is one item on the agenda requiring Vendex approval, its approval is currently pending. There is one from previous Board meetings pending Vendex approval. No approvals were received since the Board last met.

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

AS REPORTED

ACTION ITEM 2:

Dr. Calamia read the resolution

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

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

Kenra Ford, Vice President, Clinical Services Operations, provided background and current state information on the Non-Invasive Prenatal Tests ("NIPT"). Ms. Ford also gave an overview of the RFP criteria and procurement process.

Dr. Mabelle Allen, Senior Vice President, Medical and Professional Affairs discussed the current American Society of Obstetricians and

Gynecologists and the Society for Maternal-Fetal Medicine guidelines, highlighting some of the NIPT recommendations, as well as the current New York State Department of Health guidance regarding prenatal genetic screening/testing. Dr. Allen shared highlights of the New York Senate Bill S8157, the prenatal screening process map, performance information and counseling services overview. Ms. Ford continued the discussion of the proposed vendor's current performance, its' existing clients and the MWBE analysis.

Ms. Ford responded to questions from the Board regarding the number of tests and positive results. The System does approximately 6,000 tests per year. The percentage of tests with positive results were not readily available but will be given to the Board at a later time. Overall demographics will also be provided to the Board.

After questions from the Board, Ms. Ford confirmed that there are structures in place for quality control of the services and tests.

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

PRESIDENT REPORT

CORONAVIRUS UPDATE

AS REPORTED

While COVID-19 cases are increasing, COVID-19 hospitalizations remain low but steady. The System continues to provide all New Yorkers access to COVID-19 vaccinations and booster shots, testing and treatment. An ad campaign was launched to encourage use of the NYC Health + Hospitals virtual ExpressCare for New Yorkers who test positive. The ads are in multiple languages on many platforms.

The 75 mobile Test to Treat units out in the community have distributed more than 67 million free home tests. The mobile units have also performed more than 100,000 COVID-19 tests and provided more than 2,500 prescriptions for Paxlovid.

RESPIRATORY SYNCYTIAL VIRUS INFECTION

The Respiratory Syncytial Virus ("RSV") is now on the rise in NYC, across the State and nationally. Anyone can be infected, but RSV can be especially harmful to very young children, older adults, or those born preterm or with underlying lung conditions. Typical symptoms resemble the common cold, and can also result in pneumonia.

There are more cases in the pediatric emergency rooms as evidenced by the rate of pediatric hospitalizations.

Unfortunately, there is no vaccine yet to prevent RSV infection, but scientists are working to develop one.

NYC HEALTH + HOSPITALS ANNOUNCES "HOUSING FOR HEALTH" TO CONNECT PATIENTS EXPERIENCING HOMELESSNESS TO PERMANENT HOUSING

NYC Health + Hospitals launched "Housing for Health," a comprehensive initiative to connect patients experiencing homelessness with permanent housing. This initiative has the support of Mayor Adams and partners in City government. The program has four strategic areas of focus: navigation services, medical respite beds for medically frail patients upon discharge from the hospital, affordable housing on hospital land and social service support for formerly homeless patients in permanent housing.

More than 1,000 patients have been placed in medical respite beds or permanent housing since January 2020 and an additional 650 new affordable homes will be created in the next 5 years.

NYC HEALTH + HOSPITALS UPGRADES LABS TO PROVIDE FASTER TEST RESULTS, REDUCE COSTS

NYC Health + Hospitals marked the completion of a major, five-year project to upgrade chemical laboratories across all 11 of our public hospitals with next chemical analyzer technology and equipment. The System's annual savings will be \$4.3 million with a significant decrease in turn-around time.

AS REPORTED

JOINT COMMISSION, KAISER PERMANENTE RECOGNIZE NYC HEALTH + HOSPITALS' NYC CARE PROGRAM FOR EXCELLENCE IN THE PURSUIT OF HEALTH CARE EQUITY

The Joint Commission and Kaiser Permanente awarded the 2022 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity to NYC Health + Hospitals for the NYC Care program, the health care access program for uninsurable New Yorkers, including undocumented individuals. It recognizes the work for meaningful, measurable efforts to address inequities based on race, ethnicity, immigration status and other social factors.

NYC HEALTH + HOSPITALS/SEA VIEW MARKS 50 YEARS AND 5 STARS

NYC Health + Hospitals/Sea View is ranked by Newsweek as one of the best nursing homes in New York State, and has a coveted Five-Star rating from the Centers for Medicaid and Medicare. Just last week the facility celebrated the 50th Anniversary of the main campus building which is named after Dr. Edward Robitzek, who was instrumental in developing the drug that eventually cured tuberculosis in the 1950's.

NYC HEALTH + HOSPITALS COMMUNITY MURALS COMMEMORATED IN NEW BOOK

From 2019 to 2021, twenty-six new murals were developed by artists working with System staff and the community, one in each of the System's Facilities and headquarters. This project will now be commemorated in a colorful new book published by the Laurie M. Tisch Illumination Fund. The book, called "Healing Walls" will be distributed to NYC Health + Hospitals staff and community members who participated in the project. It will be available for purchase on Amazon later this year, with all proceeds going to the NYC Health + Hospitals Arts in Medicine program.

EXTERNAL AFFAIRS UPDATE

Federal - Following the midterm elections, the majority of the NYC Congressional delegation remains the same, with a few notable changes. Newly elected Member of Congress Dan Goldman will now represent NYC Health + Hospitals/Gouverneur and Gotham Health Judson in redrawn NY-10 district. Long-time Member of Congress Rep. Jerry Nadler will now serve in a redrawn NY-12 district, representing NYC Health + Hospitals/Bellevue, Coler, and Gotham Health, Roberto Clemente. Rep. Nadler defeated Rep. Carolyn Maloney in the Democratic primary earlier this year, and her tenure in Congress will end at the end of this year.

Congress extended federal government funding through December 16, 2022. Congress will have to agree on a long-term FY-23 spending plan before then, or pass another continuing resolution. U.S. Department of Health & Human Services (HHS) will extend the COVID-19 Public Health Emergency beyond January 2023.

AS REPORTED

State - Due to redistricting and some unexpected election results, 14 System facilities will have new State Assembly Members or Senators representing them directly or in their catchment areas.

City - There will be a City Council Hospital Committee Oversight Hearing on November 30, 2022 regarding "State of Nursing in NYC - Staffing and Retention".

CONTRACTS

There is an unprecedented wave of asylum seekers coming to New York City, which necessitated Mayor Adams to issue an Emergency Executive Order on October 7, 2022, allowing the City to expedite its procurement processes to timely meet the needs of the asylum seekers. The System has been an integral part of the City's response in providing support for the arriving immigrants. Funding for these contracts is being provided by the City under

a memorandum of understanding between NYC Health + Hospitals and the Mayor's Office. Dr. Katz has authorized the following contracts with:

- Rapid Reliable Testing, LLC - for medical triage, urgent medical care, intake and registration, distribution of personal hygiene items and food; not to exceed \$11,400,000 for a period of 5 months (October 26, 2022 through March 25, 2023) and can be terminated without cause on 30 days' notice.

- Huron Consulting Services, LLC - for project management services, which includes overseeing the opening and daily operation of the sites, management of third-party vendors, reporting of project activities, and escalation of operational issues; not to exceed \$18,500,000 for a period of 6 months (September 30, 2022 through March 29, 2023) and can be terminated without cause on 30 days' notice.

- The Wolcott, The Watson and Row NYC hotels, for the following periods and not to exceed amounts:
 - The Wolcott - November 4, 2022 through April 30, 2023; not to exceed \$5,827,500; can be terminated without cause on 30 days' notice
 - Row NYC - November 12, 2022 through April 11, 2023; not to exceed \$40,000,000; can be terminated without cause on 60 days' notice
 - The Watson - November 14, 2022 through May 15, 2023; not to exceed \$19,980,000; can be terminated without cause on 30 days' notice

AS REPORTED

It is anticipated there will be further contracting needs and the Board will be updated on the status of these contracts.

IN MEMORIUM: JOSEPH MASCI, MD

The NYC Health + Hospitals family is deeply saddened by the passing of Dr. Joseph Masci. Dr. Masci was an internationally recognized infectious disease and environmental medicine expert, a physician, a teacher, an author and a beloved leader in the health system. He served NYC Health + Hospitals for 40 years until his passing and he will be profoundly missed. There will be a tribute event to honor his life and contributions at Elmhurst Hospital on November 30, 2022.

DISCUSSION

Dr. Katz clarified, after questions from the Board regarding the Laboratory at NYC Health + Hospitals/Harlem run by sister agency, New York

City Department of Health and Mental Hygiene, that it's purpose is to identify unusual diseases.

COMMITTEE AND SUBSIDIARY REPORTS

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

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 3:40 P.M.



Colicia Hercules
Corporate Secretary

AS REPORTED

COMMITTEE REPORTS

INFORMATION TECHNOLOGY COMMITTEE - November 1, 2022 - 50 Water St
AS REPORTED BY: Feniosky Peña-Mora
COMMITTEE MEMBERS PRESENT: Feniosky Peña-Mora, Dr. Machelles Allen representing Dr. Mitchell Katz, José A. Pagán - left at 11:50, Dr. Vincent Calamia, Barbara Lowe

Mr. Feniosky Peña-Mora, Chair of the Committee, called the November 1, meeting of the Information Technology (IT) Committee to order at 11:02 A.M.

Mr. Peña-Mora noted for the record that Dr. Machelles Allen is representing Dr. Mitchell Katz in a voting capacity.

Mr. Peña-Mora proposed a motion to adopt the minutes of the IT Committee meeting held on September 12, 2022.

Upon motion made and duly seconded the minutes of September 12, 2022 IT Committee meeting was unanimously approved.

Mr. Peña-Mora turned the meeting over to Dr. Kim Mendez, Senior Vice President and Corporate Chief Information Officer to carry on the agenda, she was joined by Dr. Michael Bouton, Chief Medical Informatics Officer, Jeff Lutz, Chief Technology Officer, Apoorva Karia, AVP EITS Finance & Administration and Soma Bhaduri, Chief Information Security Officer.

Dr. Mendez provided an update on the data center migration project that will be completed in May 2023. The first phase has been completed to the new QTS data center in Piscataway, New Jersey. The Sungard contract ended on October 31, 2022 which was on target and on budget. Preparation has begun for the second phase to the second new data center, Cyrus One, which is expected to be completed by end of May 2023. Mr. Peña-Mora asked if there were any equipment from NYC Health + Hospitals at the Sungard facility, if so how were they de-commissioned and how was the data being discarded. Mr. Lutz responded that the equipment was Health + Hospitals' equipment, Sungard provided a locked storage area where, only Health + Hospitals had access. The equipment that was not moved to the new location is going to be repurposed across the enterprise. The remaining equipment will follow the relinquishment process, which consists of the vendors coming in to decommission and also assure that any data that is on the disk drives is completely wiped and appropriate certifications and documentation are then received to confirm this.

Mr. Peña-Mora followed up by asking if there is any resale value for the equipment, Mr. Lutz replied that Dell does provide some resale value.

Mr. Peña-Mora then asked does the hospital have a similar grade of deletion of data as the military, Ms. Bhaduri responded that Health + Hospitals follows NYS guidelines, which has a clear mechanism for wiping and removing the data from the systems that are no longer in possession. However, the data centers as part of the HIPAA security rule and there has to be an encryption on all systems to ensure that the data residing is encrypted and

data being transmitted within the data centers are also being encrypted in transit.

Mr. Peña-Mora asked what is going to be done with space at Jacobi where the second data center was occupying. Mr. Lutz explained that the space is not only an EITS data center but also a main data frame (MDF), which is a central hub that supports the network and access to Epic, the internet, email, etc. So, the space will continue to be maintained in that capacity.

Ms. Bhaduri presented an overview of the cybersecurity strategy. The framework aligns with the HIPAA security rule, which ensures electronic personal health information (EPHI) is being stored and transmitted securely. Ms. Bhaduri highlighted in the last year, EITS has acquired a biomedical device risk management technology, Asimily that has the ability to assess the risk level of all BioMed equipment enterprise wide. This has supported the remediation of high risk devices for the entire system. She also shared a diagram on how frequently Health + Hospitals is impacted with threats on a daily, weekly, and monthly bases. The numbers included continuous blocking of viruses, malicious websites, phishing emails, and prevention of EPHI from leaving the Health + Hospitals network.

Mr. Peña-Mora asked Health + Hospitals tracks their cybersecurity level and if so what level, he also wanted to know does Health + Hospitals look at cybersecurity capability and maturity models to understand how our System compares to other hospital systems. Dr. Mendez confirmed that Health + Hospitals does track and compare to other hospital systems, **she offered to have an educational session for the BOD to review our journey and current state. Mr. Peña-Mora accepted and requested a future follow-up.**

AS REPORTED

Ms. Bhaduri added that in 2020 an assessment was done by an external party to assess where Health + Hospitals is compared to other healthcare systems across the board, the external party reviews the entire security program which also ties into the yearly risk assessment that is used to create EITS' risk management plan. **After the results of the next assessment EITS will provide an informational session to explain what are the processes.**

Mr. Pagán asked is there is a certification or quality process that can be followed so it can be embedded in the System. Ms. Bhaduri explained the assessment gives the guideline of the process being followed which is the CSF guideline.

Dr. Bouton presented an overview of clinical informatics and applications with a presentation of the current MyChart activation rate for primary care ambulatory patients and system-wide patients (inclusive of ED and inpatients).

The System-wide data reflects that Health + Hospitals is in the top 25 percent in that range. The Epic average for safety net hospitals is 48 percent and NYC Health + Hospitals is at 66 percent. One of the recent MyChart features added is *Fast Pass*, which is a waitlist and if an appointment becomes available an email will be sent to the patient with a scheduling ticket. The patient will not have to call anyone, they will just have to accept online within 24 hours of receiving the alert. This feature is currently available for a number of sub-specialties with anticipation to

expand across the System. Dr. Bouton also highlighted on the BOD Strategic Dashboard has added MyChart message handling responsiveness as a metric. This metric focuses on how long it takes Health + Hospitals to get back to the patient. This feature will show how both the patient and provider are using it.

A Committee member asked what is the backup to make sure the patient is being reached out to if the provider has not responded to the patient within the established 72 hours threshold. Dr. Bouton that the Ambulatory Care Leadership Council, ACLC, is currently tracking this. Mr. Peña-Mora suggested a reward for the providers that do engage with their patients within the time frame. Dr. Allen asked for clarification on the table, Dr. Bouton responded in order to be considered active in MyChart the patient needs to have been logged in once in the past 12 months. Dr. Allen asked why Lincoln is so successful in the MyChart patient activation, Dr. Bouton informed her that Mr. Chris Roker, CEO of Lincoln, is a member of the MyChart Steering Committee and also locally their team was very engaged to adopt features such as Fast Pass, etc.

Dr. Bouton presented on Center X, which assist when a patient's insurance does not cover the medication or the patient will have a high copayment. The provider will be able to see the cost/coverage in advance including what the copayment will be, so the provider can select an appropriate medication that is covered by patient's insurance and/or has a lower copayment. This implementation supports equity and assisting patients to get the medications they need in a way that is conducive for them. The other piece of this is the electronic prior authorization, which will give the provider the tool to fill out within Epic and obtain approval right away. This is a benefit for both the patient and the provider.

Mr. Peña-Mora, reading through the presentation slides on IV Pumps, asked why is Elmhurst Hospital not implementing pumps. Dr. Bouton answered that Elmhurst purchased a separate pump recently and that the end of life would not be for a number of years. The plan is to have Elmhurst move to the new pump at the end of their current usage.

Dr. Bouton closed with speaking about Wisdom, which is the new Epic dental module. Wisdom is now live throughout all of New York City Health + Hospitals, this will give the primary care doctor better insight on if the patient needs to be seen by a dentist. Dr. Allen asked if the dental imaging and the dental billing were both in Wisdom. Dr. Bouton responded that images go to a separate PACS system which has not changed. The change is there is an enterprise version of the PACS system which means if the patient goes to a different facility the dental images can be seen across the System, which was not the case a year ago.

Dr. Mendez closed in speaking on the Epic Rovers, which is a handheld device which has been upgraded to a new iPhone model. These phones have been deployed across the System and are a role-based device. It could be used by someone from transport, a nurse, or a radiology tech, it allows more flexibility. For example, a nurse is able to complete clinical documentation and medication administration on the Rover phone which

interfaces with Epic. Dr. Allen asked who is allowed to use the Rover. Dr. Bouton responded they are role based and includes roles such as Nurse, PCAs, transporters, and other ancillary roles. Dr. Mendez explained the importance of role based is that the staff can go into the same device but based on their role is what component/fields come up on the device.

Mr. Peña-Mora asked if there are any old business or new business to bring to the committee, hearing none, Mr. Peña-Mora then adjourned the meeting at 12:02 pm.

Medical and Professional Affairs Committee - November 1, 2022
As Reported by Dr. Vincent Calamia
Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero - join at 9:15, Dr. Patricia Marthone, Deborah Brown in a voting capacity for Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:03AM.

Dr. Calamia noted for the record that Deborah Brown was representing Dr. Mitchell Katz in a voting capacity.

On motion made and seconded, the Committee adopted the minutes of the September 12, 2022 Medical and Professional Affairs committee.

ACTION ITEM:

Kenra Ford, Vice President, Clinical Services Operations, Medical and Professional Affairs presented the resolution to the committee -

AS REPORTED

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 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, turnaround time, and test methodology. Locations in scope are Acute Care and Gotham facilities. Currently 6,000 tests are sent across our System.

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.

The RFP evaluation committee consist of Women's Health Services, our Laboratory Services, Medical and Professional Affairs, Integration and Laboratory

Information Technology (IT interfaces team) and our IT application team which are our interface experts and a genetic counselor from our facilities.

The substantial criteria were 30% test quality and technology, 30% integration, client services 20%, and cost 20%. The RFP was published on city record April 21, the milestones were meant. On August 2nd the evaluation committee submitted final scoring, Natera was the highest rated proposers.

The American Society of Obstetricians and Gynecologist (ACOG) and the Society for Maternal-Fetal Medicine (SMFM) released practice bulletin 226 "Screening for Fetal Chromosomal Abnormalities on October 2020, advocating that all pregnancies be screened with NIPT. The summary of recommendations included prenatal genetic screening, cell free DNA screening, which is the most sensitive and specific screening test for the common fetal aneuploidies, it has the potential for false-positives and false-negative results. Self free DNA is not equivalent to diagnostic testing.

Dr. Allen mentioned on behalf of Dr. Wilcox, that this is a screening test not a diagnostic test, it is recommended by ACOG the academic body that all patients be screened and offered the option for screening. The major justification for us is having the single lab throughout the entire System, rather than multiple labs. The NYS Department of Health clinical guidance that is followed on who should be screened was provided.

There was a New York Senate Bill S8157, which passed the Senate and the Assembly which is waiting to be signed by the Governor, which provides coverage and access to non-invasive prenatal testing under Medicaid, and should not be limited upon the age of the pregnant patient. This is pending Governor signature having passed both the House and the Senate. A flow chart was provided to show when you screened and what happens if your screen is positive.

AS REPORTED

Committee raised a question: at which point does the genetic counseling occurs is it after positive NIPT, it does not have to wait for a CBS sampling, it starts at that moment? Is that helpful in determining if they decide if they want to go onto an amniocentesis?

Dr. Allen response: the genetic counseling would come in at 2 points. If you have a history, you will get genetic counseling. If you are 20 years old with no family history no personal history and first baby, you are not advanced maternal age, you would do the screening, if the screening is positive you would go for genetic counseling. Once you have the diagnostic information you would sit with the genetic counselor and might actually have more counseling as well with neonatology if you want to know with the prognostic indicators what the quality of life would be with the child. It is helpful to sit down with the nenoatolist and a pediatrician. The genetic counselor can come in 3 different ways based on your history.

Performance: Panorama screens for common aneuploidies with a sensitivity and specificity of over 98%. Panorama, which is Natera NIPT test, have been

extensively clinical validated. It is the only SNIPT test that uses SNIPT technology. Panorama is also the only NIPT that can detect triploid and give individual fetal fractions on twin gestations. Test turnaround time is 5 days.

Provider counseling services is available 24/7, and for patients free pre and post genetics information sessions, genetics information sessions can be translated and there is a 2 minute education video available by texting.

The services procured under this contract are clinical laboratory services, which are entirely self-performed by Natera laboratory, 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 Contract Review Committee. No new information was found during the solicitation process that changed this analysis. Accordingly, it is recommended that no MWBE goals be applied to this contract.

The Committee raised some questions: If technology changes would there be a need to reopen the discussion and the contract again? Ms. Ford response: Technology is changing rapidly, we will ensure that we are doing the very best for our patients. As the changes happen we will continue to evaluate.

Question raised for clarity: the contract does not lock us in if technology changes? Ms. Ford response: there is a termination clause.

Question raised: on the reimbursement side is the test covered by Medicaid? Ms. Ford response: yes.

Question for clarity: what is the difference in the in the existing technology compared to this technology? Ms. Ford response: From the performance perspective most of the test are performing similarly. The important change we are making with this provider is we are integrating fully, which is driving down our turnaround time, and turnaround time does matter.

We are able to monitor not only test performance and turnaround time as well as complaints coming in potentially related to counseling services. The significant change prior to now is we were operating on paper, which added days overall to turnaround time, by working with a vendor that is able to seamlessly integrate actually reduces the turnaround time. The testing can be done but if it is not sitting in our EMR in a transparent way, that is a problem and overall adds short turnaround time to our providers and our patients.

Question raised by the committee: will the claim come from H+H to the health plans or from Natera? Ms. Ford response: Health + Hospitals.

Question raised by the committee: How many tests do you do? Is 6000 an annual figure? Is this a steady increase or is it level? Ms. Ford response: It is expected to grow. We are preparing for it to grow especially with the focus on the growth in Women's Health services.

Committee raised a question: what is the annual cost now? MS Ford response: around 3 million.

Committee raised a question: How many of the test end up positive? Ms. Ford response: I will have to follow up with that answer.

Committee raised a question: is there demographic difference that are more likely to take this test? Ms. Ford and Dr. Wilcox response: they're based on the risk groups. Most women are interested in knowing and at least having the screening. The goal is, we as Obstetricians and Gynecologist cannot make assessment for anybody that are at acceptable risk of having any other abnormality, that person has to make that determination on their own. When offered most patients will consent for testing, at least the screening test.

What can we do with the data that you gather? Dr. Allen response: the choices were not different from public to private. Women in the public side that were substance abuse or women at risk for HIV would come in with a list of questions on a piece of paper and a pencil where the patients in the NYU faculty practice would have a device with their questions. From the experience the desires of pregnant women cut across all classes, cultures and races really have to do with what we offer. That is where the disparities come with what being offered. If we have the opportunity to compare Bellevue and NYU since they are interrelated, what the racial difference are in acceptance. We know what the racial difference are in specific genetic disease, sickle cell, anemia existed fibrosis etc., in our population. Dr. Allen referred to Dr. Wilcox, asking has there been any literature that looks at the difference in racial or social economic acceptance of NIPT. Dr Wilcox response: That is true but is a great idea and we will get moving on that research.

Committee raised a question: does the turnaround time matter, because there are some limits on when people can take certain actions? Dr. Allen response: the turnaround time is a personal comfort. In terms of timing of what you can do since late term termination are up to 24 weeks with that margin of error probably a little bit beyond, that is the most time sensitive. Termination is preferred in the 1st trimester, you prefer the patient to show up in the 1st trimester and have the test done. They can discuss with their family and make informed decisions. If the option they choose is termination, it is much better to have a termination in a 1st trimester rather than the 2nd trimester. Dr. Allen mentioned that one of the topics that is being done in the SIM lab in terms of gathering a history of substance use disorder, is how to ask that question without bias. What we learned from that can be applied here, it makes a difference of how the question is asked and what are the personal biases.

Committee member suggested, it would be a good idea to start thinking on how to get the word out on the education to women who are not yet pregnant by using our service and it would be appropriate for them in languages and content.

Committee raised a question: outcomes were talked about; do we have some availability to look at comparison internally. Ms. Ford response: we are working on that. Ms. Ford circled back to the discussion of being reimbursed for denials. We aggressively have gone after our ability to monitor in real time, to make sure that what we think we are going to get reimbursed for we really are. If there is a hiccup anywhere we will catch it in real time.

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

SYSTEM CHIEF NURSE EXECUTIVE REPORT

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

Nursing Excellence - Pathway to Excellence

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

AS REPORTED

NYC Health + Hospitals/**Elmhurst Hospital Center's Coronary Care Unit (CCU)** received the American Association of Critical-Care Nurses (AACN) **Silver Beacon** award on October 3, 2022 for nursing excellence. To top it all, **Elmhurst Hospital's Medical Intensive Care Unit (MICU)** also received the most prestigious AACN's **Gold Beacon** award on October 17, 2022 for nursing excellence. This makes Elmhurst's MICU one of two MICU units in all of New York State that received this esteemed Gold Beacon designation. A Beacon award signifies a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

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

Health + Hospitals had the highest number of nominations for the nurse excellence awards. We had a total of 559 nominations this year. With 24 awards in Excellence in Clinical Nursing, 4 System Awards, 4 DAISY Awards for nurses advancing Health Equity, and 1 Structural Empowerment Award. The celebration is scheduled to be in December of this year.

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

An inaugural Doctoral Circle of Excellence was held on September 23, 2022. The goal for this event was to recognize doctorly prepared nurses and honor their highest academic achievement. This includes graduates of Doctor of Nursing Practice (DNP), PhD, EdD, and Doctor of Health Administration (DHA) in nursing. In addition, it was also to inform and inspire our nurses across the system. The event included nursing doctoral graduates from Jan 2012 to academic year ending May 2022, where 72 nurses across the health system were celebrated.

Kenya Beard EdD, CNE, AGACNP-BC, ANEF, FAAN - Associate Provost Chamberlain University, joined the program virtually as our keynote speaker and inspired attendees through her powerful message on how to be effective influencers and collaborators in leading nursing profession to meet the anticipated health and social care demands based on *The Future of Nursing 2020-2030: Charting a Path to Achieving Health Equity*. We also heard from two of our own doctoral graduates, **Manjinder Kaur, DNP, RN, NEA-BC** and **Jenny Uguru, DNP, RN, AMB-BC, CLC**, who delivered two powerful speeches on their journeys to getting their doctoral degrees. This event will be celebrated annually here after. In order to obtain degrees and excellence and or designations, it imperative that we have prepared nurses, which is why we celebrated them across the system. We also, started a series called fireside chats with Dr. Cineas, and the first topic was medication administration because we have seen the issues around medication and administration nationally. There were 143 participants, there was a partnership with Danielle Dibari to discuss implementation of Omnicell and the changes it will bring within the new medication administration processes for our nursing staff. The next fireside chat will focus on documentation post pandemic or during this period that we are in right now.

AS REPORTED

Monkeypox training has been complete. A e-learning training module was created based on the FDA and CDC recommendations. Also developed and implemented Monkeypox vaccine intradermal administration training for all nurses working in acute care and Gotham primary care sites.

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

The Committee congratulated and commended Dr. Cineas on the Pathway to Excellence with MTC, it shows up in her leadership that you're winning all of these awards. Questions raised by the Committee: Do the nurses come to you asking for opportunities now that they have their higher degrees, how do we think about opportunities for them and how do we use what they learned to improve our system? Dr. Cineas response: they are the reason why the event was started. They ask for recognition and we wanted to know who they were. Two things were done, we established infrastructure to know who they are and to support them through IRB the process before they obtain the doctoral degrees. Post to obtaining their doctoral degrees they will receive mentorship to see if they are ready to go into leadership roles, whether it is in the clinical setting or from administrative capacity. Every year they will be brought back to network with other doctoral prepared nurses, so that they can get to know one another. Also, to help us transform care at the bedside. We will be rolling out the care delivery model and we know their projects to tap into their knowledge at their respective sites. It's a beautiful thing, that's why it is called a circle, there is no beginning and no end, in the middle it is them to help us bring forth positive outcome from a quality perspective at the bedside and their experts at this and we definitely want to leverage their expertise. Currently there is a gap between academia and practice and we want them to bridge that gap.

Committee raised a question: in terms of the doctoral or advance degree candidates, how does that compare to before, have you seen an increase? Response by Dr. Cineas: we have seen an increase, number 1 is knowing where they work, a lot of them do not work in acute care settings, which was surprising. They really enjoyed the event, we were able to embrace all of them and say you know you are part of the Health + Hospital whether you work at Gotham etc. Some of them work in small clinic and we wanted them to understand that we need to leverage the expertise.

Committee stated that it was great because of the decrease numbers of doctors, and having nurses with advanced degrees can help bridge some of the gaps. Committee raised a question: Given our mental health needs is there a way to incentivize either nurses or social workers to look at the mental are as an area of specialization. Dr. Cineas response: yes, there has been an increase of doctoral prepared nurses, and that is why we've created the partnership with CUNY to ensure that they can go to CUNY PhD programs. A conversation was had with Michael Katzab, our Chief of human resource officer, and we are planning a behavioral health recruitment fair because of our increase and expansion of behavioral health beds. Not only will we be supporting our new graduate nurse to join our behavioral health spaces we are also going to be focusing on recruiting nurse practitioners as well in partnership with Dr. Barron and Dr. Allen. Columbia University and CUNY are interest in more clinical placements for behavioral health students, more clinical placements equal more future employees.

The committee recommend sharing the fall prevention webinar with the nurses. A comment was made by the committee, as we increase our work with support of housing and other models we will have our nurse look at specialties too,

especially the more advance nurses, it will be helpful to those working in those environments.

Response to the comment: Part of the care delivery model is innovation and we are not there yet, we are soon to be. I was at a conference where they were talking about virtual nursing for admissions and discharges, our leaders are attending a lot more conference, were there will be more opportunity to look at the care delivery model and think innovatively from a staffing perspective and we do have the new staffing committees with frontline staff and leaders are coming together. There should be opportunity in the New Year to look at that.

A comment was made from leadership sitting in representing a committee member, as a colleague you make my work a lot easier. When it has to communicate to our elected officials and our leaders and our community stakeholder ask, what's so great about H+H, this is what can be conveyed. Congratulations. A comment was made by Dr. Allen: Before Natalia arrived, there was a Boards member who was a nurse, Mrs. Bolus, who passed away, I know she is signing your praises. She always encouraged the nurses to publish, publish, publish, get out there and be recognized for the work that you do. To hear your report today makes me think of her admonition to all of us and to you. Congratulations in the name of Ms. Bohlus. Dr. Cineas mentioned they give out the Josephine Bohlus award every year. This award will be giving out at the nurse excellence awards in December.

METROPLUS HEALTH PLAN, INC.

Sanjiv Shah, MD, Chief Medical Officer, MetroPlus Health Plan reported to the committee, a full report is included in the materials, with the following highlights:

AS REPORTED

The focus will be on some of work that MetroPlus has been doing and provide additional updates. Regulatory updates: There is a glitch in the affordable care act that didn't consider that an individual income and coverage which extended to the family did not incorporate the family's total income. Since 2013, only the income of the policy holder and the cost of that policy was considered to deliver the advance premium tax credits or APTC. Now the consideration of the other individual's and the cost of that and the additional cost of the premium is now taken into account, if the family premium under the coverage exceeds 9.5% of the family's income, the household not just the individual is now eligible for the advance premium tax credit, because of the million more American will be able to take advantage of that premium which will then go ahead and lower the cost of the overall premium that family has to bear under the qualified health plan.

The federal public health emergency has been extended through January 2023. This is most impactful because the PHE suspends the notion of redetermination, particularly relevant for Medicaid, essential plan, and child health plan, as well as the beneficiaries, they don't have to qualify. There is an expectation that sometime in mid-2023 redetermination or recertification will come back. As a result, the plan is taking appropriate steps to meet the challenge. For now, the PHE continues and the suspension of the redetermination continues. The Medicaid Child Health side, there is a digital expansion. Currently when beneficiaries receive notices from the plan, whether it's a booklet, letter and

authorization letters, all of those are sent by snail mail. Now a beneficiary will be able to select to receive their notices electronically, this will be available on the members' portal.

Star rating background: The focus of discussion is on the consumer assessment of healthcare providers in systems or cash as large bearing beyond Medicare. This is taken increasing importance, not just for Medicare but for managed Medicaid, Child Health Plus, the essential plan, health and recovery plan which focus on people that behavioral health issues as well as the quailed health plans CAHPS the consumer satisfaction portion has a greater bearing more on the award that health plans receive from state and federal.

The star ratings are for Medicare, ranked Medicare advantage plans like MetroPlus, they focus on many domains. Effective communication and coordination of care, Effective prevention and treatment of chronic disease, Affordability and efficiency, Safety, and Behavioral health. Effective communication; this focus is on consumer satisfaction. How state works is, they get measured for 2023 stars and 2021, the actual measurement year, the plan assembles the information in 2022, the reporting year, it reflects the star rating in 2023, and the financial impact of the plan is actually achieved in 2024. It's a 4-year cycle. Planning has to be done ahead. The first time on MetroPlus health plan history 4 stars were achieved in the Medicare star ratings program. Often, we have come close by decimals in the past, being off by .25. This reflects, the work done in 2021, collected in 2022 the star rating for 2023 and then the financial impact in 2024. The financial impact is considerable, that quality bonus payment of around 5 million dollars for our 10,000 members across 10,000 dollars means that we can provide supplemental benefits to these beneficiaries with regards to vision, dental, transportation and other medical and non-medical needs.

AS REPORTED

The key drivers to that success, is what MetroPlus has always done well on the effectiveness of care measures, the medical measures, the preventative health screenings, test and vaccines. The plan is consistently being 5 stars or close to it. What drove the success this time around to achieve the 4 stars were two things; one was the part D, MetroPlus is a 5-star plan. The 5-star rating included measures which have higher weights associated with them and these are the adherence measures, adherence to diabetic medications, anti-hypertension, and to statins. The highly weighted triple weighted measures took the plan to the 5-star ratings. The other driver that helped was improvements on customers' satisfaction as a result of the CHAP server.

Improvement has been shown on the consumer assessment of health care providers and systems measures, we are practically three and four stars for most of these measures. There are areas for improvement, in getting needed care rating of healthcare quality, grading of the drug plan, receipt of the flu shot, all of which are asked of the consumer, are rated highly and consistently. These measures are quadruple weighted, the shift is medical measures. This reflects the shift that Medicare and Medicaid are making in terms of focusing on the consumers side.

Areas for improvement are getting appointments quickly and customer services. As far as the customer service side, this is planned based. The questions that are asked are; in the last 6 months how often did your health plan customer service give information of help you needed? The second question is in the last 6 months how often did your health plan customer service treat you with courtesy and respect. Improving on that to a higher rating requires a plan of action. The representatives need training to be better informed, more compassionate, more motivated in addressing the issues and that the issue they called about is resolved. Look at the frequent reasons people are calling and complaining and address those issues.

There are 2 measures of care that is being brought to the attention of the committee. The first one is related to getting needed care. The questions that were asked were; in the last 6 months, how often did you get an appointment to see a specialist as soon as you need one? In the last 6 months how often was it easy to get the care, test or treatment you needed. The focus on access to care is a fundamental issue for a consumer from a specialist side and a primary care side.

There were 3 questions that were asked where there were struggles and hope to improve the performance. Three questions were posed, in the last 6 months when you need an appointment right away, how often did you get it, how soon did you get an appointment for a routine checkup, as soon as you needed, in the last 6 months how often did you see the person you came see within 15 minutes of your appointment time. There needs to be an easy access to the telehealth option to deal with urgent issues, this is an area we should expand on, this way the issues can be addressed or addressed after hours or even during the day without having to be seen in person. The other issue is having access to H+H providers or community provider through the contact centers, call centers and how quickly they actually ask the question is it urgent, how quickly does the patient need to be seen and how quickly do they triage that call in a timely fashion that gets that person care they need.

H+H is big on promoting the patient record MyChart, patient access their records through MyChart has been an important piece for care coordination. Some of the questions that are asked are; in the last 6 months when you visit your doctor for a scheduled appointment, how often did he or she have your medical records or other information about your care, how often when your doctor order the blood test or extra test for you, how often did someone your personal doctor office follow up to give you the results. MyChart is a mechanism to give those results and the patient is able to interact with the provider through EPIC in messaging and get a response.

The other area to look at is the network, particularly specialist access. The network needs to be expanded both at H+H and outside. The specialist care often gets requested specifically, gastroenterologist, endocrinologist and or other providers as quickly as needed care or the individual.

CUNY and Higher Education Markets: we are working with CUNY to expand access particularly to the essential plan so their student can have affordable health

care. Some of the students are eligible potentially to receive Medicaid based on their income, and the foreign students as well.

Committee member raised a question: How much control do you have to make sure the cost is not raised too high? Dr. Shah response: the question is asked round drugs and the formulary to ensure the formulary is expansive. The Medicaid formulary is set through the State, there is more flexibility on the Medicaid side.

Committee member mentioned: happy to see the hard work that went into getting the numbers up and that there is a plan of action to improve the areas that are low.

Committee member raised a question: for customer service representative, do we have feedback on specifically, which ones excel and which ones do not, and how do we utilize that? Dr. Shah response: Yes, there is a post call survey, and every interaction, and looking at those calls that get highly rated. There is a net score promoter there and actually looks to see what they are doing and emulates their success, that is a way to differentiate it. It is training, you can only train so far, you have to actually monitor the calls.

There being no further business, the meeting was adjourned 10:04 AM.

Community Relations Committee IN-PERSON MEETING - November 15, 2022

As Reported by Robert Nolan

Committee Members Present: Mr. Robert Nolan, Deborah Brown representing Dr. Mitchell Katz, Sally Hernandez-Piñero

AS REPORTED

Mr. Robert Nolan called the meeting of the Community Relations Committee meeting to order at 5:15 p.m.

Mr. Nolan noted for the record, Deborah Brown is representing Dr. Mitchell Katz in a voting capacity.

Quorum was established - the minutes of the Community Relations Committee meeting held on September 13, 2022 was reviewed and upon motion made, and duly seconded the minutes was unanimously approved.

Scheduled to present annual verbal reports this evening are the following CABs:

1. H+H/ Harlem
2. H+H/ Sydenham
3. H+H/ Jacobi
4. H+H/ Metropolitan

Mr. Nolan turned the meeting over to Senior Vice President Deborah Brown, to present the President's report on behalf of Dr. Katz.

Ms. Brown noted that Dr. Katz's full report in submitted into the record and proceeded to highlight a few items:

- She informed attendees that NYC Health + Hospitals is urging all New Yorkers to get vaccinated against the flu as health experts warn about a possible “twindemic” this fall and winter season with COVID-19 still circulating.
- Ms. Brown reported that NYC Health + Hospitals announced the completion of a major, five-year project to upgrade chemical laboratories across all 11 public hospitals with new technology and equipment that will improve turnaround times for test results and reduce lab costs by \$4.3 million annually. The final stage of the system wide project was marked by the opening of the new state-of-the-art lab at NYC Health + Hospitals/Bellevue. NYC Health + Hospitals processes more than 4.3 million routine chemistry tests annually for cardiac conditions, diabetes, pregnancy and more. The health system replaced old laboratory equipment with new automated laboratory equipment that classify, analyze, and test a greater number of specimen types at the same time and require less manual intervention, ultimately improving turnaround time for test results.
- Ms. Brown further reported that The NYC Test & Treat Corps announced the opening of five walk-up sites at the NYC Department of Probation’s Neighborhood Opportunity Network (NeON) Nutrition Kitchens, further expanding the city’s network of over 240 walk-up at-home test distribution locations and improving testing equity for all New Yorkers.
- Lastly, the Joint Commission and Kaiser Permanente announced that NYC Health + Hospitals, New York, and Texas Children’s Pavilion for Women, Houston, are co-awardees of the 2022 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity. The award, named for Late Kaiser Permanente Chairman and CEO Bernard J. Tyson, a champion for healthcare equity, recognizes healthcare organizations that achieve a measurable, sustained reduction in one or more healthcare disparities.

AS REPORTED

PRESENTERS:

Mr. Nolan thanked Ms. Brown for the report - and moved agenda to the (4) facilities presenting their verbal annual reports. Each presentation is allotted 5 minutes, and we are grateful for the work that went into preparing them. Thank you in advance to all of our speakers for their time and commitment to the System.

Mr. Nolan asked the CAB Chair of Harlem Hospital Ms. Karen Dixon, who is also the Chair of the Council of CABs to present her report.

NYC Health + Hospitals/ Harlem

Ms. Karen Dixon, began her with an overview of Harlem Hospital services in the community noting how Harlem surgeons saved the life of Dr. Martin Luther King, Jr. in 1958. Most recently in January 2022, the hospital collaboration with the Mayor, Community Organizations and other partners, including our Behavioral Health leads to respond to the violence in the community of the slaying of the two officers from the 32nd precinct.

The facility continues to use data to monitor COVID-19 infections in the community, with patients and staff. We do not have a vaccination hub, but

we vaccinate our employees in Occupational Health. Our patients can receive vaccines and boosters through their PCPs.

The hospital has an aging infrastructure. We recently replaced our cooling towers in June. Currently, we are in the process of completing our Local Law 11 requirements on our building's exterior. In the coming months, we are planning for the upgrade of our boilers that are original to our buildings. Recently, we received our DaVinci surgical system. We hope to go live with robotic surgeries in the coming months.

The most frequent complaints that we receive from our patients are concerning communication, patient care and staff attitude. Our community has a need for mental health care. Some of our patients suffer from Poly Substance Abuse, Food insecurity, Crime, Maternal and child health, Asthma and Violence. Many patients present with Hypertension, End-stage renal disease, Diabetes, Schizophrenia and other psychiatric disorders. Many of our patients are morbidly obese and have Heart Failure and Stroke. We also have patients who seek medical attention around surgical follow-up, Pediatric well and preventative visits.

NYC Health + Hospitals/ Sydenham

Mr. Pearson, Vice Chair of Sydenham CAB stated in his report that COVID case rates and hospitalizations have plateaued in NYC and in the Harlem community at levels that are lower than in our Winter Omicron peak but significantly higher than in summers over the last 2 years. Testing is available through the Van parked on the Sydenham block to the entire community, and in the clinic to our Primary Care patients.

AS REPORTED

We are requesting new Blood Pressure monitors across all three sites as well as the school-based health centers. Seeking an upgrade in Sydenham's OB/GYN department with the addition of an ultrasound machine. This will allow a part of our women's health population to receive onsite, same day imaging. This will also increase patient satisfaction in our Women's Health Practice. The Intergovernmental Staff will work closely with the facility to help with City Council new funding timely submission.

Frequent complaints raised by patients have more to do with access. Since the switch to the call center back in February we saw a fall in patient satisfaction, however, we have continued to meet with the vendor to mediate. We saw a rise in the later months and we attribute this to having an on-site clerk handling warm transfers for calls outside of scheduling.

We also restructured the on-call provider contacts for after hours. We continue to conduct audit calls so when we meet with the vendors we can trouble shoot where the disconnect lies.

We have seen a significant change in our access data in our Developmental Evaluation Center at our St. Nicholas location. In September, within the span of one week, we had: 46% increase in Fill rate, 23% decrease in No Show rate and 38% increase in Booking rate.

Mr. Pearson also noted for the Committee the need for expansion of the clinic to meeting the needs of the community, since the site is at its full capacity.

The Committee complimented the innovative thinking of having an on-site clerk to handle "warm hand offs" to address the call center issues.

NYC Health + Hospitals/ Jacobi

Judith Benitez, Chairperson of Jacobi CAB stated in her report that Jacobi and North Central Bronx hospitals continue to operate successfully as a unit. We are proud to report in July, 2022 the two facilities completed their first combined Joint Commission survey since merging to become "two facilities, one hospital." The Joint Commission surveyors were impressed with the hospitals' best practices to ensure equity for our patients and our staff members.

Recently, Jacobi was awarded \$10M in Fiscal Year 2023 capital funding through Council Member Marjorie Velázquez and New York City Council Speaker Adrienne Adams to replace the hospital's Hyperbaric Chamber and expand Hyperbaric Medicine services. In addition to the \$10M in capital funding, Council Member Marjorie Velázquez also awarded Jacobi \$286K to purchase new ultrasound machines and \$500K to acquire echocardiography ultrasound machines.

Despite the many challenges posed by COVID-19/Omicron surges our staff has remained committed to our patients, since December 2020 the hospital has administered 94,043 vaccines and the clinic has administered 139,549 test and treated 179 patients with monoclonal antibody infusion.

AS REPORTED

The Staff Safety and Engagement Survey, "I care for all patients/clients equally even when it is difficult" was the highest scoring item at 93% favorable. Staff also identified patient safety as a priority for this organization, ranking it in the top 10th percentile. Our HCAHPS scores have shown small, incremental changes in all domains, though often inconsistent.

We continue to work closely with the Central Care Experience Office as well as Planetree International. Planetree International, is an organization that works closely with healthcare organizations across the globe to provide a construct for person-centered excellence which is proven process that leads to better care, better outcomes, better talent and an organizational culture focused on putting patients and their loved ones first

The Committee noted the equipment and infrastructure needs and asked how the funding and if City Council new needs funding is being sort. The Facility will be working with the Intergovernmental Staff to the City Council funding request.

The Committee noted the increase in grievances in the ED and requested clarification on whether the CAB is active in the ED. Mr. Mastromano clarified that the administrative is working actively to address this issue with the CAB convening a sub-committee to evaluate the issues and all staff was retrained in Plantree.

NYC Health +Hospitals/Metropolitan

Mr. William Smith, Chairperson of Metropolitan Hospital CAB complimented the work of the staff and CAB and noted an 8% growth increase in the operating room volume in 2022; 30% growth in the emergency room volume and 22.1% growth in discharges in 2022.

Metropolitan needs a new emergency room in order to meet the growing needs of the East Harlem community. The hospital needs the capacity to efficiently diagnose and treat patients in the emergency room, and an un-modernized and inadequate facility reduces that care and endangers both patients and staff.

Hospital Administration and the CAB has partnered to advocate to our elected officials on the Local, State and Federal levels for funding to renovate the ED. Over the last year, we have hosted many elected officials at the hospital so they can have an opportunity to see the space.

Capital projects underway include a refurbished Infusion Center, new MRI Radiology Suite and a Nuclear Camera, a new Pride Center, and the FEMA flood wall. In addition, Met has received approximately 80M to support the improvement of infrastructure, including a new Building Management System, Roofing System, Chillers & HVAC System, Fire Panel as well as Windows and Façade improvements. The Façade improvements are part of Local Law 11 improvements. Many of our improvements are focused on also improving our environmental efficiency.

During this FY, we have received over \$4.9M from The NY City Council to support the purchase of a Cartography Biopsy Machine, OR Ultrasound, CT scans, and C-ARM.

Metropolitan recently completed our Triennial Survey by the Joint Commission and performed exceptionally well, receiving no substantial findings. The surveyors were very complimentary about the level of engagement by our staff and identified a number of best practices among our processes.

Metropolitan received an "A" Leapfrog Hospital Safety Grade for spring 2022. This national distinction recognizes Metropolitan's achievements in protecting patients from preventable harm and error in the hospital.

Metropolitan also continues to be recognized for excellence in care in areas including stroke, heart failure, breast cancer, women's health and LGBTQ health.

Mr. Nolan thanked all of the presenters. Any old business? New business? Hearing none, I now call a motion to adjourn this meeting. Thank you for all your support, please stay safe and be well.

ADJOURNMENT:

Meeting adjourned at 5:57 P.M

SUBSIDIARY REPORTS

ANNUAL MEETING OF THE HHC INSURANCE COMPANY, INC. - SUBSIDIARY

November 03, 2022

As Reported by Dr. Vincent Calamia

A meeting of the Board of Directors of the HHC Insurance company, ("HHCIC") was held in the 17th floor conference room at 50 Water Street, New York, New York, on the 1st day of November 2022 at 10:00 AM, pursuant to a notice which was sent to all the Directors of the Company and provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The following Directors were present, constituting a quorum:

Vincent Calamia, M.D.

Machelle Allen, M.D.

Mitchell Katz, M.D. was represented by his delegate, Deborah Brown.

Also present were Executive Director David Cheung, David Guzman and James Linhart of NYCHHC Controller's Office, and Mike Batsimm of Aon Insurance Managers (AIM). José Pagán - Chair of the NYC Health + Hospitals Board of Directors, Sally Hernandez-Piñero and Dr. Patricia Marthone was also present both from the NYC Health + Hospitals Board of Directors.

Dr. Calamia chaired the meeting which was called to order at 10:12 a.m. The following resolutions were presented to the Board by Dr. Calamia:

1. The minutes of the November 1, 2021 annual meeting. A motion to approve the minutes ~~was made by Ms. Brown, seconded by Dr. Allen~~ and approved unanimously
2. The following were unanimously approved following a motion to approve made by Ms. Brown, seconded by Dr. Allen:
 - a. The re-appointments of Dr. Vincent Calamia, Dr. Mitchell Katz, Andrea Cohen, Esq., Dr. Machelle Allen, and John Ulberg, Jr. as members of the Board of Directors.
 - b. The appointment of Dr. Vincent Calamia as Chairman of the Board.
 - c. The Election of the following Officers for the HHC Insurance Company, Inc.:
 - Vincent Calamia, M.D. President
 - Machelle Allen, M.D. Vice-President
 - Andrea Cohen, Esq. Secretary
 - John Ulberg, Jr. Treasurer

Dr. Calamia introduced nine action items/resolutions into the record. Then on motion by Ms. Brown, seconded by Dr. Allen, the following resolutions were presented to and voted on by the Board:

1. David C. Cheung was re-appointed as the Executive Director of the Company.
2. Sheila Gomez was appointed Director of Claims of the Company.
3. The issuance of primary insurance policies to members of the HHC Physicians Purchasing Group.

4. The re-appointment of Jo Ellen Cockley of Aon Risk Consultants as the Actuary of the Company.
5. The re-appointment of Dana Wilson of Grant Thornton as the company auditor.
6. The loan back of premium in an amount up to \$3.0 million to the parent corporation, the NYC Health + Hospitals (the System), was approved.
7. The Audited Financial Statements as of December 31, 2020 were approved unanimously.
8. The Business Continuity Plan was accepted/approved unanimously; and,
9. The disaster response plan was accepted / approved unanimously.

Mike Batsimm presented the following six (6) information items:

1. New applications for coverage have been received from 15 Obstetricians/Gynecologists and Neurosurgeons. As of 9/30/2022, there are 284 active physicians in the program. Primary policies have been issued for the current policy year. Applications for excess coverage through MMIP beginning July 1, 2022 were filed for 197 H+H physicians through the Purchasing Group, with 184 physicians deemed eligible to receive excess coverage through the Pool. It was determined during the application process that 39 physicians already had excess coverage under the Plan through other hospitals. There are 14 physicians have been wait-listed for excess coverage. Once the final number of physicians in the pool has been determined, these additional excess policies will be issued and will be retroactive to the application date.
2. In 2007, the Company was required to sign up as a Plan or Pool participant of the Medical Malpractice Insurance Pool. The Company opted to be a Pool participant. The June 30, 2022 financial statement from the Pool indicates that the Company has a net equity in the Pool of \$1,894,594. Pages 39 & 40 of the board book further detail the Company's participation. No questions were asked.
3. The June 30, 2022 interim financial statements were reviewed. As of June 30, 2022, HHC Insurance Company has total assets of \$97,787,510. Of that balance, the intercompany receivable of \$93,325,173 is the largest component. There is a premium receivable of \$1,300,000, which will be rolled into the intercompany loan receivable before year-end. There is an MMIP receivable of \$3,158,924. The total liabilities as of June 30, 2022 are \$10,526,951. A large component of the liabilities is the outstanding loss in LAE (expense) reserves as well as the reserves for IBNR (incurred but not reported loss). There were direct reserves of \$6,483,808 and MMIP reserves of \$1,270,290. The total net assets as of June 30, 2022 are \$87,260,559.
4. Sedgwick CMS has reported 71 open files and 565 closed files for the underwriting years 2005-2022. Of the closed files, 41 were closed with payment and 524 files were closed without payment.
5. The company business plan has been approved by the Department of Financial Services (DFS), the pre-disaster survey and disaster response plan questionnaires have been filed. The annual Cyber Security certification has been filed. All Regulatory matters are current. The Company was examined by the DFS in early 2021. The draft report has not been submitted yet.

6. There are no outstanding requests or approvals pending from the Department of Financial Services. No additional new business matters were brought up.

ADJOURNMENT:

There being no further business before the Board, the meeting was adjourned at 10:21 a.m.

**ANNUAL MEETING OF THE HHC PHYSICIANS PURCHASING GROUP, INC. - SUBSIDIARY
November 03, 2022
As Reported by Dr. Vincent Calamia**

A meeting of the Board of Directors of the HHC Physicians Purchasing Group, Inc., (hereinafter, the "PPG") was held in the 17th floor conference room at 50 Water Street, New York, New York on the 1st day of November 2022, pursuant to a notice which was sent to all the Directors of the Company and which was provided to the public by the Corporate Secretary of the NYC Health + Hospitals. The following Directors were present virtually, constituting a quorum:

Vincent Calamia, M.D.

Machelle Allen, M.D.

Mitchell Katz, M.D. was represented by his delegate, Deborah Brown.

Also present were Executive Director David Cheung, David Guzman and James Linhart of NYCHHC Controller's Office, and Mike Batsimm of Aon Insurance Managers (AIM). José Pagán - Chair of the NYC Health + Hospitals Board of Directors, Sally Hernandez-Pañero and Dr. Patricia Marthone both from the NYC Health + Hospitals Board of Directors was also present.

AS REPORTED

The meeting was called to order at 10:21 a.m. by Dr. Calamia. The following resolutions were presented to the Board by Dr. Calamia, and upon motion by Ms. Brown, seconded by Dr. Allen, were unanimously approved by the Board:

1. Approval of the minutes of the November 1, 2021 annual meeting;
2. The confirmation/acknowledgment of the appointment of the current Board of Directors with the appointment of Dr. Calamia as the Chairman; and,
3. The appointment of the following officers of the HHC Physicians Purchasing Group Inc.:

- Vincent Calamia, M.D. President
- Machelle Allen, M.D. Vice-President
- Andrea Cohen, Esq. Secretary
- John Ulberg, Jr. Treasurer

INFORMATION ITEMS: Mike Batsimm presented two informational items:

1. The PPG has been registered and approved by the New York State Department of Financial Services to act as a purchasing group within the State. The business of the PPG is to obtain on behalf of its members, who are employees of NYCHHC's affiliates, primary insurance for medical malpractice from the HHC Insurance Company ("HHCHC", a captive insurance company).
2. The physician members of the group have obtained primary medical malpractice insurance coverage in the amount of \$1.3 million per

occurrence/\$3.9 million in the aggregate from HHCIC for 2020. Insurance policies have been issued for the PPG by the HHCIC. The members of the PPG have also received excess coverage in the amount of \$1 million per occurrence/\$3 million in the aggregate from MMIP (unless they have coverage through another excess carrier which would then write the excess coverage for the covered physician).

ADJOURNMENT :

There being no further business before the Board, the meeting was adjourned at 10:24 a.m.

AS REPORTED

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
November 17, 2022

CORONAVIRUS UPDATE

COVID-19 hospitalizations remain low but steady. We are keeping a vigilant eye on the trends as we enter flu season. We continue to provide all New Yorkers access to COVID-19 vaccinations and booster shots, testing and treatment. In fact, we recently launched an ad campaign to encourage use of the NYC Health + Hospitals virtual ExpressCare for New Yorkers who test positive, and directing people to our mobile units. The ads are appearing in multiple languages on digital platforms, print, radio, and outdoor spaces in targeted communities. They will run from now until the end of the year. Our 75 mobile Test to Treat units out in the community have distributed more than 67 million free home tests. The mobile units also have performed more than 100,000 COVID-19 tests and provided more than 2,500 prescriptions for Paxlovid.

RESPIRATORY SYNCYTIAL VIRUS INFECTION

Respiratory Syncytial Virus (RSV) infection is a common respiratory illness that typically spreads during the fall and winter months, and is now on the rise in NYC, across the State and nationally. Many of the protections we put in place during the COVID-19 pandemic helped to prevent many of these seasonal viruses from spreading, but as we relaxed policies, especially the use of masks, we now see an increasing rate of infection.

AS REPORTED

Anyone can be infected, but RSV can be especially harmful to very young children, older adults, or those born preterm or with underlying lung conditions. Typical symptoms resemble the common cold. However, RSV infection can also result in pneumonia, especially in the very young, the elderly or those with weakened immune systems.

As has been widely reported, RSV is having a significant impact among the young. We are seeing more cases in our pediatric emergency rooms and in the rate of pediatric hospitalizations. It is important that parents with children who have symptoms consistent with RSV, or any respiratory illness, **contact a health care provider right away** who can help with diagnosis and care. Sick, adults and children should stay home from school or work to prevent spreading the illness.

Unfortunately, there is no vaccine yet to prevent RSV infection, but scientists are working to develop one. The best protection against RSV and all seasonal illness continues to be COVID-19 vaccination for everyone ages six months or older, updated bivalent COVID-19 boosters for people ages five and older, and the annual flu shot for everyone 6 months and older are available. We continue to encourage New Yorkers to wear a mask in crowded, indoor settings as well.

NYC HEALTH + HOSPITALS ANNOUNCES 'HOUSING FOR HEALTH' TO CONNECT PATIENTS EXPERIENCING HOMELESSNESS TO PERMANENT HOUSING

I have always been a believer that stable health requires stable housing. Patients with chronic conditions like diabetes or hypertension cannot manage their condition without a safe and stable place to live. Too often, our patients stay in the hospital for far longer than they should because they have nowhere else to go. That is one reason why NYC Health + Hospitals proudly launched "Housing for Health" - a comprehensive initiative to connect our patients experiencing homelessness with permanent housing. With the support of Mayor Adams and our City partners in government, NYC Health + Hospitals will create an inventory of housing units and services that will help patients experiencing homelessness restore their health and get back on their feet. Housing for Health is our investment in these patients' health outside of the hospital walls: to a safe, stable place to live so they can focus on their health. Our program has four strategic area of focus:

- navigation services to help patients experiencing homelessness through the City's complex housing landscape.
- medical respite beds for medically frail patients
- affordable housing on hospital land
- social service support for formerly homeless patients in permanent housing

We have already placed more than 1,000 patients in medical respite beds or permanent housing since January 2020 and we will leverage NYC Health + Hospitals land to create nearly 650 new affordable homes in the next 5 years.

NYC HEALTH + HOSPITALS UPGRADES LABS TO PROVIDE FASTER TEST RESULTS, REDUCE COSTS

AS REPORTED

NYC Health + Hospitals marked the completion of a major, five-year project to upgrade chemical laboratories across all our 11 public hospitals with new chemical analyzer technology and equipment. With this modern technology, our patients will receive highly reliable test results sooner and we will be able to analyze and test a greater number of specimen types. For example, turnaround time for Basic Metabolic profile test will now take 45 minutes instead of 60 minutes. In addition, by standardizing practices and purchasing equipment for 11 labs, the health System achieved economies of scale that will help reduce its annual chemistry spend from \$12 million to \$7.7 million - resulting in an annual savings of \$4.3 million. The opening of the new state-of-the-art lab at NYC Health + Hospitals/Bellevue marked the final stage of the System-wide project. Our labs process more than 4.3 million routine chemistry tests annually for cardiac conditions, diabetes, pregnancy and more.

JOINT COMMISSION, KAISER PERMANENTE RECOGNIZE NYC HEALTH + HOSPITALS' NYC CARE PROGRAM FOR EXCELLENCE IN THE PERSUIT OF HEALTH CARE EQUITY

The Joint Commission and Kaiser Permanente awarded the 2022 Bernard J. Tyson National Award for Excellence in Pursuit of Healthcare Equity to NYC Health + Hospitals for the NYC Care program, our health care access program for uninsurable New Yorkers, including undocumented individuals, and a first-of-its-kind health care access program because of its

comprehensiveness and scale. The award is named for the late Kaiser Permanente Chairman and CEO Bernard J. Tyson, a trailblazer who worked tirelessly to improve health care disparities. It recognizes our work for meaningful, measurable efforts to address inequities based on race, ethnicity, immigration status and other social factors.

We have so far enrolled more than 100,000 members to NYC Care. By February of this year, they had made 264,976 primary care visits and 227,481 specialty visits. After six months of enrollment, 51% of NYC Care members with diabetes had improved hemoglobin A1C, and 68% of members with hypertension had improved blood pressure. I am proud of the entire team at NYC Care as we also honor the late Bernard J. Tyson. His legacy serves as a guide for how we must continue to eliminate barriers to care and champion the health needs of the most vulnerable through both the NYC Care program and the overarching mission of our health system.

NYC HEALTH + HOSPITALS/SEA VIEW MARKS 50 YEARS AND 5 STARS

NYC Health + Hospitals/Sea View has a lot to celebrate these days. The facility is ranked by Newsweek as one of the best nursing homes in New York State, and has a coveted Five-Star rating from the Centers for Medicaid and Medicare. Just last week the facility celebrated the 50th Anniversary of the main building on the campus, which is named after Dr. Edward Robitzek who was instrumental in developing the drug that eventually cured tuberculosis in the 1950's. I was pleased to join the staff there earlier this month to celebrate the 50 years of service as a long-term care facility. However, Sea View's history of service goes further back.

AS REPORTED

In the early 1900s, Sea View served as a hospital to treat people suffering from the deadliest disease of the era - tuberculosis. The hospital quickly earned a world-famous reputation for treating TB and by 1930, it was successfully treating more than 2,000 TB patients a year, and discharging patients back to their communities who might otherwise not have survived. The work of Dr. Robitzek eventually helped to eliminate the need for a TB hospital, and Sea View Hospital began caring for the elderly in the 1970's.

Today, Sea View is a 304-bed nursing facility with nearly 500 dedicated and highly trained health care professionals who provide 24-hour medical and nursing care for the elderly and chronically ill who come from all over New York City. The facility also has a world class Traumatic Brain Injury Center and an Alzheimer's care Unit, well known for its serene and therapeutic setting and dedicated caregivers. Sea View's architectural and historic significance have earned it a place on the National Register of Historic Places. But it is simply their excellent staff and their care of the elderly that has earned it a place in the hearts of patients, families and the community.

NYC HEALTH + HOSPITALS COMMUNITY MURALS COMMEMORATED IN NEW BOOK

From 2019 to 2021, NYC Health + Hospitals sponsored a burst of mural making: twenty-six new murals developed by artists working with hospital staff and the community, one in each of the System's hospitals and long-

term care facilities, as well as many Gotham Health ambulatory care centers and our headquarters in lower Manhattan. The Community Mural Project was the country's largest public hospital mural program since the Works Progress Administration (WPA) mural program of the 1930s. This historic project will now be commemorated in a colorful new book published by the Laurie M. Tisch Illumination Fund as a gift to our health care System, in gratitude for the bravery and dedication of our workforce. The Illumination Fund also underwrote the creation of the murals themselves. The book, called "Healing Walls" will be distributed to NYC Health + Hospitals staff and more than 1,500 employees and community members who participated in the project. It will be available for purchase on Amazon later this year, with all proceeds going to the NYC Health + Hospitals Arts in Medicine program.

EXTERNAL AFFAIRS UPDATE

Federal - Democrats secured their hold on control of the Senate after the midterm elections last week, and a runoff election in Georgia on December 6 will decide if they have 50 or 51 seats. Republicans won back control of the House and secured the 218th seat needed to flip the House from Democratic control. The majority of the NYC Congressional delegation remains the same, with a few notable changes.

Newly elected Member of Congress Dan Goldman will now represent NYC Health + Hospitals/Gouverneur and Gotham Health Judson in redrawn NY-10 district. Long-time Member of Congress Rep. Jerry Nadler will now serve in a redrawn NY-12 district, representing NYC Health + Hospitals/Bellevue, Coler, and Gotham Health Roberto Clemente. Rep. Nadler defeated Rep. Carolyn Maloney in the Democratic primary earlier this year, and her tenure in Congress will end at the end of this year. We have begun engagement with Reps. Goldman and Nadler.

AS REPORTED

Congress extended federal government funding through December 16. Before then, Congress will have to agree on a long-term FY-23 spending plan before then, or pass another continuing resolution continuing existing funding levels until they can hammer out an agreement. It is likely there will be a large omnibus spending bill before the end of the year. No decisions on earmark funding applications will be made until Congress agrees on a FY-23 spending plan. HHS will extend the COVID-19 Public Health Emergency beyond January 2023.

State - Incumbent Democrat Kathy Hochul defeated her GOP opponent, Lee Zeldin, in the Governor's race. Democrats maintained their supermajority in the State Assembly and secured a strong majority in the State Senate, but the GOP did pick up seats in both houses. Due to redistricting and some unexpected election results, 14 of our facilities will have changed State Assembly Members or Senators representing them directly or in their catchment areas. This includes some of our current representing shifting. We have begun outreach to those new State elected officials. We have begun our advocacy on State budget priorities; this work will continue over the next several months.

City - There will be a City Council Hospital Committee Oversight Hearing on November 30 regarding "State of Nursing in NYC - Staffing and Retention".

CONTRACTS

There is an unprecedented wave of asylum seekers coming to our City, which necessitated Mayor Adams to issue an Emergency Executive Order on October 7, 2022, allowing the City to expedite its procurement processes to timely meet the needs of the asylum seekers. Our System has been an integral part of the City's response in providing support for the arriving immigrants, and I have similarly authorized limited emergency contracting to support such efforts. Funding for these contracts is being provided by the City under a memorandum of understanding between NYC Health + Hospitals and the Mayor's Office. I have authorized the following contracts with:

- Rapid Reliable Testing, LLC - for medical triage, urgent medical care, intake and registration, distribution of personal hygiene items and food; not to exceed \$11,400,000 for a period of 5 months (October 26, 2022 through March 25, 2023) and can be terminated without cause on 30 days' notice.
- Huron Consulting Services, LLC - for project management services, which includes overseeing the opening and daily operation of the sites, management of third-party vendors, reporting of project activities, and escalation of operational issues; not to exceed \$18,500,000 for a period of 6 months (September 30, 2022 through March 29, 2023) and can be terminated without cause on 30 days' notice.
- The Wolcott, The Watson and Row NYC hotels, for the following periods and not to exceed amounts:
 - The Wolcott - November 4, 2022 through April 30, 2023; not to exceed \$5,827,500; can be terminated without cause on 30 days' notice
 - Row NYC - November 12, 2022 through April 11, 2023; not to exceed \$40,000,000; can be terminated without cause on 60 days' notice
 - The Watson - November 14, 2022 through May 13, 2023; not to exceed \$19,980,000; can be terminated without cause on 30 days' notice

AS REPORTED

We anticipate there will be further contracting needs and I will continue to update the Board on the status of these contracts.

IN MEMORIUM: JOSEPH MASCI, MD

The NYC Health + Hospitals family is deeply saddened by the passing of one of our own this week - Dr. Joseph Masci. Known to most of us simply as "Joe", Dr. Masci was an internationally recognized infectious disease and environmental medicine expert, a physician, a teacher, an author and a beloved leader in our health system. Joe was deeply committed to our patients, to our mission and helped our City respond to many major health crises. He served NYC Health + Hospitals for 40 years until his passing and he will be profoundly missed.

Dr. Joe Masci began his career with us as an attending physician. He went on to serve as the Director of Medicine at NYC Health + Hospitals/Elmhurst

and became the first Director of the hospital's Global Health Institute. Over the years, he was a continuous source of support to our health system as we faced emerging pathogens. His early work and research focused on AIDS. He was a major contributor to the development of therapeutics that suppressed HIV and was invited to consult with the Vatican in Rome to help shape their response to HIV/AIDS. After 9/11, his work focused on Emergency Preparedness, Bioterrorism, TB and Ebola. Most recently, Dr. Masci played a vital role in our response to the COVID-19 pandemic.

Dr. Masci graduated from the NYU School of Medicine, completed a Medicine internship and residency at the Boston City Hospital and a fellowship in Infectious Diseases at Mount Sinai Medical Center. He was a long-time faculty member at the Icahn School of Medicine at Mount Sinai where he was Professor of various disciplines, including Medicine, Infectious Diseases, Public Health and Global Health.

We will honor his life and contributions at a Tribute event at Elmhurst Hospital on November 30.

OTHER NEWS AROUND THE HEALTH SYSTEM

- [Two NYC Health+ Hospitals Facilities Receive "A" Safety Grades from Independent-National Hospital Safety Organization](#)
- [US Department of Health + Human Services Recognizes NYC Health + Hospitals for Its Pledge to Decarbonize Health Care Sector, Make Facilities Resilient to Climate Change](#)
- [NYC Health + Hospitals Completes Major Laboratory Upgrades at All 11 Public Hospitals to Provide Faster Test Results, Reduce Lab Costs](#)
- [Test & Treatment Dept. of Probation Expands City's Network of At-Home Test Distribution Sites](#)
- [Joint Commission, Kaiser Permanente Recognize NYC Care for Excellence in Pursuit of Healthcare Equity](#)
- [Dr. Wendy Wilcox, Dr. Michelle McMacken, and Roger Milliner Named Power Players in Health Care](#)
- [Mayor Adams Expands Efforts to Connect Patients Experiencing Homelessness to Stable, Affordable Housing, Delivers on Promise in Housing Blueprint Released Earlier This Year](#)
- [NYC Health + Hospitals/Bellevue Awarded Comprehensive Stroke Certification from the Joint Commission](#)
- [Street Health Outreach & Wellness \(SHOW\) Program Named Finalist in UCSF 2022 Digital Health Awards](#)
- [Ten Years After Hurricane Sandy, NYC Health + Hospitals Makes Progress on Majority of Resiliency Projects](#)
- [NYC Health + Hospitals Spent More Than \\$747 Million with Minority- and Women-Owned Businesses in the Last Year](#)
- [NYC Health + Hospitals Hosts Free Health Insurance Workshops to Prepare New Yorkers for Upcoming Open-Enrollment Periods](#)
- [Laurie M. Tisch Illumination Fund Previews Healing Walls, a Book Commemorating NYC Health + Hospitals' Community Mural Project from 2019 through 2021](#)
- [New Yorkers Urged to Get Flu Vaccine As Experts Warn of "Twindemic" With COVID-19 Still Very Prevalent](#)

RESOLUTION - 02

Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") authorizing the **funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals")** to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.

WHEREAS, for many years, the System has entered into various agreements with certain medical schools, voluntary hospitals and professional corporations to provide clinical and behavioral health services at the System's facilities including an agreement with DHSU for the Hospitals (the "**Affiliation Agreement**"); and

WHEREAS, at its May 26, 2022 meeting, the System's Board of Directors authorized funding for the extension of the Affiliation Agreement through December 31, 2023, and

WHEREAS, the System and DHSU are continuing to finalize the terms of an amended and extended affiliation agreement; and

WHEREAS, the System and DHSU agree that it would be most efficient to implement the terms of their new agreement on July 1, 2023, which is the beginning of the fiscal and academic year; and

WHEREAS, DHSU's collective bargaining agreement with its employed physicians requires DHSU to provide its employed physicians with one year's notice of termination of their employment; and

AS REPORTED

WHEREAS, to avoid DHSU sending a notice of termination to its employed physicians and the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term of longer than one year; and

WHEREAS, to provide sufficient time to finalize the terms of a new affiliation agreement for professional services, and to accommodate the notice requirement of SUNY's collective bargaining agreement, the System seeks to extend the Affiliation Agreement for an additional six months, through June 30, 2024; and

WHEREAS, the overall responsibility for administering the Affiliation Agreement shall reside with the System's Chief Medical Officer.

NOW, THEREFORE, BE IT:

RESOLVED, that the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals")** be and is hereby amended to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.

Dated: December 15, 2022

EXECUTIVE SUMMARY
Contract Extension
State University of New York/ Health Science Center at Brooklyn
a/k/a Downstate Health Sciences University

BACKGROUND: The Affiliation Agreement between the System and DHSU is scheduled to expire on December 31, 2023. The System and DHSU have made significant progress in negotiating the terms of a new affiliation agreement, however, because DHSU's collective bargaining agreement requires DHSU to provide its employed physicians with one-year's notice of termination, and to avoid DHSU sending such a notice with the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term longer than one year.

PROPOSAL: The System seeks authority to extend the term of the Affiliation Agreement to June 30, 2024 to provide sufficient time to finalize the terms of a new affiliation agreement with DHSU and to allow implementation of the new terms of their clinical and academic affiliation to occur at the beginning of a new fiscal and academic year which occurs July 1, 2024. The extension will cover the provision of services at the Hospitals for a period beginning December 31, 2023 through June 30, 2024, for a total cost not to exceed \$12,221,174, which includes a 10% contingency.

PROCUREMENT: The proposed contract extension is being signed with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services. Given that it is anticipated that the System will negotiate an entirely new agreement for such services during the coming year, it is in the best interest of the System to continue the contract with SUNY without changes to its terms.

AS REPORTED

***Professional Services Contract Extension
for December 31, 2023 – June 30, 2024***

**Downstate Health Sciences University
(SUNY-DHSU)**

AS REPORTED
NYC Health + Hospitals/ Kings County
NYC Health + Hospitals/ South Brooklyn Health formerly
Coney Island

Machelle Allen M.D., SVP and System Chief Medical Officer
Andrea G. Cohen, General Counsel, SVP and General Counsel
John Ulberg, SVP and Chief Financial

Executive Committee Meeting
December 15, 2022

For Consideration

Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.**

Background and Current State

- The Affiliation Agreement between the System and Downstate health Sciences University (DHSU) is scheduled to expire on December 31, 2023. The System and DHSU have made significant progress in negotiating the terms of a new affiliation agreement, however, because DHSU's collective bargaining agreement requires DHSU to provide its employed physicians with one-year's notice of termination, and to avoid DHSU sending such a notice with the potential workforce disruption that might ensue, the Affiliation Agreement must maintain a term longer than one year.
- The System seeks authority to extend the term of the Affiliation Agreement to June 30, 2024 to provide sufficient time to finalize the terms of a new affiliation agreement with DHSU and to allow implementation of the new terms of their clinical and academic affiliation to occur at the beginning of a new fiscal and academic year which occurs July 1, 2024. The extension will cover the provision of services at the Hospitals for a period beginning December 31, 2023 through June 30, 2024, for a total cost not to exceed \$12,221,174, which includes a 10% contingency.
- The proposed contract extension is being signed with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services. Given that it is anticipated that the System will negotiate an entirely new agreement for such services during the coming year it is in the best interest of the System to continue the contract with SUNY without changes to its terms.

Reason for Extension

- ❖ SUNY-DHSU's union contract requires it to provide one-years' notice of termination to its employed physicians.
- ❖ The current agreement between NYC Health + Hospitals and SUNY-DHSU (as extended) expires December 31, 2023.
- ❖ A six-month extension will allow the following services to continue without disruption while the parties finalize the terms of a new longer-term and right-sized contract services agreement, and allows the implementation of the new terms at the beginning of a new fiscal year:
 - NYC Health + Hospitals/Kings - Emergency Medicine, Psychiatry, and Radiology
 - NYC Health + Hospitals/South Brooklyn Health formerly Coney Island - Surgery

AS REPORTED

NYC Health + Hospitals
SUNY-DHSU
CONTRACT ACTIVITY

Period	Start Date	End Date	Months
FY 17 to FY 20 Agreement	1-Jul-16	30-Jun-20	48
Extension thru FY 21	1-Jul-19	30-Jun-22	24
Extension for FY 23	1-Jul-22	30-Jun-23	12
Extension for first half of FY24	1-Jul-23	31-Dec-23	6
Extension for second half of FY24	1-Jan-24	30-Jun-24	6

AS REPORTED

**NYC Health + Hospitals
Affiliation Contract Costs
Through June 30, 2024 for
SUNY-DHSU**

Fiscal Year	Amount
FY 2016	\$ 13,878,682
FY 2017	\$ 17,262,441
FY 2018	\$ 20,423,406
FY 2019	\$ 19,496,698
FY 2020	\$ 21,400,555
FY 2021	\$ 21,645,218
FY 2022	\$ 21,782,491
FY 2023	\$ 22,000,315
FY 2024 – (7/1/23 - 12/31/23)	\$ 11,110,159
FY 2024 – (1/1/24 – 6/30/24)	\$ 11,110,159 + 10% contingency = \$ 12, 221, 174

AS REPORTED

Proposed Contract Costs

Facility	Second Half FY 2024 (1/1/24 – 6/30/24) Base	10% Contingency	Total NTE
South Brooklyn Health formerly Coney Island	\$561,062	\$56,106	\$617,168
Kings County	\$10,549,097	\$1,054,909	\$11,604,006
Total	11,110,159	1,111,015	\$12,221,174

AS REPORTED

- Proposed payment to the Affiliate is based on costs.
- The costs reported assume no material change in patient volume or services provided and no additional impact from managed care programs or other third-payer developments.

Executive Committee Request

Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.**

AS REPORTED

RESOLUTION - 03

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **New York City Police Department** (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at **Elmhurst Hospital Center** ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at **Queens Hospital Center** ("Queens") to operate radio communications equipment with the occupancy fee waived.

WHEREAS, the Licensee has operated communications equipment at each facility under Board of Directors approved license agreements since 2012; and

WHEREAS, each facility continues to have adequate space to accommodate the Licensee's communications equipment; and

WHEREAS, the communications equipment does not compromise facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a revocable license agreement with the New York City Police Department (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at Elmhurst Hospital Center ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at Queens Hospital Center ("Queens") to operate radio communications equipment with the occupancy fee waived.

AS REPORTED

EXECUTIVE SUMMARY

LICENSE AGREEMENT

NEW YORK CITY POLICE DEPARTMENT

ELMHURST HOSPITAL CENTER AND QUEENS HOSPITAL CENTER

The NYC Health + Hospitals (the “System”) seeks the authorization of the Board of Directors of the Corporation to execute a revocable license agreement with the New York City Police Department (“NYPD”) for its continued use and occupancy of space to house communications equipment at Elmhurst Hospital Center (“Elmhurst”) and Queens Hospital Center (“Queens”).

The NYPD has operated communications equipment at Elmhurst and Queens since 2012 under prior license agreements authorized the NYC Health + Hospitals’ Board of Directors. The equipment enhances the overall performance of NYPD’s communications systems. The NYPD will have the continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at Elmhurst and fifty square feet of space on the roof of the “N” Building at Queens Hospital Center (“Queens”) to operate radio communications equipment with the occupancy fee waived.

The equipment does not compromise facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

AS REPORTED

The NYPD will be required to indemnify and hold harmless the Corporation and the City of New York from any and all claims arising out of the use of the licensed space and shall provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement will be revocable by either party on ninety (90) days prior notice, and will not exceed a term of five (5) years without further authorization by the Board of Directors of the New York City Health and Hospitals Corporation.

**Elmhurst Hospital Center and
Queens Hospital Center
License Agreement –
New York City Police
AS REPORTED
Executive Committee Meeting
December 15, 2022**

Leora Jontef, Assistant Vice President, Housing and Real Estate

For Consideration

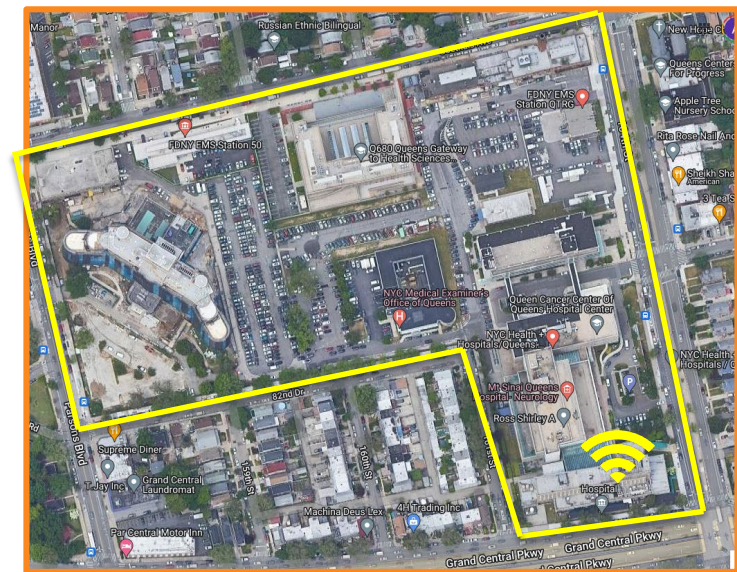
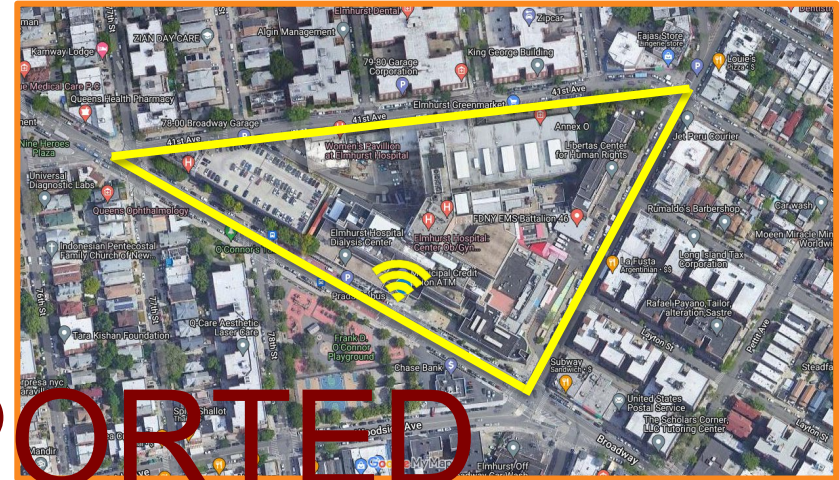
Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with the New York City Police Department (the “Licensee”) for its continued use and occupancy of 75 square feet of space on the roof of the Main Building at Elmhurst Hospital Center (“Elmhurst”) and 50 square feet of space on the roof of the “N Building” at Queens Hospital Center (“Queens”) to operate communications equipment with the occupancy fee waived.

AS REPORTED

Background

- The New York City Police Department (“NYPD”) has been operating communications equipment on the campus of Elmhurst Hospital Center (Elmhurst) and Queens Hospital Center (Queens) since 2012.
- The NYPD operates equipment at each facility that enhances the overall performance of its communication systems.
- The equipment does not compromise facility operations and complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

AS REPORTED



Terms

- The NYPD will have the continued use and occupancy of approximately 75 square of space on the roof of the Main Building at Elmhurst and 50 square feet of space on the roof of the “N Building” at Queens.

AS REPORTED

- These agreements were previously approved by the Board in 2015 and 2017.
- The occupancy fees have been waived for both NYPD sites.
- This agreement will commence on February 1st, 2023

Executive Committee Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five year revocable license agreement with the New York City Police Department (the “Licensee”) for its continued use and occupancy of 75 square feet of space on the roof of the Main Building at Elmhurst Hospital Center (“Elmhurst”) and 50 square feet of space on the roof of the “N Building” at Queens Hospital Center (“Queens”) to operate communications equipment with the occupancy fee waived.

AS REPORTED

RESOLUTION - 04

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

WHEREAS, in 2017 the System's Board of Directors authorized a license agreement with the Licensee for operation of its equipment on the Facility's campus; and

WHEREAS, the Facility continues to have adequate space to accommodate the Licensee's communications equipment; and

WHEREAS, the communications equipment does not compromise Facility operations and the system complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

NOW, THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the "System") be and hereby is authorized to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately of \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

EXECUTIVE SUMMARY

LICENSE AGREEMENT SPRINT SPECTRUM REALTY COMPANY LLC

NYC HEALTH + HOSPITALS/LINCOLN

NYC Health + Hospitals Corporation (the “**System**”) seeks the authorization of its Board of Directors to execute a revocable license agreement with Sprint Spectrum Realty Company LLC (“**Sprint**”) for its continued use and occupancy of space to house cellular communications equipment at Lincoln Medical and Mental Health Center (“**Lincoln**”).

In 2017, the Board of Directors authorized the System to enter into a license agreement with Sprint for use and occupancy of space on Lincoln’s roof. The Licensee has operated cellular communications equipment on Lincoln’s campus since 2011.

Sprint will operate a cellular communications system in approximately 300 square feet of space. The system will enhance cellular communications in the Bronx. Sprint will pay an annual occupancy fee of approximately of \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

Sprint’s system complies with applicable Federal statutes governing the emission of radio frequency signals, and therefore poses no health risk.

AS REPORTED

Sprint will indemnify and hold harmless the System and the City of New York from any and all claims arising out of the use of the licensed space and shall provide appropriate insurance naming the Corporation and the City of New York as additional insured parties.

The license agreement will be revocable by either party on ninety days prior notice, and will not exceed a term of five years without further authorization by the System’s Board of Directors.

NYC Health + Hospitals/Lincoln

License Agreement with Sprint

Spectrum Realty LLC

AS REPORTED

Executive Committee Meeting

December 15, 2022

**Leora Jontef, Assistant Vice President, Housing and
Real Estate**



For Consideration

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five-year revocable license agreement with Sprint Spectrum Realty Company LLC (the “Licensee”) to operate a cellular communications system on approximately 300 square feet of space on the roof of NYC Health + Hospitals/Lincoln at annual occupancy fee of \$108,604 calculated at \$362 per square foot to be escalated by 3% per year for a five year total of \$576,595.

AS REPORTED

Background

- Lincoln has had Sprint communication equipment on its roof since 2017.
- The equipment is part of Sprint's cellular communications network.
- The equipment does not compromise facility operations and complies with applicable federal statutes governing the emission of radio frequency signals and therefore poses no health risk.

AS REPORTED



Background

- In 2017 the Board of Directors authorized a five year license agreement with the Licensee for use and occupancy of 300 square feet of space on the roof of the Facility.
- The existing license agreement expires December 30, 2022.
- The new agreement will allow the Licensee to continue its use and occupancy of the space.

AS REPORTED

Terms

- Sprint Spectrum Realty Company LLC will continue to occupy approximately 300 square feet on the roof of the Facility.
- Sprint Spectrum will pay an occupancy fee of \$108,604 per year, or \$362 per square foot. The occupancy fee will be escalated by 3% per year for a combined five year total of \$576,595.
- The new agreement will commence January 1, 2023.
- The unique site specific factors (e.g. area topography, area signal coverage) that affect the price for rooftop space used for communication equipment differ from typical commercial space leases thereby rendering traditional fair market analysis less significant.

AS REPORTED

Occupancy Fee

Existing Agreement		
<u>Year</u>	<u>Annual</u>	<u>PSF</u>
1	\$93,683	\$312
2	\$96,493	\$322
3	\$99,388	\$331
4	\$102,370	\$341
5	\$105,441	\$351
Total	\$497,376	

AS REPORTED

New Agreement		
<u>Year</u>	<u>Annual</u>	<u>PSF</u>
1	\$108,604	\$362
2	\$111,862	\$373
3	\$115,218	\$384
4	\$118,675	\$396
5	\$122,235	\$407
Total	\$576,595	

3% annual escalation calculated on year 5 of previous agreement

Executive Committee Request

Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute a five-year revocable license agreement with Sprint Spectrum Realty Company LLC (the “Licensee”) to operate a cellular communications system on approximately 300 square feet of space on the roof of NYC Health + Hospitals/Lincoln at annual occupancy fee of \$108,604 calculated at \$362 per square foot to be escalated by 3% per year for a five year total of \$576,595.

AS REPORTED

RESOLUTION - 05

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five-year term in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

WHEREAS, in June 2020 the System’s Board of Directors authorized a five-year agreement with Array to provide architectural/engineering services for the renovation of space at Bellevue and Woodhull to serve as sites for the OTxHU program; and

WHEREAS, since the approval of the subject agreement in June, 2020 the scope and cost of the OTxHU program has grown due to additional program requirements, many imposed by the New York State Commission of Correction (“**SCOC**”) and the requirement that the progress of the program be substantially accelerated; and

WHEREAS, in November 2021 the System reported that, to accelerate project completion, the cost of Array’s services had been projected to increase from the originally authorized sum of \$8,663,000 by \$1,814,880 to a new projected total of \$10,477,880 and

AS REPORTED

WHEREAS, SCOC design changes at Bellevue will add \$2,389,708 to the design cost;

WHEREAS, CHS is adapting those SCOC design principles to Woodhull which will add \$2,484,384 to the design cost; and

WHEREAS, a third element in the current request for increased funding is the addition of a 10% contingency in the amount of \$1,535,197 which is needed because a contingency for design was not included in the original board approval; and

WHEREAS, the three elements of increased costs bring the total project funding to \$16,887,169; and

WHEREAS, the proposed agreement will be managed by the Office of Facilities Development.

NOW THEREFORE BE IT:

RESOLVED, the New York City Health and Hospitals Corporation be and hereby is authorized to increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five year term in connection with the System’s Correctional Health Services (“**CHS**”) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (“**OTxHU**”) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

**EXECUTIVE SUMMARY
ARCHITECTURAL AND ENGINEERING SERVICES
FOR THE OTxHU PROGRAM
ARRAY ARCHITECTS, INC.**

- OVERVIEW:** The System plans to launch CHS' OTxHU program to treat more clinically complex patients within secured units located at Bellevue and Woodhull hospitals. Considerable work will have to be done to prepare the spaces. The System executed a contract with Array to design the OTxHU spaces and assist with the procurement of construction contractors and with construction administration. The contract with Array was approved by the Board of Directors in June 2020 with an NTE of \$8,663,000. In November 2021 the System returned to the Board of Directors to request \$1,814,880 in increased funding bringing the contract NTE to \$10,477,880. This request was triggered by the need to accelerate the project and to respond to SCOC design changes requested at Bellevue.
- NEED:** SCOC has requested changes in the previously approved design at Bellevue and those principles are being incorporated into the design at Woodhull. Finally, it is prudent to add a contingency to the Array contract because one was not included initially.
- PROPOSAL:** The SCOC design changes at Bellevue will cost an additional \$2,389,708. The design changes at Woodhull will add \$2,484,384 to the architectural design cost. A prudent contingency of 10% is \$1,535,197. These three changes total \$6,409,289. When that amount is added to the prior NTE of \$10,477,880 the new requested NTE becomes \$16,887,169.
- FUNDING:** The proposed contract expenses will be paid with City Capital Funds.
- TERM:** The term of the agreement remains unchanged at three years with two one-year options to renew solely exercisable by the System.
- MWBE:** Array previously submitted a plan for not less than 30% MWBE utilization and is adhering to that plan.

AS REPORTED

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

From: Keith Tallbe Rivera
Senior Counsel Bazan
Office of Legal Affairs Jrmali

Re: Vendor responsibility, EEO and MWBE status

Vendor: Array Architects, Inc.

Date: November 23, 2022

Digitally signed
by Rivera-Bazan,
Jrmali
Date:
2022.11.23
14:26:18 -0500

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

Vendor Responsibility
Approved

EEO
Approved

MWBE
34% - Utilization Plan

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

AS REPORTED

Increased Funding for Outposted Therapeutic Housing Units (OTxHU) Associated with SCOC Changes with Array Architects, Inc.

Design Services
AS REPORTED
Executive Committee Meeting
December 15, 2022

Manny Saez, PhD., Senior Assistant Vice President , Office of Facilities Development
Oscar Gonzalez, CCM, Senior Assistant Vice President, Office of Facilities Development
Luis Mendes, Senior Director, Office of Facilities Development
Ashley Smith, Senior Director, Correctional Health Services
Denisha Simpson Franklin, Senior Director, Correctional Health Services

For Consideration

- Authorizing New York City Health and Hospitals Corporation (**the “System”**) to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five-year term in connection with the System’s Correctional Health Services (**“CHS”**) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (**“OTxHU”**) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

Background

- The OTxHU project was publicly announced by the Mayor in a press release on November 26, 2019, marking official approval that the project could move forward
- During COVID, OFD & CHS progressed securing contracts to start designs for Bellevue & Woodhull. The Board approved contracts in June 2020:
 - Design services for OTxHU for Array
 - Program Management services for AECOM
 - Design services for Enabling Projects at Woodhull Hospital for E4H
- Board approved construction contracts for both Bellevue and Woodhull
 - November 2021 Board approval - Bellevue: Consigli CM/GMP
 - March 2022 Board approval - Woodhull Enabling Contract – JEMCO GC
- Board approved amendments
 - November 2021 Board approval – Bellevue: Array due to acceleration and AECOM to oversee CM/GMP contractor
 - May 2022 Board approval – Bellevue: Consigli CM/GMP increase due to New York State Commission of Correction (SCOC) changes

AS REPORTED

Reason for Contract Amendment

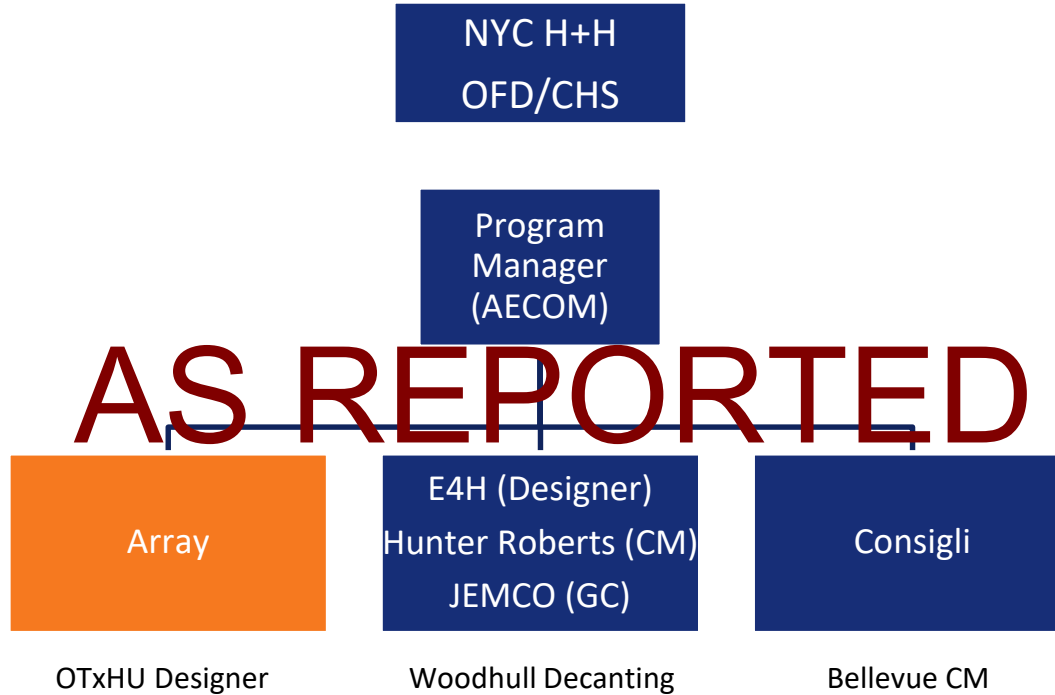
- In January 2022, the SCOC required a number of additional changes at Bellevue including a new location for the outdoor recreation resulting in the need for a revised design and construction approach for recreation, patient and staff flow, and the program floorplan.
- On March 29th, SCOC provided approval of the Bellevue project, which integrated the changes SCOC requested.
- H+H is adapting these SCOC principles to the design of the Woodhull project
- Contingency is needed to allow for design for unforeseen circumstances.

Potential Scope Amendments:

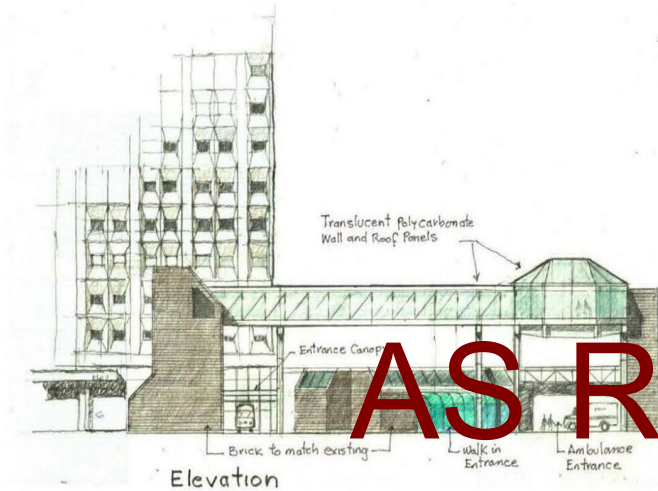
- On June 6th, DOC informed the project team of additional requests that would require design revisions. These requests are under review by the city.



OTxHU Team



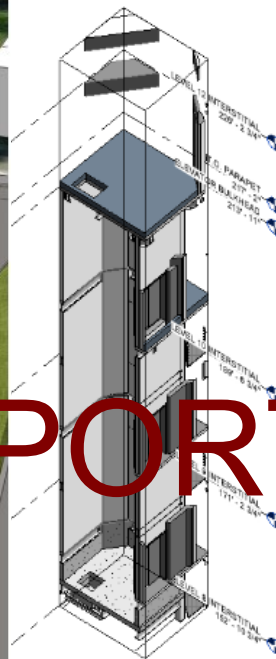
Bellevue OTxHU with SCOC Changes



AS REPORTED

- 110 patient beds
 - Treatment and support areas located throughout the program
- H Bldg, 2nd Floor, OTxHU
 - 64,705 GSF
 - 45,800 SF Clinical spaces
 - 9,554 SF Circulation/Core
 - 9,295 SF Admin spaces
- Upgrades to Mechanical, Electrical and Plumbing systems
- Creates efficient, normative environments for patients and staff
- ***New exterior elevator and recreation space to satisfy SCOC concerns and mitigate operational impact to the overall facility***

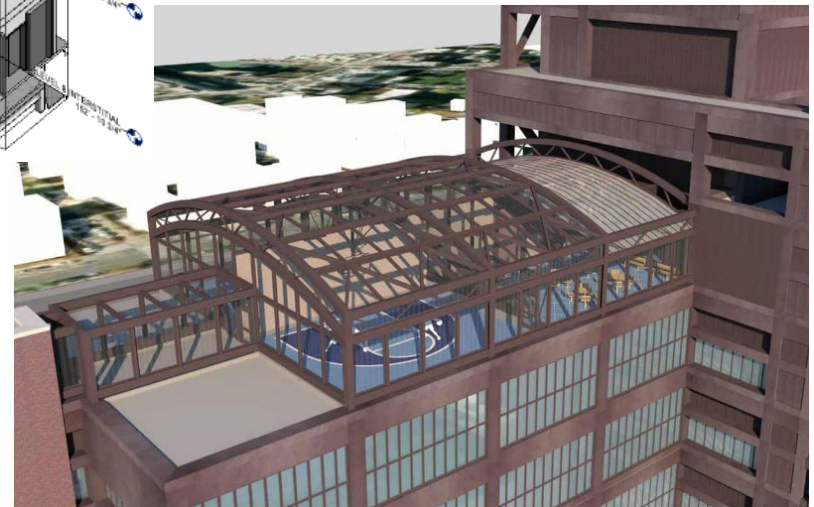
Woodhull OTxHU with Adapted Changes



- 156 patient beds
 - Treatment and support areas located throughout the program
- 9th and 10th floors, OTxHU
 - 70,000 GSF
 - 10,537 SF Clinical spaces
 - 24,784 SF Circulation/Core
 - 8,853 SF Admin spaces

AS REPORTED

- *New Van Access with Sitework*
- *New secure Sallyport, 3-Stop Elevator*
- *Outdoor Recreation Area to satisfy SCOC requirements*
- *10th floor Roof Replacement*
- *Curtain Wall Replacement*



Current State

Progress To Date

- The Board approved the Array design contract in June 2020 for an NTE of \$8,663,000.
- The Board approved an NTE increase for Array due to acceleration at Bellevue in November 2021 for the amount of \$1,814,880 increasing the contract NTE to \$10,477,880.
- The SCOC design changes to Bellevue were finalized.
- Construction at Bellevue is scheduled for completion in 2023.
- Woodhull CM Builder RFP has been released to a pre-qualified vendor pool.
- Woodhull is scheduled for completion in 2024.
- Array has been excellent in the work completed thus far

AS REPORTED

Amendment Request

- Authorization to increase budget for Array design contract by \$6,409,289 to a total NTE of \$16,887,169
 - Bellevue SCOC design changes \$2,389,708
 - Woodhull adapted design changes \$2,484,384
 - 10% design contingency of new total NTE \$1,535,197 (contingency for design was not included in original board approval)
- This increase in costs is within the total project budget.
- OMB has approved Project contingency which will cover this request.

MWBE Utilization Plan

- Array originally committed to a 36.47% MWBE Utilization Plan
 - Array's original MWBE utilization plan was 36.47%
 - Array's adjusted MWBE utilization plan was 33.1% with first NTE increase
 - Array's MWBE plan with current increase of \$6,409,289 is 34.65%
 - \$1,688,873 of the increase is committed to MWBE spend
 - 50.64% of Array's invoices to date are to MWBEs
 - Net effective MWBE utilization plan is 34%

AS REPORTED

- Authorizing New York City Health and Hospitals Corporation (**the “System”**) to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. (“Array”)** for architectural/engineering services for the renovation of space at **NYC Health + Hospitals/Bellevue Hospital (“Bellevue”)** and **NYC Health + Hospitals/ Woodhull Hospital (“Woodhull”)** over a five-year term in connection with the System’s Correctional Health Services (**“CHS”**) initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units (**“OTxHU”**) which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

NEW YORK CITY HEALTH AND HOSPITALS CORPORATION

A meeting of the **Executive Committee** of 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 15th day of December, 2022 at 2:00 P.M., pursuant to a notice, which was sent to all of the Directors of New York City Health and Hospitals Corporation and which was provided to the public by the Secretary. The following Directors participated in person:

Mr. José Pagán
Dr. Mitchell Katz
Ms. Anne Williams-Isom - left at 3:35 p.m.
Mr. Robert Nolan
Ms. Erin Kelly - joined at 3:35 p.m.
Mr. Feniosky Peña-Mora
Ms. Sally Hernandez-Piñero
Ms. Freda Wang - virtual, in a listening capacity only - left at 3:20
Ms. Anita Kawatra
Dr. Michelle Morse
Dr. Patricia Marthone- virtual, in a listening capacity only.

José Pagán, Chair of the Board, called the meeting to order at 2:08 p.m. Mr. Pagán chaired the meeting and Colicia Hercules, Corporate Secretary, kept the minutes thereof.

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasani in a voting capacity.

MEMBER VOTE DELEGATION

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

Mr. Pagán noted Freda Wang has delegated Sally Hernandez-Piñero to be counted as a member of the Executive Committee for the purposes of quorum and voting in her place.

Executive Committee Members Present: José Pagán, Dr. Mitchell Katz, Anne Williams-Isom, Feniosky Peña-Mora, Sally Hernandez-Piñero, Dr. Michelle Morse representing Dr. Ashwin Vasani.

Other Members of the Board Present: Anita Kawatra and Robert Nolan

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 3:37 p.m.

Mr. Pagán noted that Dr. Michelle Morse is representing Dr. Ashwin Vasani, Erin Kelly is representing Deputy Mayor Anne Williams-Isom - both in a voting capacity.

MEMBER VOTE DELEGATION

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

Mr. Pagán noted Ms. Freda Wang has delegated Ms. Sally Hernandez-Piñero to be counted as a member of the Executive Committee for the purposes of quorum and voting in her place at this meeting.

ADOPTION OF MINUTES

The minutes of the Board of Directors meeting held on November 17, 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 November 17, 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/Bellevue.

The Board also received and approved semi-annual governing body written reports from NYC Health + Hospitals/Jacobi and NYC Health + Hospitals/North Central.

Mr. Pagán thanked Dr. Patricia Marthone, Mr. Feniosky Peña-Mora and Dr. Michael McRae for visiting the Asylum Center at the Row Hotel on November 21st. Mr. Peña-Mora related brief highlights from his visit, stating how impressed he is by the team and all the work being done.

VENDEX APPROVALS

Mr. Pagán noted there is one item on the agenda requiring Vendex approval and its approval is currently pending. There are two items from previous Board meetings pending Vendex approval. No approvals were received since the Board last met.

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

ACTION ITEM 2:

Mr. Pagán read the resolution

Amending the resolution adopted May 25, 2022 by the Board of Directors of New York City Health and Hospitals Corporation (the "System") **authorizing the funding through December 31, 2023 of an affiliation agreement with the State University of New York Health Science Center at Brooklyn, a/k/a Downstate Health Sciences University ("DHSU") for services at NYC Health + Hospitals/Kings County and NYC Health + Hospitals/South Brooklyn Health, formerly Coney Island (the "Hospitals") to extend such funding through June 30, 2024**, for a total cost not to exceed \$12,221,174 which includes a 10% contingency.

(Presented Directly to the Board: 12/15/2022)

John Ulberg, Senior Vice President and Chief Financial Officer provided an overview of the affiliation agreement and explained the reason for the extension. Mr. Ulberg discussed the background and current state of the affiliation contract, the rationale for the current extension, the costs from fiscal year 2017 through fiscal year 2024 and the proposed cost for an extension to the end of fiscal year 2024.

After questions from the Board regarding the plan for a multi-year affiliation agreement, Joanna Weiner, Senior Counsel, confirmed the expectation of the long-term agreement being effective July 1st 2023. The overlap is due to SUNY's arrangement with the physicians' union which requires a one year notice of termination. Ms. Weiner noted that the SUNY relationship has evolved to having less of a clinical presence and a more robust academic presence and that evolution will be reflected in the new agreement with the appropriate financing.

Sheldon McLeod - Chief Executive Officer of NYC Health + Hospitals/Kings County, assured the Board that this extension is needed to prevent the

radiology services and some of physicians from leaving, which would negatively impacted service delivery.

After discussion, hearing no further questions from the Board and upon motion duly made and seconded, the Board unanimously approved the resolution.

ACTION ITEM 3:

Mr. Peña-Mora read the resolution

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the **New York City Police Department** (the "Licensee") for its continued use and occupancy of seventy five square feet of space on the roof of the Main Building at **Elmhurst Hospital Center ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at Queens Hospital Center ("Queens")** to operate radio communications equipment with the occupancy fee waived. (Presented to the Capital Committee: 12/05/2022)

Indar Mahendranath, Assistant Vice President, Office of Facilities Development, presented background information highlighting the historical use of space by the New York City Police Department to operate their communications equipment and an overview of the terms of this agreement.

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

ACTION ITEM 4:

Mr. Peña-Mora read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with **Sprint Spectrum Realty Company LLC** (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of **NYC Health + Hospitals/Lincoln** (the "Facility") at an annual occupancy fee of approximately \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595. (Presented to the Capital Committee: 12/05/2022)

Jeremy Berman, Deputy Counsel, provided background information including a brief overview of the initial five-year license agreement which the Board authorized in 2017. He discussed the terms of the agreement as well as the five-year occupancy fee in the existing agreement and the new agreement.

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

RECUSAL

Mr. Peña-Mora recused himself from the meeting and exited the Boardroom.

ACTION ITEM 5:

Mr. Pagán read the resolution

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$6,409,289 for its previously executed agreement with **Array Architects, Inc. ("Array")** for architectural/engineering services for the renovation of space **at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull")** over a five-year term in connection with the System's Correctional Health Services ("CHS") initiative to treat its patients who require higher levels of care in its **Outposted Therapeutic Housing Units ("OTxHU")** which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197

(Presented to the Capital Committee: 12/05/2022)

Manuel Saez, Senior Assistant Vice President, Office of Facilities Development introduced the team and Patricia Yang, Senior Vice President of Correctional Health Services provided a brief overview of the need for additional funds to respond to the New York State Commission of Correction's changes in design.

Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, added more in-depth background information outlining the history of this project.

Mr. Gonzalez described the Woodhull OTxHU including the new modifications to the design using lessons learned from Bellevue. He also provided an overview of the current state and the MWBE utilization plan.

Ms. Hernandez-Piñero expressed her concerns regarding the delays of the projects due to the NYS Commission of Correction's additional requests in the design to address their perceived risks from this vulnerable population.

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

Mr. Peña-Mora re-joined the meeting.

PRESIDENT REPORT

RESPIRATORY ILLNESS ON THE RISE

Respiratory viruses are on the rise in NYC and across the country. Influenza is the predominant respiratory illness among pediatric and adult patients. There is also an increase in positive COVID-19 tests among adult patients, but not an accompanying increase in hospitalizations due to severe COVID-19. NYC issued a health advisory urging the public to mask-up when indoors and in crowded outdoor setting.

Everyone aged six months or older should get their COVID-19 primary vaccination series if they have not already done so and should get the updated bivalent COVID-19 booster when eligible as well as an annual flu shot. NYC Health + Hospitals facilities and the NYC Test & Treat teams continue to make vaccinations for COVID-19 and flu widely available in every borough. It is safe to get both at the same time.

Virtual ExpressCare team is available 24/7 to ensure anyone who tests positive can consult with a doctor quickly and get medication on the same day.

PROTECTING HOMELESS NEW YORKERS WITH SEVERE AND UNTREATED MENTAL ILLNESS

Mayor Eric Adams announced a comprehensive new plan focused on helping New Yorkers with untreated psychiatric disorders who pose a risk of harm to themselves or to the public. This is in line with guidance issued by the Office of Mental Health in February 2022. Health systems across the City, including NYC Health + Hospitals, will be partners in the Mayor's new plan to help those in need to find their way to treatment and recovery. The plan also includes enhanced training for first responders, an aggressive State advocacy agenda, and a new hotline for NYPD officers to receive real-time clinical advice from expert NYC Health + Hospitals clinicians.

A MONTH OF RECOGNITIONS AND AWARDS

Nursing Excellence - More than 30 nurses from across the System were recognized at the annual Nursing Excellence Award ceremony.

A special award was presented to Board Member and former NYC Health + Hospitals nurse, Ms. Barbara A. Lowe, who received the Josephine Bolus Nursing Champion Award, the System's highest honor for supporters of nurses and the nursing profession.

Top Teaching Hospital - NYC Health + Hospitals/North Central Bronx received the Top Teaching Hospital designation from The Leapfrog Group, one of only 58 hospitals nationwide to earn the award this year.

"A" for Safety - NYC Health + Hospitals/Queens and NYC Health + Hospitals/North Central Bronx earned an 'A' Leapfrog Hospital Safety Grade for fall 2022.

Prestigious Pathway to Excellence Nursing Award - NYC Health + Hospitals/South Brooklyn Health joined a premier group of health care organizations that have received the prestigious Pathway to Excellence designation from the American Nurses Credentialing Center.

Excellence in Reducing Risk of Heart Attack and Stroke Among New Yorkers - All 11 hospitals in the System and 7 of the Gotham Health sites were recognized by the American Heart Association and the American Medical Association for their work in managing hypertension, or high blood pressure, a leading cause of heart attack and stroke.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH QUALITY RECOGNITION

Gotham Health - the NYC Health + Hospitals' network of Federally Qualified Health Centers with sites in every borough completed a successful survey by the Federal Health Resources and Services Administration.

EXTERNAL AND COMMUNITY AFFAIRS UPDATE

Federal - After the Federal FY-2022 ended in September, Congress passed a Continuing Resolution extending Federal government funding at existing levels through December 23, to allow more time to negotiate a FY-2023 spending package.

House Speaker Nancy Pelosi and Majority Leader Steny Hoyer announced their decisions to step down from House Democratic leadership in the next Congress. Representative Hakeem Jeffries, whose Brooklyn district includes NYC Health + Hospitals/South Brooklyn Health and NYC Health + Hospitals/Woodhull, will be the House Democratic Leader for the 118th Congress.

The COVID-19 Public Health Emergency was extended through January 2023.

CONTRACTS DEVIATION

Mayor Adams issued an Emergency Executive Order on October 7, 2022, allowing the City to expedite its procurement processes to timely meet the needs of the continued influx of asylum seekers. NYC Health + Hospitals has been an integral part of the City's response in providing support for the arriving immigrants and limited authorization for emergency contracting to support such efforts has been granted. The following two new contract actions have been authorized:

- A contract to provide food services to the asylum seekers housed at hotels with LIC COM, LLC, for an amount not to exceed \$8,500,000 for a period of 6 months;
- A contract with an additional hotel, Stewart Hotel, for an amount not to exceed \$27,862,000 for a period of 6 months.

DISCUSSION

In response to questions from the Board, Dr. Katz clarified that the group of people targeted by the Mayor's initiative for Mental Health services is relatively small in relation to the System's capacity. The System will expand the number of beds for mental health as soon as they can be adequately staffed. The state has allocated fifty additional beds with the promise of two hundred more for patients with long-term care needs.

The Board inquired about the process to bring an individual identified as unhoused and mentally ill to the hospital. Dr. Katz responded that standard practice is for the ambulance crew to bring the patients to the nearest hospital or for the Medical Director for the ambulance service to determine where the person would be better served within a reasonable distance. NYC Health + Hospital has the largest share of mental health care at 55% among the 50 hospitals in the City, of which 10 are part of the System. Financially, he clarified that the overwhelming majority of this population is covered under Medicaid.

Dr. Katz agreed with the Board that COVID-19 booster/bivalent and Paxlovid acceptance remains a challenge among patients aged 65 and older.

COMMITTEE AND SUBSIDIARY REPORTS

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

OLD BUSINESS/NEW BUSINESS

ADJOURNMENT

Hearing no old business or new business to bring before the New York City Health and Hospitals Corporation Board of Directors, the meeting was adjourned at 4:27 P.M.



Colicia Hercules
Corporate Secretary

COMMITTEE REPORTS

AUDIT COMMITTEE MEETING – December 5, 2022

As Reported by: Dr. José Pagán

Committee Members Present: Dr. José Pagán, Feniosky Peña-Mora, Freda Wang, Dr. Machel Allen (as agent for Dr. Mitchell Katz)

The meeting was called to order by Dr. José Pagan, at 11:01 a.m. and noted for the record that Dr. Machel Allen is representing Dr. Mitchell Katz in a voting capacity.

Dr. José Pagán, requested a motion to adopt the minutes of the Audit Committee meeting held on December 17, 2022. A motion was made and duly seconded with all in favor to adopt the minutes.

Dr. Pagán proposed 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 11:06 am

The Committee reconvened in Open-session at 11:47 a.m.

Presentation:

Internal Audits:

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

Ms. Catherine Patsos, Chief Corporate Compliance Officer, presented the Internal Audits report. Ms. Patsos 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 in 2020 at the start of the pandemic. Dr. Pagán received a follow up request from the Comptroller's Office on September 30, 2022, requesting an update on the status of the recommendations that were set forth in their final report. That update was sent on October 27, 2022. The update indicated that all four recommendations were either completed or scheduled for completion by the end of 2022, which would be on target.

NYS Office of the State Comptroller (OSC) Follow-Up of NYC Health + Hospitals Controls Over Equipment

The New York State Office of the State Comptroller's (OSC) follow-up audit of our equipment controls is nearly completed. The OSC's field work has been completed and they issued some findings on November 4, 2022. There was a closing conference on November 18, 2022, at which their findings were discussed. The OSC auditors visited Harlem, South Queens Neighborhood Health Center, and Belvis. Their findings included the status of the 6 recommendations from their original audit. Of the 6, 2 were said to have been implemented, 1 partially implemented, and 3 determined to not have been implemented. The auditors stated that they could consider recommendation number 3 to be removed from partially to fully implemented.

On November 22, 2022 we submitted a written response to the OSC's findings. Regarding Recommendation number 1, that the review of the asset management

systems for accuracy and implemented continuous monitoring, the response stated that this should be moved to partially implemented. The OSC identified 20,382 pieces of movable equipment that without tags. Of those 15,516 had serial numbers, which could be used to track the assets as well as using an asset tag on them.

In response to Recommendation number 3, regarding communication of policies on asset disposal, transfer and tagging to personnel, evidence was submitted that the System had updated its policies and processes regarding the asset disposal and transfers, and they were communicated by an updated capitalization policy that was shared with the facilities, as well as an email communication.

In response to Recommendation number 4 regarding the implementing formal systems to monitor and tracking assets, we have a separate tracking system for biomedical and IT equipment that is a separate from our asset management tracking for financial purposes. If an asset comes off the financial tracking system, it might still be tracked by the medical device tracking system if it is still physically in service.

The response to Recommendation number 5 is the same as the Recommendation number 1, regarding the asset tagging serial numbers tagging.

Nurse on boarding-update

Ms. Patsos reported Internal Audits has made progress with the field work on the agency nurses and have begun working with Human Resources to access the files for the direct hire nurses.

Auxiliary Audits:

This is ongoing, no updates from the last Audit Committee meeting.

Ms. Patsos asked if there were any questions.

Mr. Peña-Mora asked for the Auxiliaries, what is the average amount of time between the year ends to when the reports are presented to us officially as audited.

Ms. Patsos responded that a couple of Auxiliaries have delays, including Queens Hospital Center, which was held up because it was waiting for a determination from the IRS that its reinstatement of 501(c)(3) status would be retroactive. Sometimes, it also takes a while for Auxiliaries to gather the financial data to send to the auditors for them to prepare the reports.

Mr. Peña-Mora, asked if the average delay is usually 1-2 years.

Ms. Patsos, stated that this process usually takes less than a year, as most of the 2021 reports have been completed.

Mr. Peña-Mora, thank you.

Office of Corporate Compliance Reports:

Monitoring Excluded Individuals and Vendors

Ms. Patsos reported that there were no individuals or entities that were on the Office of Inspector General or the Office of the Medicaid Inspector General

exclusion lists. Nor were there any providers identified on the National Plan and Provider Enumeration System or the Death Master File.

Privacy Incidents and Related Reports

Ms. Patsos reported that there were 54 incidents that were entered into our case management system. Of those 54, 14 were found to be violations of NYC Health + Hospitals HIPAA policy and procedures, and 7 were not violations. Of the 14 confirmed violations, 6 were determined to be breaches. One of the breaches resulted in an after-care visit summary that was provided to the incorrect patient. One resulted from a registration error, where someone else's information was entered into the wrong chart. One was a result of a discharge summary being faxed to the wrong recipient, and 1 was a result of a metro-card form being provided to the wrong individual.

Of the 70 privacy incidents that were reported at the October Audit Committee meeting, 21 were still under investigation at that time. Of those, 14 were closed, 8 were found to be violations of NYC Health + Hospitals HIPAA policies and procedures, and 6 were not violations. Of the 8 violations, 4 were determined to be breaches. Three breaches were the result of registration errors, and 1 breach resulted from a break-in into Medical Correspondence Room.

Ms. Patsos opened the room for questions.

No questions.

Ms. Patsos reported that the Office of Corporate Compliance (OCC) received two letters from the Office for Civil Rights (OCR). One was dated October 28, 2022, regarding a complaint that the OCR received on March 4, 2022 from a patient at Bellevue who claimed that another patient's information was included in their medical record and their medical information was included in the other patient's medical record. The OCC investigated this allegation, and found that there was a registration error on March 2, 2022, where a patient who was admitted to Bellevue was registered under the other patient's records due to having the same name. Health Information Management was notified and created a new chart for the admitted patient. As a result of the registration error, however, the complainant was able to view the admitted patient's information via their MyChart account, and the complainant's name, medical record number, and date of birth were printed on the identification band of the admitted patient. There were no adverse medical implications as a result of that misinformation being on the identification band.

On November 10th, the OCC received a letter from the OCR dated September 14, 2022, regarding a complaint the OCR received on June 5, 2022, from an individual who alleged that staff accessed their personal information via their child's medical records. The OCC follow up on the complaint, and learned that while the complainant's child was in the Pediatric Emergency Room, the complainant, who was apparently an off-duty police officer at the time, displayed a firearm to staff and to NYPD officers. He was ultimately escorted out of the facility by NYPD Officers. This investigation is ongoing.

Ms. Patsos asked if there were any questions.

No questions.

Compliance Reports

Ms. Patsos reported that, during the reporting period, there were a total of 27 compliance reports entered into the tracking database, two of which were red reports, 8 were yellow reports, and 17 were green reports. One of the red reports involved a workforce member who received threatening text messages from an agency workforce member who was ultimately terminated. The other red report involved an individual threatening harm to a workforce member and patients. That individual was removed from the premises by Hospital Police.

Billing and Coding Auditing Services:

Ms. Patsos reported that the OCC has been working on contracting with a new vendor for billing and coding auditing services. KPMG was the winning vendor. Contract negotiations with KPMG are wrapping up, and work is expected to begin in the middle of December. A kickoff meeting is scheduled for December 6, 2022. The OCC is very pleased to have KPMG onboard.

HIPAA Risk Analysis and Security Assessment:

Ms. Patsos reported that Coalfire is wrapping up its 2022 risk analysis and security assessment. They are working on their remaining reports, which we hope to have finalized in the next week.

Ms. Patsos opened the floor for questions.

No questions.

Management Letter by Grant Thornton-Tami Radinsky

Ms. Radinsky reported on the Management Letter. She stated that Grant Thornton's responsibility is to communicate to the Board of Directors or the Audit Committee any findings that are relevant or significant deficiencies or material weaknesses. This year NYC Health + Hospitals did have a Material Weakness.

The Material Weakness this year relates to grant revenue income recognition. This is a repeat finding, and is the System's fourth year, and Grant Thornton's second year of this type of finding. The finding relates to the income recognition and the appropriate controls and procedures that were not in place during the year as it related to the recognition of the Provider Relief Funds (PRF) and FEMA funding grant income. Grant income and related transactions were recorded subsequent to the System's year end. In addition, related documentation was not provided in a timely manner, which caused significant delays as it relates to auditing the information available for the external auditors. Grant Thornton received the information that there was an error, and this resulted in the audit adjustment. Grant Thornton recommendation is similar to prior years, that a formal analysis reconciling funds by funding source be performed, reviewed and approved on a regular basis, including all the appropriate documentation. All documents should ensure that the grant revenues and the expenses are accurately reflected and reconciled to the general ledger throughout the year.

Ms. Radinsky asked if anyone from the Management Team wanted to comment in terms of the response.

Mr. Guzman stated that this has been taken very seriously and they are committed to rectifying the situation from the controls perspective. Management will work to put a work group together internally to start working through some of the inter-departmental communications and sharing of information.

Ms. Wang asked if the findings was an ongoing issue for the four years?

Ms. Radinsky responded that is has been an issue in many years with different findings on the same issue; in prior years it was a significant finding; this year it has moved up to material weakness due to PRF and FEMA COVID funding that is for last year's findings. Timely grant income recognition with different funding source. The financing is accurately reflected and recorded in the financial statements as they stand today.

Ms. Wang asked whether Grant Thornton looked into any misappropriation.

Ms. Radinsky responded that Grant Thornton does that as part of their detail procedure, which is why it takes a long time to get the information to audit to make sure the FEMA funding was reconciled and reported according to the revenue recognition.

Ms. Wang stated that she noticed that in prior years a quarterly analysis was recommended, but now the recommendation is on a regular basis. She asked whether Grant Thornton thinks analysis on a regular basis would be appropriate.

Ms. Radinsky stated that it would be up to management to establish those protocols and procedures between the grants and the finance departments. Mr. Ulberg reported that it is reasonable to have a quarterly reporting.

Follow-up: Ms. Wang requested the Committee be updated on a quarterly basis on the progress being made.

Ms. Wang asked that, since there are many different areas such as finance, the grants department, and the Comptroller's Office, who right now is leading the charter for remediation.

John Ulberg responded that David Guzman and himself have a meeting tonight to better understand areas of accountability and the processes being implemented are correct with the understanding of everyone involve. Mr. Ulberg also noted that process will be reported back to the Committee.

Ms. Wang asked what the expectation is when someone has a material weakness finding. Does that warrant a repeat material weakness?

Ms. Radinsky stated that Grant Thornton had many discussions with the Comptroller's Office, and that they are hoping to do interim testing quarterly to take a look at how things are going, with no repeat in the next year.

Mr. Ulberg stated that would be great, so that the System does not fall into the same situation.

Ms. Wang asked if typically, when there is a material weakness, does it come back down labeled as a deficiency.

Ms. Radinsky responded that no, it is labeled as resolved.

Ms. Radinsky reported that there is a similar issue, but it is a control finding that relates to the patient accounts receivable and credit balances. This has also been going on for some time; however, it is not material enough that it would raise to the level of a Material Weakness. Grant Thornton determined that a portion of the credit balances that represent liabilities due to the patients does not raise any level of significance and management is working on this.

Ms. Wang asked if the credit balances issue is due to the patients or the System.

Ms. Radinsky stated that there are different types of liabilities that are due back to the patients; however, they are not significant portions.

Mr. Peña-Mora stated that in Ms. Radinsky's prior statement, she mentioned that there were errors in the financial statements.

Ms. Radinsky responded the financial statements are accurate, complete and reasonable, but to get to that point, Grant Thornton was given multiple schedules that contained errors which ultimately resulted in an adjustment to the FEMA - not PRF - funding of about \$114 Million. That was recorded by management. The financials included an adjustment that grant identified as a result of Grant Thornton's review.

Mr. Peña-Mora asked, since the System has been having these types of deficiencies for three or four years, where similar errors found in prior years that had a significant deficiency, or was this the only year that errors were found that precipitated the material weakness. Ms. Radinsky, stated that there are two reasons for material weakness. One is the adjustment as a result of the multiple versions of schedules that were given to Grant Thornton, which contained errors. Second, it was the timeliness of the reconciliation. Therefore, the schedules that Grant Thornton received were very late, which was two to three months after the year end. Ms. Radinsky stated that she believes this goes back three to four years in the grant revenue, and that there was also an adjustment, but not to this level of materiality and it was not a repeat issue back then. She noted that this is the second year of the FEMA funding; and that, coupled with the adjustments, timeliness, and errors, that qualitatively and quantitative led to the Material Weakness.

Mr. Peña-Mora asked if there have been only been two instances in the last four years that Grant Thornton found errors.

Ms. Radinsky responded that, yes, from what she recalls, the level of significance probably happened twice in the past four years.

Mr. Peña-Mora asked management if the information that was in the schedules with these values before auditing what is the normal use of that information, and what influence did it have in decision making to have those schedules with errors.

Mr. Guzman responded that the schedule supports our recognition of revenue, which has the detailed kind of expense level information around our spending to

support what has been obligated from the grants, and we expect to receive that revenue. In this case, the schedules that were provided had errors within them, so in reviewing and going back and forth with the timing perspective, we took down the adjustments. We do feel that there is a presence of expenses that we could use to support further revenue recognition, but there was not enough time to go through the process to really provide information on those other expenses due to the timing of closing out the audit process. We did not want to take the chance of further delays, so we actually decided to recognize less revenue relating to FEMA this year with the possibility of continue the review and recognizing more appropriately revenue this fiscal year.

Mr. Peña-Mora asked whether these documents that contain \$117 million in error were used to make decisions of the commitments or expenditures that we did not have.

Mr. Guzman stated that when you look at grant funding, you have what is claimed and then you have the financial statements. This has been the difficulty. When we get the information, we feel comfortable. We do have the presence of appropriate expenses that had not been recognized before. Then if we feel comfortable, we recognize the revenue, and in this case, we felt where the supporting documentation was not accurate in terms of what was being tracked expense wise. We did not have time to backfill those expenses with qualifying expenses because of where we were during the audit process. The analysis of the supporting documentation is what Grant Thornton was referring to, where it should be done regularly.

Mr. Guzman assured the Committee that these error in timely recognition of expenses did not impact the financial decisions and operations of the System.

Ms. Wang also clarified that this issue is about the timely recognition of expenses and not when we receive dollars. Grant Thornton agreed.

Mr. Peña-Mora asked if the external auditors identify the controls work through all these protocols, do they provide a set of recommendations on how things should be done, as best practices.

Ms. Radinsky responded that Grant Thornton can work with management to make sure these things do not happen again, but this need to happen internally. Grant Thornton would be happy to sit down and review these procedures and provide guidance.

Dr. Pagán polled for any questions.

There were no additional questions.

Dr. Pagán asked if there was any old or new business. None was reported.

Dr. Pagán adjourned the meeting at 12:21 p.m.

Capital Committee Meeting - December 5, 2022
As reported by: Feniosky Peña-Mora

Committee Members Present: Dr. Michelle Allen representing Dr. Mitchell Katz in a voting capacity, José Pagán, Feniosky Peña-Mora - recused at 10:27 a.m., Freda Wang - joined at 10:13 a.m.

Mr. Peña-Mora called the meeting to order at 10:03 a.m. and noted for the record that Dr. Machelle Allen is representing Dr. Mitchell Katz in a voting capacity.

Upon motion made and duly seconded the minutes of the Capital Committee meeting held on October 17, 2022, were unanimously approved.

Manual Saez, Senior Assistant Vice President, provided the Senior Assistant Vice President's Report.

Mr. Saez advised that the Office of Facilities Development (OFD) had updates on several key initiatives.

Mr. Saez informed that there had been a series of successful meetings with operational, clinical, and financial leadership throughout the system to finalize new needs for the January plan. The team was utilizing the new project management software, Kahua to capture those new needs and were preparing for submission to OMB.

Mr. Saez reported that preparations were underway to award the Master Planning RFP to a pool of vendors. Those vendors would work with facilities to identify best uses of space. The hope is to leverage those vendors especially at campuses with significant real estate footprints, such as Kings and Jacobi.

At the former Neponsit hospital, demolition work had started in earnest and was on track to be completed in Summer 2023. The Harlem Boiler RFP was released with plans to award in early 2023. The team was also preparing to release an RFP for water management, seeking a vendor to monitor and test our water systems for legionella.

OFD was working to increase surgical robotic capability system wide in Operating Rooms. Our OFD team and been working closely with Dr. Allen and her team of physicians to complete the facility work that is required for appropriate installation.

Finally, last week OFD had their first meeting for the ACE mentorship program where we hosted 7 high school students at Metropolitan Hospital and began teaching them about Architecture, Construction Management, and Engineering careers available in a healthcare setting. They would be hosting the students every other week until May 2023.

In conclusion, with regards to the days' agenda, there are three resolutions to present to the committee: two for licenses agreements presented by Leora Jontef, Assistant Vice President, Housing and Real Estate, and one to increase funding for the Outposted Therapeutic Housing Units Design Services, to be co-presented with Correctional Health Services.

Mr. Peña-Mora asked if the Master Planning efforts would cover Gotham sites in addition to acute centers. Mr. Saez responded, it would include Gotham sites and Post-Acute Care facilities as well.

Questions:

1. Mr. Peña-Mora asked what the term of the contract would be?
2. Mr. Peña-Mora asked if there was funding in place to cover that term?
3. Mr. Peña-Mora asked if work would be issued by task order.

In response to questions, Mahendranath Indar, Assistant Vice President, responded, they had requested that the contract not have an end date and that it would close out as cycles were completed but the official term was anticipated to be approximately 8 years.

Mr. Indar indicated that funding would be determined year by year with the facilities and finance, and that work would be awarded using a pool of requirements contracts and priorities would be identified along with facility leadership and finance. Currently Jacobi and Kings County were at the top of the list. There were plans to develop a Governance body that would help to identify priorities.

Mr. Peña-Mora recommended that a study can also provide a cross over opportunity between facilities because there can be common needs.

Oscar Gonzalez, Senior Assistant Vice President, Office of Facilities Development, said that is something that would be looked into.

Mr. Peña-Mora explained that a System overview of the individual facility plans would likely be beneficial.

Dr. Allen recommended that clinical needs also be part of the discussion and planning.

Mr. Indar indicated that was part of the plan in developing the governance committee, to include clinical and care leadership.

Follow-up - Mr. Pagán said it would be useful to hear more about the details behind the planning and how needs and wants are prioritized. Mr. Peña-Mora agreed.

Mr. Peña-Mora said he recalled there was discussion of the need to expand pharmacy services throughout the System and did not recall where that had landed but there could be a need to expand some places but not necessarily everywhere. Mr. Gonzalez said that effort was ongoing and was only at certain sites, dependent on available space, but would not be at all sites throughout the System.

Next on the agenda - Ms. Jontef read the resolution:

Authorizing the New York City Health and Hospitals Corporation (the "System") to execute a five year revocable license agreement with the New York City Police Department (the "Licensee") for its continued use and occupancy of seventy-five square feet of space on the roof of the Main Building at Elmhurst Hospital Center ("Elmhurst") and fifty square feet of space on the roof of the "N" Building at Queens Hospital Center ("Queens") to operate radio communications equipment with the occupancy fee waived.

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

Hearing no questions - Upon motion duly made and seconded the resolution was approved for consideration by the Board of Directors.

Ms. Jontef read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to execute a five-year revocable license agreement with Sprint Spectrum Realty Company LLC (the "Licensee") to operate a cellular communications system in approximately 300 square feet of space on the roof of NYC Health + Hospitals/Lincoln (the "Facility") at an annual occupancy fee of approximately \$362 per square foot or \$108,604 per year to be escalated by 3% per year for a five-year total of \$576,595.

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

In response to questions on how the annual fees between the historical and new agreements compare, Ms. Jontef advised that the broker used by H+H had said that they both fit into market rate averages but the rate is just a little bit higher on this one.

The Committee also requested that staff be mindful of market value in the future as technology demands increase.

Dr. Allen asked if there was a need to notify the community. Ms. Jontef said she didn't believe so, this equipment had been in place for 10 years, but she would run it through Intergovernmental Affairs to be sure.

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

10:26 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. Saez read the resolution:

Authorizing New York City Health and Hospitals Corporation (the "System") to further increase the funding by \$6,409,289 for its previously executed agreement with Array Architects, Inc. ("Array") for architectural/engineering services for the renovation of space at NYC Health + Hospitals/Bellevue Hospital ("Bellevue") and NYC Health + Hospitals/ Woodhull Hospital ("Woodhull") over a five-year term in connection with the System's Correctional Health Unit ("CHS") initiative to treat its patients who require higher levels of care in its Outposted Therapeutic Housing Units ("OTxHU") which follows a previous funding increase of \$1,814,880 authorized in November 2021 such that the funding is increased from \$10,477,880 to \$16,887,169 including a 10% contingency of \$1,535,197.

Mr. Gonzalez, joined by Denisha Simpson-Franklin and Ashley Smith, Senior Directors, Correctional Health Services, narrated a presentation providing background, current state of the project, scope of changes, schedule and MWBE utilization.

Ms. Wang asked if this increase was connected to a prior increase made to the GMP. Mr. Gonzalez responded no, that was an increase to the builder.

Ms. Wang asked if the builder continued to build while the SOC was making changes. Mr. Gonzalez responded no, the builder had not begun physical work.

Ms. Wang asked if this increase was for work already performed. Mr. Gonzalez responded it was a combination of ongoing design and future changes.

Patricia Yang, Senior Vice President, said that the System did anticipate that SOC review would result in some changes and there were some items still being discussed but it was not a result of lack of communication but of a change in management and the various oversight and participating agencies. Of note we are still on schedule with this project.

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 10:44 a.m.

Finance Committee MEETING - December 05, 2022

As Reported By: Freda Wang

Committee Members Present: Freda Wang, Machelles Allen, MD, representing Dr. Mitchell Katz in a voting capacity, Barbara Lowe, José Pagán, Feniosky Peña-Mora - left at 12:54

Health + Hospitals Employees in Attendance:

John Ulberg, Marji Karlin, Michline Farag, Salema Tyler, Linda DeHart, James Cassidy, James Linhart, David Guzman, Rafaelina Hernandez, 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 12:27 p.m.

Ms. Wang noted for the record that Dr. Machelles Allen is representing Dr. Mitchell Katz in a voting capacity.

Ms. Wang called for a motion to approve the October 17, 2022 minutes of the Finance Committee meeting.

Upon motion made and duly seconded the minutes of the Finance Committee meeting held on October 17, 2022 were adopted.

FINANCIAL UPDATE

Mr. Ulberg opened the presentation with the FY-23 Quarter 1 highlights. He conveyed that we closed September with \$550M (24 days cash-on-hand). The budget outperformed by 1% and closed Quarter 1 with a positive Net Budget Variance of \$46.5M.

Mr. Ulberg continued, stating that direct patient care receipts came in \$10.8M lower than the same period in FY-22 with largely attributable to billing holds at South Brooklyn post name change. There was also a \$28M MetroPlus UPL overpayment in Quarter 4 of FY-22. This is partially offset by \$21M in UPL conversion earned through the rates in FY-23 Quarter 1. Patient care volume is returning to pre-COVID levels in FY-23, and is 1% behind FY-20 in discharges and 3% ahead in OP visits.

Mr. Ulberg presented the cash projections for FY-23. The System is estimated to close November with approximately \$400 million (17 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 patient volume and COVID-19.

Mr. Ulberg continued presenting the external risks. Current wage pressures and related costs continue to present a challenge to recruitment and staffing. Health + Hospitals is diligently working to address this and as inflation starts to abate, we expect improvements. 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.

In addition, MetroPlus predicts a reduction in attribution as a result of the Medicaid Recertification. We continue to work with CMS and NYS to finalize 2020 and 2021 Inpatient and Outpatient fee-for-service UPL payments owed to H+H. Lastly, Health + Hospitals is working with the State on developing programs for targeted investments in behavioral health services and care management for special populations starting with homeless single adults.

Ms. Wang commented on stabilizing revenue. The purpose on why you would want to stabilize your revenue makes the cash and accrual even more magnifying than it usually is, telling us seemingly different stories at different times. It would help the finance committee to do a cross walk at some point. The plan is to have an information session on cash flow and we can add this cross walk on Cash and Accrual to the list next year.

Mr. Ulberg agreed and added we can have a discussion on cash flow, how our cash comes in and the volatility of that and then we can have a discussion on the crosswalk, and maybe facility DSH caps.

Ms. Lowe commented on additional opportunities in the nursing area. We should be expecting better productivity.

Mr. Ulberg added we are very proud of the fact that we embraced the nurse model early on, before many other systems. We have that built in operationally and also budgetarily. We want to make sure that our nurses have enough support, our patients have enough nurses and that there are enough resources at the bedside to provide the care for that day. The nurse ratio model allows us to do that and we continue to make improvements on that model throughout Health + Hospital.

Ms. Lowe added, certainly we have to put in an investment. We have such good models coming up with housing as well. We are hopeful to be able to generate and cover expenses for these.

Mr. Pagan inquired regarding Medicaid recertification. Is that a problem that every health plan is going through? The State will have a group of people who will not have care if they are not recertified, how does this work and are we different from other plans?

Mr. Ulberg responded, we are not any different than any other plan as it is a process. The Federal government decided in the midst of COVID-19, it was not a good time to continue the recertification process. They want everyone to be insured, as they have done in past disasters. They couple that with an enhanced FMAP so the Federal government actually pays the State additional money during COVID-19 period and that helps them actually pay additional money as these folks would otherwise come off the Medicaid rules. All health plans including Healthfirst and MetroPlus have financial models that is incorporated into our fiscals that makes estimates about how many people are no longer eligible for Medicaid because they now have a job; or may be eligible for the essential plan as their income level has gone up. These are some of the things that can affect this and can be disruptive. States are trying to figure out how make the process smoother and to work closely with them applicants eligible for recertification. We watch it as we are a sub-capitated oriented organization and when a person leaves that sub cap arrangements, we lose the entire revenue stream.

Mr. Pagan asked, is inflation the major impacting factor? Do the estimates consider the pressure increasing and the fact that some people have less money?

Mr. Ulberg responded, jobs are coming back. The job market would be a key indicator in terms of making some estimates about what the roles eventually will look like. Health plans have some concerns that the people that could leave the roles are ones that are low utilizers of service that can have a financial impact. We discuss how well we are doing in the risk pool, someone added the fact that we have individuals that are low utilizers, and we are benefiting as a result. There is a lot that will unfold here as they initiate the recert process. We are unsure when it will happen. We have heard February or March and there will be a lead time between the time they make the decision to start the recert.

Mr. Pena-Mora inquired in regards to the PEG and the number of days with cash-on-hand.

Mr. Ulberg responded, the plan has been adopted by OMB and we have a slide on it.

Ms. Tyler presented the financial performance highlights for FY-23 thru September Net Budget Variance. She noted that September ended with a net budget variance of \$46.6M (1%). Receipts exceeded budget by \$116M Primarily driven by Patient Care Risk Revenue. Risk is higher due to MetroPlus payment on behalf of prior year and improved PMPM. Disbursement exceeded budget by \$70M, which includes expenses associated with COVID, and Temp coverage costs.

Ms. Tyler continued providing FY-23 thru September performance drivers updates. Cash receipts are 6% ahead of budget. Majority of the overage can be attributed to Risk revenue exceeding target due to prior year earnings, and higher than anticipated PMPM. FY-23 thru September, cash disbursements are over budget by 3% primarily resulting from unbudgeted COVID and Temp spending and Agency costs exceeding target.

Ms. Lowe inquired in regards to risk pool and what comprises that risk pool.

Ms. Tyler responded, we have Healthfirst for all lines of business and MetroPlus for our Medicaid and commercial lines of business. This means that all of our members who are attributed to our providers as well as our community providers, we have a risk sharing agreement with MetroPlus and Healthfirst.

Ms. Lowe added, these individuals who come out of COVID-19.

Ms. Tyler responded, some of them likely were COVID patients and as we get further out from COVID, it is also a driver of the fact that our medical expenses are down in most reconciliations. In fact, yes, we can say some of the patients are COVID and some are not.

Ms. Tyler noted that for FY-23 thru September, cash disbursements are over budget by 3% primarily resulting from unbudgeted COVID and Temp spending and Agency costs exceeding target.

Ms. Farag noted other discretionary spend shows better than budget as of September. Health + Hospitals has a process in place to ensure bills are up to date as we work transitioning vendors to more electronic invoicing. Other discretionary spend is expected to increase as the fiscal year unfolds.

Ms. Lowe inquired in regards to long-COVID as an added expense.

Dr. Allen commented that many people do not know if they have COVID. Ms. Lowe added, but it is documented and tracked.

Mr. Ulberg commented it is a great point. The actuaries that set the Medicaid rates look for those sorts of trends, we attempt to quantify it and adjust the rates that eventually are passed to us. We are still learning more as we still have long-COVID. What are the long-term implications of providing care to long-COVID and how much does that cost, there are actuaries looking at that closely.

Ms. Lowe added, private insurances are raising their rates on certain prescriptions. As a large institution, being known for our performance, it is something we will see aside from Medicaid.

An update on Revenue Performance for FY-23 thru September was presented by Ms. Tyler. FY-23 direct patient care revenue is \$10.8M lower than FY-22 actuals. Patient revenue decrease year-over-year can be attributed to South Brooklyn bill hold post name change, as well as recoupment of UPL overpayment.

Mr. Cassidy presented that the November 24 Financial Plan was released by OMB on Tuesday, November 15th. As part of the plan, Health + Hospitals along with all other City agencies, was given a City Tax Levy (CTL) budget savings target also known as a Program to Eliminate the Gap (PEG) of 3% in FY-23 growing to 4.75% in FY-24+. Health + Hospitals met its PEG target by finding a number of

savings and efficiencies totaling \$14M in FY-23, \$19M in FY-24, and \$21M in the out-years. The implementation of the PEG will not have any adverse programmatic impact.

Ms. Karlin noted that the Revenue Cycle developed the Stars Report to provide facilities a snapshot of the revenue cycle performance. The Stars report displayed is done at the facility level, on a monthly basis. A target is set and performance is measured against these targets. As the performance improves, the bar is raised and the target is increased. Alternatively, revenue cycle continues to update targets and metrics as outcomes improves. A progression from FY-19 to FY-22 was presented. FY-19 starting under 1 Star improving to 4 Stars in FY-22. As noted, FY-23 continued focus on outpatient financial counseling, denials, and AR days.

Ms. Wang inquired on what is making the AR Aging target so hard to get down.

Ms. Karlin responded, there are a lot of factors involved. We have struggled with patient receivable with self-pay and other items. Some are vendor relationships and making sure we are handling that correctly. There are a couple of other AR Aging issues related to historically issues with Medicaid in particular, high cost outliers would be one that we have plenty of sitting in aging, along with fee for service Medicaid and managed care plans.

Ms. Wang asked if it is that the information not being provided correctly to the plans.

Ms. Karlin responded that it is a combination of all. It is possible that there are claims submitted that we could have been handled better, but we are not getting the information back in a timely manner. We have bi-weekly phone calls with the State and their vendor, working through to understand what is going on. We are unable to answer this question at this time.

Mr. Ulberg added we currently have communication with the State, which in the past we did not. Per the guidelines, we never even used to get paid for outliers, now we do get paid for them going back to 2019. When looking at the process we were not quite sure as we are new to the outlier's business. The State has this group called IPRO, who is like a vendor of theirs that is important in the process. We do not know is it stuck with them or is it stuck with the health department. We are glad we have everybody at the table looking at the same set of claims, trying to figure out where the problem is. However, it is a lot of money that is owed to us and we have committed to them that what they learn from us and what we learn from them is something that we will fix. At least we are at a point we can have a discussion and we need to figure out why is it stuck.

Ms. Lowe added, there are many corporations who are taking advantage of this time to take money away and not to pay and it hurts certain segments of the population and not others.

Mr. Ulberg added, I would be more concerned if they ignored us and they are not. We are trying to resolve this as it affects our finances.

Mr. Cassidy commenced a presentation providing the financial update on Test and Treat. T2 has committed approximately \$111.8M in expenses for Quarter 1 in FY-

23. OMB has provided H+H with sufficient revenue through the T2 MOU to cover expenses to date.

Ms. Wang asked if Tracing is done as there are no dollars allocated here, and if vaccines are under this MOU.

Mr. Cassidy responded yes, we have now transitioned to Test and Treat. We have the units that will test and then provide calculated, eligible and clinically appropriate care. We are moving away from tracing here. Vaccines are still part of this MOU, and is covered but we are not anticipating costs because we are no longer running larger sites as part of the T2 operation. If that was needed, it would go under this MOU.

ADJOURNMENT

There being no further business before this committee, the meeting adjourned at 1:00 PM.

SUBSIDIARY REPORT

Semi-Annual meeting of the HHC Capital Corporation - November 17, 2022

As reported by: Freda Wang

Member Present: José A. Pagán, Machelles Allen representing Dr. Mitchell Katz until he joined at 1:14, Feniosky Peña-Mora, Robert F. Nolan, and Sally Hernandez-Piñero;

Other Members of the HHC Board of Directors Present: Anita Kawatra, Erin Kelly, Karen St. Hilaire, Michael T. McRae, and Vincent Calamia

The Semi-Annual meeting of the HHC Capital Corporation held on November 17, 2022 was called to order at 1:04 p.m. Ms. Wang chaired the meeting and Andrea Cohen - Secretary of the HHC Capital Corporation kept the minutes thereof.

Ms. Wang noted for the record that Dr. Machelles Allen is representing Dr. Mitchell Katz, Karen St. Hilaire is representing Gary Jenkins and Erin Kelly is representing Deputy Mayor Anne Williams-Isom - all in a voting capacity.

ADOPTION OF MINUTES

Ms. Wang asked for a motion to adopt the minutes of the previous meeting that was held on January 27, 2022. The Board unanimously adopted the minutes.

Ms. Wang then introduced Ms. Linda DeHart to provide an update to the Board. Ms. DeHart reminded the Board that the HHC Capital Corporation was created solely to receive NYC Health + Hospitals' (the "system's") healthcare revenues pledged to secure the System's bond debt service payments. Once monthly bond debt service requirements are satisfied, the pledged healthcare revenues are then released to the System for its operating needs.

Ms. DeHart noted that historically there have been two board meetings annually, in January and July, providing six-month updates. There is an intention to return to this schedule going forward, therefore, she noted that the upcoming presentation would be a fiscal year-end report through June 30, 2022, and the next six months activity through December 2022 will be reported in the planned January 2023 meeting.

Ms. DeHart then referred to the HHC Capital Corporation Semi-Annual Meeting Presentation for the period ending June 30, 2022 to update the Board on the System's debt finance program.

HHC Outstanding Bond Portfolio (slide 1):

Ms. DeHart explained as follows:

Slide 1 of the presentation provides a snapshot of NYC Health + Hospitals Corporation's ("HHC") current outstanding bonds portfolio. HHC currently has \$472 million of tax-exempt bonds outstanding, about 26% or \$124 million are variable rate bonds, and the balance or \$348 million are fixed rate bonds. The variable rate bonds (Series B and C) are supported by two letters of credit from TD Bank. The TD Bank letters of credit will expire in September 2023; TD Bank already approved the extension on the letters of credit to September 2027, and documentation is currently in progress. The remaining variable rate bonds (Series D and E) will mature in February 2026, and are supported by a JPMorgan Chase Bank letter of credit with a maturity matching the bonds' maturity in 2026.

HHC 2008 Series B-E Bonds Historical Interest Rates (slide 2):

Ms. DeHart explained that the graph on slide 2 provides some context for the variable rate interest rates bonds performance since inception. She noted that it is estimated that these 2008 bonds have saved HHC approximately \$72.3 million in interest expense, by issuing the bonds as variable rate bonds instead of fixed rate bonds since inception. The last interest rate reset for these variable rate bonds through June 30, 2022 was 0.86% - 0.88%.

HHC Bonds - Issuance History (slide 3):

Slide 3 of the presentation provides a history of bond issuances by HHC. Ms. DeHart pointed out that total outstanding bonds totaled \$451.9 million, and nearly 2/3 resulted from the 2020 bonds issuance, of which \$210 million refunded the 2008 Series A bonds and the 2010 Series A bonds, and \$100 million of which was a source of new capital funding for the System's projects.

Construction Fund Balance on the 2020 Bonds (slide 4):

Ms. DeHart described the status of the \$100 million HHC Series 2020 construction fund. Ms. DeHart reported that withdrawals through June 30, 2022 from the 2020 bonds issuance totaled \$26 million, which was affected by the COVID-19 pandemic and its impact on the supply chain in the construction industry, slowing the projected project expenditures. She also noted that a \$15 million drawdown request was submitted today to the bond trustee to reimburse HHC for project expenditures.

2020 New Money Bonds - Project Spending Status (slides 5-6):

Ms. DeHart reviewed planned spending for the \$100 million in new capital money, which was grouped into two categories: 25% equipment and 75% infrastructure. Ms. DeHart further explained that at the time of bond issuance the criteria for project selection included the ability to proceed expeditiously, as well as certain useful life targets, which resulted in the list of projects selected.

Referring to slide 6 Ms. DeHart pointed out that nearly all of the project funds (about \$98 million) are expected to be spent by the end of FY-2023.

Outstanding Equipment Loan (slide 7):

Ms. DeHart explained that in addition to the bond program, the HHC Board has authorized equipment loan financing up to \$120 million at any time. Ms. DeHart reported that one of the equipment loans was paid off, with the remaining balance for two outstanding loans at \$59.5 million at the end of FY-2022.

Outstanding Loans (slides 8-9):

Ms. DeHart further explained that the outstanding Citibank loan has two components, a \$30 million fixed rate loan at 2.17% that matured in November 2022 and another \$30 million variable rate loan that matures in October 2023.

Ms. DeHart reported that the new \$39.7 million JPMorgan loan (closed in June 2022) resulted from refinancing two New York Power Authority ("NYPA") variable rate loans, which originally financed the construction of the replacement boiler projects at Elmhurst Hospital and Metropolitan Hospitals. A policy change led NYPA to phase out long-term variable rate loans to their clients, and instead offer syndicated fixed rate loans. The System determined that would be more cost effective to refinance the NYPA loans itself. After a request for proposals, JPMorgan was selected to provide a \$39.75 million tax-exempt loan at a fixed interest rate of 2.6436% (with "rate locked" prior to closing in June 2022) for 15 years, maturing in June 2037.

Market Update (slide 10):

Ms. DeHart noted that since March 2022 the Federal Reserve Bank began raising interest rates significantly to address ongoing inflation, resulting in a Federal Funds rate of 3.75%. Ms. DeHart noted that the System has benefited from its variable rate debt exposure by approximately \$72.3 million of interest expense savings, due to the very low interest rate environment that has existing for many years. However, we are starting to pay higher interest rates on our variable rate debts. Ms. DeHart reported that on November 9, 2022, HHC's 2008 variable rate bonds interest rates were reset at 2.14% - 2.16% and the Citibank variable rate loan were reset at 2.79%.

Ms. DeHart further noted that concurrently as a result of today's higher interest rate environment, HHC benefited from higher interest rates on investment of operating funds and bond proceeds in U.S. T-Bills.

Discussion:

A question was asked about refinancing variable rate loans into fixed rate loans. Ms. DeHart explained that we constantly monitor any refunding opportunity with our financial advisor. At the time of the 2020 Series A Bonds issuance, due to the short maturity of the bank loans and shorter useful life of the assets, it was determined that the bank loans were not cost effective for refinancing. Ms. Lok pointed out that the NYPA variable rate loans were refunded/replaced with fixed rate loans, thereby reducing some variable rate exposure in the debt portfolio. Ms. Lok also pointed out that historically variable rates are lower than fixed rates over a long period of times. At a manageable 20%-25% exposure, variable rate debt can provide some meaningful savings.

A question was asked about the timing on the investment of bonds/loans proceeds and their availability for timely capital expenditures. Ms. DeHart explained that we have a very conservative investment policy - funds generally are invested in T-Bills - and that we have not experienced issues regarding fund availability for drawdown in the past.

Adjournment:

There being no further business before the Board, Ms. Wang adjourned the meeting at 1:26 p.m.

Mitchell H. Katz, MD
NYC HEALTH + HOSPITALS - PRESIDENT AND CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
December 15, 2022

RESPIRATORY ILLNESS ON THE RISE

Respiratory viruses are on the rise in NYC and across the country. Influenza is the predominant respiratory illness we are seeing among our pediatric and adult patients. We are also seeing a steady increase in positive COVID -19 tests among our adult patients, but not an accompanying increase in hospitalizations due to severe COVID-19. Fortunately, we are not seeing a large number of RSV cases among our adult patients and pediatric RSV cases peaked in mid-November and have been on a gradual decline since then.

As we enter the holiday season, we are also focused on helping New Yorkers to gather safely. We cannot overemphasize the importance of hand hygiene, social distancing and facemasks. NYC issued a health advisory urging the public to mask-up when indoors and in crowded outdoor setting. This is especially important for people who are - or are meeting - those who are at increased risk for complications from COVID-19, RSV, or the flu, such as those age 65 and older and people who are immunocompromised.

Everyone ages six months or older should get their COVID-19 primary series if they have not already and should get the updated bivalent COVID-19 booster when eligible. We recommend an annual flu shot for everyone 6 months and older. NYC Health + Hospitals facilities and our NYC Test & Treat teams continue to make vaccinations for COVID-19 and flu widely available to children and adults in every borough. It is safe to get both at the same time.

We also want New Yorkers to get back to testing for COVID-19 before getting together during the holidays, and to seek out treatment quickly if they test positive. Our Virtual ExpressCare team is available 24/7 to ensure anyone who tests positive can consult with a doctor quickly and get medication on the same day.

We want everyone to have a happy and - most of all - healthy holiday season.

PROTECTING HOMELESS NEW YORKERS WITH SEVERE AND UNTREATED MENTAL ILLNESS

Mayor Eric Adams announced a comprehensive new plan to do more to assist unsheltered people with serious mental illness. The plan is focused on helping New Yorkers with untreated psychiatric disorders who pose a risk of harm to themselves or to the public. This is in line with guidance issued by the Office of Mental Health in February 2022 and ensures we no longer look away from someone who may be in a situation that compromises their physical health because their mental illness does not allow them to fully comprehend their situation. This is a small and defined group of people among the homeless population of people with mental illness - many of whom often accept help when offered. The Mayor's plan focuses on the City's obligation to people who need

help and calls on outreach workers to take stronger actions including involuntary assistance and more intensive engagement. Health systems across the City, including NYC Health + Hospitals, will be partners in Mayor's new plan to help those in need to find their way to treatment and recovery. The plan also includes enhanced training for first responders, an aggressive State advocacy agenda, and a new hotline for NYPD officers to receive real-time clinical advice from expert NYC Health + Hospitals clinicians. As the largest provider of behavioral health care in New York City, we are proud of our role in the City's behavioral health continuum of care. Our System has implemented a host of new models in behavioral health, including our voluntary inpatient unit at NYC Health + Hospitals/Bellevue. The Mayor's plan will bring new focus to behavioral health and our critical role in it.

A MONTH OF RECOGNITIONS AND AWARDS

Nursing Excellence - We recognized more than 30 nurses from across our health System at our annual Nursing Excellence Award ceremony. As usual, this was an impressive group of nurses from diverse backgrounds and with diverse expertise who exemplify the best of the professions. They are mentors, teachers, give to the community and most importantly, they are on the frontlines providing the compassionate, culturally competent and high-quality care our patients and families deserve. What I found most telling about this awards program was the hundreds of nurses in our System who were nominated by their colleagues in recognition of their achievements and commitment to our patients.

A special award was presented to Board Member and former NYC Health + Hospitals nurse, Ms. Barbara A. Lowe, who received the Josephine Bolus Nursing Champion Award, our health System's highest honor for supporters of nurses and the nursing profession named after our beloved former Board Member.

Top Teaching Hospital - NYC Health + Hospitals/North Central Bronx received the Top Teaching Hospital designation from [The Leapfrog Group](#), one of only 58 hospitals nationwide to earn the award this year. The Top Teaching Hospital award was based on the hospital's high marks across various metrics, including strong safety and outcomes results for high risk surgeries and procedures, as well as measures to prevent medical and prescribing errors.

"A" for Safety - NYC Health + Hospitals/Queens and NYC Health + Hospitals/North Central Bronx earned an 'A' [Leapfrog Hospital Safety Grade](#) for fall 2022. This national distinction recognized the two hospital's achievements in protecting patients from preventable harm and error in the hospital. Queens Hospital is the only hospital in the borough of Queens to receive an "A," and North Central Bronx Hospital is the only hospital in the Bronx to receive an "A."

Prestigious Pathway to Excellence Nursing Award - NYC Health + Hospitals/South Brooklyn Health joined a premier group of health care organizations that have received the prestigious [Pathway to Excellence](#) designation from the American Nurses Credentialing Center (ANCC). The Pathway designation is a globally recognized credential that highlights NYC Health + Hospitals/South Brooklyn Health's commitment to creating a healthy work environment where nurses feel empowered and valued. ANCC uses a rigorous three-year process to evaluate continuous improvement and recognizes health care organizations where nurses are

engaged and involved – all of these facets result in improved patient outcomes, better safety, higher job satisfaction, and reduced turnover. NYC Health + Hospitals/South Brooklyn Health joins Kings County Hospital as the only hospitals in Brooklyn, and only the third health care facility in New York City to join a select group of organizations that have earned this prestigious recognition.

Excellence in Reducing Risk of Heart Attack and Stroke Among New Yorkers – All 11 hospitals in our health System and 7 of our Gotham Health sites were recognized by the American Heart Association and the American Medical Association for their work in managing hypertension, or high blood pressure, a leading cause of heart attack and stroke. Uncontrolled high blood pressure is a leading risk factors for cardiovascular disease, but with timely diagnosis, research-based treatment and education, this condition can be managed. People are often surprised to learn they have high blood pressure because they do not feel sick. That is why it is so important that our hospitals and primary care teams are so committed to providing our patients with the tools they need to achieve and sustain blood pressure control.

NYC HEALTH + HOSPITALS/GOTHAM HEALTH QUALITY RECOGNITION

Gotham Health – the NYC Health + Hospitals’ network of Federally Qualified Health Centers with sites in every borough -- last week completed a successful survey by the Federal Health Resources and Services Administration. The 3-day survey consisted of meeting 20 program requirements to achieve health equity, improve public health, ensure excellence in providing high quality preventive, primary and behavioral health care to patients regardless of ability to pay. Our dedicated Gotham Health team achieved an impressive overall survey rating of 96% – a great reflection of their dedication and commitment to providing the best, culturally responsive quality care to our patients and the communities we serve. The successful survey earned our Gotham Health team these quality recognition badges.



NYC HEALTH + HOSPITALS SOUTH BROOKLYN HEALTH RECEIVES \$1 MILLION FROM ASSEMBLY MEMBER COLTON TO EXPAND CARDIAC SERVICES

NYC Health + Hospitals/South Brooklyn Health received \$1 million from New York State Assemblyman William Colton to replace six echocardiogram machines and support the expansion of cardiac services. South Brooklyn Health is now a New York State-certified Percutaneous Coronary Intervention Center, so they can provide specialized cardiac services to all South Brooklyn residents close to home. With the acquisition of this new equipment, our South Brooklyn Health

team will be able to optimally manage our patients' health and get them on the road to recovery. We are thankful to Assemblyman Colton for this generous funding and his continued support.

EXTERNAL AND COMMUNITY AFFAIRS UPDATE

Federal - After the Federal FY-2022 ended in September, Congress passed a Continuing Resolution extending Federal government funding at existing levels through December 16, to allow more time to negotiate a FY-2023 spending package. Congress must either agree on a spending package before December 16, 2022 or pass another Continuing Resolution to buy a little more time for negotiations. It is likely that a Continuing Resolution will be passed this week extending the deadline to December 23, 2022 to allow for additional negotiating time.

House Speaker Nancy Pelosi and Majority Leader Steny Hoyer announced their decisions to step down from House Democratic leadership in the next Congress. Representative Hakeem Jeffries, whose Brooklyn district includes NYC Health + Hospitals/South Brooklyn Health and NYC Health + Hospitals/Woodhull, will be the House Democratic Leader for the 118th Congress. Representative Jeffries has been a constant supporter of our health System, and we are delighted by his selection. We have already met with his team and look forward to continuing our partnership.

The COVID-19 Public Health Emergency was extended through January 2023.

State - As the year comes to an end, we are awaiting the Governor's actions on over 200 bills that passed both houses of the Legislature in the spring. The State Legislature will begin its next session on January 4, 2023 and the Governor's State of the State address is on January 10, 2023. Although we are sad to see Dr. Mary Bassett leave her position as the Commissioner of the State Department of Health, we will continue to work with the Governor and the next Commissioner to ensure we are addressing health equity of all New Yorkers.

City - We participated in a City Council Hearing regarding nurse staffing and retention. Our Chief Nurse Executive Natalia Cineas represented NYC Health + Hospitals and provided testimony. City Council Member Julie Menin introduced legislation to establish an Office of Healthcare Accountability in New York City. The new Office would be responsible for auditing City expenditures on health care costs, and sharing information publicly regarding the pricing practices for hospital systems in NYC, including the prices charged for hospital procedures disaggregated by hospital. We will be working with many of our partners to help refine this bill. We have submitted capital and expense new needs for FY-24 to City OMB for consideration in January Plan.

CONTRACTS

Mayor Adams issued an Emergency Executive Order on October 7, 2022, allowing the City to expedite its procurement processes to timely meet the needs of the continued influx of asylum seekers. NYC Health + Hospitals has been an integral part of the City's response in providing support for the arriving

immigrants and I have authorized limited emergency contracting to support such efforts. I have authorized the following new contract actions:

- A contract to provide food services to the asylum seekers housed at hotels with LIC COM, LLC, for an amount not to exceed \$8,500,000 for a period of 6 months;
- A contract with an additional hotel, Stewart Hotel, for an amount not to exceed \$27,862,000 for a period of 6 months.

NEWS AROUND THE HEALTH SYSTEM

- [South Brooklyn Health Receives \\$1 Million in FY23 Capital Funding to Purchase Cardiology Equipment](#)
- [Modern Healthcare Names Dr. Mitchell Katz One of the 100 Most Influential People in Health Care](#)
- [NYC Health + Hospitals/North Central Bronx Earns Top Teaching Hospital Award from the Leapfrog Group](#)
- [NYC Health + Hospitals Celebrates 32 Nurses at Annual Nursing Excellence Awards](#)
- [For World AIDS Day, NYC Health + Hospitals Reminds New Yorkers to Get Tested for HIV](#)
- [NYC Health + Hospitals' Diabetes Patients Achieve Highest Rate of A1C Control](#)
- [NYC Care Receives Tyson Award for Excellence in Pursuit of Healthcare Equity by The Joint Commission and Kaiser Permanente](#)
- [For Its Commitment to Its Nurses, NYC Health + Hospitals/South Brooklyn Health Receives Prestigious "Pathway to Excellence" Designation](#)
- [NYC Health + Hospitals Announces National Recognition for Reducing Blood Pressure](#)
- [Health + Hospitals Administers Over 15,000 MPV Vaccinations at Hospital and Mobile Clinics](#)
- [Two NYC Health + Hospital Facilities Receive "A" Safety Grades from Independent, National Hospital Safety Organization](#)
- [US Department of Health + Human Services Recognizes NYC Health + Hospitals for Its Pledge to Decarbonize Health Care Sector, Make Facilities Resilient to Climate Change](#)
- [NYC Health + Hospitals Completes Major Laboratory Upgrades at All 11 Public Hospitals to Provide Faster Test Results, Reduce Lab Costs](#)
- [Test & Treat and Dept. of Probation Expand City's Network of At-Home Test Distribution Sites](#)

RESOLUTION - 05

Approving the New York City Health and Hospitals Corporation **Annual Board Committee Assignments Effective February 1, 2023**, as set forth in the attachment hereto as mandated by Article VI, section 1(C) of the By-Laws,

Further authorizing as set forth in Article V, section 1 – the Vice Chair shall be chosen by the Board from among themselves and shall be elected annually - **approving the New York City Health + Hospitals Corporation to appoint Freda Wang as the Vice Chair of the Board of Directors**

WHEREAS, Article VI. Section 1(c) of the by-laws of New York City Health and Hospitals Corporation provides that the Chairperson of the Board shall annually appoint, with the approval of the majority of the Board, the members of the standing committees of the Board; and

WHEREAS, Article V. Section 1 of the by-laws of the New York City Health and Hospitals Corporation - Titles. The officers of the Board of Directors shall be a Chair of the Board and a Vice-Chair of the Board. The Chair of the Board shall be the Administrator of Health Services of the City of New York. The Vice-Chair shall be chosen by the Board from among themselves and shall be elected annually.

WHEREAS, the Chairperson has proposed the appointments set forth in the attachment hereto.

NOW, THEREFORE, be it

RESOLVED that the New York City Health and Hospitals Corporation Board of Directors hereby approves the appointments of the members to the standing committees and Vice Chair of the Board as reflected in the attachment, which appointments shall be effective from February 1, 2023 until such time as any changes are approved by the Board.

Standing Committees
Committee Assignments

STANDING COMMITTEES OF THE BOARD	
<u>Executive</u>	<p>Chair: José Pagán</p> <p>Members: Gary Jenkins Vincent Calamia, MD Mitchell Katz, MD Feniosky Peña-Mora Anne Williams-Isom Freda Wang Ashwin Vasan, MD</p>
<u>Audit</u>	<p>Chair: Sally Hernandez-Piñero</p> <p>Members: Feniosky Peña-Mora Freda Wang Anita Kawatra José Pagán Mitchell Katz, MD</p>
<u>Capital</u>	<p>Chair: Feniosky Peña-Mora</p> <p>Members: Sally Hernandez-Piñero Mitchell Katz, MD José Pagán Freda Wang Robert Nolan</p>
<u>Community Relations</u>	<p>Chair: Robert Nolan</p> <p>Members: Sally Hernandez-Piñero Mitchell Katz, MD José Pagán Anita Kawatra Patricia Marthone</p>
<u>Equity, Diversity and Inclusion (EDI)</u>	<p>Chair: Feniosky Peña-Mora</p> <p>Members: Sally Hernandez-Piñero Freda Wang Mitchell Katz, MD José Pagán Ashwin Vasan, MD Gary Jenkins</p>
<u>Finance</u>	<p>Chair: Freda Wang</p> <p>Members: Sally Hernandez-Piñero Mitchell Katz, MD Barbara A. Lowe, RN José Pagán Feniosky Peña-Mora Patricia Marthone</p>
<u>Governance</u>	<p>Chair: José Pagán</p> <p>Members: Sally Hernandez-Piñero Vincent Calamia, MD Freda Wang Mitchell Katz, MD Ashwin Vasan, MD</p>

STANDING COMMITTEES OF THE BOARD (cont'd)

<p><u>Information Technology (IT)</u></p>	<p>Chair: Feniosky Peña-Mora Members: Vincent Calamia, MD Mitchell Katz, MD Barbara Lowe, RN José Pagán</p>
<p><u>Medical & Professional Affairs (M&PA)</u></p>	<p>Chair: Vincent Calamia, MD Members: Mitchell Katz, MD Barbara Lowe, RN José Pagán Sally Hernandez-Piñero Patricia Marthone</p>
<p><u>Quality Assurance/Performance Improvement (QAPI)</u></p>	<p>Chair: Mitchell Katz, MD Members: Ashwin Vasan, MD Barbara Lowe, RN Sally Hernandez-Piñero José Pagán</p>
<p><u>Strategic Planning</u></p>	<p>Chair: Feniosky Peña-Mora Members: Ashwin Vasan, MD Sally Hernandez-Piñero Mitchell Katz, MD Anita Kawatra José Pagán Freda Wang Patricia Marthone</p>

DRAFT

ASSIGNMENTS BY MEMBER (COMMITTEE & SUBSIDIARY)

<p style="text-align: center;"><u>José A. Paqán</u> Chair of the Board</p> <p>Member to All Committees Chair: Executive – Governance</p> <p>Member: HHC Capital Corporation (subsidiary)</p>	<p style="text-align: center;"><u>Mitchell Katz, MD</u> President and CEO</p> <p>Ex-officio Member to All subsidiary boards and Committees Except Governance and is a Member of Audit and serves as ex-officio</p> <p>Chair: Quality Assurance HHC ACO (Accountable Care Organization (Subsidiary))</p>
<p style="text-align: center;"><u>Sally Hernandez-Piñero</u></p> <p>Chair: Audit; MetroPlus Health Plan, Inc. (subsidiary) Member: Governance Quality Assurance/Performance Improvement Equity, Diversity and Inclusion Finance Strategic Planning Capital Community Relations Committee Medical and Professional Affairs HHC Capital Corporation (subsidiary)</p>	<p style="text-align: center;"><u>Gary Jenkins</u></p> <p>Member: Executive Equity Diversity and Inclusion</p>
<p style="text-align: center;"><u>Ashwin Vasan, MD</u></p> <p>Member: Executive Governance Quality Assurance/Performance Improvement Strategic Planning Equity Diversity and Inclusion</p>	<p style="text-align: center;"><u>Christina Chang, MD</u></p> <p>Member: TBD</p>
<p style="text-align: center;"><u>Vincent Calamia, M.D.</u></p> <p>Chair: M&PA; (Subsidiary)HHC Insurance Company / Physicians Purchasing Member: Governance IT Executive</p>	<p style="text-align: center;"><u>Freda Wang - Vice Chair of the Board</u></p> <p>Chair: Finance HHC Capital Corporation (subsidiary) Member: Capital Audit Strategic Planning Governance Executive Equity, Diversity and Inclusion</p>
<p style="text-align: center;"><u>Anita Kawatra</u></p> <p>Member: Audit Strategic Planning Community Relations</p>	<p style="text-align: center;"><u>Barbara A. Lowe, MS, RN</u></p> <p>Member: Finance IT Quality Assurance/Performance Improvement M&PA</p>
<p style="text-align: center;"><u>Feniosky Peña-Mora</u></p> <p>Chair: Capital; Strategic Planning; IT; Equity, Diversity and Inclusion Information Technology Member: Executive Finance HHC Capital Corporation (subsidiary) Audit</p>	<p style="text-align: center;"><u>Robert F. Nolan</u></p> <p>Chair: Community Relations Member: Capital Committee HHC Capital Corporation (subsidiary)</p>
<p style="text-align: center;"><u>Anne William-Isom</u></p> <p>Member: Executive Committee</p>	<p style="text-align: center;"><u>Patricia Marthone</u></p> <p>Member: Community Relations Committee Finance Medical and Professional Affairs Strategic Planning</p>

Subsidiary Board Assignments

SUBSIDIARY BOARD MEMBERS

<p><u>HHC Capital Corporation</u></p>	<p>Chair: Freda Wang Members: José Pagán Feniosky Peña-Mora Dr. Mitchell Katz Robert Nolan Sally Hernandez-Piñero</p>
<p><u>MetroPlus Health Plan, Inc.</u></p>	<p>Chair: Sally Hernandez-Piñero Members: Dr. Talya Schwartz Valencia Lloyd Sherif Sakr Dr. Eric Wei Matthew Siegler Christopher Roker Soraya Pares Mark Powers Vacant</p> <p><small>r. 06/24/2021</small></p>
<p><u>HHC Insurance Company/Physicians Purchasing Group</u></p>	<p>Chair: Dr. Vincent Calamia Members: Dr. Mitchell Katz Dr. Mabelle Allen Mr. John Ulberg Ms. Andrea Cohen</p>
<p><u>HHC Accountable Care Organization (HHC / ACO)</u></p>	<p>Chair: Dr. Mitchell Katz Members: Matthew Siegler, CEO John Ulberg, Treasurer Andrea Cohen, Secretary Nicole Jordan-Martin Dr. Gary Kalkut, Vice President Dr. Jasmine Moshirpur Dr. Warren Seigel Dr. Richard Becker Hyacinth Peart Dr. Daniel Napolitano</p> <p><small>r. 12/16/2021</small></p>
<p><u>HHC Assistance Corporation</u> <u>(Centralized Service Organization – CSO)</u></p> <p><u>One-City Health Services</u></p>	<p>Chair: Matthew Siegler Members: Dr. Mitchell Katz John Ulberg Sheldon McLeod Jeremy Berman Dr. Michael A. Stocker</p>

RESOLUTION - 06

Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with **Ambulnz Holdings, LLC** (the “Contractor”) for a single-vendor patient transportation system for a term of three-years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.

WHEREAS, in April 2019 following an RFP and Board authorization, the System signed a three-year agreement with Hunter Ambulance for a single vendor patient transportation system that gave the System two 1-year options to renew; and

WHEREAS, having a single vendor coordinating all of the System’s patient transportation needs greatly improved the System’s provision of patient transportation services which enabled the System to handle the extensive need for in-System patient transfers during COVID and resulted in much greater utilization than had originally been budgeted resulting in an increase in the funding for the contract, which the Board approved in March 2022; and

WHEREAS, Hunter Ambulance was acquired by American Medical Response of New York LLC in mid-2021; and

WHEREAS, the System issued a new RFP for a single-vendor transportation system in August, 2022 for three distinct scopes of service which are: (i) dedicated resources for critical inter-facility transfers; (ii) all other ambulance and ambulette transportation including non-critical transfers and routine discharges; and (iii) the operation of a transfer center to coordinate all inter-facility transfer communication services; and

WHEREAS, eight vendors attended a pre-proposal conference, four vendors presented proposals after which the Evaluation Committee gave the Contractor the highest rating, an evaluation endorsed by the Contract Review Committee; and

WHEREAS, the Contractor is by now well known to the System through its good work in connection with the System’s SHOW program which has been repeatedly expanded to include additional scopes of work; and

WHEREAS, the Contractor has achieved 30% MWBE subcontracting under its SHOW contract, the work to be performed under the proposed contract allows for limited MWBE subcontracting due to both the nature of the work and the dearth of MWBE firms operating in the necessary fields resulting in an agreed MWBE subcontracting plan of 10%; and

WHEREAS, the System’s Office of Patient Growth will be responsible for the management of the proposed contract.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “System”) be and hereby is authorized to contract with Ambulnz Holdings, LLC (the “Contractor”) for a single-vendor patient transportation system for a term of three-years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.

EXECUTIVE SUMMARY
AMBULNZ HOLDINGS, LLC
SINGLE-VENDOR PATIENT TRANSPORTATION SYSTEM

- OVERVIEW:** With the approval of the System’s Board of Directors, the System had contracted with Hunter Ambulance (later acquired by American Medical) in April 2019 for enterprise-wide transportation services. The contract addressed long-standing challenges obtaining third-party services to effectively perform all of the various types of patient transportation required at the Medicare rates. Having a single vendor coordinating all of the System’s patient transportation needs greatly improved the System’s provision of patient transportation services which enabled the System to handle the extensive need for in-System patient transfers during COVID and resulted in much greater utilization than had originally been budgeted resulting in an increase in the funding for the contract, which the Board approved in March 2022. Notwithstanding the significant improvements made under the Hunter/American Medical contract, the firm was unable to effectively manage the System’s volume, leading to delays for critical transfers and discharges, increasing the length of stay and risking patient safety/outcomes.
- PROCUREMENT:** The System issued a new RFP for a single-vendor transportation system in August, 2022 for three distinct scopes of service which are: (i) a dedicated resource for emergent inter-facility transfers; (ii) all other ambulance and ambulette transportation including non-critical transfers and routine discharges; and (iii) the operation of a transfer center to coordinate all transportation services. Eight vendors attended a pre-proposal conference, four vendors presented proposals after which the Evaluation Committee gave the Contractor the highest rating, an evaluation endorsed by the Contract Review Committee. The Contractor has already demonstrated its capacity, reliability and high quality of work from its good performance under a different board-approved contract for the SHOW program.
- COSTS; TERMS:** The total not-to-exceed cost for the proposed contract over its full potential five-year term will not exceed \$94,762,581.
- MWBE:** Two factors combine to limit the MWBE subcontracting opportunities. First, there are no registered MWBE ambulance companies. In NYC, there are only a small number of MWBE ambulette vendors with limited capacity. Thus, the pool of potential MWBE subcontractors is very limited. Second, Ambulette work represents <1% of the total contract value and the operation of the Transfer Center is so core to the function of the contract and is so integrated with the other services to be performed under the proposed contract that it cannot be subcontracted. Thus, the work under the proposed contract susceptible to subcontracting is also limited. These two factors combine to limit the MWBE subcontracting potential and lead the System to accept a 10% subcontracting plan under the proposed agreement.

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

Keith Tallbe

Digitally signed by
Keith Tallbe
Date: 2022.12.20
13:44:39 -05'00'

Re: Vendor Responsibility, EEO and MWBE status for Board review of contract

Vendor: Ambulnz Holdings, LLC

Date: December 20, 2022

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

Vendor Responsibility

Pending

EEO

Pending

MWBE

10% Utilization Plan

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

Application to Award Contract with Ambulnz LLC for Patient Transportation

**Board of Directors Meeting
January 26, 2023**

**Matthew Siegler, Senior Vice President
Office of Patient Growth
Katelyn Prieskorn, Senior Director**

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with Ambulnz Holdings, LLC (the “Contractor”) for a single-vendor patient transportation system for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.

- NYC Health + Hospitals requires a reliable ambulance and ambulette patient transportation contract that builds on the single vendor contract from 2019 and expands the contract scope and incentives to align with system needs.
 - In March 2022, the Board of Directors approved a NTE increase from \$12,070,896 to \$21,837,906 for the contract due to differences in expected patient payor mix, scope expansion, unanticipated COVID expenditures, and to cover spend during the planned RFP and transition period.
 - Current contract expires April 2024.
- This contract led to several system improvements by consolidating services through one vendor, including:
 - Volume of inter-facility transfers increased by 26% from 2019 to 2022, contributing to an estimated \$78M in new revenue.
 - Access to ambulance resources during surge situations, contributing to >2000+ level-loading transfers throughout multiple COVID waves.
- The new transportation RFP was released on August 3, 2022, for three scopes of work.
 - **NEW:** Dedicated Advanced Life Support (ALS) ambulance resources for critical inter-facility transfers.
 - Strategically placed throughout the NYC H+H geographic footprint ready to transport critically ill patients from one H+H facility to another. Designed to minimize leakage of inter-facility transfers.
 - Solely for transportation of critically ill NYC H+H patients and will not be used as part of NYC 911 system.
 - All other ambulance and ambulette transportation including non-critical transfers and routine discharges.
 - Contractual requirements for vendor to meet performance standards with penalties for non-compliance.
 - Includes requirements for EMR transportation request integration to minimize duplicate documentation and maximize insurance capture.
 - **NEW:** Transfer Center services.
 - Previously contracted by a separate vendor.

RFP Criteria

- Minimum criteria:
 - 5 years in business providing ambulance and ambulance services to a New York City hospitals
 - Capacity to provide at least 50,000 patient transfers annually
 - \$10,000,000 in annual gross revenue
- Substantive Criteria
 - 30% Cost
 - 25% Network + Accountability Plan
 - 25% Data + Technology Infrastructure
 - 20% Experience
- Evaluation Committee:
 - Senior VP, Patient Growth
 - Stroke Director at Bellevue
 - Corporate Comptroller
 - ED Chair at Coney Island
 - AED, ED & Transportation at Jacobi
 - AED, ED at Queens
 - Director of Social Work at Kings
 - MD (M&PA)
 - Senior AVP (Quality and Safety)
 - Director of Social Work at Harlem
 - RN – Associate Executive Director at Bellevue
 - Epic System AED – Revenue Cycle and Patient Access

- 08/03/22: RFP published on City Record, sent directly to 10 vendors
- 08/23/22: Pre-proposal conference held, 8 vendors attended
- 10/05/22: Proposal deadline, 4 proposals received
- 10/24/22 – 10/28/22: Vendors presented proposal solution to Evaluation Committee via WebEx
- 11/28/22 – 12/02/22: Evaluation Committee conducted in-person interviews with vendors, followed up an internal debrief
- 12/07/22: Evaluation Committee submitted final scores for each scope of work. Ambulnz Holdings, LLC was the highest rated proposer for each scope of work

MWBE Goal Setting - Recap

Subcontracting Scope of Work	% of Contract Value	Vendors	Total %
Ambulance	97%	1 Vendor	0%
Ambulette	0.8%	2 Vendors	0%
No MWBE goal due to insufficient availability and capacity			

- The Vendor Diversity team analyzed the availability of MWBEs to perform the scopes of work identified for subcontracting and their capacity to perform at the scale of such scopes of work.
 - Ambulance services represent 97% of total contract value. The vendor diversity team identified only one MWBE ambulance vendor.
 - Ambulette work represents <1% of contract value. The vendor diversity team identified only two MWBE ambulette vendors.
 - Transfer Center Services were not expected to be subcontracted under this agreement.

- We expected that staffing services would be self-performed in line with our historical experiences.



MWBE Plan

- Ambulnz Holdings, LLC has proposed a different business model than we anticipated and the model does not involve any subcontracting to ambulance or ambulette vendors, however, it does use contracted staffing services.
- Further, Ambulnz Holdings, LLC has done extensive and successful work under the T2 program where it met a 30% MWBE goal and as result has incorporated MWBE participation into its business practices.
- Although no goal was set in the RFP for MWBE subcontracting, because of Ambulnz Holdings, LLC’s different business model, it was able to commit to a minimum of 10% MWBE utilization and has promised to work to increase that amount during the contract term.
- Ambulnz Holdings, LLC has identified the following vendors and scopes of work:

Subcontracting Scope of Work	% of Contract Value	Vendor	Certification
Staffing	5%	CFF Consulting, LLC	NYC Hispanic MBE
PPE and Supplies	5%	Nifty Concept, Inc.	NYC

Contract Scope and Implementation

- Ambulnz Holdings, LLC proposal includes:
 - Co-branded ALS and BLS ambulances for sole utilization of NYC Health + Hospitals.
 - Leased-hour ambulance and ambulette model which dedicates transportation resources by facility and geographic region to be available for critical inter-facility transfers and support timely discharges. Schedules will be based on historic utilization and subject to regular modification as demand patterns shift to minimize idle resources.
 - Emergency management provisions should need for utilization of additional resources be required in a surge event.
 - Transparent data and map showing real-time location of leased hour resources and available on-demand resources in region.

- Target implementation timeframe (subject to update and contingent on successful implementation and performance from Ambulnz):
 - February 2023: Contract in place; finish implementation at Elmhurst; meet with clinical leaders on protocols for critical transfers; Ambulnz purchase of additional resources and on-board new staff (ongoing).
 - March-April: Expand to Brooklyn facilities; finalize Epic integration; station dedicated ALS resources for critical transfers.
 - May-June: Continue implementation in Manhattan and Queens facilities;
 - July-August: Finish implementation at Bronx facilities.



Board of Directors Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to contract with Ambulnz Holdings, LLC (the “Contractor”) for a single-vendor patient transportation system for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$94,762,581.
- Anticipated Contract start: February 1, 2023
- Terms: Three years with two one-year renewal options at the discretion of NYC Health + Hospitals