



**MEDICAL AND PROFESSIONAL AFFAIRS
COMMITTEE**

AGENDA

Date: May 8th, 2023

Time: 9:00 AM

Location: 50 Water St. New York, NY
10004 Room 1701

BOARD OF DIRECTORS

CALL TO ORDER

DR. CALAMIA

ADOPTION OF MINUTES - February 6, 2023

ACTION ITEMS:

1) Authorizing New York City Health and Hospitals Corporation (the “System”) to extend its affiliation with 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 through June 30, 2026 for a total not-to exceed \$62,164,598 which includes a 10% contingency.

DR. ALLEN

Vendex: N/A

EEO: N/A

2) Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Crothall Facilities Management, Inc. (“Crothall”) for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term.

MR. WILSON

Vendex: Approved

EEO: Approved

3) Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Cardinal Health, Inc. (“Cardinal”) for pharmaceutical distribution and patient assistance program services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$1,838,524,230 for the entire contract term.

DR. DIBARI

Vendex: Approved

EEO: Approved

CHIEF MEDICAL OFFICER REPORT (written submission only)

DR. ALLEN

CHIEF NURSE EXECUTIVE REPORT (written submission only)

DR. CINEAS

METROPLUS HEALTH PLAN

DR. SCHWARTZ

OLD BUSINESS

NEW BUSINESS

ADJOURNMENT

Medical and Professional Affairs Committee - February 6, 2023

As Reported by Dr. Vincent Calamia

Committee Members Present- José Pagán, Dr. Vincent Calamia, Sally Hernandez-Piñero, Dr. Patricia Marthone - virtual until join in-person at 9:40, Dr. Mitchell Katz

Dr. Vincent Calamia, Chair of the Committee, called the meeting to order at 9:05AM. On motion made and seconded, the Committee adopted the minutes of the November 1, 2022 Medical and Professional Affairs committee.

ACTION ITEM:

Machelle Allen, MD, Chief Medical Officer, Senior Vice President of Medical and Professional Affairs, Richard Freeman, Senior Vice President Office of Behavioral Health and Jennifer Morrison-Diallo, Director of Mental Health Service - MH/IDD Unit, Kings County Hospital presented the resolution to the committee -

Authorizing the New York City Health and Hospitals Corporation (the "System") to contract with NYSARC, Inc. ("NYSARC") for respite services for adult patients with intellectual or developmental disabilities ("IDD") for a term of three years with two 1-year options exercisable only by the System for an amount not to exceed \$8,500,000.

Respite services provide an opportunity for families of patients with intellectual or developmental disabilities (IDD) to help them support managing care of their loved ones. There is a lack of these respite service for adults within New York City. Resources are mostly for children who reside in the community. The lack of crisis respite services results in high utilization of emergency room services due to crises that could have potentially been averted if there was another option for the individual.

NYSARC will provide a five-bed respite for individuals who can be connected and enrolled in OPWDD but pending approval and need of housing services. Currently, NYSARC is the only IDD respite service in NYC and is located in Brooklyn. They provide crisis emergency support for individual living in family homes, they provide testing and other community linkage services to aid in enrollment for OPWDD waiver services.

Individual will receive a continuum of specialty services similar to what they would receive in the community when transitioning into permanent OPEDD group home. Care coordination services, Psychological and behavioral support services, peer counseling and vocational rehabilitation services, groups provided by licensed art therapist and 24/7 clinical care by a 2 to 1 individual to staff ratio.

The admission Criteria only take individuals who are currently in the NYC Health and Hospitals facility - this can be a CPEP psychiatric inpatient or medical units, the individual must be able to connect to OPWDD waivers for service, they must have some proof of neuro-developmental disability prior to age 22.

NYSARC during the 3 year of operation have served approximately 8 to 10 patient per year, within the individual served, there has not been an extremely long wait-list with an average of 1 to 3 people waiting for a bed.

The cost of comparison chart provided, is showing the patients admitted from the NYSARC respite house from 2019 to 2020. It includes the length of stay per person and a comparison of cost if the person were still in a hospital compared to what NYSARC costs per day. This data is reflective of Kings County current services.

Committee raised a question: Is that the variable cost in the hospital or is that your total cost?

Ms. Morrison-Diallo response: this is the total cost per day, it includes the fixed cost. It may differentiate depending on the facility.

To date there has been no reimbursable services through the NYSARC respite house. However, with staffing the program and potential off-shoots of the program with qualified licensed health professional there could be billable revenue from crisis work completed in the community, which can be reimbursed. Working with partnerships with OMH/OPWDD to create other similar services to this pilot program. The Office of Behavioral Health is actively pursuing additional funding streams from Office of Mental Health (OMH), Office for People with Developmental Disabilities (OPWDD) and other possible grants.

Committee raised a question: on the grading system, where is says satisfactory, does that mean there were some issues?

Mr. Freedman response: There was not any glaring problems with it.

Committee raised a question: if there is no reimbursement, who is going to do the work to figure out how we can get reimbursement?

Ms. Morrison-Diallo response: Potentially there is some of the clinical staff there that have a partnership where they do some crisis work in the community. There are license professionals that can go and actually do the pre-work before they get to a hospital to avoid the hospitalization. They may have to add a few clinicians to do the work, since this is a larger five borough project. There are people that do the work actively in the Bronx, Queens and Brooklyn, that will be one area to expand on. There is discussion going on with the Office of Mental Health to try and enhance some of the price services where we could get some revenue from it that could be attached to this project. That is in the works and we will try to develop some other partnerships.

The current program in addition to having the house, they have a team that helps with behavioral crisis in the community, and the services can be enhanced and bill for those crisis revenue base services.

Committee raised a question: Who is getting that income if the billing is done by their staff.

Ms. Morrison-Diallo response: Yes, they are, however H+H has a good partnership with NYSARC and we can figure out a different way to have some other clinicians be able to do the work and the billing can go through OMH crisis type of billing which bills a pretty big reimbursement rate, that could be going back to Health + Hospitals to help support the program. A new revenue line will have to be set up.

Dr. Katz expressed how good the program service is and the concerns of the gaps that exist for developmentally disabled adults. He went on to clarify that this is a State Office of Developmental Disability responsibility. He suggests we have a plan in short order on how the services become reimbursable. Suggestion was made that a case be made that the Board heard the proposal, and applauds the idea and creativity, and the use of the waiver, and the success of the program but express tremendous discomfort with the idea that H+H whose mission is the quality care for low income and uninsured people has a unending cost responsibility for a respite service that is clearly within the purview of the Office of Developmental Disability, we would like to continue to provide this much needed service for the community.

Committee raised a question: what percent of their book of business is Health + Hospitals since no other hospitals are doing this, and since there does not seem to be a reimbursement formula for article 28 etc. second part of the question is the type of patients and the patient selection process, are they all behavioral health patients on top of being disabled or developmentally disabled or are these people having difficulty finding housing.

Ms. Morrison-Diallo response: as far as the diagnostic part, all these individuals do have more of a mental health diagnoses, pretty complex ones and in addition to having intellectual disability or autism. They could be an inpatient psych unit, but particularly for billing purposes, for that reason many hospitals would not admit this population, because of having intellectual autism. We have one at Kings County, these people do not have a place to live that is an exclusionary criteria for us. It does address some things as far as the complexity of their medical and behavioral health needs. The reasons why they are living in one of the Health + Hospitals System is because they do not have a place to live, they are homeless and waiting for housing.

Dr. Katz express that these are vulnerable clients and would not feel comfortable suggesting ending the service now. The State process is a bit lengthy. We should go forward with the contract with provisions.

Committee member asking from the legal side we need to have this verified. There should be a clause that within the 3-year period we have the right to terminate without cause.

Dr. Katz suggest before we go before the full board we work with the contractor, this will also help with lobbying to the State. Once the contractor is informed that we are going to eliminate the contract in a year or less unless the state office helps, they will become motivated to lobby

with us to get the contract. We will write the contract to be clear that we are not ending it because of their performance, but if we are unable to secure beyond the next year then the service will have to end.

The resolutions was amended to include "contingent upon the inclusion of a termination clause in the contract that can be exercised after 1 year at the directive of the Board if additional funding is not identified for this program" - was duly seconded, and approved by the Committee for consideration by the full Board.

Joe Wilson, Senior Assistant Vice President, Supply Chain Services, presented the resolution to the committee -

Authorizing the New York City Health and Hospitals Corporation (the "System") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("Crothall") for biomedical program management for an amount not to exceed \$9,369,806 for the three-month extension period.

Crothall Facilities Management, Inc (Crothall Healthcare) manages Biomedical services for all of NYC Health + Hospitals, which includes Acute Care, Gotham, Long Term Care facilities, and Correctional Health. The agreement provides management staff, as well as equipment maintenance.

New York City Health + Hospitals contracted with Crothall Healthcare Services as a result of an RFP in 2014. The Crothall Biomed agreement was Board approved with a not to exceed cost \$252,884,799 for the term of the contract. RFP and agreement were being managed by the Office of Contracts & Control (OCC). In 2017, OCC merged with Supply Chain, the agreement & relationship management were transferred to Supply Chain.

Over the course of the agreement the scope of work expanded to cover services such as dialysis, lab equipment, chillers, stretchers, Correctional Health equipment, IT support, warehousing and transportation. Current agreement expires March 31, 2023.

Per the OP 100-05, NYC Health + Hospitals has issued an RFP to identify a provider and award an agreement for the next 10 years. The new RFP scope of work has evolved from break fix to full management program which includes equipment repair, maintenance, equipment management, IT support, warehousing, and transportation.

The initial timeline to complete the RFP was extended due to the enhanced scope of work. Timeline to develop the scope for each service vertical with Facility Leadership, IT, Nursing, and other service lines extended the target date. NYC Health + Hospitals seeks to extend the current agreement with Crothall Healthcare for an additional three months under the best interest extension to provide services until a new agreement is implemented.

Besides equipment maintenance, which is the break and fix PM repair, we wanted to add in Biomed IT support. Since 2014 until 2023 we are much different organization, we now have a fully integrated EMR and ERP, all equipment receives and accepts information, we need extra support for IT security to mitigate our device vulnerability. We also, added a warehouse and transport as we use those services during COVID. We realize the value of being able to move our equipment back and forth and the ability to warehouse our COVID critical equipment as well as a staging ground for large implementations of equipment in critical times.

The last addition is equipment management, which is where we like to bring about a standardized way that not only do we clean our movable equipment on the floors, but to par level it in the clean utility, also bring another series of checks to the equipment to make sure all of the equipment that nurse picks up is ready, not just powered on, but potentially having people look to make sure it is running the version of that drug library, knowing that it has been cleaned as per the IFU. This would take place on the nursing floors as well as the EDs. This would be integrated along with the Biomed program to ensure that not only is our equipment always ready and properly cleaned and easily found.

Crothall has done a great job, they have been rated strong. During the pandemic they were partnering with us to move IT equipment around and helped us to source difficult equipment when there was a stretch to find enough ventilators, patient monitoring equipment, as we have evolved as a company they have evolved their services.

The request is to, Authorizing the New York City Health and Hospitals Corporation (the "System") to exercise a best interest extension for three months on its existing contract with Crothall Facilities Management, Inc. ("Crothall") for biomedical program management for an amount not to exceed \$9,369,806 for the three-month extension period.

Committee raised a question: Do we feel the 3 months is enough time to make judgement?

Mr. Wilson response: Yes, the first round of scoring was done. We have a large committee, about 26 members; doctors, nurses, Chief Executives, and nurse's infection prevention, and as long as we bring them all together we hope to have our scoring done in the next week and continue to move forward.

Committee raised a question: what was done different in the RFP this time that was not done in the past?

Mr. Wilson response: We were a different system when it came to technology. IT is really on the fore-front for security reasons. IT connectivity, our ability to send information in a safe way. When this contract started in 2014 the system owned about 67,000 pieces of equipment, it owns over 120,000 pieces now, we are much larger and also further defined. When this contract was written, it was during the old network model, McKinney was lumped in with Kings and didn't differentiate amongst the specific need of Biomed long care term versus acute. We really have 3 service models and

acute, ambulatory model and a long-term care model, then over that we put in the specific IT needs, equipment management needs, warehousing needs. We are resetting the table on how we deliver the service.

Dr. Katz commended Mr. Wilson on the scope of work.

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

CHIEF MEDICAL OFFICER REPORT

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

Suicide Screening and assessments in the psychiatric emergency departments and psychiatric inpatients units; Joint Commission requires behavioral health patients to have a comprehensive and complete suicide screening assessment. The suicide screening assessment tool that we use is known as the safe T (SAFE-T, this is a suicide 5 step evaluation and triage. The 5 steps that are included are the Columbia Suicide Rating Scale (C-SSRS), Lifetime Behavior assessment, Risk/Protective Factors assessment, and Risk Stratification and Formulation. In addition, we have recently had an adverse event which drove home the need to comply with the risk assessment and screening.

In October of 2022 there was a training for Behavioral Health nursing and providers, target Safe-T training. In addition, we optimized our electronic medical records so that there is a best practice advisory that addressed C-SSRS and risk assessment, there is a BPA for lifetime behavior, if it is not done the BPA is launched to remind the provider. There is also a new BPA for suicide risk, stratification and formulation. At the end of the day there is a hard stop on the inpatient side that no behavioral health patient can be discharged without this being documented.

The SAFE-T Protocol has 5 steps, the first 2 is a suicide ideation for the severity within the past month, then a suicide intensity assessment for the past month, then there is an assessment over the lifetime behavior for a history of suicide attempts. There is also assessment of the risk factors and the protective factors for suicide that exists for this particular person. There is a risk stratification that decides or categorizes the risk, is it low moderate or high, and there is a formulation which is the summary of the plan.

Dr. Allen referred to a sample of a screen in Epic, if it is not documented, is someone checks off unable to access or not applicable, they must document a reason. In addition, there is a question about the lifetime risks, have you tried to end your life.

Committee raised a question: for clarification, in the pathway in Epic, which patients are actually going through these screenings?

Dr. Allen responded: Yes, all the patient goes through this screening.

Committee raised a question for clarification: Technically, via Epic you would not be able to complete this record unless you had 100 percent? When you say all, you mean all behavioral health patients not medical or surgical patients.

Dr. Allen responded: all behavioral health patients, whether they are in the emergency room or the inpatient side.

There is a recent assessment, and the past month assessment, once again if the patient is not assessed or it is judged to be not applicable, the provider must fill in the reason why they did not complete it. If you go to the lifetime section, there are 2 questions about the past month then there's a question about the lifetime behavior. The question is over your lifetime have you ever done anything or started to do anything to prepared to do anything to end your life. If this section isn't completed, you must document the reason why.

Dr. Allen referred to a screenshot of the suicide risk stratification, whether the patient is high risk, moderate risk or low risk and a formulation must be documented with a plan. Effective November 2022 on the inpatient side, you can't discharge a patient without this assessment being completed. A screenshot of the Suicide Screener Completed Rate System-wide Performance was shown.

The training was implemented on October 22nd, each line represented a portion of the SAFE-T screening. We were at the 100 hundred level for the lifetime behavior. On the risk stratification, there was a big leap from 83% to 97%and formulation increased as well. The lifetime behavior doesn't seem to be much difference, we are investigating, there seems to be a loop hole. Before you could check a box indicating that you are not the primary provider and it doesn't get completed, that has been fixed, that is an improvement.

Since June 22nd the number of completed suicides we had on the inpatient side is 2, 1 in July and 1 in September. Documenting a decrease would be a hard, there are a number of months there would be zero. It's a small volume and we wanted to identify those patients who are at risk. The remainder of Dr. Allen report was submitted for the record.

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Albert Belaro, System Sr. Director, of Professional Practice/Education, Office of Patient Center Care presented on behalf of Dr. Natalia Cineas, System Chief Nurse Executive reported to the committee a full report is included in the materials, he highlighted the following.

Nursing Excellence

The Nursing Excellence Award was held in December, there was an increase amount of nomination and overall 34 awards were presented.

Fireside Chat: Documentation

There is iteration of a Bi-monthly series where Natalia Cineas, DNP, RN, NEA-BC, FAAN broadcast with the system and chats with frontline staff on recent topics with documentation that took place on December 2nd.

Braun Pump Roll-Out at Lincoln Hospital

A successful roll-out for the Braun pumps at Lincoln Hospital was completed in December 2022. Leadership at Lincoln and Central Office collaborated to ensure a seamless roll-out

Beacon Award Celebration at NYC Health + Hospitals/Bellevue

The **Coronary Care Unit (CCU)** at NYC Health + Hospitals/Bellevue joins a select group of organizations that have received a **gold-level Beacon Award for Excellence** from the American Association of Critical-Care Nurses (AACN).

Nursing Quality Council

On November 9, 2022, the Patient Fall Prevention Committee held its first meeting. The goal of the committee is to establish standard policies, nursing education, and equipment that will empower the nurse to initiate interventions to reduce the risk of patient falls with injury. Rather than relying solely on universal falls precautions.

There was a Pressure Injury Prevention and Wound Care Council. In the council for 2022 they completed a transition of care protocol for patients discharged with wounds that require home care nursing visits. Education content for the new electronic nursing education system. Pilot and approved new incontinence management equipment for our non-mobile patients. Worked with IT to improve the wound care documentation.

Nurse Residency Program

The nurse residency program continues to be successful. It was launched in December 2018, we graduated 420 new hires or new graduates, approaching 200 EBP projects and we added curriculums on wellness into professional communication and educational offerings for collaborations with the learning academy at the HR department.

METROPLUS HEALTH PLAN, INC.

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

Regulatory Highlights

The recertification are back officially and will apply to people with a recertification date of June 30th, 2023. The Federal Government divorced essentially the public health emergency from the moratorium on recerts. For now, the public health emergency is going on, it is not expected to expire they are separate. There are different estimates of how many members potentially can lose their coverage, the industry estimate is about 20% of people that can actually lose their coverage. We are building a notification and alert system to our members, building an entire program around contacting providers. We have deploying concierge services in all

11 acute facilities, which means our recert specialist we be sitting at H+H facilities helping to enroll and recertify. We plan on doing community events, where people will be able to come and recertify.

We are starting a pilot at Elmhurst, where we positioned a kiosk of self service. A lot of the members are not able to deal with all of the paperwork and print the documents that they have to submit. This kiosk will be able to help them, there is a printer, scanner, and an online ability to apply and recertify. The machine will be activated in the near future, if we see there is an uptake in utilizing this kiosk, we will deploy them to all of the facilities.

Committee raised a question: Can the recertification take place now or is it taking place, being that June 30th is the potential termination if they are not recertified, they can lose their coverage?

Dr. Schwartz responded: We are starting the recerts in April. Now is the prep work, we can get started in April and completely prepared as much as possible for June 30th.

Committee made a statement: Hopefully there should be some early idea as to how many literally will lose coverage, and how many may be shifting into other products.

Dr. Schwartz responded: We are doing a lot of prep work, one of the things other plans are doing including us, is looking at financial data in the zip codes where we have a lot of membership, seeing what the data is telling us in those zip codes, and proactively reaching out to members in those zip codes and saying it looks like you probably will not be eligible for Medicaid, but you may be eligible EP or subsidized UHP. The other critical piece is having accurate contact information for our members. We just launched a new dental vendor on Jan. 1, 2023. We sent new membership cards to our members, we are tracking all of the return mail of those who did not receive their membership card and making sure we change those members address and update their contact information. Address verifying is one of the big barriers for certifying our members. There is a playbook that we have in collaboration with Health+Hospitals to make sure we are as ready as we can be and minimize the number of people who actually lose coverage.

Dr. Katz made a comment: He notices with his patient he can generally depend on the cell phone numbers not the address, and their ability to photograph things on their phone and send them to him. Definitely people are not on email and not good at going on to websites. He has had patients tell him they can take a picture of the medicine bottle send it, which works. If you tell them to scan a form it is uncomfortable, they don't think they can do it. If you tell them to take a picture of the form, if that works for your purpose, I fine that most people can do that.

Dr. Schwartz responded: In terms of outreach, yes that is right, we do multiple outreach, we do mail, email, text. In terms of taking a picture, if they take a picture they can upload it into the state website, but they can

not send us the picture to upload it. What we do is we tell them how to upload to the app to recert and we walk them through it.

Dr. Katz made a comment: He sees how that would have to be done, certainly for the majority of his patients. They could send the picture, they would not be able to upload the picture to a website.

Dr. Schwartz responded: you have to download the app first. Yes, it is a lot of hand holding, we planned for it. We invested in our recert team, there is an entire team that focuses only on that.

Dr. Katz raised a question: are you allowed under current regulations to reward people with food vouchers or other sort of non-monetary things?

Dr. Schwartz responded: we have something called a module to teach them how to do this. If they complete a module they get money loaded into the card.

Committee raised a question: For people that can not be recertified do you have a way to track what happens to them, if they became uninsured or went with another plan?

Dr. Schwartz responded: If they switch to another product or another plan we know, if they become completely uninsured we do not know. It is hard to convince people if you do not have a medical need to do it especially young me.

Comment by Dr. Katz: Some people will disappear, it makes since, they had a medical need at this moment and do not have a medical need now.

Dr. Schwartz responded: Especially young black men, that is the population that we see most of the disenrollment happening, the involuntary.

Comment by Dr. Katz: The good thing is if they come to us first, even if they are not enrolled, we are not going to turn them away. They will get care and at that moment we will enroll them.

Dr. Allen raised a question: is there any way to hook them up the NYC CARES.
Dr. Katz comment: if they are eligible you would not want them picked up, NYC CARES is if they are not eligible. These people are eligible, they just do not at that moment want to do the paperwork.

Dr. Schwartz commented: If they are not eligible, they have a bi-directional referral with NYC CARE.

Committee raised a question: The patient tells you they have a job and now have a different insurance is there a way to capture information at that point for our data purposes?

Dr. Schwartz responded: Yes, manually but they will be a 1 to 1 interaction. We do not have a way to scan the population and tell ourselves this is what happened.

Pharmacy Carve out: The pharmacy carve out for now looks like it is a go. April 1st. is the date where pharmacy goes back to the State, there are clinical, care management, financial implications in the budget that the Governor presented on the carve out. Potentially, moving the presumed savings back to the providers, still doing the carve out, incurring savings and then the redistributing them to the providers. We have a lot of skepticism around this approach and whether the providers will actually see any kind of savings. We continue to lobby against it, for now it progresses to towards the carve out.

There being no further business, the meeting was adjourned 10:01 AM.

RESOLUTION

Authorizing New York City Health and Hospitals Corporation (the “**System**”) to extend its affiliation with 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 through June 30, 2026 for a total not-to exceed \$62,164,598 which includes a 10% contingency.

WHEREAS, the System has entered into various agreements for 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 services at NYC Health + Hospitals/Kings and NYC Health + Hospitals/South Brooklyn Health, which has included an academic affiliation agreement to train medical students and medical residents (the “**Affiliation Agreement**”); and

WHEREAS, at its December 15, 2022 meeting the System’s Board of Directors authorized funding to extend the Affiliation Agreement through June 30, 2024; and

WHEREAS, the System determined that for ease of administration and clarification of the parties’ responsibilities, the academic and the clinical aspects of its affiliation with DHSU should be separated into two distinct agreements; and

WHEREAS, the System and DHSU have negotiated the terms of two agreements that will supersede the terms of the Affiliation Agreement: one agreement to address the terms of the clinical services arrangement for a term to run from July 1, 2023 through June 30, 2026 (the “**Clinical Affiliation Agreement**”), with a separate agreement to govern the terms of the parties’ academic affiliation for the same term (the “**Academic Affiliation Agreement**”); and

WHEREAS, the Academic Affiliation Agreement will be signed in accordance with the System’s procedures for such agreements; and

WHEREAS, because of the System’s rules requiring approval of its Board of Directors for certain clinical affiliation agreements, the System seeks authorization from its Board of Directors to execute the Clinical Affiliation Agreement for a total cost not-to-exceed \$62,164,598; and

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

NOW, THEREFORE, BE IT

RESOLVED, that New York City Health and Hospitals Corporation (the “**System**”) be and is hereby authorized to extended its affiliation with the State University of New York/ Health Science Center at Brooklyn a/k/a Downstate Health Sciences University (“**DHSU**”) for the provision of clinical services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/South Brooklyn Health for a term commencing on July 1, 2023 and terminating on June 30, 2026, for a total not-to exceed \$62,164,598, which includes a 10% contingency.

EXECUTIVE SUMMARY
**Amending and Extending the Clinical Affiliation with
State University of New York/ Health Science Center at Brooklyn
a/k/a Downstate Health Sciences University (“DHSU”)**

- BACKGROUND:** The Affiliation Agreement between the System and DHSU is scheduled to expire on June 30, 2024. The System and DHSU have negotiated an amended and extended affiliation agreement that will address clinical services only (the “**Clinical Affiliation Agreement**”), with the parties’ academic affiliation to be addressed in a separate agreement. The term of the **Clinical Affiliation Agreement** supersedes the terms of the current Affiliation Agreement and will run from July 1, 2023 through June 30, 2026.
- PROPOSAL:** The System seeks authority to negotiate and execute the terms of the Clinical Affiliation Agreement to cover the provision of services at NYC Health + Hospitals/ Kings County and NYC Health + Hospitals/ South Brooklyn Health for the term July 1, 2023 through June 3, 2026, for a total cost not-to exceed \$62,164,598, which includes a 10% contingency (which includes one year of approved costs for the period July 1, 2023 through December 31, 2023).
- PROCUREMENT:** The proposed Clinical Affiliation Agreement 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.

***Professional Services Agreement
for July 1, 2023 – June 30, 2026***

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

**NYC Health + Hospitals | Kings County
NYC Health + Hospitals | South Brooklyn Health**

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

Medical & Professional Affairs Committee Meeting
May 8, 2023

For Consideration

Authorizing New York City Health and Hospitals Corporation (the “System”) to extend its affiliation with 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 through June 30, 2026 for a total not-to exceed \$62,164,598 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 June 30, 2024. The System and DHSU have negotiated the terms of a renewal affiliation agreement with a term beginning July 1, 2023 and ending June 30, 2026, (the “Renewal Agreement”), which will supersede the terms of the parties’ existing agreement.
- While prior affiliation agreements with SUNY DHSU combined the parties’ academic affiliation and their clinical affiliation, the Renewal Agreement will cover the provision of professional services only with the terms of the parties’ academic affiliation to be covered in a separate academic affiliation agreement that runs concurrently.
- The total cost of the Renewal Agreement (from July 1, 2023 through June 30, 2026), for a total cost not to exceed \$62,164,598 which includes a 10% contingency.
- The proposed Renewal Agreement is being entered with SUNY as a negotiated acquisition in that SUNY is especially well positioned to continue the provision of the subject specialty services.

- NYC Health + Hospitals/Kings - Emergency Medicine, Psychiatry, and Radiology
- NYC Health + Hospitals/South Brooklyn Health - Surgery

Current Physician Services - Kings

NYCH+H Kings County				
	SUNY	PAGNY	NYCH+H	TOTAL
Clinical Department	FTE's	FTE's	FTE's	FTE's
Administration	1.0	2.0	1.0	4.0
Ambulatory Care		11.0	3.0	14.0
Anesthesiology		23.1	9.1	32.2
Dentistry/Oral and Maxillofacial Surgery		0.6	1.0	1.6
Dermatology	0.3		2.6	2.9
Emergency	4.3	29.4	20.9	54.5
Innovation Reserve	-	-		-
Medicine	1.0	20.4	28.5	49.9
Neurology	1.0	8.0	4.3	13.4
Neurosurgery		4.0		4.0
Obstetrics/Gynecology		9.1	11.8	20.9
Ophthalmology	1.2	5.1	2.5	8.8
Orthopedics	2.0	8.9	3.9	14.7
Otolaryngology		0.7	1.2	1.9
Pathology		3.0	3.0	6.0
Pediatrics	0.9	12.1	12.5	25.5
Psychiatry	5.9	10.6	37.3	53.8
Radiation Oncology	1.0	1.0		2.0
Radiology	17.5	8.6		26.1
Rehabilitation Medicine		10.0	1.5	11.5
Research		3.0		3.0
Surgery		27.9	3.5	31.4
Grand Total	36.2	198.5	147.6	382.2

Data as of April 26, 2023

Physician Staffing Numbers Only

Projected Annual Affiliate Budget

NYC Health + Hospitals Affiliation Contract Budget Through June 30, 2026 for SUNY-DHSU	
Fiscal Year	Amount
FY 2022	\$21,782,491
FY 2023	\$22,000,315
FY 2024	\$18,283,759
FY 2025	\$18,832,272
FY 2026	\$19,397,240

- Amounts above do not include 10% contingency
- Decrease in budget amounts from FY23 to FY24 is attributable to:
 - An anticipated decrease in the number of SUNY-employed clinicians providing clinical care at Kings County; and
 - A reallocation of clinical services costs to fund GME administrative costs attributable to resident training at Kings County.

Projected Cost by Hospital

Facility	FY 2024 - 2026 Base	10% Contingency	Total NTE
NYC Health + Hospitals/Kings County	\$53,276,639	\$5,327,664	\$58,604,303
NYC Health + Hospitals/South Brooklyn Health	\$ 3,236,632	\$ 323,663	\$ 3,560,295
Total	\$56,513,271	\$5,651,327	\$62,164,598

- 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.

Resolution

Authorizing New York City Health and Hospitals Corporation (the “System”) to extend its affiliation with 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 through June 30, 2026 for a total not-to exceed \$62,164,598 which includes a 10% contingency.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute an agreement with Crothall Facilities Management, Inc. (“**Crothall**”) for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term.

WHEREAS, the System conducted a request for proposals solicitation to manage the System’s substantial inventory of biomedical equipment including dialysis, lab equipment, chillers, stretchers, Correctional Health biomedical equipment, IT support, warehousing of equipment and transportation in conformance with its procurement operating procedure and received and evaluated proposals from multiple vendors and evaluated such proposals among a diverse evaluation committee; and

WHEREAS, the evaluation committee recommended award be made to Crothall as having the proposal that best meets the interest of the System and such recommendation was approved by the System’s Contract Review Committee; and

WHEREAS, the Sr. Vice President of Business Operations will be responsible for the administration of the proposed amended agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute an agreement with Crothall Facilities Management, Inc. (“**Crothall**”) for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term.

EXECUTIVE SUMMARY
CROTHALL FACILITIES MANAGEMENT, INC.
BIOMEDICAL PROGRAM MANAGEMENT

- OVERVIEW** The System has contracted for many years for management of its biomedical biomedical equipment including dialysis, lab equipment, chillers, stretchers, Correctional Health biomedical equipment, IT support, warehousing of equipment. Crothall has performed such services and after conducting an RFP the evaluation committee again selected Crothall.
- PROCUREMENT** The System undertook an RFP to procure biomedical program management services. Three vendors submitted proposals. After evaluation, Crothall was selected as the vendor that best met the needs of the System.
- NEED** The System does not have the internal expertise or staff to fully support the needs of a modern biomedical equipment program and so conducted an RFP to identify an appropriate vendor to perform the functions.
- TERM** The proposed term of the contract is for eight years with two one-year options solely exercisable by the System.
- COSTS** The total not-to-exceed cost for the entire term is \$504,327,705.
- MWBE** This contract has been exempted from the MWBE program as there are no scopes of work that are being subcontracted for the exclusive benefit of the System.

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

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

Vendor: Crothall Facilities Management, Inc.

Date: April 17, 2023

Digitally signed by
Keith Tallbe
Date: 2023.04.17
07:29:43 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

Exempt

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.

Biomedical Managed Services

**Application to
Award Contract**

**Medical & Professional Affairs Committee
May 8, 2023**

**Chris Roker - CEO, Lincoln Medical Center
Joe Wilson - Senior AVP, Supply Chain**

For Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Crothall Facilities Management, Inc. (“Crothall”) for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term.

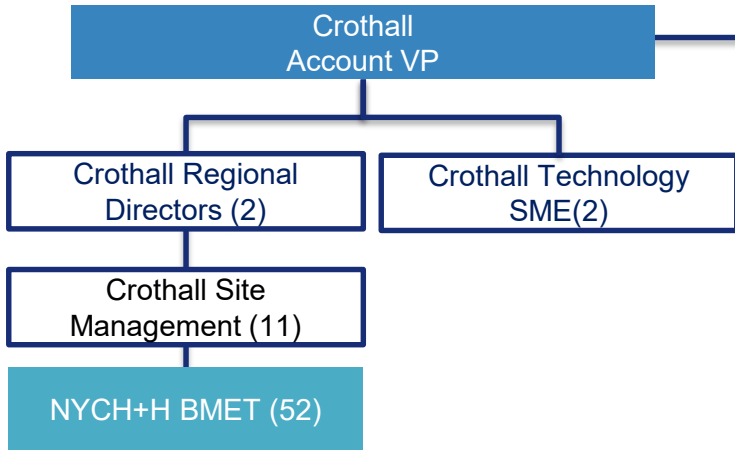
Background / Current State

- New York City Health + Hospitals contracted with Crothall Healthcare Services as a result of an RFP in 2014 to provide management of the biomedical equipment program.
- RFP and agreement were being managed by the Office of Contracts & Control (OCC). In 2017, OCC merged with Supply Chain, the agreement & relationship management were transferred to Supply Chain.
- The original scope of service was limited to repair and maintenance for 67,000 assets.
- Staffing and management were designed based upon the original scope which did not build in scalability.
- As service gaps arose, the agreement expanded to cover other services such as Dialysis, Lab equipment, Chillers, Stretchers, Correctional Health, IT support, Warehouse and Transportation.
- The Crothall Biomed agreement is board approved not to exceed \$262,214,605 for the term of the contract.
- Current agreement expires June 30, 2023.

Current State

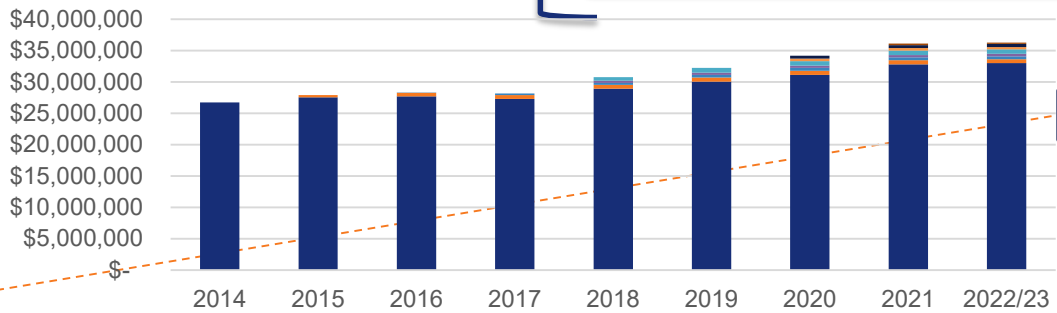
Crothall BioMed Management

Current Staffing Structure



Current Scope of Work

Original Agreement (2014)	Amendments (2016-2021)
Equipment Maintenance and Repair	<ol style="list-style-type: none"> 1. Dialysis 2. Lab Equipment (Ancillary) 3. Correctional Health 4. Integration Support 5. Device Security Support 6. Stretcher Maintenance 7. Risk Security Monitoring 8. Warehouse



2014 Assets: 67,000

2022 Assets : 126,000

- Biomed Services
- Dialysis
- Correctional health
- Device Integration
- Lab
- Warehouse
- Stretcher Maintenance
- Security Monitoring

Annual Spend

Market Overview

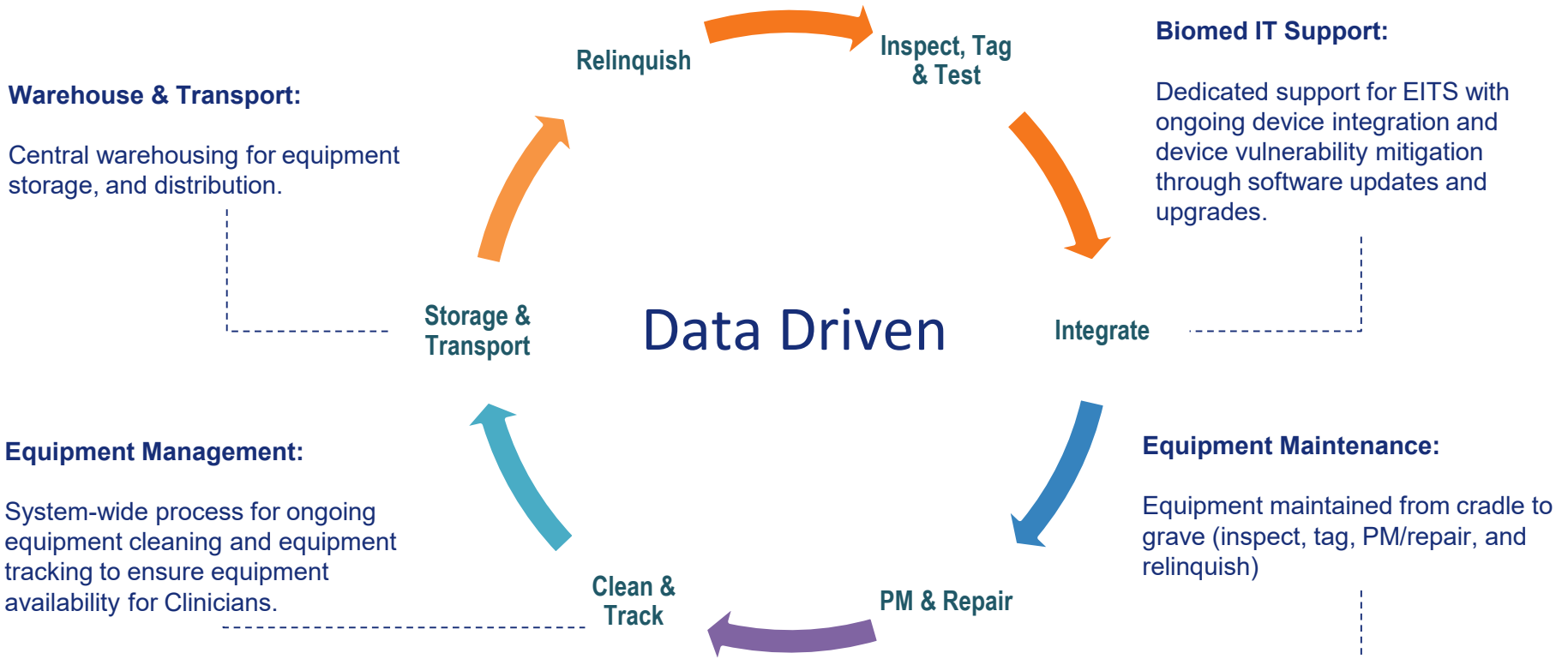
- In general, IDN's provide biomedical equipment management in several ways:
 - Alternative Equipment Maintenance (AEM) *Current model*
 - In-house personnel Biomedical Equipment Technicians (BMET)
 - Service contracts with Original Equipment Manufacturers (OEM) and Independent Service Organizations (ISO)
 - Risk Insurance coverage

- Various factors and risks were considered with In-house, OEM, and Risk insurance coverage services including financial impact.

- Clinical equipment maintenance and operations is regulated by TJC and other regulatory agencies.

Future State

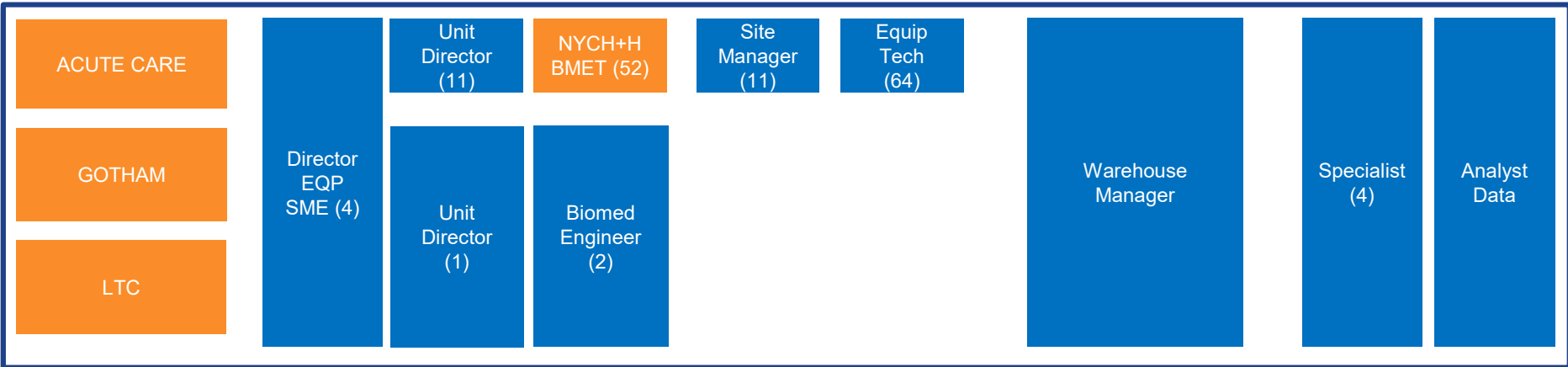
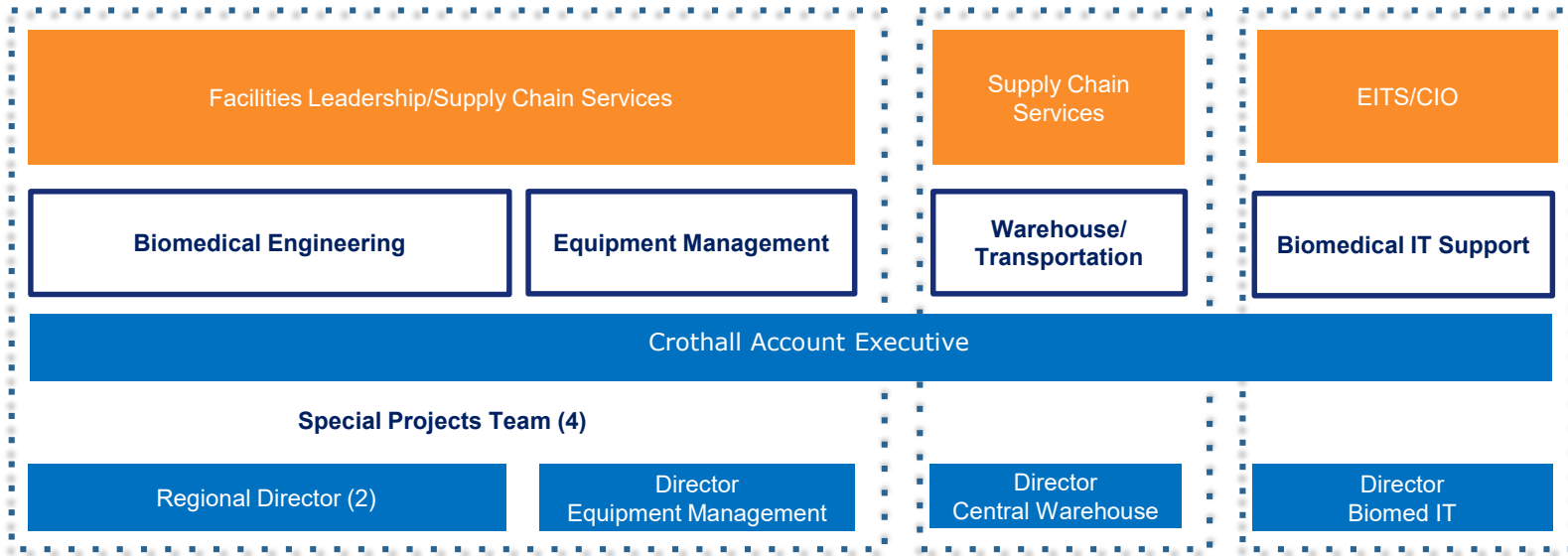
- NYCH+H requires an outside service to manage the ever changing medical equipment technology, specific needs of IT security, connectivity to systems, equipment management on the floors, and biomedical warehousing services.
- Program to be driven by analytics and data for strategic decisions with PM planning, capital planning, and technology consideration.



Scope of Services

Service	EQUIPMENT MAINTENANCE	BIOMED EITS SUPPORT	STORAGE/ TRANSPORTATION	EQUIPMENT MANAGEMENT
Scope	<ul style="list-style-type: none"> • Incoming Inspection • PM/ Repair • Equipment Relinquishment • Removal of unusable equipment • FDA actions management • Reporting 	<ul style="list-style-type: none"> • Epic/PACS Interface • Medical Device coordination • IT Security Review • Reporting 	<ul style="list-style-type: none"> • Central Warehouse for: • Emergency equipment • Backup equipment • Transport to Facility • Reporting 	<ul style="list-style-type: none"> • Wipe Down • Deep Clean • Track and Locate • Support with large scale equipment Preventative maintenance • Reporting
KPI	<ul style="list-style-type: none"> • Equipment uptime • Service Response • Preventative Maintenance Fulfilled 	<ul style="list-style-type: none"> • Mutually agreed upon KPI 	<ul style="list-style-type: none"> • Timely Delivery 	<ul style="list-style-type: none"> • Compliance to Par Levels • Equipment Cleanliness • Nursing Satisfaction
Report	<ul style="list-style-type: none"> • Work Orders • Service History • EOS/EOL Notice • Recall Alerts 	<ul style="list-style-type: none"> • Device Interface • Risk Level 	<ul style="list-style-type: none"> • Inventory count in warehouse 	<ul style="list-style-type: none"> • RFID Tracking • Clean Equipment

New Biomed Table Of Organization



***Crothall Biomedical Engineering to support Correctional Health*

Current Spend vs. New Spend (Annualized)

<u>Scope</u>	<u>Current Spend</u>	<u>New Spend</u>
Clinical Engineering	\$ 36,184,375	\$ 34,503,970
Warehouse/Transportation	\$ 225,000	\$ 333,809
Avoidable Damage (NYCH+H operating cost)	\$ 1,000,000	\$ 1,000,000
Equipment Cleaning/Management (New)	-	\$ 10,293,825
Biomed IT Support (New)	-	\$ 1,891,582
Total	\$ 37,409,375	\$ 48,023,186

MWBE RFP Analysis

- Prior to release of the RFP, the Vendor Diversity team reviewed the program for scopes of work that might be subcontracted.
- Recruitment was identified as the only scope that would possibly be subcontracted. The estimated value of such work, however, was too small to set a Diversity Vendor Component Percentage, approximately 0.1% of the contract.
- Accordingly, this solicitation was excluded from the MWBE program. The prior contract was also excluded from the MWBE program.
- Nevertheless, the Vendor Diversity team asked vendors about their MWBE and CSG efforts.

Company MWBE Program

- Foodbuy (affiliate company):
 - does business with 450 MWBEs.
 - has a Diverse Supplier Accelerator Program that educates, mentors, and develops 10 businesses annually.
 - currently has a utilization of 4 percent
- Compass Group (parent company):
 - First international company of its kind to announce a sweeping commitment to a 2050 net-zero emissions economy. validated by the Science Based Targets initiative (SBTi), and a further commitment to be carbon neutral in our worldwide operations by 2030
 - Will transition all fleet vehicles globally to 100% plug-in electric
 - Will switch to renewable electricity across all operations
 - Will ensure packaging solutions to further reduce single-use plastic
 - Will deliver a global deforestation-free and land conversion-free supply chain strategy

RFP Criteria

➤ Minimum criteria:

- 10 years in business
- Provided similar programs for multi-location IDN's with assets of at least 100K
- Gross sales of \$75M annually
- Experience in management of represented labor

➤ Substantive Criteria:

- 35% Management Plan/Experience
- 25% Implementation/Transition Plan
- 25% Cost
- 15% References

➤ Evaluation Committee:

- CEO, Lincoln
- CEO, Harlem
- COO, Jacobi
- COO, Elmhurst
- COO, Bellevue
- System Chief of Critical Care
- System Chief of Peri-Operative
- Chief of Radiology, Harlem
- Infectious Disease, Bellevue
- AED, Kings County
- Nursing ED, Lincoln
- Assoc Director of Nursing, Lincoln
- Sr. AVP HR, Central Office
- Sr. AVP Enterprise Infrastructure, EITS
- AVP IT Security, EITS
- AVP, EITS
- System Director, Infection Prevention
- Sr. Assoc Director, Gotham
- Assoc Exec Director, Bellevue
- Sr. Director of Finance, Central Office
- Director, Kings County

Overview of Procurement

- 10/03/22: RFP Posted on City Record, sent directly to eight vendors
- 10/21/22: Pre-proposal conference held, eight vendors attended
- 12/08/22: Proposal deadline, three competitive proposals received
- 01/26/23: Evaluation Committee debriefed on vendor proposals
- 02/16/23: Evaluation Committee completed scoring sheets and submitted to Supply Chain for tabulation. Crothall Facilities Management, Inc. was the highest rated proposer

Vendor Performance

<p>NYC HEALTH+ HOSPITALS</p> <p>Department of Supply Chain Vendor Performance Evaluation Crothall Facilities Management, Inc.</p>	
DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	N/A
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	Yes
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	Yes
Did the vendor pay its suppliers and subcontractors, if any, promptly?	Yes
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	Yes
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Excellent

* Reference checks with Crothall successfully cleared

M&PA Approval Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Crothall Facilities Management, Inc. (“Crothall”) for biomedical program management for an initial term of eight years with two one-year options solely exercisable by the System in an amount not to exceed \$504,327,705 for the entire contract term.

RESOLUTION

Authorizing the New York City Health and Hospitals Corporation (the “**System**”) to execute an agreement with Cardinal Health, Inc. (“**Cardinal**”) for pharmaceutical distribution and patient assistance program services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$1,838,524,230 for the entire contract term.

WHEREAS, the System conducted a request for proposals solicitation to select a pharmaceutical prime vendor for distribution of pharmaceuticals, and for patient assistance program for the management of patient pharmaceutical discounts in conformance with its procurement operating procedure and received and evaluated proposals from two vendors and evaluated such proposals among a diverse evaluation committee; and

WHEREAS, the evaluation committee recommended award be made to Cardinal as having the proposal that best meets the interest of the System and such recommendation was approved by the System’s Contract Review Committee; and

WHEREAS, the Sr. Vice President of Business Operations and Chief Pharmacy Officer will be responsible for the administration of the proposed amended agreement.

NOW THEREFORE, be it

RESOLVED, that the New York City Health and Hospitals Corporation (the “**System**”) be and hereby is authorized to execute an agreement with Cardinal Health, Inc. (“**Cardinal**”) for pharmaceutical distribution and patient assistance program services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$1,838,524,230 for the entire contract term.

**EXECUTIVE SUMMARY
RESOLUTION TO AUTHORIZE CONTRACT
WITH CARDINAL HEALTH, INC.**

OVERVIEW	The purpose of this agreement is to provide services of pharmaceutical distribution within the System's facilities and its contracted pharmacies with an efficient method of procuring pharmaceutical products, as well as manage pharmaceutical patient discounts which provides significant annual savings to the System.
PROCUREMENT	The System undertook an RFP to procure pharmaceutical prime vendor services and pharmaceutical patient discounts services. Two vendors provided proposals and one declined to participate. After evaluation, Cardinal was selected as the vendor that best met the needs of the System.
NEED	All healthcare systems use vendors to provide pharmaceuticals to their systems as the scale of such services cannot efficiently or cost-effectively be performed by hospitals themselves. Patient assistance programs obtain the benefit of discounts offered by drug manufacturers resulting in savings to the System and the patient and having third-party expertise ensures the benefit is maximized.
TERM	An initial term of three years with two one-year options solely exercisable by the System.
COSTS	The total not-to-exceed cost for the entire term is \$1,838,524,230
MWBE	This contract has been exempted from the MWBE program as there are no scopes of work that are being subcontracted for the exclusive benefit of the System.

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

From: Keith Tallbe
Senior Counsel
Office of Legal Affairs

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

Vendor: Cardinal Health, Inc.

Date: April 17, 2023

Digitally signed by
Keith Tallbe
Date: 2023.04.17
08:08:43 -04'00'

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

Vendor Responsibility

Approved

EEO

Approved

MWBE

Exempt

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.

Pharmacy Distribution Prime Vendor Agreement
Application to Award Contract - Cardinal Health
Inc.

Medical and Professional Affairs Committee
May 8, 2023

Paul Muccino Senior AVP, Corporate Pharmacy

For Committee Consideration

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Cardinal Health, Inc. (“Cardinal”) for pharmaceutical distribution and patient assistance program services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$1,838,524,230 for the entire contract term.

Background / Current State

- The NYC Health + Hospitals (H+H) pharmaceutical wholesaler has been Cardinal Health, Inc. (Cardinal Health) Pharmaceutical Prime Vendor (PPV) since 2011
 - Cardinal Health purchases all required drugs from pharmaceutical manufacturers, warehouses them and sells them at the H+H / manufacturer negotiated contract pricing
 - Cardinal Health distributes medications and supply orders daily to (11) Acute Care, (5) Long Term Care, (5) D&TC's, Correctional Health and (~1700) 340B contracted pharmacies
- It is common practice for all hospitals to use a drug distribution company for the receiving of pharmaceuticals
- On April 1st, 2018, the Board approved a best interest renewal for Cardinal Health Pharmaceutical Prime Vendor for three years with two one year renewals that resulted in a total savings of \$38M
- Annual current spend with Cardinal Health for pharmaceutical purchases is ~\$332M
- Cardinal Health PPV contract expires on June 30th, 2023

Background / Standardization

- NYC Health + Hospitals has taken this RFP opportunity to standardize services for:
 - Pharmaceutical Distribution
 - Patient Assistance Program (PAP)
 - Drug Supply Chain Security Act Software (DSCSA)
- On April 1st, 2018 with the Board approval NYC Health + Hospitals awarded a contract to McKesson Pharmacy Optimization (McKesson RxO) which includes pharmacy patient assistance program (PAP) for acute care facilities and DSCSA software services
 - The Patient Assistance Program allows NYC Health + Hospitals patients who are uninsured or underinsured to qualify for a specific manufacturer program drug that would allow NYC Health + Hospitals to only be responsible for paying 15% of the contracted drug cost to McKesson
 - The PAP on average saves NYC Health + Hospitals ~\$23 Million a year
 - DSCSA software is a subscription-based solution designed to support hospitals' compliance with the regulatory requirements of DSCSA. DSCSA software facilitates the monitoring and management of drug safety recalls by linking customers' drug pedigrees with all active recalls emitted by the FDA and/or drug manufacturers
 - McKesson RxO average annual spend is \$4.06M
- With the current McKesson RxO contract set to expire on June 30th 2023, a three to six month contract extension is currently in progress, to ensure a seamless vendor transition without disrupting patient care

RFP Criteria

- Minimum Criteria:
 - 10 years experience as pharmacy prime vendor
 - Maintains full-time distribution center within New York Tri-state area
 - Must have one billion dollars in annual pharmaceutical sales
 - Must have experience in online ordering platform and interface capability with EPIC, Peoplesoft, Omnicell, Sentry Split System and Willow Outpatient Pharmacy management software systems
- Substantive Criteria
 - 30% Technological Capability
 - 30% Cost
 - 20% Customer support
 - 15% Resiliency
 - 5% References
- Evaluation Committee:
 - Senior Vice President
 - Chief Operating Officer
 - Corporate Compliance Officer
 - Senior Asst. Vice President
 - Senior Director
 - Director of Pharmacy
 - Assistant Director
 - Senior Director
 - Director of Pharmacy

Key Performance Indicators

Key performance indicators are critical in measuring and evaluating vendor performance over the life of the contract. For our pharmacy wholesaler distributor, the appropriate contract KPIs include:

- On-time daily deliveries at all locations within contracted delivery window
- Guaranteed fill rate and method of calculation information
- Product dating guidelines adherence
- Ordering and reporting system uptime

Supplier Diversity

- The Vendor Diversity Team reviewed all potential scopes of work under this RFP
 - Pharmacy Distribution scopes of work
 - Logistics: Indirect spend, not eligible (less than 1% of total contract)
 - Services: 100% self-performed
 - Pharmaceuticals: no MWBE availability
 - Patient Assistance Program
 - Professional Services: 100% self-performed
- As a result of there being no MWBE subcontracting opportunity, this solicitation was exempted from the MWBE program
- Proposers were asked to provide information regarding their own MWBE and Environmental Social and Governance (ESG) program information
- Cardinal Health has had a supplier diversity program for 29 years, which focuses on supplier diversity inclusion, outreach, mentoring, and development
- Cardinal Health has a robust ESG program, including internal diversity goals, DE&I training, internal leadership and training programs, pay equity, community investment, donations, climate action targets, and waste reduction and recycling

Overview of Procurement

- 08/16/22: CRC approved request to issue RFP for Pharmaceutical Distribution Management Services
- 09/20/22: RFP Posted on City Record, sent directly to three vendors.
 - Three vendors, AmerisourceBergen, Cardinal Health, and McKesson dominate the market and only these firms can meet the volume of NYC Health + Hospitals' pharmaceutical needs
- 10/20/2022: Pre-Proposal conference held, three vendors attended
- 12/16/2022: Proposal deadline; two proposals received
- 03/16/2023: Evaluation Committee debriefed on proposals
- 03/29/2023: Evaluation committee completed scoring of proposals; Cardinal Health was the highest rated proposer

Vendor Performance

Department of Supply Chain
Vendor Performance Evaluation
Cardinal Health, Inc.

DESCRIPTION	ANSWER
Did the vendor meet its budgetary goals, exercising reasonable efforts to contain costs, including change order pricing?	Yes
Has the vendor met any/all of the minority, women and emerging business enterprise participation goals and/or Local Business enterprise requirements, to the extent applicable?	n/a
Did the vendor and any/all subcontractors comply with applicable Prevailing Wage requirements?	n/a
Did the vendor maintain adequate records and logs, and did it submit accurate, complete and timely payment requisitions, fiscal reports and invoices, change order proposals, timesheets and other required daily and periodic record submissions (as applicable)?	Yes
Did the vendor submit its proposed subcontractors for approval in advance of all work by such subcontractors?	n/a
Did the vendor pay its suppliers and subcontractors, if any, promptly?	n/a
Did the vendor and its subcontractors perform the contract with the requisite technical skill and expertise?	n/a
Did the vendor adequately supervise the contract and its personnel, and did its supervisors demonstrate the requisite technical skill and expertise to advance the work	Yes
Did the vendor adequately staff the contract?	Yes
Did the vendor fully comply with all applicable safety standards and maintain the site in an appropriate and safe condition?	Yes
Did the vendor fully cooperate with the agency, e.g., by participating in necessary meetings, responding to agency orders and assisting the agency in addressing complaints from the community during the construction as applicable?	Yes
Did the vendor adequately identify and promptly notify the agency of any issues or conditions that could affect the quality of work or result in delays, and did it adequately and promptly assist the agency in resolving problems?	Yes
Performance and Overall Quality Rating Satisfactory	Excellent

* Reference checks with Cardinal Health successfully cleared



M&PA Request

- Authorizing the New York City Health and Hospitals Corporation (the “System”) to execute an agreement with Cardinal Health, Inc. (“Cardinal”) for pharmaceutical distribution and patient assistance program services for an initial term of three years with two one-year options solely exercisable by the System in an amount not to exceed \$1,838,524,230 for the entire contract term.

CHIEF MEDICAL OFFICER REPORT - WRITTEN SUBMISSION ONLY

New York City Health + Hospitals Clinical Councils
2022 Accomplishments

Behavioral Health (BH)

- Increased BH Care Management Services
 - 7 H+H facilities in the top 10 hospitals in Healthfirst's network on the Follow Up After Emergency Department for Alcohol or Substance Use Disorder (FUA) measure performance
 - CBC Pathway Home expanded from 5 to 11 H+H sites, serving 254 patients, with an enrollment rate of 91%
- Bellevue Extended Care Unit
 - 80% homeless; 46% connected to improved housing within 6 months of discharge
 - 85% patients attended 7-day follow-up and 76% attended 30-day follow-up
- Substance Use Disorder New Evidenced Based Therapeutics
 - Long-acting Opioid Use Disorder treatment, *Sublocade*, at 5 hospitals, gave 100+ lifesaving injections
 - Contingency management therapeutic, *Reset*, to 115+ patients.
- Special Programs
 - Visual Express Care BH. Launched, served 3500 (app. 10% experiencing homelessness)
 - Domestic Violence Shelter Initiative. Launched at 2 sites and trained 180 shelter staff on practical, trauma-informed strategies to assess and support Mental Health challenges.
 - The Behavioral Health Emergency Assistance Response Division (B-HEARD). Expanded to upper Manhattan, South

Bronx and Central Brooklyn serving 11 precincts, responded to 1792 calls with 89% acceptance rate

- Workforce Development
 - BH4NYC. Awarded \$590K in funds to 16 LCSW's, Psych NP's, MDs
 - NYC H+H/NYU Public Psychiatry Leadership Program. First cohort of 5 psychiatrist leaders
 - NYC H+H Peer Academy. Launched and trained 38 peers.
 - Preventing and Managing Crisis Situations (PMCS). Trained 554 individuals across facilities.
 - Behavioral Health Associate (BHA) Academy. Trained 274 new BHAs and 28 incumbents.

Occupational Health

- 15 educational sessions
- OHS dashboard launched
- OHS telehealth service implemented for: preplacement, annual, and return to work evaluations.
- Policies and Procedures updated and revised
- Employee Contact Tracing processes implemented for: COVID-19; Ebola, Monkey Pox.

Child Abuse and Prevention

- \$8.2M / 5 years approved by the Clinical Services Planning Committee to create 2 new child protection programs (Elmhurst and KCHC) and strengthen 3 current programs (Bellevue, Jacobi, Lincoln).
- Pathways to Prevention. New partnership with ACS to decrease reliance on child protective services and address racial

disproportionality, providing direct referrals to preventive service rather than reporting to ACS (2022 was planning phase).

Oncology: Enhanced the EMR:

- chemo protocols for all FDA approved regiments
- built prechemo / biologic / immunotherapy hepatitis B testing
- built prechemo / biologic / immunotherapy pregnancy testing
- clinical trial referrals

Radiation Oncology:

- established the radiation oncology council
- implemented enterprise wide standardized paperless processes
- system wide reviewed and standardized of all radiation oncology software
- coordination and sharing of cross facility patient care
- IT accomplishments –
 - ✓ ARIA / Epic interface
 - ✓ Eclipse for KCHC
 - ✓ Radformation

Radiology:

- Management of supply chain related contrast availability
- Technologist shortage management
- Radiologist shortage management
- Initiated remote workstation project
- Lincoln / Met / Harlem / Jacobi Overnight Cross Coverage Transition
- eGFR CT Contrast Workflow Change
- Pregnancy testing pre-imaging workflow change
- Vu-Med Implementation

Internal Medicine Initiatives:

- COVID-19 level loading
- Staff wellness and psychologic wellbeing
- Readmission dashboard
- Enterprise formulary modification
- High value care
- Advanced Care Planning
- Implemented CIWA protocol

Oral and Dental Health

- Dental Center of Excellence: QARR from Dentaquest, system wide award
- Converted dental software from Dentrix to Epic/Wisdom
- Increased reimbursement from Metroplus from \$145 to \$1160 per visit
- Embedded dental Hygienist in primary pediatrics setting

Palliative Care

- Developed and implemented Palliative Care Navigator and dashboards
- Implemented a “best practice alert” in the EMR for Opiate and concurrent Narcan prescribing
- Designed and implemented the Palliative Care trigger tool to screen and identify high risk patients in need of early advance care planning.

Pulmonary Council

- Low Dose CT Lung Cancer Screening Initiative Implementation
- Enterprise wide budget / enterprise wide program manager / site specific NP coordinators / acquired a robotic navigational bronchoscopy / standardized a lung cancer screening workflow in EPIC.

- Pulmonary function testing: software and hardware upgrade enterprise wide / improved EMR PFT test reporting / standardized enterprise wide methacholine challenge and albuterol use for PFT testing.
- Updated EPIC pulmonary e-consult work flow:
 - ✓ Interstitial lung disease
 - ✓ Tuberculosis
 - ✓ Pulmonary hypertension
 - ✓ Bronchiectasis
 - ✓ Lung cancer screening
 - ✓ Interventional pulmonology
 - ✓ Asthma
 - ✓ Sleep
- Approval of Pulmonary Medications
 - ✓ Dipilumab for severe asthma
 - ✓ IV amikacin for NTM pulmonary infection
 - ✓ Spiriva Respimat as an alternative inhaler for COPD / asthma
 - ✓ PCV 15 and PCV 20 to comply with updated pneumococcal guidelines

Geriatrics

- Creation and implementation of a new clinical algorithm for the diagnosis and management of mild cognitive impairment or dementia
- Initiation of a conference series for community health workers:
 - ✓ Dementia
 - ✓ Falls
 - ✓ Advanced care planning
 - ✓ End of life care
 - Bellevue certified as an age friendly ambulatory facility

Obstetrics and Gynecology

- Abortion Care Taskforce
- Reproductive Health Dashboard
- Reproductive Health Navigator
- Became National Abortion Federation (NAF) members
- Partnered with NYC DOHMH; NYCLU; NIRH; in advocacy around reproductive rights and abortion access (published in *Obstetrics & Gynecology*)

Pediatrics:

- Rolled out COVID-19 vaccines
- Established newborn toxicology protocol
- Reach out and Read needs assessment
- OMH grant to expand Health Steps to 3 additional sites
- Launched the pediatric screening dashboard with OPH with at least 10% increase in screening systemwide across postpartum PHQ9, developmental, autism, SDoH
- In collaboration with the emergency medicine council the PEM (pediatric emergency medicine) directors established significant protocols and clinical pathways pertaining to pediatric viral illnesses, bronchiolitis, status epilepticus and UTI management
- Initiated a COVID-19 vaccine inpatient pilot

SYSTEM CHIEF NURSE EXECUTIVE REPORT

Medical & Professional Affairs Committee

NYC Health + Hospitals

January – April 2023



Office of Patient Centered Care (OPCC) Accomplishments NYC Health + Hospitals 2023 Certified Nurse Celebration

- **Brief:** The systemwide certified nurse celebration event was created for our nurses to celebrate their commitment to better patient outcomes through national board certification in their specialty.
 - **Date & Time:** Monday, March 20th, 10-11 AM
 - **Attendance:** >200 people
 - **Agenda:**
 - Importance and Purpose of Getting Certified
 - What Certification Means To Me
 - Current State and The Future of Certified Nurses at NYC H+H
 - How Are We Celebrating
 - Certification Success at NYC H+H/Queens
 - Certification and the Journey to Nursing Excellence

- The top three facilities that Natalia Cineas, DNP, RN, NEA-BC, FAAN visited are **Queens, PAC: Gouverneur, and North Central Bronx (NCB)**. These facilities had the highest percentage of certified nurses across the health system.

Office of Patient Centered Care (OPCC) Accomplishments

System CNE Town Hall Meeting

Our First Iteration of a series of Town Hall's where Natalia Cineas, DNP, RN, NEA-BC, FAAN speaks directly with Nursing Leadership to provide updates and receive feedback.

- **Topic:** Providing Updates & Open Discussion
- **Date & Time:** February 10, 2023 From 3 PM – 4 PM
- **Attendance:** >190 people

The second Town Hall event was facilitated by Natalia Cineas, DNP, RN, NEA-BC, FAAN

- **Topic:** System Engagement, System Nursing Performance – Education & System Announcements
- **Date & Time:** February 16, 2023 from 10 AM – 11 AM
- **Attendance:** >142 people



Office of Patient Centered Care (OPCC) Accomplishments

Braun Pump Roll-Out – Kings Hospital

- Successful roll-out for the Braun pumps at Kings Hospital was completed and Woodhull go-live was completed in April 2023
- Leadership at Kings, Woodhull and Central Office collaborated to ensure a seamless roll-outs in these facilities

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

A Beacon of Nursing Excellence



- February 12, 2023 - NYC Health + Hospitals/**Woodhull ICU – Gold Beacon**
- December 28, 2022 - NYC Health + Hospitals/**Bellevue CCU – Gold Beacon**
- October 18, 2022 - NYC Health + Hospitals/**South Brooklyn Health Surgical ICU – Silver Beacon**
- October 17, 2022 - NYC Health + Hospitals/**Elmhurst ICU – Gold Beacon**
- October 3, 2022 - NYC Health + Hospitals/**Elmhurst CCU – Silver Beacon**

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes – Beacon Awards



Beacon Award Celebration at NYC Health + Hospitals/Woodhull

- The **Intensive Care Unit (ICU)** at NYC Health + Hospitals/Woodhull is the latest to join a select group of organizations that have received a **gold-level Beacon Award for Excellence** from the American Association of Critical-Care Nurses (AACN) on February 12, 2023.
- This is the **first ICU** in Brooklyn to receive the gold-level Beacon award and the **fifth nursing team** in the NYC Health + Hospitals system to get the AACN's prestigious national recognition.
- **Brief: The Beacon Award for Excellence** — a significant milestone on the path to exceptional patient care and healthy work environments — recognizes unit caregivers who successfully improve patient outcomes and align practices with AACN's six Healthy Work Environment Standards. Units that achieve this three-year, three-level award with a gold, silver or bronze designation meet national criteria consistent with the ANCC Magnet Recognition Program®, the Malcolm Baldrige National Quality Award and the National Quality Healthcare Award.

Office of Patient Centered Care (OPCC) Accomplishments

Quality/Excellence/Outcomes

Nursing Quality Council

- Established Depression Screening and Follow-up Care - determined the proportion of patients who are screened for depression and who received follow-up care
- Established Diabetes Care – determined the proportion of patients with poor diabetes control

Pressure Injury Prevention and Wound Care Council

- Developed standard processes for preventing patients from developing pressure wounds
- Developed standard process for caring for patients with incontinence

Office of Patient Centered Care (OPCC) Accomplishments

Access to Care

Professional Shared Governance

- Completed 7 system wide reports (including 4 annual retreats) and 10 hospital wide report outs
- 95% of councils have been organized with charters and consistently meeting on a regular basis on all sites

Nurse Residency Program

- Launched in 2018
- Graduated 21 cohorts (500+ graduates) to date
- 1644 enrolled residents to date
- Launched Wellness and Resiliency curriculum content (H3 Wellness Rounds) in 2022

RN Mentorship Program

- Launched in 2022
- Embedded into Clinical Ladder Program as of February 2022

Office of Patient Centered Care (OPCC) Accomplishments Culture of Safety

Behavioral Health Associate (BHA) Academy

- 314 Behavioral Health Associate have graduated from the BHA Academy since November 2021
- An interdepartmental initiative that includes Nursing, Behavioral Health, and Workforce Development

Clinical Institute Withdrawal Assessment (CIWA) Tool for Alcohol Withdrawal

- Implemented a new clinical assessment tool for nursing and medical staff to improve the management of patients experiencing alcohol withdrawal
- Established a new process of documentation for nursing and medical staff in the electronic medical record at all the acute hospitals

Office of Patient Centered Care (OPCC) Accomplishments

Culture of Safety

New Learning Management System Roll-Out!

The Office of Patient Centered Care worked to standardize nursing education and orientation across the NYC Health + Hospital system to improve patient care, patient outcomes. This new learning management system, internally named **SHINE**, which stands for **S**ystems **H**ealthcare **I**nnovation for **N**ursing **E**ducation. The roll-out to the health system will be on May 2, 2023.

- Identified core nursing skill competencies for 23 nursing specialties through the various educational vendors that encompasses the new learning system
- Trained over 237 nurse leaders from five facilities on the week of February 7th on how to use the new learning platform in preparation for the successful implementation of our new learning management system

Questions

Thank you!



MetroPlusHealth

NYC Health + Hospitals

Medical & Professional Affairs Committee Report

Monday, May 8th, 2023

Dr. Talya Schwartz, President & CEO



MetroPlusHealth

Redeterminations Resumption



Redetermination Resumption

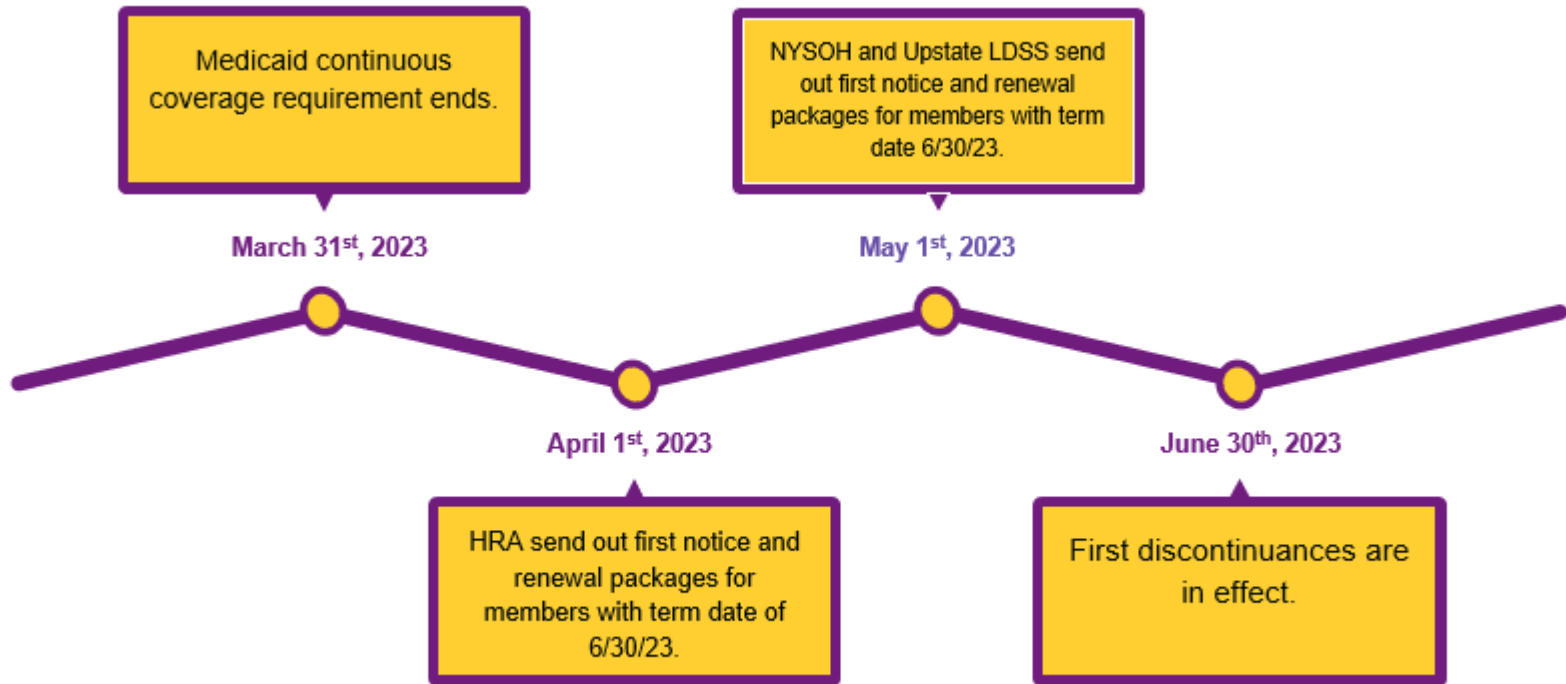
Eligibility redeterminations for more than 7.7 million Medicaid enrollees and more than 1.3 million enrollees in Child Health Plus and the Essential Plan, must be completed by the end of May 2024 in New York.

The State has provided preliminary estimates regarding members' coverage trends following the lifting of the disenrollment moratorium:

- *Medicaid ~ 16.2% decline*
- *Child Health Plus ~ 13% increase*
- *Essential Plan ~ 10.7% decline*
- *QHP ~ 28.5% increase*



“Unwinding” Timeline



Some Challenges Ahead

Approximately 45% of MPH members will be scheduled to recertify from June through December 2023.

- ~45,000 members per month

Communicating the return of recertification is key as members have not undergone the process in 3 years, while others may have never undergone recertification process.

- Education of member and providers is vital to success.
- Will require coordinated outreach and engagement via phone, mail, text, email, and marketing collateral.
- Collaboration with local Community Based Organizations (CBOs).



Successful Redeterminations |

Will Depend On Including All Stakeholders

Members

- 45% of our members are up for recertification
- Target dense membership areas using heat map data
- Collaterals with call to action
- Multi-channel outreach
- Recertification tracker
- Recertification events
- Dedicated landing page
- Dedicated calendar to schedule recertification assistance

Providers

- Clear provider referral paths
- Identify providers who can serve as advocates
- Host townhalls / informational events and trainings
- Provider hotline
- Recertification tracking for H+H
- Concierge program at H+H

Community

- Leverage partnerships in local communities and CBOs
 - Identified key organizations for each borough and each predominant demographic
- Collaborate on recertification events



Recertification Collateral

✓ MetroPlusHealth

Renewal is coming soon. Don't go a day without your health insurance.

Dear <First/Last Name>

Over the last few years, we have been through a lot together. Thank you for trusting us with your health.

Before 2020, New Yorkers had to complete a recertification process each year to keep their health insurance. This process has been on pause. But soon you will need to renew your coverage again.

LET'S MAKE SURE YOU STAY COVERED!

How will I know when I need to renew?

NY State of Health or Human Resources Administration (HRA) will send you a letter about your renewal date. We will also be sending you reminders as your renewal date gets closer.

What can I do now to get ready?

Make sure your contact information is up-to-date with NY State of Health so you get your renewal letter. Our Customer Success Team can assist you with updating your information below with NY State of Health:

- ✓ Mailing address
- ✓ Phone number
- ✓ Email address

Scan to make an appointment with our Customer Success Team.



Super easy!

Call 212.908.3300

staycovered@metroplus.org



Member Engagement Letter

✓ MetroPlusHealth

It's Time to Renew Your Health Insurance

Dear <<First name, Last name>>.

In 2023, New Yorkers will once again need to renew their health insurance. Your renewal date is fast approaching. We want to ensure you stay covered!



Your renewal date is:
<<MONTH/DAY/YEAR>>

You should have received a notification from NY State of Health or the HRA, along with renewal instructions. We are here to help guide you through the process. Please reach out to us as soon as possible so that you avoid losing your health insurance!

Make sure your contact information is up-to-date with NY State of Health so you get your renewal letter. Our Customer Success Team can assist you with updating your information below with NY State of Health:

- ✓ Please call us at 212.908.3300 (TTY: 711), Monday – Friday, 8am-8pm
- ✓ Email us at staycovered@metroplus.org
- ✓ Or make an appointment with us online

Our Customer Success Team is here to help you renew your plan.



Super Easy!

Scan to make an appointment with our Customer Success Team.

Call 212.908.3300

staycovered@metroplus.org



Recertification Reminder Letter



MetroPlusHealth

Legislative Updates



2023-2024 State Enacted Budget Highlights

- **Medicaid Rates:** Increase of Medicaid rates for hospitals by 7.5% for IP, 6.5% for OP, and 6.5% for nursing homes and assisted living.
 - **Effective Date:** 4/1/2023
- **EP Rates:** Increase of plan premiums for EP to increase hospital reimbursement to 225% of the Medicaid rate.
- **Pharmacy Carve-out:** Pharmacy carve-out will remain in effect. To offset 340B losses to providers the budget provides State support for Ryan White clinics, FQHCs, and hospital reimbursement.
- **Quality Pools:** The budget partially restores quality incentive funding for both MMC plans – of ~\$120 million and MLTC plans – of ~\$104 million in each of the next two fiscal years.
- **Coverage for All:** Expands EP coverage up to 250% of the federal poverty level (FPL), which will impact the Qualified Health Plan (QHP) program on the State's Marketplace. Also authorizes individuals and their newborns to receive coverage for one year post-partum regardless of income level. Only includes U.S citizens and individuals with certain immigration statuses, but not all.



2022 Legislative Session

The 2022 Legislative Session concluded with Governor Hochul signing into law several key pieces of legislation into effect before the end of the 2022 calendar year. **Highlights:**

- **HEAL Act** (Commercial LOBs): Prohibits providers from including restrictive language in their contracts with plans.
 - **Effective Date:** 1/1/2023

- **Mandated Coverage of Colorectal Cancer Screening** (Commercial, CHP, Medicaid & EP):
 - Requires health insurers to cover with no cost-sharing to the enrollee preventive colorectal cancer screening for all examinations and laboratory tests. Also requires health insurers to notify enrollees annually of colorectal cancer screenings covered under their plan.
 - **Effective Date:** 12/23/2022

- **Coverage for Pre-exposure Prophylaxis and Post-Exposure Prophylaxis** (Commercial LOBs): Mandated Coverage of PReP and PEP. Applies to commercial LOBs – it is already covered/required by Medicaid.
 - **Effective Date:** 12/21/2022

- **Medication synchronization in Medicaid** (Medicaid): To allow pharmacists to synchronize the dispensing of multiple prescriptions for Medicaid recipients so they may pick up multiple refills at the same time.
 - **Effective Date:** 4/29/2023



2022 Legislative Session Continued

- **Prohibiting Copays at Opioid Treatment Facilities** (Commercial LOBs): Prohibits commercial health insurance policies from imposing a co-payment during the course of treatment at an Opioid Treatment Program (OTP).
 - **Effective Date:** 1/1/2023

- **PRICE Act** (Commercial LOBs): Requires that real-time, patient specific, prescription drug out-of-pocket cost details be provided at the point of prescribing which will enable all patients a better understanding of what the out-of-pocket costs will be for their medications and greater transparency overall. Offers three options for e-delivery and excludes public payers (meaning not applicable to government programs) from these requirements.
 - **Effective Date:** 7/1/2023

- **Prescription Drug Formulary Changes during Contract Year** (Commercial LOBs): Prohibits, with limited exceptions, prescription drug formulary changes that are (i) removals, (ii) movements of a drug to another tier with a higher cost-sharing (if applicable), or (iii) additions of UM restrictions to a drug on a formulary unless such changes occur at time of enrollment, issuance, or renewal of coverage during a contract year.
 - **Effective Date:** 1/1/2023



MetroPlusHealth

Salesforce | Transformation & Performance



Salesforce: Transformation Underway

Salesforce provides a centralized comprehensive 360 view of our members and providers.

Launched February 17th, 2023

Portal enrollment to-date: 16+K Members; 9+K Providers

➤ **IVR-IVA-Salesforce Link**

- Caller's record opens when their call is answered, based on IVA/IVR identification.
- Allows agents to more quickly resolve the caller's question.

➤ **Inter-/Intra-team Call Transfer**

- Caller's Salesforce record transfers with call.

➤ **Actionable Information**

- Global search allows Salesforce users to easily find and open the records they need from any module, any window.
- Easier, more efficient way to help our Members and Providers.

➤ **Member Portal**

- Simplified workflows: PCP changes, demographic changes, claims and Explanation Of Benefits.

➤ **Provider Portal**

- Centralized self service (Claims, Authorizations, Rosters, Eligibility) and issue tracking.



MetroPlusHealth

2022 Key Metrics

Moving the Needle with Brand Marketing



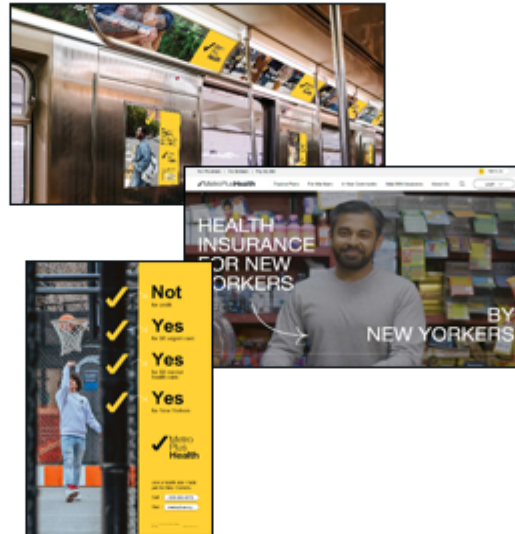
Birth an Iconic Brand Gaining Traction



2021 | Disjointed Brand Expression

2022 | Unified Brand + Fall Campaign

2023 | Global Award-Winning Marketing



Won 3 Webby Awards. Known as "the internet's highest honor" by *The New York Times*, The Webby Awards are the world's gold standard for digital marketing.



The Anthem Awards are a special division focused on mission-driven marketing. Won Local Awareness Campaign, Strategy, and Non-Profit Campaign.



Amplifying Our Story | Earned Media | Q2-Q4 2022



190 Pieces of Coverage

Key Initiatives



News Bureau



Executive Visibility



Media Strategy & Planning



Awards & Recognitions

By The Numbers

101

Secured Media Opportunities (Apr. – Dec.)

6.0B

Organic Impressions (YTD)

27

Press Releases (YTD)

